



Office of Children and Family Services

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Commissioner

July 1, 2021

Dear Chief Executive Officer,

Thank you for submitting Niagara County's Supervision and Treatment Services for Juveniles Program (STSJP) plan for Program Year (PY) 2020-2021. Your entire STSJP plan, including any amounts listed for PY 2020-2021 STSJP-RTA, has been **approved.**

The 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, up to the capped allocation, if such shifted funds are spent on STSJP eligible expenditures. A municipality may make a detention allocation shift at the time of the STSJP plan submission or up until June 30, 2021, unless otherwise approved by the Office of Children and Family Services.

If the County plans to shift its detention allocation for STSJP eligible expenses, please submit a request on official letterhead to Lynn Tubbs and email it to stsjp@ocfs.ny.gov outlining

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

Once the shift is approved, an amended STSJP plan will need to be submitted.

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

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

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

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

Sincerely,



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

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

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

SUBMITTING MUNICIPALITY CONTACT INFORMATION

Name of applicant county, counties, or jurisdiction: Niagara County		
Lead agency for STSJP submission: Youth Bureau		
Contact Person's Name: Benjamin Bunker	Title: Youth Bureau Director	
Phone: (716) 278-6872	Ext:	Email: benjamin.bunker@niagaracounty.com

PLAN SUBMISSION INSTRUCTIONS

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

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

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

NOTE:

Cooperative Applications Submitted Jointly by Two or More Counties

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

PART I – MUNICIPALITY LEVEL DETAILS

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

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. Will a single fiscal officer be the custodian of the funds made available for STSJP?
 Yes (If yes, please provide their contact details below.)
 No (If no, skip to Q4.)
- | | |
|-----------------|----------------------------------|
| Officer's Name: | Title: |
| Phone: () | Ext: Email: |
4. Describe who will be responsible for collecting and submitting STSJP data for joint-funded programs:

B. Municipality Level Analysis

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

Niagara County identifies the highest number of YO, AO, JO, JD and PINS by zip code and have identified 14305, 14304, 14303, 14301 as high risk areas with youth most likely to be placed. The factors contributing to this seem to be poverty, family stress and drugs and alcohol use in the specific areas.

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

According to the latest STSJP program reporting, there is a slight disparity that leads us to see individuals who are black to be more likely to be utilizing our programs. The areas identified prior are also areas that carry programs which target the places of disparity. Niagara County is undergoing additional trainings and has formed cross system collaboration workgroups to address the disparity.

C. Local Collaboration

1. STSJP legislation requires local collaboration. Please describe your municipality’s activities in developing this year’s STSJP plan in collaboration with local agencies responsible for probation, law enforcement, detention, diversion, social services, courts, service providers, schools, and youth development programs:

Local organization, departments and schools all sit on our local Juvenile Justice taskforce. We meet quarterly, and have switched to virtual meetings due to COVID-19. STSJP Lead sits on taskforce, compiling information for application on pressing issues. All programs participate in taskforce and express needs for communities.

PART II – PROGRAM LEVEL DETAILS

PROGRAM 1

A. Program 1 Contact Information

Program 1 Name: JUVENILE ELECTRONIC MONITORING

Operating Agency: Niagara County Probation Department

Program Mailing Address: 111 Main Street

Address Line 2:

City: Lockport

State: NY

Zip Code: 14094

Program Contact’s Name: Amanda Shirback

Title: Probation Supervisor

Phone: (716) 278-8203 Ext:

Email: Amanda.Shirback@niagaracounty.com

B. Program 1 Description and Target Population

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

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

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

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

All Niagara County Zip Codes

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

The Juvenile Electronic Monitoring program will serve targeted Non-RTA and RTA 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. During participation in electronic monitoring, probation officers will also be able to continue monitoring the youth’s attendance at, and participation in, referred services, as well as monitoring their location at their residence. Electronic monitoring is an alternative to detention pending disposition of the case, the youth being placed on EHM instead of going to detention. It would also be used as an alternative to out of home placement at disposition of the case.

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

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

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

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

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	0	3	5	1	3	0	0	12
STSJP-RTA	0	0			0	0	0	0	0
Total	0	0	3	5	1	3	0	0	12

3. Based on the program’s record of youth served (Q2), do you anticipate this program being over or under its budgeted capacity on 9/30/2020? Please explain:
 We were almost exactly on target for the anticipated budget, however, that was also in the scope of COVID-19, and the Court systems having been shut down for a period of months. Had the courts been operating at full capacity it is likely that the budget capacity would have been exceeded, resulting in our inability to fully service eligible youth.

