



Office of Children
and Family Services

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Acting Commissioner

January 15, 2020

Dear Chief Executive Officer,

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

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

Nassau County is eligible to receive 62% State reimbursement for STSJP expenditures up to the capped STSJP allocation amount. Your municipality will continue to receive 49% State reimbursement for eligible detention services expenditures up to the capped allocation amount. If your municipality shifts a portion of its detention allocation into its STSJP plan, your municipality will receive 62% State reimbursement if such shifted funds are spent on STSJP eligible expenditures. A municipality may make a detention allocation shift at the time of the STSJP plan submission or at any time during the program year. If Nassau County plans to shift its detention allocation for STSJP eligible expenses, please submit a request on official letterhead to John Johnson and email it to stsjp@ocfs.ny.gov outlining the amount that will be shifted and the type of programming or services the repurposed detention funds will be used for under STSJP. An amended STSJP plan will also need to be submitted.

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

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

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

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

Sincerely,

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

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

**SUPERVISION AND TREATMENT SERVICES FOR JUVENILE PROGRAM (STSJP)
ANNUAL PLAN**

FOR PROGRAM YEAR OCTOBER 1, 2018 - SEPTEMBER 30, 2019

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

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

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

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

Please direct any STSJP plan questions to:

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

| MUNICIPALITY INFORMATION | | | |
|--|--|--|--|
| NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION: Nassau County | | | |
| LEAD AGENCY FOR STSJP SUBMISSION: Nassau County Probation | | NAME OF CONTACT PERSON: John Plackis | |
| CONTACT PERSON'S PHONE NUMBER: 516-571-4676 | | CONTACT PERSON'S EMAIL ADDRESS: jplackis@nassaucountyny.gov | |

Plan Submission instructions

Instructions for submitting an STSJP plan for OCFS review.

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

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

SECTION ONE - List of programs to be funded

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

| Program Name | Total Program Expense (100 percent) | State Share (62 percent) | County Share (38 percent) |
|---|--|-----------------------------|------------------------------|
| STSJP Program 1 Family & Children's Association Juvenile Justice Services | \$ 238,000 | \$ 147,560 | \$ 90,440 |
| STSJP Program 2 Probation Officer FCAT standby | \$ 17,281 | \$ 10,714.22 | \$ 6,566.78 |
| STSJP Program 3 Electronic Monitoring | \$ 10,000 | \$ 6,200 | \$ 3,800 |
| STSJP Program 4 JDAI Coordinator | \$ 114,150 | \$ 70,773 | \$ 43,377 |
| STSJP Program 5 | \$ | \$ | \$ |
| STSJP Program 6 | \$ | \$ | \$ |
| STSJP Program 7 | \$ | \$ | \$ |

| | | | |
|--|-------------------|----------------------|----------------------|
| STJSJP Program 8 | \$ | \$ | \$ |
| STJSJP Program 9 | \$ | \$ | \$ |
| STJSJP Program 10 | \$ | \$ | \$ |
| STJSJP Program 11 | \$ | \$ | \$ |
| STJSJP Program 12 | \$ | \$ | \$ |
| TOTAL | \$ 379,431 | \$ 235,247.22 | \$ 144,183.78 |
| STJSJP RTA Program (for expenditures eligible for 100% state reimbursement) RTA-LIAC-LONG ISLAND ADVOCACY CENTER | \$ 100,000 | | |
| STJSJP RTA Program (for expenditures eligible for 100% state reimbursement) RTA-PROBATION FCAT-STANDBY PAY \$50k / TRANSPORTATION \$10k | \$ 60,000 | | |
| STJSJP RTA Program (for expenditures eligible for 100% state reimbursement) RTA-PROBATION ELECTRONIC MONITORING | \$ 20,000 | | |
| STJSJP RTA Program (for expenditures eligible for 100% state reimbursement) RTA-FAMILY & CHILDREN'S ASSOCIATION-INDEPENDENT LIVING | \$ 100,000 | | |
| STJSJP RTA Program (for expenditures eligible for 100% state reimbursement) RTA-PEER DIVERSION COURT (FAMILY YOUTH COURT) | \$ 100,000 | | |
| TOTAL | \$ 380,000 | \$ 0 | \$ 0 |

