



Office of Children
and Family Services

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Commissioner

October 8, 2019

Dear Chief Executive Officer,

Thank you for submitting Suffolk 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 entire STSJP plan, including the amounts listed for PY 2018-19 STSJP-RTA, has been **approved**.

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

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

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

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

If you have any questions, please email us at stsjp@ocfs.ny.gov and write "STSJP Plan Questions" in the subject line so that we may best assist you in a timely manner. You can direct STSJP inquiries to Lynn Tubbs at (518) 473-9116/Lynn.Tubbs@ocfs.ny.gov or Geneva Hilliard at (518) 486-1819/Geneva.Hilliard@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: Suffolk County | |
| LEAD AGENCY FOR STSJP SUBMISSION: Probation | NAME OF CONTACT PERSON: Robert C. Marmo, Ph.D. |
| CONTACT PERSON'S PHONE NUMBER: 631-852-5105 | CONTACT PERSON'S EMAIL ADDRESS: robert.marmo@suffolkcountyny.gov |

| Plan Submission instructions |
|--|
| <p>Instructions for submitting an STSJP plan for OCFS review.</p> <ol style="list-style-type: none"> Once you have opened this form on your computer, please immediately use the "Save As" function in Microsoft Word to save a copy; Save your application using the following name "PY 2018 - 2019 STSJP Plan – (Name of municipality)"; Work from the "saved" application document, using it to record all of your municipality's information; Once you have completed entering the required data, save the document; Prior to submission, review calculation in section eight for accuracy. Complete the "Approval and Certification" section before submission to OCFS; <p>Send the completed application to OCFS via the STSJP email address at: stsjp@ocfs.ny.gov</p> |

| 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 FSL Home Base Services | \$ 640,000 | \$ 396,800 | \$ 243,200 |
| STSJP Program 2 HFY Supervision and Treatment | \$ 250653.23 | \$ 155,405 | \$ 95,248.23 |
| STSJP Program 3 STRONG Gang Prevention | \$ 130,000 | \$ 80,600 | \$ 49,400 |
| STSJP Program 4 LIAC Education Advocacy | \$ 180,000 | \$ 111,600 | \$ 68,400 |
| STSJP Program 5 HFY Adjustment Services | \$ 97456.45 | \$ 60,423 | \$ 37,033.45 |
| STSJP Program 6 Psychological Assessments | \$ 35,000 | \$ 21,700 | \$ 13,300 |
| STSJP Program 7 | \$ | \$ | \$ |

| | | | |
|---|------------------------|-------------------|----------------------|
| STSJP Program 8 | \$ | \$ | \$ |
| STSJP Program 9 | \$ | \$ | \$ |
| STSJP Program 10 | \$ | \$ | \$ |
| STSJP Program 11 | \$ | \$ | \$ |
| STSJP Program 12 | \$ | \$ | \$ |
| TOTAL | \$ 1,333,109.68 | \$ 826,528 | \$ 506,581.68 |
| STSJP RTA Program (for expenditures eligible for 100% state reimbursement) HFY - Adjustment | \$ 15,000 | | |
| STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Home Base Services | \$ 160,000 | | |
| STSJP RTA Program (for expenditures eligible for 100% state reimbursement) HFY-Supervision and Treatment | \$ 67,500 | | |
| STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Education Advocacy | \$ 45,000 | | |
| STSJP RTA Program (for expenditures eligible for 100% state reimbursement) | \$ | | |
| TOTAL | \$ 287,500 | \$ 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) In 2017, Suffolk County Probation Family Court staff opened 159 PINS and JD investigations and supervised 400 cases: 138 PINS and 252 JD. Based upon a one-day snapshot of all family court active family court supervision cases, Central Islip has the highest number of PINS cases and Brentwood has the highest number of JD cases in Suffolk County. Central Islip, Brentwood, Riverhead, Medford, Bay Shore, Amityville, Huntington Station, Smithtown, Wyandanch, and Shirley are the top ten hamlets with the highest number of active JD supervision cases. Central Islip, Medford, Riverhead, Coram, Bay Shore, and Mastic have the highest number of PINS cases. Residential Placements have decreased from a high of 297 in 2005, down to 77 in 2017. This represents a reduction of 220 juveniles. Based upon most current state aid report, from 2012 to 2016, JD detention admissions decreased by 42 admissions from 182 in 2012 to 140 in 2016.