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

Approved Funding	Program Type							
	P	EI	ATD/ATPDP				ATP	R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)		
STSJP	0.00	0.00	59.00	59.00	49.00	22.00	0.00	0.00
STSJP-RTA	0.00	0.00			0.00	0.00	0.00	0.00

5. How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths of stay for youth who were in detention and residential placements during the same time period.
 The length of service on EHM was what was expected for these youth. Compared to detention days, the youth remained on EHM significantly longer than youth remained in detention. For youth in placement, the opposite is true. Youth in placement experience a much higher average number of days, compared to EHM average days, as youth are placed by the Court for a period of 12 months, and those youth often experience extensions of placement.

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

7. (a) What outcomes are on track to meet the goals set for PY 2019-2020? (b) How will they be met?
 The program exceeded the projected number of youth served. We anticipated serving 10 youth, when in actuality, 12 youth participated in the service.

8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.
 An average number of days was predicted to 120 days per youth. This was not realized, the average actually being 67. However, because the average number of days was less per person, this allowed us to service the additional youth, in excess of the 10 projected. Some youth drove down the number of average days, as they were non-complaint with the program, cutting off their equipment early, reducing total days.

9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2020-2021?
 The average number of days per youth will be reduced moving forward, based on past utilization. It is difficult to overcome the barrier of youth being non-compliant with EHM, as an ATD. The Court is ordering EHM in order to avoid detention, and the youth are aware of this, yet jeopardize their freedom regardless, through their actions in removing the equipment, and AWOLing from monitoring.
 Given the increased population being ordered to EHM, and that COVID negatively impacted numbers in the prior funding year, an increase in total number of youth served is requested for the next funding year.

D. Program 1 Service Projections for PY 2020-2021

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

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	0	2	8	4	8	4	0	26
STSJP-RTA	0	0			0	0	0	0	0
Total	0	0	2	8	4	8	4	0	26

PROGRAM 2

A. Program 2 Contact Information

Program 2 Name: Casey House

Operating Agency: Pinnacle Community Services (dba Family & Children’s Services of Niagara)

Program Mailing Address: 1522 Main Street

Address Line 2:

City: Niagara Falls State: **NY** Zip Code: 14301

Program Contact’s Name: Teddy McDuffie Title: Youth Services Director

Phone: (716) 285-6984 Ext: Email: tmcduffie@pinnaclecs.org

B. Program 2 Description and Target Population

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

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

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

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

14301, 14302, 14303, 14304, 14305

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

Casey House provides immediate emergency respite services for Non-RTA youth to prevent them from further penetrating the juvenile justice system. Casey House provides a trauma informed approach in working with the youth and their families. Staff provides linkages to services in the community to assist with reducing negative behaviors and making healthier, safer choices. Youth in residence are required to participate in Positive Youth Development Activities. Positive Youth Development Activities are designed to give youth the skills necessary to become successful members of society. These activities include, but are not limited to, anger management, building self-esteem, job hunting, cooking and nutrition, study skills and safe relationships/dating. Educational assistance is also provided and families are encouraged to participate in these activities together. Casey House is a safe, supervised, voluntary alternative to being out on the streets or couch surfing. This option in turn reduces possibilities of youth being involved in drugs, violence, prostitution and other criminal activity. School attendance is monitored by Casey House staff and is a requirement for residency at Casey House. Staff will assist youth in registering for educational programs as needed. Casey House's main goal is family reunification. All youth in residence are offered family mediation services before discharge. All families are offered referral to MST (Multi-Systemic Therapy) counseling. Programming is geared to each individual youth, their family and their specific needs and goals. Casey House also incorporates family style meals and duties for youth in residence, helping open lines of communication and creates consistency, structure and support. Casey House operates a Transitional Youth Services Program, LEAP, for youth ages 16-21 years of age. The program operates out of Casey House. This program is designed to assist clients with job hunting, housing and educational needs and navigating social services programs and maintaining/obtaining healthcare coverage. All services at Casey House provided at no cost to youth and their families and help guide them in the right direction. Youth can have a case worker assist with almost any need they may not have a mentor/family member to help them with. This program has become an integral part of youth's success while working with Pinnacle Community Services. Casey House also provide on-site Youth Counselor available to all Youth Services clients. The counselor meets with each individual youth for an intake and then if interested will meet on an ongoing basis with the youth. The youth counselor position was implemented due to a shortage of clinical counseling services for youth in Niagara County, as well as long waiting lists for counseling services. The counselor works with the youth while they are on a waiting list for more long term counseling (if needed) with Catholic Charities or New Directions (or a private provider). Due to the trauma most of the youth Casey House engages with have faced, the addition of this youth counselor, while still new, appears to be an asset to the Program and to the youth in services. In addition, Casey House operates a 24 hour/ 7 day a week emergency crisis hotline which is available to youth, family members or services providers for information, support and screening for shelter services

