MEMORANDUM OF UNDERSTANDING

Between

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

And

THE NEW YORK CITY DEPARTMENT OF YOUTH AND COMMUNITY DEVELOPMENT

THIS MEMORANDUM OF UNDERSTANDING (this "**MOU**"), made retroactively effective as of July 1, 2024 between New York City Health and Hospitals Corporation located at 50 Water Street, 17th Floor, New York, New York 10004 ("**H+H**") and the New York City Department of Youth and Community Development, with offices at 2 Lafayette Street, 21st floor, New York, New York 10007 ("**DYCD**"). H+H and DYCD may each be referred to as a "**Party**" and together as the "**Parties**."

WHEREAS, H+H operates the municipal hospital system of the City of New York (the "**City**") including NYC Health + Hospitals/Harlem, located at 506 Lenox Avenue, New York, New York 10037 ("**Harlem**"), NYC Health + Hospitals/Jacobi located at 1400 Pelham Parkway South, Bronx, NY 10461 (**"Jacobi"**), NYC Health + Hospitals/Kings County located at 452 Clarkson Avenue, Suite A-7221, Brooklyn, NY 11203 (**"Kings County**"), NYC Health + Hospitals/Lincoln located at 234 East 149th Street, Bronx, NY 10451 (**"Lincoln"**), and NYC Health + Hospitals/Woodhull located at 760 Broadway, Brooklyn, NY 11206 ("**Woodhull)**" which together with Lincoln, Harlem and Kings County may be referred to as the "**Hospitals**" and individually as a ("**Hospital**"); and

WHEREAS, on behalf of the City, DYCD operates programs focused on youth and community development including overseeing the City's programs intended to reduce violence among City residents through violence interpreter programs and otherwise as more fully described herein (the "**Programs**"); and

WHEREAS, DYCD and H+H each recognize the need to reduce violence among high-risk youth in the City and to change social norms that reinforce violence; and

WHEREAS, an agreement between DYCD and MOCJ signed February 2, 2023 by DYCD, made pursuant to New York City Charter Section 1121, calls for the timely assumption by DYCD of the administration and procurement functions of certain MOCJ programs, including but not limited to those related to MOCJ's Office of Neighborhood Services ("**ONS**"); and

WHEREAS, DYCD, through its Office of Neighborhood Safety ("**ONS**"), administers the Crisis Management System ("**CMS**"), which implements the evidence-based Cure Violence program model to address and reduce violence in certain neighborhoods throughout the City; and

WHEREAS, DYCD's anti-violence programs currently include 1. Community Led Approaches to Public Safety ("**Cure Violence**"); 2. Hospital-based violence interrupter programs ("**Hospital-based Anti-Violence" programs**), 3. Professional Mental Health Services, and 4. Youth Enrichment Services; and

WHEREAS, the Hospitals host and manage Anti-Violence programs that work to identify, mediate and prevent the spread of violence within their respective catchment areas as defined in Article 2, Scope of Services; and

WHEREAS, Jacobi operates a behavioral health counseling program focused on individuals caught in a cycle of violence (the "**Jacobi Counseling Program**"); and

WHEREAS, in FY25, DYCD seeks to continue the contract action of FY24 wherein it procured and contracted directly with H+H which, by this MOU, wishes to continue to perform Anti-Violence programming work at the Hospitals; and

WHEREAS, DYCD wishes to fund the Programs for two years, the funding for which will be allocated in H+H's budget; and

WHEREAS, the Parties wish for DYCD to transfer funding to H+H via the Intra-City budget modification process; and

WHEREAS, the Parties wish to coordinate all the Programs to simplify their administration, to promote the development and adoption of best practices in the administration of the Programs and to ensure legal compliance, accountability and accurate reporting of key performance indicators; and

WHEREAS, the Parties are committed to the foregoing coordination but acknowledge that achieving the goal of integrating, consolidating and coordinating all Programs will be a multi-year effort; and

WHEREAS, DYCD will fund the Programs using the Intra-City budget modification process as defined in Article 3, Section 3.05 Invoice and Payment Process.

NOW, THEREFORE, the Parties agree as follows:

ARTICLE 1. TERM OF PERFORMANCE

Section 1.01 Term

(a). The Term of this MOU shall be from July 1, 2024, through June 30, 2026, unless terminated earlier by either Party in accordance with the provisions set forth in Paragraph 6 of this MOU, with renewal options as set forth in subparagraph (b) of this section.

(b). This MOU may be renewed for two consecutive (2) year terms by mutual agreement of the Parties unless sooner terminated as provided herein (the "**Term**") and/or due to the unavailability of continued funding.

(c) The Scope of Service and Budget set forth in Annex A and Annex B, respectively, may be revised by written mutual agreement of the Parties; such agreement shall be appended to this agreement.

ARTICLE 2. SCOPE of SERVICES

Section 2.01 Scope of Services

During the Term, Lincoln, Kings County, Harlem and Woodhull shall operate Anti-Violence Programs consistent with the Scopes of Work attached hereto as Appendix A-1: Hospital-based Anti-Violence Programs

Additionally, during the Term, Harlem shall operate an Anti-Violence Program consistent with the Scopes of Work attached hereto as Appendix A-1.1 Hospital-based Anti-Violence Program Additional Scope of Work: Harlem Hospital.

During the Term, each of Jacobi and Lincoln shall operate Community Led Approaches to Public Safety (Cure Violence) in accordance with Appendix A-2: Community Led Approaches to Public Safety/ Cure Violence.

Additionally, in FY25, Lincoln shall operate the Work Learn Grow program in accordance with Appendix A-2: Community Led Approaches to Public Safety/ Cure Violence, Section V.iii.3)

During the Term, Jacobi shall operate the Jacobi Counseling Program in accordance with Appendix A-3 Professional Mental Health Services attached.

During the Term, Jacobi shall operate the Youth Enrichment Services Program in accordance with Appendix A-4 Youth Enrichment Services attached.

ARTICLE 3. COMPENSATION AND PAYMENT SCHEDULE

DYCD shall pay H + H, subject to and in accordance with the procedures and restrictions set forth in this MOU, an aggregate amount not to exceed Five Million Four Thousand Two Hundred ($5,004,200) for all services to be performed during the Term, as reported to, verified and approved by the DYCD. All payments shall be made in accordance with Appendix B-1, B-2, B-3, B-4 and B-5 attached and as specified below. DYCD shall transfer funding to H + H via the Intra-City budget modification process not to exceed aggregate amount set forth herein.