SECTION TWO – Overall analysis of communities

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

(500 words or less) Nassau is a diverse county with a population of 1.3 million people. As in most counties we have a few communities which are over represented in the Juvenile Justice System. They are the following ZIP codes; 11550, 11580, 11590, 11010, 11575, 11735, 11553, 11554, 11520, and 11801. Many of these communities are minority communities faced with significant socio-economic issues which impact the youth and cause negative outcomes. Factors include: 1. Poor school system with low graduation rates; for example our highest driver of youth arrests is the Village of Hempstead where the Hempstead School District continues to have a poor graduation rate and little opportunity for youth to continue their education. 2. Failure to deal with suspensions and truancy which keep youth in school and motivated to learn; many school districts push trouble youth out of school by not developing a good education plan and allowing them to sign out of school at 16. 3. PT and FT summer employment needed for youth to

earn money; youth need to obtain job skills and money to motivate them to better themselves. 4. motivation to say no to violent drug culture and gang lifestyle; it is too easy for youth in poor communities to join gangs and/or use drugs. Most youth join gangs for money, acceptance, and protection. 5. Mental Health services are needed to diagnose youth with a history of mental illness and to develop a community treatment plan; youth with mental illness often have to wait weeks for an appointment and services. 6. Domestic Violence education and mediation is needed for families to learn better ways of communication; for example DV cases are the highest driver of initial detention in our county. We have to develop a STSJP plan to address but more work could be done with the Police and DSS to divert youth from the Juvenile Justice system. In Conclusion, our youth need more structure and guidance in their life in order to keep them busy, motivated, attain a positive self image, get educated, job skills, communication skills, mediation skills, access to mental health treatment if needed, and opportunities to obtain a stable income.

SECTION THREE – Overall analysis of disparity

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

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

(250 words or less) Disproportionate minority representation (DMR) in Nassau's juvenile justice system largely parallels what is seen in Nassau's welfare system. In 2017, total arrests were 432 youths; 174 were black (40% of the total and 11.2% of the population), 129 were hispanic (30% of the total and 14.5% of the population), 110 were white (25% of the total and 64.6% of the population) and 10 were asian (2% of the total and 8% of the population). Two percent or 9 youth did not disclosed a race and/or ethnicity. It appears arrests for black youth went down (45% to 40% for black youth) but hispanic and asian arrests were flat. White arrests went up 4% (91 to 110). The Village of Hempstead continues to be the biggest driver of youth arrests with 93 arrests which is 22 % of all youth arrested in Nassau County. When we look at Detention in Nassau the same DMR exists but with STSJP services in 2017 we were able to accomplish the following; 74 youth were brought to Detention by PD, 45 black youth, 14 hispanic youth, and 15 white youth. 32 were released via FCAT. This leaves a net detention rate of 9.7% for 2017 - 42 youth out 432 arrested were detained.

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

(250 words or less) Case management, school advocacy, family mediation, Probation FCATs, electronic monitoring, respite services, and referrals for behavioral health care have supported Nassau's overall efforts to reduce DMR by offering alternatives to detention and placement for all youth and providing services that assist families by mitigating some of the risk factors (poor peer influences, inadequate role models, few opportunities for pro-social activities) that appear more prevalent in our lower income/higher needs communities.

SECTION FOUR – Performance outcomes

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

(250 word or less) From the period of 10/1/17 till 3/31/18 we have had the following results; FCA reports 42 out of 53 youth completed their program, - 80 % success rate. In 2017 Probation FCAT released 32 youth from Detention out of 74- 43 % success rate. From 10/1/17 till 3/31/18, 25 youth received electronic monitoring services with 20 cases complying with program rules with a 80% success rate. Overall our programs are doing a excellent job of preventing youth from further penetration of the Juvenile Justice System.