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

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

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

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

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	4	44	0	0	0	0	5	2	55
STSJP-RTA	0	0			0	0	0	0	0
Total	4	44	0	0	0	0	5	2	55

3. Based on the program's record of youth served (Q2), do you anticipate this program being over or under its budgeted capacity on 9/30/2020? Please explain:
 Casey House Shelter is now seeing an increase in youth needed services in emergency shelter and bednights. Our counseling services have increase over the past month as well. Casey House Hotline calls have increased within the last few weeks with youth and families looking for additional support and services. We anticipate this trend to continue as families and youth continue to need support during the COVID 19 pandemic and the social unrest within Niagara County communities. Casey House provides PPE gear to youth as precautions to help reduce the risk of the COVID-19 sickness in Niagara County. Our budgeted capacity is under what is needed to continue to provide 24/hr emergency services as needed moving forward with helping with to provide PPE gear and increase in staff hours to cover the shelter.

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

Approved Funding	Program Type							
	P	EI	ATD/ATPDP				ATP	R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)		
STSJP	7.00	7.40	0.00	0.00	0.00	0.00	1.33	11.5
STSJP-RTA	0.00	0.00			0.00	0.00	0.00	0.00

5. How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths of stay for youth who were in detention and residential placements during the same time period.
 It has been estimated that Niagara County would see a reduction in detention utilization and residential placements. We had anticipated a significant role in this change however, while we did work in conjunction with NCDSS and Probation for a few youth, it was not as many as anticipated. For the 2020-2021 year Pinnacle Community Services will continue to meet with Niagara County Department of Social Services and Probation to discuss the effect of Raise the Age in Niagara and discuss the potential impact on referrals. With the addition of PC Youth Services Street Outreach and Family Engagement/Diversion Programs a more targeted outreach effort and community based services will assist with increasing the number of services provided to this population. Average length of stay was significantly lower for ATD/PDP and ATP at this point than it was for youth who stayed in detention and residential placements during the same time.

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

7. (a) What outcomes are on track to meet the goals set for PY 2019-2020? (b) How will they be met?
 Casey House target for the number of youth sheltered at Casey House was lower than projected in the 2019-2020 year. We believe COVID 19 was a main factor in lower numbers throughout the year. 72 Clients were served at Casey House. Many of our efforts through the years are within the school districts in Niagara County and due to

COVID 19 the school district has been closed. Additionally, with the Raise the Age Law in effect, it was estimated that Niagara County would see a 10-15% increase, which has not accrued. However, we continue to work in conjunction with DSS and Probation for anticipated youth. A more targeted outreach effort will assist with the number of hotline calls coming in to Casey House, as that number was met this year 149. Youth Services now have a street outreach worker that will work to identify homeless youth on the street. Additionally, follow up with youth aftercare services continues to be a challenge. As , youth phone numbers become disconnected and youth a lot of times do not have a contact phone number to be reached at after leaving Casey Houses

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

Residential placements totaled 1035 bed nights which is under utilization. At the beginning of the COVID 19 pandemic, Casey House had very low numbers. 35 Youth ages 12 -16 will enroll in LEAP Transitional Services are not on track to meet the goals set for PY 2019-2020. The LEAP Transitional Services is a challenge because youth who discharge from Casey House program have not stayed in contact with program staff.

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

Pinnacle Community Services has implemented both a street outreach and family engagement/diversion programs which will build trusting relationships. Both programs are community based, staff will work directly in Niagara County communities. Services will be provided to homeless youth on the street, youth at risk of homelessness and families. Referrals and linkage of services to Casey House emergency shelter and LEAP program will be a seamless process.