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) According to the US Census, the racial ethnic composition for Suffolk County's Juvenile population is 92% white; 1.1% black; 4.3% Asian; and 1.5% other. The Hispanic population (any race) is 5%. For

Suffolk County, in 2017 the detention population was overrepresented for juveniles who are Hispanic (55%). Juveniles identified as Black (35%) and White (32%) were underrepresented. From 2014 to 2017, we have seen a slight decrease for Black youth (41% to 35%) in detention and an increase for Hispanic youth (from 24% to 55%) in detention.

In 2017, 100 juveniles were sent to residential placement. Of those, 64 were JD placements. Of the 64 juveniles, 17.2% (n=13) were identified as Black, 22.4% (n=17) were Hispanic.

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

(250 words or less) Suffolk County Probation has begun to collect juvenile justice data related to race/ethnicity of juveniles to help identify the disparities and look to improve alternative to detention and placement. In addition, Suffolk County Probation representatives have joined the Racial Ethnic Disparities Subcommittee through the Nassau County JDAI initiative. The intent of this committee is to provide training to the juvenile justice system and to change policy that contributes to disparities.

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) The Home Base Service program will reduce further court involvement and potential risk of placement through intensive services to juveniles and their families.

The Supervision and Treatment Program will serve up to 32 youth and their families with the outcome of reducing the further entry into the juvenile justice system and potential placement. The Gang Prevention Program will serve approximately 20 children and their families to reduce the chances of gang involvement for elementary age children at risk of becoming involved in gang activities or who may already be involved in gang activities and improve children's school performance and behavior both in school and at home. The Education Advocacy Program provides educational advocacy, assessment and support services to the juvenile delinquent population. The Adjustment Services Program will serve approximately 25 juveniles referred through Probation with the outcome of reducing further entry into the system. To conduct diagnostic evaluations while a youth is living in their home thus avoiding a costly residential placement for the sole purpose of conducting a psychological evaluation.

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) One major source of collaboration is the Long Island Regional Youth and Justice Team (LIRYJT). The team includes juvenile justice representatives from Nassau and Suffolk who share best practices, identified areas for practice improvement and provide input to state policymakers. Members include probation, social services, OCFS, attorney, advocates, and service providers. In addition to the LIRYJT, the Probation Department collaborates with several juvenile justice service providers to develop and manage programs to reduce detention and placement for Suffolk County. Many of these programs included in the STSJP were developed in collaboration with providers over several years. Suffolk County has worked closely with Hope for Youth to develop programs designed to prevent placement and detention. The County has worked closely with Family Service League to develop preventive programs targeting youth and families at risk of further entry into the juvenile justice system. The county has worked with Long Island Advocacy Center to develop educational advocacy for youth and most recently has worked closely with STRONG to bring gang prevention and intervention programs to youth and families.

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

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

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

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

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

PLEASE DO NOT INCLUDE ANY RTA PROGRAM FUNDING IN SECTION SEVEN (section directly below)**SECTION SEVEN- Plan amounts****Expenses**

| | | |
|--|--|-----------------|
| 1. Total Program expenses | | \$ 1,333,109.68 |
| 2. State reimbursement (Program expenses*.62) | | \$ 826,528 |
| 3. State share amount (Program expenses*.38) | | \$ 506,581.68 |

Add in Reimbursements for the plan (fill out all that are applicable)

| | | |
|---|------------|-------------------|
| 4. STSJP allocation | \$ 244,137 | |
| 5. STSJP approved | | \$ 244,137 |
| 6. JDAI allocation | \$ 0 | |
| 7. JDAI approved | | \$ 0 |
| 8. Detention approved amount shifted to STSJP | | \$ 582,391 |
| 9. PY rollover approved | | \$ 0 |
| 10. Total approved amounts for state reimbursement | | \$ 826,528 |
| 11. Total amount of approved STSJP-RTA 100% state reimbursement | | \$ 287,500* |
| | | *pending approval |