SECTION FIVE – Collaboration

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

(250 words or less) We are a JDAI site that meets regularly with our stakeholders. The collaborative meets on a quarterly basis and has sub-committee meetings to address court processing time, racial and ethnic disparities and alternatives to detention. In 2017 the JDAI collaborative along with Long Island's RYJT participated in Raise the Age preparation meetings with OCFS and DCJS. These trainings focused on RTA legislation, detention issues and reform,

Hempstead, school advocacy with Long Island Advocacy Center and the JDC annual art exhibit displaying art work done by JDC residents.

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

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

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

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

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

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

SECTION SEVEN– Plan amounts

Expenses

| | | |
|--|------------|---------------|
| 1. Total Program expenses | | \$ 379,431 |
| 2. State reimbursement (Program expenses*.62) | | \$ 235,247.22 |
| 3. State share amount (Program expenses*.38) | | \$ 144,183.78 |
| Add in Reimbursements for the plan (fill out all that are applicable) | | |
| 4. STSJP allocation | \$ 265,281 | |
| 5. STSJP approved | | \$ 164,474.22 |
| 6. JDAI allocation | \$ 83,333 | |
| 7. JDAI approved | | \$ 70,773 |
| 8. Detention approved amount shifted to STSJP | | \$ |
| 9. PY rollover approved | | \$ |
| 10. Total approved amounts for state reimbursement | | \$ 235,247.22 |
| 11. Total amount of approved STSJP-RTA 100% state reimbursement | | \$ 380,000 |

Program detail inserts

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

| | | | |
|--|---------------------------------|-----------------------------|--------------------|
| Program one name: | FCA-Detention Diversion | Type of program: | Early Intervention |
| Program operating agency: | Family & Children's Association | | |
| Program mailing address 100 E. Old Country Road | | | |
| Address line 2 | | | |
| City Mineola | | State NY | Zip code 11501 |
| Contact person for program Margaret Doherty | | | |
| Title Supervisor | | Phone number (516) 221-1310 | Ext. |

| | | | |
|---|-----------------------------------|-----------------------------|----------------|
| Email mdoherty@familyandchildrens.org | | | |
| Program service detailed information | | | |
| The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 238,000 | | | |
| 1. Please indicate the specific zip codes this program will target? Zip Codes 11550, 11590, 11575, 11553, 11520, 11580, 11510, 11501, 11735, 11554, 11801 | | | |
| 2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Respite services will be available to all youth from time of arrest through time of case separation. Family Mediation and Strengthening Families will be offered to increase communication and set boundaries. Home visits and office visits will be provided to youth and their families to access functioning and referral to appropriate community resources. Pro-social activities will be offered to keep youth busy and offer new recreational opportunities. | | | |
| 3. Does your municipality plan to replicate program across multiple locations? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no) | | | |
| 4. What is the projected number of youth who will receive service from this program? (4-character number) 50 | | | |
| If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below. | | | |
| 5. Did projected performance outcome meet expected outcomes? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7. | | | |
| 6. What projected outcomes were met and how were they met? (100 word or less) There was a reduction in further penetration of the Juvenile Justice system by program participants. Youth and their families received all the services listed above and many appeared to make a positive adjustment. The program has a bilingual worker which allows us to help more families in the community. | | | |
| 7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) Barriers to accomplishing the outcomes were difficulty engaging parents and youth who were not amenable to services. Coordinating time for services due to families life style, work schedule, and lack of transportation. Motivating youth and families to participate in services and make a positive adjustment. | | | |
| 8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 60 days | | | |
| 9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 50 + | | | |
| 10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0 | | | |
| Program two name: | Probation Officer FCAT-standby/OT | Type of program: | ATD |
| Program operating agency: | Nassau Probation | | |
| Program mailing address 400 County Seat Drive | | | |
| Address line 2 | | | |
| City Mineola | | State NY | Zip code 11501 |
| Contact person for program Laura Turner | | | |
| Title Supervisor | | Phone number (516) 571-9185 | Ext. |
| Email lturner@nassaucountyny.gov | | | |
| Program service detailed information | | | |
| The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 17,281 | | | |
| 1. Please indicate the specific zip codes this program will target? Zip Codes 11550, 11590, 11575, 11553, 11520, 11580, 11510, 11735, 11554, 11801 | | | |
| 2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Specially trained POs are on call weekdays from 5 pm to 12 am and weekends and holidays from 9 am to 12 am to respond to the JDC upon notification that a youth has been arrested. These youth are held in a separate section apart from the general population of the JDC until they are assessed by a PO who determines whether the youth can be released on an FCAT or continued in detention pending an immediate referral to the Presentment Agency. | | | |