D. Program 2 Service Projections for PY 2020-2021

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

Approved Funding	Program Type								
	P	EI	ATD/ATPDP				ATP	R/A	Total
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	110	0	0	0	0	0	0	110
STSJP-RTA	0	0			0	0	0	0	0
Total	0	110	0	0	0	0	0	0	110

PROGRAM 3

A. Program 3 Contact Information

Program 3 Name: Niagara County Juvenile Supported Case Management Program (Hybrid)

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

Program Contact's Name: Marilee R. Clark Title: Vice President of Youth Services

Phone: (716) 285-3403 Ext: Email: mclark@communitymissions.org

B. Program 3 Description and Target Population

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

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

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

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

14301, 14302, 14303, 14304, 14305, 14094, 14120, 14172, 14174, 14092

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

Although funds for this fiscal year were reduced, CMI has committed to supportive programming for families by offering inclusion into current Family Support Groups, occurring both virtually and in-person in Niagara Falls and Lockport. Referral to our Children and Family Treatment and Support Services (CFTSS) programming (once approved by NYSOMH) will expand services to all Medicaid-eligible families for billing purposes, currently all families are provided services free from CMI. ATP 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 youth and families with a well-designed program of case management opportunities which will help to complement the strengths of families. DSS workers and 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. These services will provide specific interventions designed to address needs that will support the need to defer decisions to pursue placement out-of-home and community for youth. Re-Entry referrals will be received from NCDSS and NYSOCFS and will be designed to offer youth and families supportive programming which will assist them in their return to home communities, from out-of-home placements. These services will be designed to reactivate support systems youth will need to successfully remain in their communities and lessen their chance for returning to placements.

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

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

1. What funding did this program receive in PY 2019-2020?

None (If none, skip to section D.) STSJP STSJP-RTA

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

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	11	0	5	3	0	0	0	0	19
STSJP-RTA	0	0			0	0	0	0	0
Total	11	0	5	3	0	0	0	0	19

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

We believe we were under our budgeted capacity on 9/30/2020 due to lack of referrals and the impact of COVID-19 on service provision with families (refusal for services) due to impact beginning approximately in March 2020.

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

Approved Funding	Program Type							ATP	R/A
	P	EI	ATD/ATPDP						
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	178.00	0.00	202.00	82.50	0.00	0.00	0.00	0.00	
STSJP-RTA	0.00	0.00			0.00	0.00	0.00	0.00	

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

The average lengths of service for youth in ATP categories were affected by requests from providers to extend services for youth, or from specific youth requesting extensions. Cost comparisons for Detention placements and those for youth in State placements would make an interesting comparison for monies saved by localities. This question is not clear as to how time in a case management and support program translates to length of time in placement or detention.

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

7. (a) What outcomes are on track to meet the goals set for PY 2019-2020? (b) How will they be met?
 Since the JSCM program is completely dependent upon referrals received from outside service providers, case management goals can only be accomplished if referrals are in fact received. Given the impact of COVID-19 and reluctance from families to participate in face-to-face services or involvement in any additional exposure for themselves or their children, our referrals appeared to have been greatly impacted. We were hopeful that adding in the Family Peer Support Provider intervention piece would have provided some assistance with family engagement, but again, time did not allow additional experience with referrals to determine if this impact was recognized.

8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.
 Identifying (40) families expected to receive services for the year of operation, we provided only 50% of our service provision this program year. As previously identified, we believe COVID-19 had significant impact on referrals coming to the JSCM program.

9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2020-2021?
 We have made some adjustments in program design to provide additional supports for families, increased our abilities to reach out virtually with programming (for youth and families) and have confidence that NYS and National interventions for the COVID-19 Pandemic will help to alleviate barriers with referrals being received. We anticipate we will serve (38) families, and have decreased our caseload to (8) families, cycling out for completion everying (60) days. The Juvenile SCM Hybrid program will monitor youth who require more supported case management services and interventions beyond the limitations of Child Welfare Case Workers and Probation Officers' time. These youth may be OCFS Re-Entry, Foster Care Re-Entry, or youth at risk of placement outside their home. Within the scope of services, SCM youth will have two (2) face-to-face contacts weekly with the Case Manager with one additional virtual or telephonic contact per week as well. Services will include review and assistance with school attendance, a variety of skills groups, and work to target employment or volunteer opportunities. As identified, youth will participate in Anger Replacement Training (ART) which is designed to help youth develop skills which can be realistically applied to better their lives by focusing on anger management, social skills and moral reasoning. Youth who are identified to be more appropriate for self-esteem and relationship building skills will be able to participate in specialized Circle Group skillstreaming. Casey Life Skills

Assessments and Individualized Worksheets will also be utilized for all youth to ensure supports and progression for daily and independent living skills. As identified, youth and families will receive linkage to mental health counseling and Family Support Services within their home communities or closest service location, including individualized and family therapy.