Section 3.01 Allocation by Hospital Center for Hospital-based Anti-Violence Programs

(a) DYCD shall provide **$350,000.00 (Three Hundred Fifty Thousand Dollars**) to fund the Kings County Program in accordance with the budget attached as **Appendix B-1**.

(b) DYCD shall provide **$450,000.00 (Three Hundred Fifty Thousand Dollars**) to fund the Harlem Program in accordance with the budget attached as **Appendix B-2**.

(c) DYCD shall provide **$350,000.00 (Three Hundred Fifty Thousand Dollars)** to fund the Lincoln Program in accordance with the budget attached as **Appendix B-4**.

(d) DYCD shall provide **$350,000.00 (Three Hundred Fifty Thousand Dollars**) to fund the Woodhull Program in accordance with the budget attached as **Appendix B-5**.

Section 3.02 Allocation by Hospital Center for Community Led Approaches to Public Safety (Cure violence).

(a) DYCD shall provide **$1,600,000 (One Million, Six Hundred Thousand Dollars)** to fund the Jacobi Program in accordance with the budget attached as **Appendix B-3**.

(b) DYCD shall provide **$1,600,000 (One Million, Six Hundred Thousand Dollars)** to fund the Lincoln Program in accordance with the budget attached as **Appendix B-4**.

1. In FY25, DYCD shall provide an additional $18,700 (Eighteen Thousand, Seven Hundred Dollars) to fund the Lincoln Program Work Learn Grow services in accordance with the budget attached as Appendix B-4.

Section 3.03 Allocation by Hospital Center for Professional Mental Health Services.

(a) DYCD shall provide **$150,000 (One Hundred Fifty Thousand Dollars)** to fund the Jacobi Counseling Program in accordance with the budget attached as **Appendix B-3**.

Section 3. 04 Allocation by Hospital Center for Youth Enrichment Services Programs.

(a) DYCD shall provide **$135,500 (One Hundred Thirty-five Thousand Five Hundred Dollars**) to fund the Jacobi Counseling Program in accordance with the budget attached as **Appendix B-3**.

Section 3. 05 Invoice and Payment Process.

(a) DYCD shall promptly complete the necessary IETC (internal exchange transaction intra-city) payment upon the submission and satisfactory review of the certified intra-city invoice and supporting documentation on a quarterly basis for fiscal year 2025. The certified intra-city invoice shall be submitted to DYCDAccountsPayable@dycd.nyc.gov within thirty (30) days of the close of the quarter. Payment shall be made within thirty (30) days of receipt of certified intra-city invoices and supporting documentation.

ARTICLE 4. RECORDKEEPING, REPORTING and AUDIT REQUIREMENTS

Section 4.01 Books and Records

H+H shall maintain separate and accurate books, records, documents, and other evidence, and shall utilize appropriate accounting procedures and practices, which sufficiently and properly reflect all direct and indirect costs of any nature expended in the performance of this MOU.

Section 4.02 Maintenance of Records

H+H shall maintain all books, records, documentation, justifications, and other evidence relevant to this MOU, including those required pursuant to Article 4 for six (6) years after the final payment or expiration or termination of this MOU, or for a period otherwise prescribed by law, whichever is later. In addition, if any litigation, claim, or audit concerning this MOU has commenced before the expiration of the six (6) year period, the records must be retained until the completion of such litigation, claim, or audit.

Section 4.03 Inspection

At any time during the Term or during the record retention period set forth in Section 4.02, DYCD, as well as City, state and federal auditors and any other persons duly authorized by DYCD shall, upon reasonable notice, have full access to and the right to examine and copy all books, records, and other documents maintained or retained by or on behalf of H+H pursuant to this Article 4, except to the extent such records contain Protected Health Information (**PHI**"), as that term is defined in the Health Insurance Portability and Accountability Act ("**HIPAA**"), concerning H+H patients in which case control over such PHI shall be governed by HIPPA and the New York State Public Health Law (the "**PHL**").

Section 4.04 Audit

(a) This MOU and all books, records, documents, and other evidence required to be maintained or retained pursuant to this MOU, including all invoices presented for payment and the books, records, and other documents upon which such invoices are based (e.g., reports, cancelled checks, accounts, and all other similar materials), are subject to audit by (i) DYCD, (ii) the State of New York, (iii) the federal government, and (iv) other persons duly authorized by the City.

(b) H+H shall submit any and all documentation and justification in support of expenditures or fees under this MOU as may be required by DYCD.

(c) H+H shall not be entitled to final payment until fully compliant with the requirements of this Section, 4.04; provided, however, if no request for audit has been made prior to the date any payments or transfers are to be made to H+H, there shall be no delay in the same.

(d) If (i) the State of New York, the federal government, and/or any other person duly authorized by the City conducts an audit of the payments, reimbursements, books, records, documents, and other evidence required to be maintained or retained pursuant to this MOU, and (ii) H+H fails to produce the supporting documentation requested by the auditors related to the payments, reimbursements and services provided in connection with this MOU, and (iii) H+H's failure to produce such supporting documentation results in the State of New York and/or federal government disallowing revenue to DYCD, then H+H shall reimburse DYCD in an amount equal to the amount of disallowed revenue.

ARTICLE 5. CONFIDENTIALITY

Section 5.01 General

H+H and DYCD shall each hold confidential, both during and after the completion or termination of this MOU, all the reports, information, or data, furnished to, or prepared, assembled or used by, H+H under this MOU. H+H and DYCD shall each ensure that such reports, information, or data not be made available to any person or entity without the prior written approval of the other Party, which shall not be unreasonably withheld unless such disclosure is required by law, including, but not limited to HIPPA and the PHL. H+H and DYCD shall each maintain the confidentiality of such reports, information, or data by using a reasonable degree of care, and using at least the same degree of care that they use to preserve the confidentiality of their own confidential information. If the data contains social security numbers or other Personal Identifying Information, as such term is defined in Section 4.02 hereof, H+H and DYCD shall each utilize the best practice methods reasonably available in view of their resources (e.g., encryption of electronic records) to protect the confidentiality of such data. The obligation under this Article 5 to hold reports, information or data confidential shall not apply to situations where the City or H+H would be required to disclose such reports, information or data pursuant to the State Freedom of Information Law ("**FOIL**"), HIPPA or the PHL provided that such Party provides advance notice to the other Party, in writing or by e-mail, that it intends to disclose such reports, information or data. If there is a disagreement whether such information is required to be disclosed, the Parties shall confer with each other.