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: | Home-Based Services | Type of program: | ATP |
| Program operating agency: | Family Service League | | |
| Program mailing address 790 Park Avenue | | | |
| Address line 2 | | | |
| City Huntington | | State NY | Zip code 11743 |
| Contact person for program Karen Boorshtein | | | |
| Title Executive Director | | Phone number (631) 470-6780 | Ext. |
| Email kboorshtein@fsl-li.org | | | |
| Program service detailed information | | | |
| The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 640,000 | | | |
| 1. Please indicate the specific zip codes this program will target? Zip Codes All of Suffolk County | | | |
| 2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The Home Base Service Program provides a variety of intensive services and referrals for juveniles and their families throughout the county to help reduce further court involvement and potential risk of placement. Home Based workers afford a variety of services and referrals to additional services while working with juveniles and their families in the home setting. The availability of home based resources to mitigate or correct family issues will reduce court involvement. | | | |
| 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) 230 | | | |
| 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) yes, the following outcomes were met: To provide community based services to approximately 230 PYouth each year. To provide services for an average of 80 youth and families each month. To have 80% of participants complete 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) all program goals were met | | | |
| 8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 122 | | | |
| 9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 244 | | | |
| 10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) N/A | | | |
| Program two name: | Supervision and Treatment | Type of program: | ATP |
| Program operating agency: | Hope for Youth, Inc. | | |
| Program mailing address 201 Dixon Avenue | | | |
| Address line 2 | | | |
| City Amityville, NY | | State NY | Zip code 11701 |
| Contact person for program David Hegarty | | | |
| Title Executive Director | | Phone number (631) 728-6510 | Ext. |
| Email hegartyd@hfyny.org | | | |
| Program service detailed information | | | |
| The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 270,526 | | | |
| 1. Please indicate the specific zip codes this program will target? Zip Codes All of Suffolk County | | | |
| 2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The program will provide clinical and case mangement services and family support services using the MDFT model to youth at risk of placement. Services will be provided up to six (6) months. | | | |
| 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) 30 | | | |
| 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) Of the 30 children served, only 1 child did not successfully complete the services | | | |
| 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) 131 | | | |
| 9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 30 | | | |
| 10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) N/A | | | |
| Program three name: | Gang Prevention | Type of program: | Prevention |
| Program operating agency: | STRONG Youth, Inc. | | |

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|---|-----------------------------|----------------|
| Program mailing address 599 Jerusalem Avenue | | |
| Address line 2 | | |
| City Uniondale | State NY | Zip code 11553 |
| Contact person for program Rashmia Zatar | | |
| Title Executive Director | Phone number (516) 483-1350 | Ext. |
| Email rzatar@strongyouth.com | | |
| Program service detailed information | | |
| The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 130,000 | | |
| 1. Please indicate the specific zip codes this program will target? Zip Codes 11718; 11798 | | |
| 2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) the program will reduce the chances of gang involvement for elementary age children at risk of becoming involved in gang activities or who may already be involved in gang activities. In addition, the program works to improve children's school performance and behavior both in school and at home. The services include individual evaluation of children, family intervention, and anti-gang activities | | |
| 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) 24 | | |
| 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) This program began in 2017 and served 46 juveniles within the first year. All program goals were met | | |
| 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) most juveniles are still enrolled in the program | | |
| 9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 46 | | |
| 10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) N/A | | |

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|--|-----------------------------|-------------------------|-----|
| Program four name: | Education Advocacy Services | Type of program: | ATP |
| Program operating agency: | Long Island Advocacy Center | | |
| Program mailing address 999 Herricks Road | | | |
| Address line 2 | | | |
| City New Hyde Park | State NY | Zip code 11040 | |
| Contact person for program Linda Milch | | | |
| Title Executive Director | Phone number (516) 248-2222 | Ext. | |
| Email liacexec@optonline.net | | | |
| Program service detailed information | | | |
| The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 180,000 | | | |
| 1. Please indicate the specific zip codes this program will target? Zip Codes All of Suffolk County | | | |