D. Program 3 Service Projections for PY 2020-2021

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

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	0	0	0	0	0	38	5	43
STSJP-RTA	0	0			0	0	0	0	0
Total	0	0	0	0	0	0	38	5	43

PROGRAM 4

A. Program 4 Contact Information

Program 4 Name: The Reporting Center

Operating Agency: Buffalo Federation of Neighborhood Centers

Program Mailing Address: 97 Lemon Street

Address Line 2:

City: Buffalo State: **NY** Zip Code: 14204

Program Contact's Name: Richard Thomas Title: Program Director

Phone: (716) 282-2217 Ext: Email: rthomas@bfnc.org

B. Program 4 Description and Target Population

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

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

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

3. Please list the zip codes this program will target:
14303, 14304, 14305, 14094, 14095

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

Reporting Center program focuses on working with youth who have been deemed as "at-risk" who are between the ages of 15-18. Additionally, the program provides services to assist youth in further penetration to the Juvenile Justice system.

Finally, services are provided to youth during the pendency of their court matters an alternative to detention and services to RTA adjudicated youth as an Alternative to Placement.

The mission of the program is to provide case management for the youth, as well as daily groups, including Aggression Replacement Training, in order to reduce the rate of recidivism in our communities among our youth.

Our program offers many services to both the youth and their families including:

- Home visits

- o Home visits will be conducted once a month for the duration of the time the youth is in program to monitor progress of the youth on a monthly basis, or as needed based on the needs of the family. The purpose of the home visits is to work with the family as a whole to help improve youth’s behavior.

- School visits

- o School visits will be conducted bi-weekly to monitor youth’s grades, attendance and behavior in the school setting. The case counselor will also assist youth and family to advocate for youth in behavioral hearings, and any special education meetings etc.

- Transportation

- o Youth are transported to and from program daily by Reporting Center staff. Case Counselor will assist families in securing transportation for appointments in relation to youth (ie. counseling, probation, and court) on a case by case basis pending approval by Program Director or Site Supervisor.

- Crisis intervention

- o Staff at the Reporting Center are all mandated reporters, as well as educated in a variety of Human Services fields, including Mental Health and Social Work. Staff is able to work alongside DSS, including child protection workers, to advocate for youth in program.

- Court advocacy

- o Case Counselor will attend any court hearings and make themselves available to the family to assist in navigating the Family Court System.

- Family assistance

- o Case Counselor and Program Specialist will complete a needs assessment and work with family to assist them in a variety of areas through linkages and coordination with other service providers including but not limited to:

- § Financial literacy

- § Housing

- § Food

- § Counseling

- § Parenting

- Case Reviews

- o Case Counselor will meet with parties involved with the youth, including family, probation, counselors etc., and every 30 days to review youth’s case.

- Group

- o Youth will be required to attend daily groups including Aggression Replacement Training and other life skills groups, conducted by Case Counselor.

- Restorative Justice

- o Youth will be offered an opportunity to participate in restorative justice peace circle to help repair harm to any victims who may have been effected by their behavior on a case by case basis. This is completely voluntary and both youth and victims must be willing to participate. Peace circle will be facilitate by Case Counselor.

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

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

1. What funding did this program receive in PY 2019-2020?

None (If none, skip to section D.)

STSJP

STSJP-RTA

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

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	0	0	0	0	0	0	0	0
STSJP-RTA	60	6			2	0	0	0	68
Total	60	6	0	0	2	0	0	0	68

3. Based on the program's record of youth served (Q2), do you anticipate this program being over or under its budgeted capacity on 9/30/2020? Please explain:
 BFNC serviced a total of 68 youth from 10/1/2019-3/31/2020. 60 were Prevention youth, 6 were early intervention and 2 were JD-RTA youth. As of right now BFNC believes they are currently under budget based on the number of kids that were serviced in the prevention category for which BFNC receives RTA funding for.

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

Approved Funding	Program Type							
	P	EI	ATD/ATPDP				ATP	R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)		
STSJP	0.00	0.00	0.00	0.00	0	0.00	0.00	0.00
STSJP-RTA	175.54	0.00			0.00	0.00	0.00	0.00

5. How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths of stay for youth who were in detention and residential placements during the same time period.
 BFNC client's average length of stay during Q4 was 226 days vs. 62 days for Detained/30.3 for JD and 16.8. This includes early intervention, prevention, as well as alternative to detention youth.