Section 5.02 Notice of Security Breach

Upon discovery of a breach of security, as defined in Admin. Code § 10-501(b), by its employees, subcontractors, or agents, H+H or DYCD, as the case may be, will notify the other Party

immediately in writing. A breach of security includes but is not limited to an unauthorized disclosure of any data, or personal identifying information as defined in Admin. Code § 10-501 ("**Personal Identifying Information**") or the disclosure of PHI as defined in HIPAA. Upon the discovery of any such security breach, the Party whose data was breached shall take reasonable steps to remediate the cause or causes of such breach and mitigate risks associated with such unauthorized disclosure(s)

Section 5.03 Restriction of Access

H+H and DCYD shall each restrict access to confidential information to persons who have a legitimate work-related purpose to access such information. The Parties shall each instruct their employees and agents to maintain the confidentiality of all information required to be kept confidential by this MOU.

Section 5.04 Statements to Press

The Parties shall consult with and cooperate with each other, at any time either during or after the Term, on the content of any intended statement to the press or on the content of any intended issuing of any material for publication in any media of communication (print, news, television, radio, Internet, etc.) regarding the services provided or the data collected pursuant to this MOU. Notwithstanding the foregoing, each Party may, without consulting the other Party promote the Programs in the ordinary course. Neither Party may issue any statement or submit any material for publication that includes confidential information as prohibited by this Article 5.

Section 5.05 Maintenance of Confidential Information

At the request of DYCD, H+H shall make available to DYCD copies of all confidential information in H+H's possession relating to the Programs except as prohibited by HIPAA, the PHL or otherwise by law. Each Party shall retain confidential information as required by Section 5.01 above or any longer period required by law. Throughout the period that the Parties retain any such confidential information, they shall hold such information as required by this Article 5 and consistent with Appendix C.

ARTICLE 6. MODIFICATION AND TERMINATION

Section 6.01 Modification

This MOU may be modified only through the mutual written consent of the Parties.

Section 6.02 Termination

Either Party may terminate this MOU without cause upon thirty (30) days written notice to the other or immediately by mutual written consent of the Parties. Either Party may terminate this MOU immediately if, in such Party's reasonable judgment, just cause exists. In the event of termination pursuant to this Article, H+H shall be compensated for its work under this MOU only

to the effective date of termination and either H+H shall refund to DYCD or DYCD shall make payment to H+H such amounts as are necessary to effect such principle.

ARTICLE 7. NOTICES

Section 7.01 Notice

All notices and requests hereunder by either Party shall be in writing, and except as otherwise specified in this MOU, shall be delivered by hand, or sent via Registered or Certified Mail, Return Receipt Requested, or by overnight mail, Express Mail or other overnight delivery service that provides a receipt to the sender, and directed to the address of the Parties as follows:

To H+H:
NYC Health and Hospitals Corporation
50 Water Street, 17th Floor
New York, New York 10004
Attention: General Counsel

If to DYCD:
NYC Department of Youth and Community Development
2 Lafayette Street, 21st Floor
New York, New York 10007
Attention: General Counsel

ARTICLE 8. ENTIRE AGREEMENT

This MOU contains all the terms and conditions agreed upon by the Parties, and no other agreement, oral or otherwise, regarding the subject matter of this MOU shall be deemed to bind the Parties, or to vary any of the terms contained herein.

IN WITNESS WHEREOF, the Parties have executed this MOU as of the date first above written.

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
BY _____
NAME Hillary Jalon

TITLE Vice President

THE NEW YORK CITY
DEPARTMENT OF YOUTH AND COMMUNITY DEVELOPMENT

BY Adele Bartlett

NAME Adele Bartlett

TITLE General Counsel

DATE March 25, 2025

<u>Appendix A-1</u> Hospital-based Anti-Violence Program

Hospital-based violence intervention programs (HVIPs) are an essential part of New York City's community violence intervention landscape. The hospital setting offers a particular window of opportunity to engage victims of community violence into supportive and healing services, aiming both to prevent individual re-injury and to reduce the potential for retaliation and future community violence. Central to the HVIP model is the intentional effort to build a collaborative model between hospital-based and community-based partners in service of patient care and long-term public safety effectiveness.[1] This collaborative approach ensures that individuals receive a continuum of care, seamlessly transitioning from immediate medical attention to ongoing community-based support. By combining hospital resources and expertise with the community's deep understanding of local dynamics, the HVIP model not only addresses the immediate impact of violence but also contributes to creating resilient and safer communities for the future.

The Department of Youth and Community Development ("DYCD") Office of Neighborhood Safety ("ONS") provides oversight for NYC's Crisis Management System ("CMS"), a partnership of more than 30 organizations that promote peace, community stewardship of public safety, and healing in neighborhoods where gun violence is most prevalent. The core approach within CMS is a street outreach and engagement public health model that interrupts violence via mediating conflicts and connecting high-risk individuals and groups to high-quality supportive services. NYC's "Hospital Response" HVIP model is part of CMS, wherein community-based organizations ("CBOs") partner with both private and public hospitals (the "partner hospital") to engage individuals at the bedside following victimization in community violence, as well as engaging family and friends in public spaces in and around the hospital to mediate potential conflicts post-incident. NYC's Hospital Response model follows national HVIP best practices to center patient care and trauma-informed services. This agreement outlines the components of the CMS Hospital Response model, including roles, responsibilities, and protocols for high-quality implementation of these essential services.

[1] The Health Alliance for Violence Intervention (2022). The HAVI Standards and Indicators for Hospital-based Violence Intervention Programs (HVIPs).

1. CMS Hospital Response Program

The Hospital Response Program is based on the premise that there is a "window of opportunity" in the hospital setting following an incident of community violence, (e.g. a traumatic injury from a gunshot, stabbing, or assault), to engage people in meaningful services that reduce future risk for harm and retaliation. In some locations across the United States, the HVIP model is staffed only by hospital employees; in others, Hospital Response staff are exclusively trained personnel from a community-based violence prevention partner that has an agreement to provide in-hospital social services to eligible patients.

In NYC, as part of CMS, the Hospital Response Program includes both dedicated hospital staff and CBO partner staff, who coordinate patient response at the bedside as well as in follow-up post-discharge in the community. The benefit of CBO coordination in Hospital Response services is connecting patients and family/friends to long-term follow-up and case management in the community, as well as the potential to mediate conflicts and prevent retaliation that can reduce overall community violence. A coordinated model that includes both hospital and CBO staff requires effective and respectful communication and clear protocols to be successful in centering patient care and program impact.