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|--|
| 2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The Education Advocacy Program is available Countywide and provides educational advocacy, assessment and support services to the juvenile delinquent population. The program helps juveniles to rectify educational issues and reduce school related problems which can lead to probation violations and higher risk of court involvement and potential placement. |
| 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) 60 |
| 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) Number of Court Mandated Youth Seen for Assessment of Educational Needs; Number of Youth Receiving a Service Plan for Appropriate Services Number of Youth Represented at Disciplinary Hearings. Over 80% of the youth met these three 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) N/A |
| 8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 76 |
| 9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 64 |
| 10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) N/A |

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|--|----------------------|-----------------------------|----------------|
| Program five name: | Adjustment Services | Type of program: | ATD |
| Program operating agency: | Hope for Youth, Inc. | | |
| Program mailing address 201 Dixon Avenue | | | |
| Address line 2 | | | |
| City Amityville | | State NY | Zip code 11701 |
| Contact person for program David Hegarty | | | |
| Title Executive Director | | Phone number (631) 782-6510 | Ext. |
| Email hegartyd@hfyny.org | | | |
| Program service detailed information | | | |
| The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 97,456 | | | |
| 1. Please indicate the specific zip codes this program will target? Zip Codes All of Suffolk County | | | |
| 2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The Program will serve approximately 70 juveniles referred through Probation with the outcome for any youth to avoid going in front of a judge, to avoid becoming adjudicated as a JD, to not be re-arrested, to learn healthy behaviors, and to improve attendance at school. Additionally, many of the youth referred to this program will gain connections to community resources, such as counseling, community service, and assist their parents in connecting to parenting programs if needed. | | | |
| 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) 70 | | | |
| 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 checked="" type="checkbox"/> no) If yes, answer # 6, If no, skip to #7. | | | |
| 6. What projected outcomes were met and how were they met? (100 word or less) | | | |

7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) The number of intakes decreased during the year, however, with Raise the Age, these numbers are expected to increase for 2018-2019
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 52
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 56
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) N/A

| | | | |
|--|--------------------------------------|-----------------------------|----------------|
| Program six name: | Psychological Diagnostic Assessments | Type of program: | ATP |
| Program operating agency: | Probation | | |
| Program mailing address PO Box 188 | | | |
| Address line 2 | | | |
| City Yaphank | | State NY | Zip code 11980 |
| Contact person for program Robert Marmo | | | |
| Title Chief Planner | | Phone number (631) 852-5105 | Ext. |
| Email robert.marmo@suffolkcountyny.gov | | | |
| Program service detailed information | | | |
| The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 35,000 | | | |
| 1. Please indicate the specific zip codes this program will target? Zip Codes all of Suffolk County | | | |
| 2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) To conduct diagnostic evaluations while a youth is living in their home thus avoiding a costly residential placement for the sole purpose of conducting a psychological evaluation. The Diagnostic evaluations will be conducted by consulting a Psychologist contracted through the Probation Department. The evaluation would include a comprehensive psychosocial assessment (including parent/guardian interview), full psychological evaluation and treatment recommendations | | | |
| 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) 24 | | | |
| 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 checked="" type="checkbox"/> no) If yes, answer # 6, If no, skip to #7. | | | |
| 6. What projected outcomes were met and how were they met? (100 word or less) | | | |
| 7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) The program was to complete 15 evaluations during 2017-2018. The program completed 10 of the 15 evaluations. The program ran out of funding with 2 months to go to finish evaluations. | | | |
| 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) 10 | | | |
| 10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) N/A | | | |

| | | | |
|----------------------------------|--|-------------------------|--|
| 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) | | |

| | | | |
|---|------------------|-------------------------|--|
| 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)

| | | | |
|---|------------------|-------------------------|--|
| 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) | | | |
| 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. | | | |

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|---|
| 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 | | | |
| 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 | | | |