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

7. (a) What outcomes are on track to meet the goals set for PY 2019-2020? (b) How will they be met?
 BFNC has exceeded the goal of 25 participants, 29 total clients served through October 28, 2020 (March 16, 2020 to July 15, 2020 operations were shut down due to COVID19). This is only youth who fall under the 16-17 age range (prevention and alternative to detention). For early intervention, BFNC has serviced 121 youth from January 1st, 2019 to present.

8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.
 BFNC is on track to meet projected goals for the PY 2019-2020. However, barriers due to the COVID19 pandemic had operations shut down for 3 months at which time family court in both Niagara Falls and Lockport were shut down for business. This reduced the number of referrals for referral sources and family court.

9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2020-2021?
 1) We will be instituting a virtual learning model for programming and groups to help combat the reduction in referrals and engagement due to the COVID-19 pandemic.
 2) BFNC has begun to increase our engagement with the Lockport school district, including assisting in the initiation of a youth programming coalition
 3) Continue to build relationships with the NF and Lockport family courts, North Tonawanda Youth Probation. BFNC is looking to expand services to include North Tonawanda, and has begun accepting referrals for these youth.

- 4) Participation in the Family Court Improvement Project, which includes engagement with family court judges, CPS, and DSS to assist in supervised visitation with youth placed outside of the home.
- 5) Make improvements to our electronic documenting, to better track outcomes utilizing our Foothold data system.

D. Program 4 Service Projections for PY 2020-2021

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

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	0	0	0	0	0	0	0	0
STSJP-RTA	15	10			5	0	5	0	35
Total	15	10	0	0	5	0	5	0	35

PROGRAM 5

A. Program 5 Contact Information

Program 5 Name: BACK TO SCHOOL

Operating Agency: Niagara County Probation

Program Mailing Address: 111 Main Street

Address Line 2:

City: Lockport

State: NY

Zip Code: 14094

Program Contact's Name: Amanda Shirback

Title: Probation Supervisor

Phone: (716) 278-8203

Ext:

Email: amanda.shirback@niagaracounty.com

B. Program 5 Description and Target Population

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

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

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

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

All Niagara County Zip Codes

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

This Back to School program will serve Non-RTA youth by allowing them the means to purchase items for back to school, allowing them the ability to be prepared and receive items that will help aid in their return to education in the fall. Participation in back to school program will also create deeper relationships between probation officers

through the shopping experience and connect with youth to encourage attendance and participation in their education. This program will place an allocation for each youth to purchase school supplies, including 1-2 outfits for school.

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

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

1. What funding did this program receive in PY 2019-2020?

None (If none, skip to section D.) STSJP STSJP-RTA

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

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

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

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

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

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

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

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

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

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

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

D. Program 5 Service Projections for PY 2020-2021

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

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

PROGRAM 6

A. Program 6 Contact Information

Program 6 Name: The Connection

Operating Agency: The Connection

Program Mailing Address: 1700 Main St

Address Line 2:

City: Niagara Falls

State: NY

Zip Code: 14305

Program Contact's Name: Lynne Neveu

Title: Supervisor

Phone: (716) 200-5936

Ext:

Email: lynne.neveu@ppcwny.org

B. Program 6 Description and Target Population

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

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

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

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

14301, 14302, 14303, 14304, 14305

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

The Connection will serve to targeted non-rta youth by providing a space for after school activities in the Niagara Falls area. The connection will provide daily organized activities for youth in need to participate in throughout the summer months and during the school year for youth ages 11-19. This 'drop-in' program provides a safe space and life skill building activities to youth in need for support at the prevention level of need. to prevent youth from entering and/or for youth at diversion

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

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

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

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

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

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

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

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

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

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

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

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

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

D. Program 6 Service Projections for PY 2020-2021

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

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJJP	35	5	0	0	0	0	0	0	40
STSJJP-RTA	0	0			0	0	0	0	0
Total	35	5	0	0	0	0	0	0	40

A. Program 7 Contact Information

Program 7 Name:
 Operating Agency:
 Program Mailing Address:
 Address Line 2:
 City: State: **NY** Zip Code:
 Program Contact's Name: Title:
 Phone: () Ext: Email:

B. Program 7 Description and Target Population

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

D. Program 7 Service Projections for PY 2020-2021

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

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

PROGRAM 8

A. Program 8 Contact Information

Program 8 Name: _____

Operating Agency: _____

Program Mailing Address: _____

Address Line 2: _____

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

Program Contact's Name: _____ Title: _____

Phone: () _____ Ext: _____ Email: _____

B. Program 8 Description and Target Population

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

D. Program 8 Service Projections for PY 2020-2021

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

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

PROGRAM 9

A. Program 9 Contact Information

Program 9 Name: _____

Operating Agency: _____

Program Mailing Address: _____

Address Line 2: _____

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

Program Contact's Name: _____ Title: _____

Phone: () _____ Ext: _____ Email: _____

B. Program 9 Description and Target Population

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

D. Program 9 Service Projections for PY 2020-2021

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

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

PROGRAM 10

A. Program 10 Contact Information

Program 10 Name: _____

Operating Agency: _____

Program Mailing Address: _____

Address Line 2: _____

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

Program Contact's Name: _____ Title: _____

Phone: () _____ Ext: _____ Email: _____

B. Program 10 Description and Target Population

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

D. Program 10 Service Projections for PY 2020-2021

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

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

PROGRAM 11

A. Program 11 Contact Information

Program 11 Name:

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

B. Program 11 Description and Target Population

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

D. Program 11 Service Projections for PY 2020-2021

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

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

PROGRAM 12

A. Program 12 Contact Information

Program 12 Name:

Operating Agency:

Program Mailing Address:

Address Line 2:

City:

State: **NY**

Zip Code:

Program Contact's Name:

Title:

Phone: ()

Ext:

Email:

B. Program 12 Description and Target Population

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

D. Program 12 Service Projections for PY 2020-2021

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

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

PART III – Goals for PY 2020-2021

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

Prevention

STSJP		STSJP RTA		Outcomes
100	%	100	%	of youth will have no PINS referrals during service engagement
90	%	90	%	of youth will have no truancies during service engagement
90	%	90	%	of youth will have no school suspensions during service engagement
90	%	95	%	of youth will have no arrests or probation intakes during service engagement
100	%	100	%	of youth will be able to identify at least one accessible, positive adult connection *(new)
100	%	90	%	of youth will be engaged in at least one positive community activity *(new)
95	%	90	%	of youth will comply with program rules
90	%	90	%	of youth will attend at least 90 percent of programming

Other, locally collected outcomes:

Early Intervention

STSJP		STSJP RTA		Outcomes
100	%	0	%	of youth will have no PINS referrals during service engagement
90	%	90	%	of youth will have no truancies during service engagement
90	%	95	%	of youth will have no school suspensions during service engagement
90	%	90	%	of youth will have no arrests or probation intakes during service engagement
90	%	90	%	of youth will have their cases successfully adjusted/diverted during service engagement
100	%	95	%	of youth will be able to identify at least one accessible, positive adult connection *(new)
90	%	90	%	of youth will be engaged in at least one positive community activity *(new)
90	%	95	%	of youth will comply with program rules

90	%	90	%	of youth will attend at least 90 percent of programming
Other, locally collected outcomes:				
Alternative to Detention / Pre-Dispositional Placement				
STSJP		STSJP RTA		Outcomes
90	%	95	%	of youth will have no missed court appearances during service engagement
90	%	90	%	of youth will have no warrants issued during service engagement
90	%	90	%	of youth will have no arrests or probation intakes during service engagement
90	%	90	%	of youth will have no detention or jail admissions during service engagement
100	%	0	%	of PINS will have no pre-dispositional placements during service engagement
100	%	100	%	of youth will be able to identify at least one accessible, positive adult connection * (new)
100	%	90	%	of youth will be engaged in at least one positive community activity * (new)
75	%	90	%	of youth will comply with program rules
75	%	90	%	of youth will attend at least 90 percent of programming
Other, locally collected outcomes:				
Alternative to Placement				
STSJP		STSJP RTA		Outcomes
90	%	90	%	of youth will have no warrants issued during service engagement
90	%	90	%	of youth will have no arrests or probation intakes during service engagement
90	%	90	%	of youth will have no detention or jail admissions during service engagement
100	%	0	%	of PINS will have no pre-dispositional placements during service engagement
90	%	90	%	of youth will have no violations of probation filed during service engagement
90	%	90	%	of youth will have no new placements during service engagement
100	%	100	%	of youth will be able to identify at least one accessible, positive adult connection * (new)
80	%	90	%	of youth will be engaged in at least one positive community activity * (new)
80	%	90	%	of youth will comply with program rules
80	%	90	%	of youth will attend at least 90 percent of programming
Other, locally collected outcomes:				
Reentry / Aftercare				
STSJP		STSJP RTA		Outcomes
80	%		%	of youth will have no warrants issued during service engagement
90	%		%	of youth will have no arrests or probation intakes during service engagement
90	%		%	of youth will have no detention or jail admissions during service engagement
100	%		%	of PINS will have no pre-dispositional placements during service engagement
90	%		%	of youth will have no new placements during service engagement
90	%		%	of youth will have no returns to their previous placements during service engagement
80	%		%	of youth will be able to identify at least one accessible, positive adult connection * (new)
80	%		%	of youth will be engaged in at least one positive community activity * (new)
80	%		%	of youth will comply with program rules
80	%		%	of youth will attend at least 90 percent of programming
Other, locally collected outcomes:				