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|--|
| 3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input checked="" type="checkbox"/> no) |
| 4. What is the projected number of youth who will receive service from this program? (4-character number) 75 |
| If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below. |
| 5. Did projected performance outcome meet expected outcomes? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7. |
| 6. What projected outcomes were met and how were they met? (100 word or less) In 2017, 32 out of 74 youth were released and were able to receive more favorable outcomes. |
| 7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) Program outcomes were met but we can achieve more diversion by conquering our two biggest obstacles which are the unavailability of adults to release youth to and victims requesting formal court action. |
| 8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) If released on a FCAT 4 to 6 hours; if detained and referred to court 3 days. |
| 9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 75 |
| 10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0 |

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|--|-----------------------|-----------------------------|----------------|
| Program three name: | Electronic Monitoring | Type of program: | ATD |
| Program operating agency: | Nassau Probation | | |
| Program mailing address 400 County Seat Drive | | | |
| Address line 2 | | | |
| City Mineola | | State NY | Zip code 11501 |
| Contact person for program Bryan Verdone | | | |
| Title Supervisor | | Phone number (516) 571-9144 | Ext. |
| Email bverdone@nassaucountyny.gov | | | |
| Program service detailed information | | | |
| The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 10,000 | | | |
| 1. Please indicate the specific zip codes this program will target? Zip Codes 11550, 11590, 11575, 11553, 11520, 11580, 11510, 11735, 11554, 11801' | | | |
| 2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The program reduces the amount of juveniles who may be detained as a result of an arrest by allowing the presiding judges the option of utilizing electronic monitoring (EM) house arrest in lieu of being detained in the JDC. EM allows youth to go home with their family, attend school, and do other pro-family activities approved by the court. | | | |
| 3. Does your municipality plan to replicate program across multiple locations? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no) | | | |
| 4. What is the projected number of youth who will receive service from this program? (4-character number) 30 | | | |
| If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below. | | | |
| 5. Did projected performance outcome meet expected outcomes? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7. | | | |
| 6. What projected outcomes were met and how were they met? (100 word or less) All youth were released from detention and returned to their family and community. | | | |
| 7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) Youth who did not complete program objectives and had to be placed in secure or nonsecure detention. Youth failed out of EM by tampering with bracelet, not obeying curfew, not following parental rules, and rearrest. | | | |
| 8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) The average length of stay is 15 to 30 days. | | | |

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|---|
| 9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 40 + |
| 10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0 |

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|---|------------------|-----------------------------|----------------|
| Program four name: | JDAI Coordinator | Type of program: | IDAI |
| Program operating agency: | Nassau Probation | | |
| Program mailing address 400 County Seat Drive | | | |
| Address line 2 | | | |
| City Mineola | | State NY | Zip code 11501 |
| Contact person for program Erika Anthony | | | |
| Title JDAI Coordinator | | Phone number (516) 571-9145 | Ext. |
| Email eanthony@nassaucountyny.gov | | | |
| Program service detailed information | | | |
| The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 114,150 | | | |
| 1. Please indicate the specific zip codes this program will target? Zip Codes All | | | |
| 2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) JDAI coordinator will serve all youth of Nassau County by examining detention/placement reasons and building collaboratives to find solutions that increase youths ability to stay with their families and communities. | | | |
| 3. Does your municipality plan to replicate program across multiple locations? <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no | | | |
| 4. What is the projected number of youth who will receive service from this program? (4-character number) All | | | |
| If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below. | | | |
| 5. Did projected performance outcome meet expected outcomes? <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no If yes, answer # 6, If no, skip to #7. | | | |
| 6. What projected outcomes were met and how were they met? (100 word or less) Nassau County continues to benefit from a low detention/placement rate. We have developed workgroups to discuss case processing time, racial ethnic disparity, and special populations. | | | |
| 7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) N/A | | | |
| 8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) N/A | | | |
| 9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 400 | | | |
| 10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0 | | | |

| | | | |
|----------------------------------|--|-------------------------|----------|
| Program five name: | | Type of program: | |
| Program operating agency: | | | |
| Program mailing address | | | |
| Address line 2 | | | |
| City | | State | Zip code |
| Contact person for program | | | |
| Title HERO | | Phone number | Ext. |
| Email | | | |