Staffing

Participating hospitals in the CMS Hospital Response ("HR") Program that are funded by DYCD shall hire a full-time Program Director to manage the HR program, ensuring adherence to HR Program protocols and fidelity to best practices of HVIP models in terms of trauma-informed care, coordination with community-based stakeholders, and quality of program implementation in the hospital setting. The Program Director will play a crucial role in overseeing the HR initiative, aligning hospital practices with the objectives of the HR Program. HR hospital partners shall hire at least one full-time Hospital Liaison, to serve as primary point of contact for community-based partners when an eligible patient is admitted to the hospital, and to manage patient care case coordination with CBO partners. This will ensure seamless collaboration between hospital and community services to address the comprehensive needs of patients. Hospital Liaisons may be Credible Messengers and can meet criteria for "Community Health Workers."

Participating CBOs in the CMS HR Program that are funded by DYCD shall hire one dedicated Hospital Response Supervisor (100% FTE), responsible for providing oversight for the quality of implementation of the HR community-based model, including adherence to HR Program protocols, supervision of CBO Hospital Response staff, fidelity of best practices of HVIP model implementation, and long-term community support of participants referred via the Hospital Response program. Participating CBOs shall hire three full-time Hospital Responder Program staff who are responsible for bedside patient engagement, building trust and rapport with injured patients as well as the patient's friends and family who may be at the hospital, engaging patients in risk reduction planning for sustainable re-entry to community, and post-discharge community-based services. Credible messenger staff, such as Hospital Responders, must be paid a minimum annual salary of $47,600 (or minimum $22.88 hourly if part-time) and must be offered health insurance benefits. The Hospital Responder CBO program must provide professional development plans for all frontline staff that include long-term career pathways and plans for retention and

promotion. The Hospital and CBO will outline opportunities for staff professional development in their individual Business Associate Agreements ("BAAs")

Hospital Response Supervisors will be responsible for maintaining and sharing accurate staff hiring, onboarding, and training information, and sharing this information with the NYC Department of Health and Mental Hygiene and DYCD ONS. All CBO HR staff must be trained in the NYC DOHMH Hospital Responder training protocol as well as any training required by the CBO as part of the Crisis Management System (e.g. the Cure Violence Intervention & Reduction Training).

Hospital and CBO HR Program partners shall notify DYCD ONS regarding required staff hires, staff training dates, staff vacancies, and any issues affecting staff retention, training, and implementation. In addition, any exceptions or variations to the proposed model must be approved by DYCD ONS.

2. Patient Screening, Identification, and Notification

Eligibility

To initiate the Hospital Response model, patients must be screened and deemed eligible for HR services. Eligibility criteria must include patients that are admitted to the hospital Emergency Department (ER) or inpatient settings with an injury related to community or individual dispute, most typically a gunshot wound, stabbing injury, or traumatic injury due to assault, and with primary residence in the five boroughs of New York City. Hospitals may refer patients to community-based violence prevention services, if the Hospital Program Director, hospital-based Social Workers or similar staff, or Hospital Liaison determine that the patient would benefit from those services. Any patient service delivery for conditions outside of gunshot, stabbing, or assault injury will be indicated and justified in the data collection system.

Each Hospital and CBO partner will determine in their BAA whether domestic violence (DV) incidents will be included or excluded as eligibility criteria. CMS Hospital Responder program partners will meet regularly (at least quarterly) to assess protocols for family and intimate-partner related violence, including eligibility criteria, best practices in patient care, and referrals to community-based services that specialize in DV.

Screening and Intake

Participating hospitals in the CMS HR Program must have a screening protocol in the ED to identify eligible patients. At minimum, hospitals must use a DYCD-approved intake that is shared by all hospitals, to be developed. The hospital will ensure a timely response, once the patient is medically stable, to ensure that the offer of violence prevention social services occurs onsite at the hospital, capturing this "window of opportunity" where individuals may be more open to receiving social and community-based services that reduce their risk for future injury. The Hospital must alert their CBO partner(s) as soon as possible, aiming for less than 90 minutes from arrival to the hospital.

The HR program will develop a relationship with the patient with the goal of transitioning the patient to receive violence prevention services from street outreach teams based in the community for peer mentoring, case management, and other supportive services. The HR team will provide onsite conflict mediation and offer community-based services to the friends and family of an injured person in and around the hospital in public settings.

- If a patient is screened as eligible (injury is related to a community dispute/involvement or may benefit from these services) and living in a geography that is covered by a CMS community-based street outreach organization, the Hospital Liaison (or other designated and trained hospital staff), will alert the CMS HR organization within 90 minutes.
    - Each hospital will receive a map that identifies the geographic boundaries and related zip codes of CBO Hospital Responder programs, which will be updated as needed.
    - Hospitals and CBOs will include the methods and workflow for alerts in their individual BAAs.
    - When patient geography is unknown, Hospitals with multiple CBO Hospital Responder programs will alert all CBO program partners. The CBO program partners will communicate with one another on a rotating shift to determine which organization will respond. The workflow for how to handle patients with unknown geographies will be identified in the BAA and must be approved by DYCD ONS.
    - Patients who live outside the geographic service areas of Hospital Responder CBO partners will be case-managed via hospital staff, and referrals made to appropriate community-based partners as needed.
- Hospital staff will follow an "Ask/Pitch" model of patient engagement for admitted patients, wherein a Hospital staff person will ask permission to introduce the patient to a supportive community partner (the HR CBO), and when permission is granted, the CBO HR will have the opportunity to pitch program services in person onsite at the hospital.
    - The Hospital and CBO will continually reassess the effectiveness of the Ask/Pitch model, and will commit to problem solving how to deploy best practices for engagement and rapport building to reduce potential barriers to service uptake.
    - If a hospital and a CBO partner choose to deviate from the "Ask/Pitch" model, they must outline the protocol in their Business Associates Agreement, and the protocol must be approved by DYCD ONS.
- Following the alert, an HR CBO Program staff person will confirm receipt of the information and indicate when a CBO HR Program staff person is next available to go to the hospital to meet the patient, if the CBO team is not already on-site.
    - CBO HR Program staff will aim to respond on-site to the hospital within 90 minutes of dispatch for a violent incident during regular staff hours; when this is not feasible due to staff hours or other constraints, the CBO team will inform the Hospital of the timeframe for response within 12 hours of receipt of the alert.
- CBO HR Program Staff will also visit admitted patients on a regular schedule during daytime hours and will have a set rounding time, developed in collaboration with the Hospital team and outlined in the BAA.
- The CBO HR Program staff person will report to the hospital per hospital workflow (e.g. to program staff, to a particular location), which will be outlined in detail in the BAA.