PART IV – FUNDING

A. Anticipated Program Expenses and Funding Distribution

Program Name & Service Types	STSJP					STSJP-RTA
	Detention Allocation Shifted	PY20-21 STSJP Allocation	Total Expenses (100%)	Local Share (38%)	State Share (62%)	State Share (100%)
1 Juvenile Electronic Monitoring	\$0.00	4938.18	\$7,964.80	\$3,026.62	\$4,938.18	
Prevention						
Early Intervention						
ATD/ATPDP	\$0.00	\$2,469.09	\$3,982.40	\$1,513.31	\$2,469.09	
ATP	\$0.00	\$2,469.09	\$3,982.40	\$1,513.31	\$2,469.09	
Reentry/Aftercare						
Indirect						
2 Casey House	\$0.00	\$13,640.00	\$22,000.00	\$8,360.00	\$13,640.00	
Prevention						
Early Intervention	\$0.00	\$13,640.00	\$22,000.00	\$8,360.00	\$13,640.00	
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
3 Juvenile Supported Case Management	\$0.00	\$55,855.80	\$90,090.00	\$34,234.20	\$55,855.80	
Prevention						
Early Intervention						
ATD/ATPDP						
ATP	\$0.00	\$27,927.90	\$45,045.00	\$17,117.10	\$27,927.90	
Reentry/Aftercare	\$0.00	\$27,927.90	\$45,045.00	\$17,117.10	\$27,927.90	
Indirect						
4 The Reporting Center	\$0.00					\$61,980.00
Prevention						\$15,495.00
Early Intervention						\$15,495.00
ATD/ATPDP						\$15,495.00
ATP						\$15,495.00
Reentry/Aftercare						
Indirect						
5 Back to School		\$6,200.00	\$10,000.00	\$3,800.00	\$6,200.00	
Prevention						
Early Intervention		\$0.00				
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect		\$6,200.00	\$10,000.00	\$3,800.00	\$6,200.00	

Program Name & Service Types	STSJP					STSJP- RTA
	Detention Allocation Shifted	PY20-21 STSJP Allocation	Total Expenses (100%)	Local Share (38%)	State Share (62%)	State Share (100%)
6 The Connection		\$9,187.00	\$14,817.75	\$5,630.75	\$9,187.00	
Prevention		\$8,202.68	\$13,230.13	\$5,027.45	\$8,202.68	
Early Intervention		\$984.32	\$1,587.62	\$603.30	\$984.32	
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
7						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
8						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
9						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
10						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						

Program Name & Service Types	STSJP					STSJP-RTA
	Detention Allocation Shifted	PY20-21 STSJP Allocation	Total Expenses (100%)	Local Share (38%)	State Share (62%)	State Share (100%)
11						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
12						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
Sum of Program Totals:	0.00	\$89,820.98	\$144,872.55	\$55,051.57	\$89,820.98	\$61,980.00

B. STSJP Reimbursement Summary	
STSJP Allocation Amount	\$89,821.00
Locally Approved Amount of PY 2020-2021 STSJP Allocation	\$89,820.98
Approved Detention Allocation Shifted	\$0.00
Total Approved for State Reimbursement	\$89,820.98

C. STSJP-RTA Reimbursement Summary	
STSJP-RTA Approved Plan Amount	\$61,980.00
Total Approved for State Reimbursement	\$61,980.00

PART V – PLAN APPROVAL		
A. Municipality Level Approval – Chief Executive / Administrative Official		
As STSJP Lead for Niagara County, I certify that the Chief Executive/Administrative Official, [Name and Title] Meghan Lutz, Commissioner Social Services, has reviewed and approved the 2020-2021 STSJP Plan.		
User ID: 29c077	Print Name: Benjamin Bunker	Date: 7/1/2021
B. State Level Approval – OCFS Program Reviewer		
As OCFS STSJP reviewer, I certify that I approve of this STSJP plan for Niagara County for 2020-2021.		
User ID: IT0911	Print Name: Lynn Tubbs	Date: 7/1/2021