Program detail inserts

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

| | | | |
|--|-----------------------------------|-----------------------------|----------------|
| Program one name: | STSJP-RTA - Electronic Monitoring | Type of program: | ATD |
| Program operating agency: | RTA - Nassau Probation | | |
| Program mailing address 400 County Seat Dtive | | | |
| Address line 2 | | | |
| City Mineola | | State NY | Zip code 11501 |
| Contact person for program Bryan Verdone | | | |
| Title Supervisor | | Phone number (516) 571-9144 | Ext. |

| | | | |
|---|--|-----------------------------|----------------|
| Email bverdone@nassaucountyny.gov | | | |
| Program service detailed information | | | |
| The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 20,000 | | | |
| 1. Please indicate the specific zip codes this program will target? Zip Codes All NC zips | | | |
| 2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The program reduces the amount of juveniles who may be detained as a result of an arrest by allowing the presiding judges the option of utilizing electronic monitoring (EM) house arrest in lieu of being detained in the JDC. EM allows youth to go home with their family, attend school, and do other pro-family activities approved by the court. | | | |
| 3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input checked="" type="checkbox"/> no) | | | |
| 4. What is the projected number of youth who will receive service from this program? (4-character number) 50 | | | |
| If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below. | | | |
| 5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7. | | | |
| 6. What projected outcomes were met and how were they met? (100 word or less) New RTA Program | | | |
| 7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) New RTA Program | | | |
| 8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) New RTA Program | | | |
| 9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 0 | | | |
| 10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0 | | | |
| Program two name: | STSJP-RTA - FCA - Independent Living | Type of program: | ATD |
| Program operating agency: | RTA - FAMILY & CHILDREN'S ASSOCIATION - INDEPENDENT LIVING | | |
| Program mailing address | | | |
| 100 E. Old Country Road | | | |
| Address line 2 | | | |
| City Mineola | | State NY | Zip code 11501 |
| Contact person for program William Best | | | |
| Title Director | | Phone number (516) 221-1310 | Ext. |
| Email wbest@familyandchildrens.org | | | |
| Program service detailed information | | | |
| The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 100,000 | | | |
| 1. Please indicate the specific zip codes this program will target? Zip Codes All NC zips | | | |
| 2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) FCA will provide an Independent Living track for all 16 year old youth who cannot be raised by their family and need more positive structure in their lives. Respite services will be available to all youth from time of arrest through time of case separation. Family Mediation and Strengthening Families will be offered to increase communication and set boundaries. See above STSJP program 1. to youth and their families to access functioning and referral to appropriate community r | | | |
| 3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input checked="" type="checkbox"/> no) | | | |
| 4. What is the projected number of youth who will receive service from this program? (4-character number) 40 | | | |
| If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below. | | | |
| 5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7. | | | |
| 6. What projected outcomes were met and how were they met? (100 word or less) New RTA program | | | |
| 7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) New RTA program | | | |
| 8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) New RTA program | | | |

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| 9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 0 |
| 10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0 |