- Identification badges for CBO HR Program staff must be visible at all times when inside the hospital. In individual Business Associates Agreements, hospital and CBO HR providers may determine whether badges remain at the hospital or remain with the CBO HR Program staff when staff are not deploying in the hospital building. The CBO HR Program Supervisor will be responsible for ensuring all Hospital badges are returned to the hospital when CBO HR Program staff transition out of the unit or are no longer employed by the CBO.
- The CBO HR Program staff person will engage with the family/friends of the victim in the Emergency Department or other public areas in and around the hospital, to introduce themselves, potentially defuse high-stress situations, and inform the patient's networks that free and voluntary social and healing services are available through their CBO or referrals to other CBO partners.
    - The Hospital Program Director will identify a space in the hospital for the CBO HR Program staff to use while HR Staff is on-site to ensure confidentiality and privacy for sensitive discussions are maintained.
    - If space is not available due to capacity and physical infrastructure constraints, the Hospital will problem solve with their CBO partners on how to be on site in consistent ways that allow for the success of the program.
- The first priority of patient response in the hospital setting is always medical care. When an admitted patient is confirmed medically stable by hospital staff and is ready to be seen (e.g has agreed to hear the CBO pitch), the hospital staff person will inform the CBO HR Program staff, who will be permitted to visit at the patient's bedside. Hospitals and CBOs can provide more detail for this process in their BAA.
- The CBO HR Program staff person will introduce themselves, explain their presence and purpose, and endeavor to build trust and rapport to connect the patient to community-based services.
    - These services may include trauma-informed care, counseling, and assistance with social services to address the root causes of violence.
- The patient may refuse services at any point, and the CBO HR staff person must cease engagement if the patient affirmatively declines services or the visit at the bedside. The CBO will notify the hospital if the patient declines services at any time.
- For the CBO to place the patient on a Hospital Responder's caseload as a "participant," the patient must provide consent, fill out a standard consent form, and complete a DYCD-provided participant intake form. Consent and intake forms will be maintained by the CBO in a secure filing cabinet.
- CBO HR staff will work with participants to develop a personalized plan for recovery and intervention. This involves:
    - Completing intake forms as prescribed by DYCD, and
    - Completing risk reduction assessment and participant safety plans, and
    - Connecting participants with community resources, social services, and mental health support as part of discharge planning goal.
- To ensure a successful transition back to the community, CBO HR Program staff will follow up with outreach and engagement for at least 30 days to connect the discharged patient to case management, peer mentoring, and conflict mediation services. The CBO HR Program staff will document the number, type, and timing of outreach attempts.

    - Post-discharge case management may entail offering the injured patient direct services via the Program as well as referrals to other service providers and resources that would help maintain long-term safety and stability for the injured patient.
    - Follow-up services may include connecting the patient to hospital services, resources in job training, behavioral health, domestic violence services, or emergency housing.
    - The Program will coordinate with the hospital, City and State agencies, and ONS to connect patients to resources, such as emergency housing resources and victim assistance programs.
- CBO HR staff will record all activities in the database required by DYCD, as described in the data and reporting section.

3. Training and Quality of Implementation

Training and opportunities for continuous learning are at the core of the high-quality implementation of a hospital response model. Ongoing training and clear expectations for implementation are especially important for dual HVIP models, like NYC's CMS Hospital Response Program, which coordinates care across hospital and community-based staff. Hospitals and CBOs may require additional training to the one listed below, which shall be named in the Hospital-CBO Business Associates Agreement (see section on Business Associates Agreements). At a minimum, all CMS HR model staff must adhere to the trainings listed below.

- All CBO HR Program staff must complete a violence prevention training program provided by entities approved by NYS Department of Health. Approved training is required to be a provider of covered Community Violence Prevention services as a "Community Health Worker" (CHW) under New York State Medicaid Billing Guidance.
    - All CBO HR Program staff must be trained through the New York City Department of Health and Mental Hygiene (DOHMH) 35-hour Hospital Response training curriculum before they are allowed to respond at a patient's bedside.
    - All CBO HR Program Staff must be trained in any training curriculum required by the CBO as part of the Crisis Management System (e.g. the Cure Violence Violence Intervention & Reduction Training).
    - Within a year of hire, all CBO HR Program staff must be trained in Mental Health First Aid Training, which is offered by DOHMH.
- If utilizing Medicaid reimbursement, CHWs providing violence prevention services must be registered by the NYS DOH Office of Gun Violence Prevention.
    - CBO Hospital Supervisors are responsible for maintaining and sharing accurate staff hiring, onboarding, and training information for the CBO HR Program staff, and for sharing this information with the NYC Department of Health and Mental Hygiene and DYCD ONS. Staff hiring and training updates will be provided to DOHMH and DYCD ONS at least quarterly.
    - Hospital Response staff services may be covered by Medicaid when the Community Health Worker has completed at least six months of full-time equivalent experience in providing community violence prevention services or high-risk or justice involved youth development services through employment,

volunteer work or as part of an internship experience within the past three years. The Hospital Program Director and CBO HR Supervisors must assess and validate the work experience of any HR staff that are considered Community Health Workers, to ensure it meets the minimum standards required by New York State.
    - All HR staff providing violence prevention services must complete a minimum of 4 hours of continuing education in the field of community violence prevention annually.
- All CBO HR staff must take all training required by the partner hospital, including but not limited to HIPAA training and volunteer orientation.
    - Hospitals shall make available to Hospital Responder CBO staff relevant additional trainings for professional development and skill development that are offered to hospital staff.
        - Trainings may include but are not limited to: Stop the Bleed, naloxone training, CPR and first aid training.
- Hospital partners will ensure that CBO HR Program staff are aware of all hospital protocols regarding personal protective equipment, times and schedules of HR liaison points of contact (and how to connect off hours), understanding how to access the hospital (e.g. staff, locations to report to), where to speak to patients/families, and any other protocols of the hospital.

4. Establishing Contracts with Hospitals and Ongoing Collaboration

Hospitals are highly regulated environments, and so are complicated and dynamic settings in which to operate a community-based violence prevention model. To ensure the continued success of the CMS HR program, participating hospitals and CBOs will enter into transparent and consistent Business Associates Agreements ("BAAs") with their designated partners, based on geographic areas of service. Hospitals and CBOs will remain committed to ongoing transparent and respectful communication to address problems in real-time and remain solution-oriented in the effort to best serve high-risk patients who have experienced the trauma of community and interpersonal violence.

