

**NASSAU COUNTY YOUTH BOARD
JUVENILE JUSTICE INITIATIVE
PIIP
QUARTERLY REPORT 20____**

Date Completed: _____
Agency Name: _____
Name and Phone No. of person completing report: _____
Signature (Director or Project Supervisor) _____

Please submit this form no later than the 15th of each month following the close of the Quarter.
Provide information that will give insight into the scope and complexity of the program.

1st Quarter: ____ **2nd Quarter:** ____ **3rd Quarter:** ____ **4th Quarter:** ____
(Jan.-Mar.) (Apr.-June) (July-Sept.) (Oct.-Dec.)

DEMOGRAPHIC SUMMARY OF YOUTH SERVED:--Complete for youth up to 21 ONLY.

1. TOTAL YOUTH SERVED

Indicate the total number of youth receiving at least one direct service year to date (cumulative-unduplicated count): _____

Please indicate the total number of youth preventive/post and total number of youth that avoided contact with the Juvenile Justice System this period.

a. Indicate total # of Preventive cases _____
Total # of preventive cases who avoided contact: _____

b. Indicate total # of Post-institutional cases: _____
Total # of post institutional cases who avoided additional contact: _____

2. SEX: A. Male: _____ B. Female: _____ TOTAL: _____

3. ETHNICITY

A. Caucasian: _____ B. African American: _____ C. Hispanic: _____
D. Native American: _____ E. Asian: _____ F. Other: _____ TOTAL: _____

4. AGE: A. 0-4 ____ B. 5-9: ____ C. 10-15: ____ D. 16-21: ____ TOTAL: _____

SERVICE ACTIVITY OF YOUTH SERVED:

5. PROGRAM PROFILE

Enter the number of youth served and a Coded description of the program(s) in the spaces below, based on your application, Form OCFS 3115:

	Problem Target Service Need Pop Methods														
PRIMARY:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 30px;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 30px;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 30px;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
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	Number Served:														

6. SERVICES FOR CLIENTS OVER 21 YEARS OF AGE:

- a. Please indicate number of clients over 21 years of age receiving services through programs identified in your application: _____
- b. Elaborate on type of services provided. (Use additional sheets if needed).

EVENTS/OUTREACH/RECRUITMENT (from this point on reflect cases served this Q.)

7. SPECIAL ACTIVITIES/EVENTS/PRESENTATIONS:

Description of Activity/ Event/ Presentation/ Outreach	Date	Location	Number Board/Staff Parents/Vol.	Number of Youth
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total:		Adult _____	Youth _____	

8. Please indicate the outreach methods utilized for program recruitment during this period:

Outreach Method	#of Youth Contacted	# of Youth Recruited
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Youth:	Contacted _____	Recruited _____

9. Number of referrals made for additional services and the type of service provided for all clients served during this reporting period:

Type of Service	# of Referrals	OTHER (briefly describe):
Education	_____	_____
Mental Health	_____	_____
Employment	_____	_____
Medical	_____	_____
Substance Abuse	_____	_____
Vocational Education	_____	_____
Legal	_____	_____
Parenting	_____	_____
Advocacy	_____	_____
Housing	_____	_____

10. Please describe newly developed linkages your agency has employed. How are they beneficial to the program?

PART II STATISTICAL QUARTERLY REPORT

YOUTH SERVED (only reflect cases for this reporting period)

1. Number of Counseling Sessions Conducted:

Individual: _____ Family: _____
Parent: _____ Group: _____ Total: _____

A. First Time Offenders – Prevention

1. Please use this section to report first contacts with the Juvenile Justice System for those clients who are prevention cases and have had no prior experiences with the system.

- a. Client Case #: _____
Type of contact: _____
Result of contact: _____
- b. Client Case #: _____
Type of contact: _____
Result of contact: _____
- c. Client Case #: _____
Type of contact: _____
Result of contact: _____
- d. Client Case #: _____
Type of contact: _____
Result of contact: _____

B. Repeat Offenders - Prevention

1. Please indicate those prevention cases that have had a second (or more) contact with the Juvenile Justice System while still receiving support services through your program. This means that they are a recidivist while receiving services by your agency and are still active cases.

- a. Client Case #: _____
Type of contact: _____
Result of contact: _____
- b. Client Case #: _____
Type of contact: _____
Result of contact: _____
- c. Client Case #: _____
Type of contact: _____
Result of contact: _____
- d. Client Case #: _____
Type of contact: _____
Result of contact: _____

C. Recidivism – The Post-Institutional Client:

1. Please provide data regarding those clients who had repeat involvement with the Juvenile Justice System this period while in the PPIP Program (this does not include any incidents prior to joining the PPIP program).

Sample: Client Case #: 123
Type of repeat contact: arrest
Result of repeat contact: placement
Facility of placement: Mercy First
Length of stay: 6 months
(please indicate length of diagnostic visits)

- a. Client Case #: _____
Type of repeat contact: _____
Result of repeat contact: _____
Facility of placement: _____ Length of stay: _____
- b. Client Case #: _____
Type of repeat contact: _____
Result of repeat contact: _____
Facility of placement: _____ Length of stay: _____
- c. Client Case #: _____
Type of repeat contact: _____
Result of repeat contact: _____
Facility of placement: _____ Length of stay: _____

D. Updates

1. The purpose of this section is to follow up with those clients who were already reported on the previous report but the result of contact was pending.

(This is not for new clients or new recidivists. It is only for those clients already reported and had a pending result.)

a. Client Case #: _____

Pre or Post? _____

Final result: _____

If placed or incarcerated, where? _____

For how long? _____

b. Client Case #: _____

Pre or Post? _____

Final result: _____

If placed or incarcerated, where? _____

For how long? _____

E. Case Illustrations

Please prepare and attach an illustration of a client who has received juvenile justice support services this reporting period. The illustration should describe the client's assessed needs and how the agency is providing counseling and case management services.

Please indicate the degree to which the youth is accomplishing his or her goals and how. (Please be sure to provide an illustration for a different youth each period).

COMMENTS:

Please use this space to elaborate on any of the above entries. Use additional sheets if needed.