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|--|----------------------------------|-----------------------------|----------------|
| Program three name: | STSJP-RTA - Peer Diversion Court | Type of program: | ATD |
| Program operating agency: | RTA - Nassau Probation | | |
| Program mailing address 400 County Seat Drive | | | |
| Address line 2 | | | |
| City Mineola | | State NY | Zip code 11501 |
| Contact person for program Arianne Reyer | | | |
| Title Special Counsel for Adolescent and Juvenile Justice | | Phone number (516) 571-5477 | Ext. |
| Email areyer@nassaucountyny.gov | | | |
| Program service detailed information | | | |
| The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 100,000 | | | |
| 1. Please indicate the specific zip codes this program will target? Zip Codes All NC zips | | | |
| 2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Peer Diversion Court trains high school students all over Nassau County to take on the traditional roles in the courtroom. Then, when an adolescent offender is arrested and charged with a qualifying act, the case is heard and the sentence is determined by a peer advocates and a peer jury. All case dispositions are based on the elements of restorative justice (community service, reflective essays, letters of apology) and each offender is required to participate in weekly court sessions. | | | |
| 3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input checked="" type="checkbox"/> no) | | | |
| 4. What is the projected number of youth who will receive service from this program? (4-character number) 80 | | | |
| If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below. | | | |
| 5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7. | | | |
| 6. What projected outcomes were met and how were they met? (100 word or less) New RTA Program | | | |
| 7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) New RTA Program | | | |
| 8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) New RTA Program | | | |
| 9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 0 | | | |
| 10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0 | | | |

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|---|--|-------------------------|----------|
| Program four name: | | Type of program: | |
| Program operating agency: | | | |
| Program mailing address | | | |
| Address line 2 | | | |
| City | | State | Zip code |
| Contact person for program | | | |
| Title | | Phone number () | Ext. |
| Email | | | |
| Program service detailed information | | | |

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|---|
| The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ |
| 1. Please indicate the specific zip codes this program will target? Zip Codes |
| 2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) |
| 3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input type="checkbox"/> no) |
| 4. What is the projected number of youth who will receive service from this program? (4-character number) |
| If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below. |
| 5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7. |
| 6. What projected outcomes were met and how were they met? (100 word or less) |
| 7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) |
| 8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) |
| 9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) |
| 10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) |

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|----------------------------------|------------------|-------------------------|--|
| Program five name: | | Type of program: | |
| Program operating agency: | | | |
| Program mailing address | | | |
| Address line 2 | | | |
| City | State | Zip code | |
| Contact person for program | | | |
| Title | Phone number () | Ext. | |
| Email | | | |

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

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|----------------------------------|--|-------------------------|--|
| Program six name: | | Type of program: | |
| Program operating agency: | | | |
| Program mailing address | | | |
| Address line 2 | | | |

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

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

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

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|--|------------------|-------------------------|--|
| Program nine name: | | Type of program: | |
| Program operating agency: | | | |
| Program mailing address | | | |
| Address line 2 | | | |
| City | State | Zip code | |
| Contact person for program | | | |
| Title | Phone number () | Ext. | |
| Email | | | |
| Program service detailed information | | | |
| The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ | | | |
| 1. Please indicate the specific zip codes this program will target? Zip Codes | | | |
| 2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) | | | |
| 3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input type="checkbox"/> no) | | | |
| 4. What is the projected number of youth who will receive service from this program? (4-character number) | | | |
| If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below. | | | |
| 5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7. | | | |
| 6. What projected outcomes were met and how were they met? (100 word or less) | | | |

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

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

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|--|--|-----------------------|-------------------------|------|
| Program eleven name: | | | Type of program: | |
| Program operating agency: | | | | |
| Program mailing address | | | | |
| Address line 2 | | | | |
| City | | State | Zip code | |
| Contact person for program | | | | |
| Title | | Phone number () | | Ext. |
| Email | | | | |
| Program service detailed information | | | | |
| The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ | | | | |
| 1. Please indicate the specific zip codes this program will target? Zip Codes | | | | |

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|---|
| 2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) |
| 3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input type="checkbox"/> no) |
| 4. What is the projected number of youth who will receive service from this program? (4-character number) |
| If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below. |
| 5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7. |
| 6. What projected outcomes were met and how were they met? (100 word or less) |
| 7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) |
| 8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) |
| 9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) |
| 10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) |

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

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|----------------------------------|--|-------------------------|------------|
| STSJP/RTA Program name: | STSJP-RTA -LIAC | Type of program: | Prevention |
| Program operating agency: | RTA-LIAC - LONG ISLAND ADVOCACY CENTER | | |
| Program mailing address | | | |
| 999 Herricks Road, Room 108 | | | |
| Address line 2 | | | |
| City New Hyde Park | State NY | Zip code 11040 | |