While hospitals want to optimize their partnership and collaboration with CBO and their staff, they are required by federal and state law to maintain management and control of program activities inside the hospital. The hospital must control access to patients, control and ensure confidentiality of patient-protected health information (PHI). Any issues that hospital staff have with CBO staff will be communicated in an ongoing transparent and respectful communication to mediate any challenges.

Hospital-CBO BAA's will align with the goals and standards outlined in the CMS HR Program Scope of Services, and may account for hospital site-specific variance in protocols–for example, regarding a specific alert system/methodology, case coordination between the hospital and CBO staff, documentation system usage and methodology, available opportunities for cross-training, hospital-specific protocols and workflows, and safety planning for hospital and CBO staff.

Hospital Access

CBO HR Program staff will agree to follow Hospital protocol for access, including the use of visible identification badges and following all professionalism standards when working with patients and their families, and on-site protocols will be made explicit by hospitals. For the hospital clearance process (e.g. a background check before issuing identification badges), the Hospital will provide transparent instructions on the clearance and orientation process, to facilitate the access of trained CBO HR Program staff to access the hospital and offer their services. CMS Program Managers, who direct the street outreach model and supervise the Hospital Responder Supervisor, should also be included in the clearance process to ensure that the program has coverage when CBO HR Program staff are unavailable or in instances where greater support is needed. Individual hospitals and CBO providers may determine in their BAA's whether additional Credible Messenger staff within the CMS organizations can also serve as Hospital Responders to support the coverage of CBO staff within the hospital. Any additional Credible Messenger staff are required to go through the same onboarding, training, and clearance process as full time Hospital Responder staff.

CMS HR Programs often hire Outreach staff with lived experience with community violence and contact with the criminal legal system, who may have criminal records. The hospitals will commit to a fair, transparent, and timely process of clearance review to ensure that credible messengers with criminal legal system histories are not unfairly barred from providing in-hospital services as part of this model. Hospitals may participate in hiring panels of these staff prior to onboarding by the CBO. CMS HR Programs will hire staff that will work the hours of operation that align with their hospital partner(s).

Best practices indicate that crisis response should happen as near to real time as possible. Hospitals and CBO partners will discuss access to space in their individual BAA's to ensure the community-based partners are able to function on-site and in real time. Given that there is not sufficient funding for 24/7 coverage, the Hospital and CBO will coordinate and create shifts and staff coverage that reflect the current required staffing levels.

Communication and Ongoing Collaboration

While the contractual scope of services and Business Associates Agreements outline the protocols and deliverables for program implementation, HVIP models are successful when the multiple stakeholders involved have continuous open communication and engagement to address issues as they arise.[2] Hospitals and CBO HR Program partners should be in constant communication regarding case coordination and patient care. Program leadership from the hospital and the CBO will meet at least monthly with DYCD ONS staff and DOHMH to discuss program implementation, opportunities to improve quality of services, and address any threats to program fidelity.

ONS will act as a liaison between the CBO HR Program and the Participating Hospital to support CBO and Hospital program implementation success, service coordination, and training, including:

[2] See: Keys to Collaboration Between Hospital-based Violence Intervention and Cure Violence Programs (2018).

- Facilitate the successful implementation of the Program through routine monthly meetings to assess and ensure continued partnership building with the hospital, timely attainment of scope deliverables and addressing administrative issues.
- Coordinate CBO HR Program staff to access required trainings from DOHMH, including but not limited to the DOHMH Hospital Responder Training.
- Coordinate CBO HR Program staff to access required violence prevention and continuing education training, including but not limited to Mental Health First Aid Training and Violence Intervention and Reduction Training (VIRT).
- Support the Program in submitting program data via the data system prescribed by DYCD.

Hospital partners will ensure that the wider hospital community is aware of the HVIP approach, and the components of the CMS HR Program model within their hospital. This may include dissemination via regular presentations at new staff orientation, posters and public education materials, monthly in-service trainings for trauma staff, and/or presenting at Grand Rounds. The hospital partner and CBO partner will host regular (at least quarterly) meet and greets to familiarize Program staff and build relationships that can support improved in-hospital program implementation and communication.

5. Data and Evaluation

Hospital and CBO HR Program partners must collect data on all program activities. The key performance indicator for the success of an HVIP model is to reduce re-injury, namely readmission to the hospital with a violent trauma injury (e.g. new gunshot wound, stabbing, or assault). The program will also document the development and implementation of risk reduction plans for each consenting participant, with details on services rendered and referrals made. A participant must only be on the Hospital Responder caseload or the Outreach Worker participant caseload, but cannot be on both at the same time. Multiple data systems will track program implementation: CBO program data, Hospital Responder aggregate reporting, and the patient's Electronic Medical Record.

Participating hospitals and CBO partners will work collaboratively with DYCD and DOHMH to develop data-based strategies for continuous quality assurance, assessing program implementation in real-time, and developing data systems capable of tracking program outcomes. At minimum once a month, the hospital and each CBO partner will host a patient case review, and assess implementation, opportunities for improvement, and updates on case outcomes.

Data Reporting

The CBO HR Program partner will provide monthly data submissions of all performance indicators and key program data via the required data collection system specified by DYCD ONS. Performance indicators are subject to change at any time during the contract term. The Program is responsible for capturing and submitting accurate data in a timely manner utilizing the mechanism prescribed by DYCD. Hospitals and CBO HR Program partners will participate in HR Program monitoring and evaluation activities, including process, outcome, and impact evaluations by external parties.

Program data will inform continuous quality improvement to ensure patients are receiving high-quality services in the hospital and post discharge in the community. Partners agree to on-going planning to build data tracking systems for ensuring victims/patients get appropriate referrals for services and a discharge plan and building out avenues of data sharing to be used for quality assurance and performance improvement (e.g. data sharing agreements and integration systems such as ETL processes, MOUs) between the hospital, DYCD ONS, and DOHMH. Hospitals will work with DYCD, DOHMH and CBO partners to assess the potential for the Hospital's EMR to serve as the database of record for all in hospital activities, including CBO activities.