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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 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: | Adjsutment Services | Type of program: | Revised STSJP-RTA |
| Program operating agency: | Hope for Youth Inc. | | |
| Program mailing address 201 Dixon Avenue | | | |
| Address line 2 | | | |
| City Amityville | | State NY | Zip code 11701 |
| Contact person for program David Hegarty | | | |
| Title Executive Director | | Phone number (631) 782-6510 | Ext. |
| Email hegartyd@hfyny.org | | | |
| Program service detailed information | | | |
| The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 97,456 | | | |
| 1. Please indicate the specific zip codes this program will target? Zip Codes all of Suffolk County | | | |
| 2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The Program will serve approximately 70 juveniles referred through Probation with the outcome for any youth to avoid going in front of a judge, to avoid becoming adjudicated as a JD, to not be re-arrested, to learn healthy behaviors, and to improve attendance at school. Additionally, many of the youth referred to this program will gain connections to community resources, such as counseling, community service, and assist their parents in connecting to parenting programs if needed. | | | |
| 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) 70 | | | |
| If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below. | | | |
| 5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input checked="" type="checkbox"/> no) If yes, answer # 6, If no, skip to #7. | | | |
| 6. What projected outcomes were met and how were they met? (100 word or less) | | | |
| 7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) The number of intakes decreased during the year, however, with Raise the Age, these numbers are expected to increase for 2018-2019 | | | |
| 8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 52 | | | |
| 9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 56 | | | |

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

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|--|------------------------|-----------------------------|-------------------|
| STSJP/RTA Program name: | Community Base Service | Type of program: | Revised STSJP-RTA |
| Program operating agency: | Family Service League | | |
| Program mailing address 790 Park Avenue | | | |
| Address line 2 | | | |
| City Huntington | | State NY | Zip code 11743 |
| Contact person for program Karen Boorshtein | | | |
| Title Executive Director | | Phone number (631) 470-6780 | Ext. |
| Email kboorshtein@fsl-li.org | | | |
| Program service detailed information | | | |
| The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 640,000 | | | |
| 1. Please indicate the specific zip codes this program will target? Zip Codes All of Suffolk County | | | |
| 2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The Home Base Service Program provides a variety of intensive services and referrals for juveniles and their families throughout the county to help reduce further court involvement and potential risk of placement. Home Based workers afford a variety of services and referrals to additional services while working with juveniles and their families in the home setting. The availability of home based resources to mitigate or correct family issues will reduce court involvement. | | | |
| 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) 230 | | | |
| 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) The following outcomes were met: To provide community based services to approximatly 230 youth and to have 80% of participants complete the 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) | | | |
| 8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 122 | | | |
| 9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 244 | | | |
| 10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) N/A | | | |

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|---|---------------------------|-----------------------------|-------------------|
| STSJP/RTA Program name: | Supervision and Treatment | Type of program: | Revised STSJP-RTA |
| Program operating agency: | Hope for Youth, Inc. | | |
| Program mailing address 201 Dixon Avenue | | | |
| Address line 2 | | | |
| City Amityville | | State NY | Zip code 11701 |
| Contact person for program David Hegarty | | | |
| Title Executive Director | | Phone number (631) 728-6510 | Ext. |

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|--|---|
| Email hegartyd@hfyny.org | |
| Program service detailed information | |
| The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 270,526 | |
| 1. Please indicate the specific zip codes this program will target? Zip Codes all of Suffolk County | |
| 2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The program will provide clinical and case amangement services and family support services unising the MDFT model to youth at risk of placement. Services will be provide for up to six (6) months | |
| 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) 30 | |
| 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) O the 30 children serces, only 1 child did not successully ocmplete the services. | |
| 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) 131 | |
| 9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 30 | |
| 10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) | |
| SECTION EIGHT – Plan Approval | |
| Approval of the Chief Executive Officer | |
| As STSJP Lead for Suffolk County | municipality, I certify that the CEO |
| Steve Bellone/Dennis Cohen | has reviewed and approved the 2018 - 2019 STSJP plan. |
| Date: 10 / 30 / 2018 | STSJP Lead User ID |
| STSJP Lead printed name: Robert Marmo | |
| Approval of the OCFS STSJP Program Lead | |
| As OCFS STSJP reviewer. I certify that I approve of this STSJP plan for <i>suffolk county</i> | |
| municipality, for 20 - 20 | |
| Date: <i>2/1/19</i> | User ID: <i>KK4352</i> Printed name <i>John Johnson</i> |