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|--|-----------------------------|------|
| Contact person for program Linda Milch | | |
| Title Executive Director | Phone number (516) 248-2222 | Ext. |
| Email lmilch@thelias.org | | |
| Program service detailed information | | |
| The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 100,000 | | |
| 1. Please indicate the specific zip codes this program will target? Zip Codes All NC Zips | | |
| 2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Nassau County has over 50 School Districts; LIAC uses legal counsel and advocates to provide educational representation for students who get suspended and/or unfairly removed from the educational system. They advocate that students received proper education inline with their functioning. Often students who are criminal justice involved are not receiving the correct educational program and/or their disabilities have not been properly identified. | | |
| 3. Does your municipality plan to replicate program across multiple locations? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no) | | |
| 4. What is the projected number of youth who will receive service from this program? (4-character number) 40 | | |
| If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below. | | |
| 5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7. | | |
| 6. What projected outcomes were met and how were they met? (100 word or less) New RTA program | | |
| 7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) New RTA program | | |
| 8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) New RTA program | | |
| 9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 0 | | |
| 10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0 | | |

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|---|---|-------------------------|-----|
| STSJP/RTA Program name: | STSJP-RTA - PROBATION FCAT STANDBY/ OT | Type of program: | ATD |
| Program operating agency: | Nassau Probation | | |
| Program mailing address 400 County Seat Drive | | | |
| Address line 2 | | | |
| City Mineola | State NY | Zip code 11501 | |
| Contact person for program John Plackis | | | |
| Title Director | Phone number (516) 571-4676 | Ext. | |
| Email jplackis@nassaucountyny.govl | | | |
| Program service detailed information | | | |
| The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 50,000 | | | |
| 1. Please indicate the specific zip codes this program will target? Zip Codes all NC zips | | | |
| 2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Specially trained POs are on call weekdays from 5 pm to 12 am and weekends and holidays from 9 am to 12 am to respond to the JDC upon notification that a 16 year old youth has been arrested. These youth are held in a separate section apart from the general population of the JDC until they are assessed by a PO who determines whether the youth can be released on an FCAT or continued in detention pending an immediate referral to the Presentment Agency. | | | |
| 3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input checked="" type="checkbox"/> no) | | | |
| 4. What is the projected number of youth who will receive service from this program? (4-character number) 50 | | | |

If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.

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

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

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

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

9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 0

10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0

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|---|--------------------------|-----------------------------|----------------|
| STSJP/RTA Program name: | STSJP-RTA-Transportation | Type of program: | ATD |
| Program operating agency: | RTA = Nassau Probation | | |
| Program mailing address 400 County Seat Drive | | | |
| Address line 2 | | | |
| City Mineola | | State NY | Zip code 11501 |
| Contact person for program Arianne Reyer | | | |
| Title Special Counsel for Adolescent and Juvenile Justice | | Phone number (516) 571-5477 | Ext. |
| Email areyer@nassaucountyny.gov | | | |

Program service detailed information

The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 10,000

1. Please indicate the specific zip codes this program will target? Zip Codes ALL NC zips

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Nassau County will provide contracted taxi service for parents who identify a need for transportation to attend all necessary Probation and Court functions.

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

4. What is the projected number of youth who will receive service from this program? (4-character number) 25

If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.

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

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

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

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

9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 0

10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0

SECTION EIGHT – Plan Approval

Approval of the Chief Executive Officer

As STSJP Lead for Nassau County Government municipality, I certify that the CEO

Tatum Fox, Deputy County Executive for Public Safety has reviewed and approved the 2018 - 2019 STSJP plan.

Date: 01 / 10 / 2020 STSJP Lead User ID ALPHA\$77

STSJP Lead printed name: John Plackis

Approval of the OCFS STSJP Program Lead

As OCFS STSJP reviewer, I certify that I approve of this STSJP plan for Nassau County
municipality, for 2018 - 2019.

Date: 11/13/20

User ID: JT0911

Printed name Lynn Tillbos