Hospital and CBO HR Program partners will submit data and implementation reports to DYCD and DOHMH monthly, or as required by DYCD. Data collection requirements are listed below:

CBO Program shall:

- Utilize the database specified by DYCD, to accurately, completely, and timely submit all required fiscal and program reports to DYCD as set forth herein.
- Collect and archive data on all victims of gun violence or other severe violence (e.g., non-gun assaults, stabbings/slashings, etc.), including but not limited to type of injury.
- Indicators to be recorded and submitted include, but are not limited to, the following:
    - Number of victims of gun violence seen in the hospital by Hospital Responder;
    - Number of victims of severe violence (e.g., non-gun assaults, stabbings/slashings, etc.) seen in the hospital by Hospital Responder;
    - Number of times the Hospital Responder was notified of a case;
    - Number of contacts made by Hospital Responders, including breakdown of initial visits, follow-up visits, calls, etc;
    - Total number Hospital Responder responses to the hospital;
    - Total number of patients referred to the Program as an eligible Program participant;
    - Total number of new participants that have consented to program participation;
    - Total numbers and types of referrals to other CMS programs and other service providers, by type;
    - Total number of mediations conducted in the partner hospital;
    - Number and types of outside referrals made to participants as well as participant engagement and progress with such services;
    - Attendance and duration of participation by Program activity for each participant;
    - Time of notification and time of each Hospital Responder contact with participants or patients
    - Number of former participants who are reinjured/readmitted for violent injuries
    - Staff rosters:
        - Part-time or full-time status;
        - Vacancies;
        - Training Dates;
        - Start Dates

Hospital Partner shall:

- Collect indicators to be recorded and submitted that include, but are not limited to, the following:
    - Total number of patients with violent injuries (not accidental or self-inflicted) coming into the hospital (Volume of injuries):
        - Breakdown by specific types of violent trauma or injuries
            - All Gun shot wounds fatal and non-fatal
            - All Stabbings fatal vs non-fatal
            - All assaults fatal vs non-fatal
            - All Other types of assaults fatal vs non-fatal
        - Total number of patients that are eligible for HVIP services by type of penetrative injuries (GSW, stabbings, beatings other assaults)
        - Dates and times of admissions of eligible patients
        - Time interval for each hospital response by a CBO
        - Eligible patients demographic information (age, gender, race/ethnicity)
        - Number and types of hospital-based referrals (e.g. mental health) provided to eligible patients and families/friends
    - Total number of patients reinjuries/readmissions to the hospital with a penetrating injury (e.g. readmission for new gunshot wound, stabbing, beating or assault);
        - Total number of reinjuries/readmissions to the hospital (former program participants vs non-program participants).
        - Breakdown of reinjuries by specific types of penetrating injuries, including gunshot wounds, stabbings, beatings, and assaults (former vs non-former participants).
        - Dates and time intervals between each reinjury/readmission or frequency of readmission/reinjury (former vs non-former participants)
        - Demographic information of participants experiencing reinjuries, including age, gender, and race/ethnicity (former vs non-former participants)
        - Number of reinjured/readmitted patients who gave consent to participating in HVIP program (former vs non-former participants)
        - Number and types of hospital-based (e.g. mental health) referrals provided to reinjured/readmitted eligible patients and families and friends.
    - Collaborative efforts with community organizations to address the root causes of recurring penetrating injuries.
        - Completion of weekly huddles between hospital and CBO
        - Completion of quality assurance meetings between hospital and CBO
        - Completion of monthly community stakeholder meetings to be hosted by hospital

6. Program Budget

The Program shall submit a detailed budget that includes required staffing identified in the scope of services. Allowable costs must follow the spending rules of the City of New York. Program sites must have the capacity for fiscal planning management and administrative work.

The Program must submit a detailed spending plan for review and approval before starting work pursuant to this Agreement. All expenses must be directly supportive of program implementation. Program must submit complete and accurate invoices per DYCD standards.

7. **Other Administrative Requirements**

Record Keeping and Reporting

- Program shall respond, without undue delay, to all requests for Program-related or Facility-related data from DYCD.
- Program shall keep, maintain, and submit appropriate financial records in compliance with Generally Accepted Accounting Principles and the DYCD Fiscal Manual.
- Program shall make, complete, and maintain program records and written reports as required by DYCD, including, but not limited to, the following:
    - Records of fiscal, program, or statistical information in the forms as indicated by DYCD herein and in the DYCD Fiscal Manuals;
    - All required closeout documentation, including but not limited to annual equipment inventory reports, which must be completed at a date to be determined by DYCD;
    - Participant application and enrollment documents.

Incident Reporting

- Program must notify DYCD ONS of participant-involved incidents related to their arrests in large-scale law enforcement actions, injury/death because of community violence, and/or high-profile incidents via phone or email within 24 hours of the incident.
- Program must also notify DYCD ONS of any incidents involving Program staff, including but not limited to injury, law enforcement actions, or high-profile incidents that may garner media attention via phone or email within 24 hours of the incident.
- Formal written notification of all incidents must be submitted to DYCD within DYCD Connect within 72 hours of an incident occurring.
- Programs will comply with any additional incident reporting guidance from DYCD.
- Statewide Central Register: In cases of actual or suspected child abuse or maltreatment by a parent or person legally responsible for a child or by any of Program's administrators or Staff (both paid and volunteer), Program must report such Incidents to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR). The term "abuse" here refers to any physical, sexual, emotional, or verbal abuse, actual or suspected incidents of child abuse, or any other maltreatment of a recipient of Program Services. Reporting to the SCR should always take precedence over reporting to DYCD. **Get more information** here about child abuse and neglect. Reporting to DYCD should be completed via phone or email within 24 hours of the incident and/or knowledge of the incident.

Meetings and Trainings

The program shall attend all orientation, training sessions, and regularly scheduled meetings required by DYCD. Program shall ensure that Staff required to attend by DYCD and/or whose role is relevant to the subject area are in attendance for the duration of the orientation, training session, or meeting. DYCD reserves the right to monitor attendance and consider attendance as a factor in performance reviews.

All staff members are required to adhere to the uniform policy as prescribed by DYCD. This policy outlines the specific requirements regarding the attire and appearance that staff must maintain while conducting CMS work. As part of this agreement, all CMS employees must comply with the DYCD uniform policy, when in effect, at all times during working hours. Employees of contracted organizations must be instructed that failure to adhere to the prescribed uniform policy may result in disciplinary action, up to and including termination of employment. Also, employees should be instructed that maintaining a professional appearance in line with the DYCD CMS uniform policy is essential to creating a unified system of supportive CMS services across the City.

Distribution of CMS ID Cards

- Program will distribute ID cards provided by ONS to relevant staff and collect ID cards upon separation.
- Program shall maintain a log of all distributed/returned ID cards and a hard copy of each individual signed letter.

Fiscal Management

- Program will maintain the administrative capacity to manage City contracts and prepare spending plans/budgets and invoice submissions within the NYC reimbursement process.
- Program will provide adequate and appropriate infrastructure, including administrative support and overall contract and/or grants management (from City funding and/or other funding sources), to effectively implement the program and meet contract deliverables/objectives.
- Budget must account for all required staff lines and OTPS costs to maintain programming.

Communications

Program/Contractor shall comply with any Communication Guidelines issued by DYCD.

Appendix A-1.1 Hospital-based Anti-Violence Program **Additional Scope of Work: Harlem Hospital**

Background

Harlem Crossroads offers a comprehensive and enhanced hospital-based violence intervention program that is steeped in trauma-informed care and public health principles and is designed to help victims of violence shift the trajectories of their lives. This work includes oversight of 2 community-based organizations violence intervention specialists/hospital responders (Speak Peace Forward/ Harlem SAVE) part of City's Crisis Management System (CMS). These teams are frontline workers and are strengthened by clinical and case management support that work with patients over the long term.

The Harlem Crossroads team is dedicated to promoting peace and community stewardship in Harlem strengthening collaboration with a constellation of prevention programs and community partners to ensure a coordinated response to gun violence. In response to the growing concern of gun violence in Harlem, we propose an expansion of our current scope to address this critical issue. The additional funding will support the following initiatives: (1) strengthening hospital-based intervention strategies, (2) prevention programs and (3) community and outreach and education.

Strengthening hospital-based intervention strategies

Harlem Crossroads is seeing a growing number of Gunshot, Assault, and Stabbing (G.A.S.) patients, which has increased from 500 incidents in 2023 to nearly 800 incidents in 2024. The funding will enhance oversight and support for Speak Peace Forward and Harlem SAVE, our community-based partners, by increasing personnel from 8 to 10 individuals to strengthen collaboration and coordination to ensure a unified approach to addressing gun violence. Increased personnel will enhance the fidelity of HVIP efforts by ensuring consistent implementation, intensive case management to allow for more thorough engagement and support services for victims of gun violence and their families in partnership with social workers and community-based partners. Comprehensive support services for patients and families will build stable, productive lives, breaking the cycle of repeated involvement in violence or crime. Additionally, these services foster accountability and empowerment, enabling individuals to make positive choices and integrate successfully into communities.

Prevention programs through youth development

The Harlem Crossroads Mentorship Program collaborates with our in-house Residents, and Hospital professionals to help support youth development to provide more comprehensive support for at-risk youth and their families. Through these partnerships, NYC Health + Hospitals Harlem is able to provide Democracy Prep Charter Middle School scholars with opportunities to engage with positive role models on site through the following initiatives:

- Health Ambassador Program, where NYC Health + Hospitals Harlem Residents teach students about the relevant public health issues affecting their community. While this initiative benefits the scholars, it also provides valuable learning experiences for the residents. Residents have the opportunity to engage with community members in a non-clinical setting, which fosters stronger connections. These sessions are instrumental in building trust within the community and offering our medical staff a deeper understanding of the community's experiences, which they may not typically encounter in their daily clinical activities. This collaborative approach ensures that youth receive firsthand guidance, support, from professionals in real time, and get a glimpse of future workforce goals. Mentorship efforts are further enriched by inviting other professionals and local community business owners to come speak with scholars with a focus on personal growth, and life skills.
- Gloves Not Guns (boxing program): we partner with several community organizations, including the Harlem YMCA, Sandbox Fitness, and Wired Foundations. Physical exercise plays a vital role in long-term health and well-being, which is why our Gloves Not Guns, provided by the Sandbox program, is such a cornerstone of our work. This program uses boxing to teach discipline, focus, and determination, offering young people an alternative to crime and antisocial behavior while channeling frustration in a positive direction.
- YMCA after-school program supports our scholars, and their families by providing memberships that grant them access to after-school sports and enrichment activities throughout the year. The YMCA also offers weekend activities designed to strengthen family engagement and promote community wellness. Furthermore, Wired Foundations offers computer coding classes to further support the scholars' development in technology and career readiness.

- Bike Program: participants learn various bike safety procedures including wearing helmets, signaling and riding in a single file line. Biking involves everyone in the group, and it gives a chance for the group to build bonds amongst the participants. As they get healthier and stronger they push each other to ride longer distances. Participants also learn bike maintenance to take care of their bikes in the future, which includes checking tire pressure, changing flats and gear and brake maintenance.

Community Outreach and Education

Harlem Crossroads will increase community engagement and awareness about the impact of gun violence and available resources in Harlem. The staff will amplify public information and community outreach efforts to equip more community members with the knowledge and tools about trauma preparedness to strengthen community resilience and confidence in handling critical safety situations. This includes stop the bleed trainings, tabling, and attendance at other events such as gun violence awareness month, shooting responses and other community activations.

- Stop the bleed: a national program designed to teach the public important lifesaving wound management techniques so that they can stabilize themselves or a loved one until help arrives. It is our goal to not only educate the community, but to empower specifically young people to take action – action that can save lives! We will be training our community-based organizations and have taught classes to a wide range of participants, including teen groups, schools, and senior centers throughout greater Harlem.

Expected Outcomes

The Harlem Crossroads team collaborates with the violence intervention front-line workers within the CMS and DYCD's Office of Neighborhood Safety to meet client needs, provide trauma-informed support, connect clients to services, and actively follow up with clients for at least one-year post-discharge from the hospital based on their individualized plan. The expected outcome for continuing with the above programs is that these efforts ultimately lead to a reduction of incidences of gun violence in Harlem, increased community engagement and participation in prevention programs. Additionally, enhanced collaboration and coordination among community-based partners and hospital-based initiatives, increased college

attendance among mentorship attendees, and increased family engagement and community involvement, including PTA membership and volunteering at local schools or community organizations.

Appendix A-2 Community Led Approaches to Public Safety/ Cure Violence

<u>Background</u>

Launched in 2014, the **Crisis Management System (CMS)** is a partnership of more than 30 organizations that promote peace, community stewardship of public safety, and healing in neighborhoods most affected by gun violence. The CMS network is currently operating citywide

in over 20 neighborhoods, which account for upwards of 50% of NYC's shooting incidents. CMS is a model of civilianizing public safety, building on the talent, resiliency, and creativity that reside in neighborhoods across New York City. The core of CMS is a street outreach and violence intervention model, bolstered by wraparound services tailored to reduce violence among youth and young adults. All service components are responsive to specific community needs, while also building awareness and momentum to actively mitigate cyclical patterns of violence.

Community-led Approaches to Public Safety

The core violence prevention model within CMS is Cure Violence (CV). This nationally and internationally recognized public health approach responds to gun violence with the same methodology used to treat other epidemics: identify and interrupt conflicts and retaliation, connect with and empower individuals with elevated risk factors for involvement in violent incidents, and mobilize the community to shift norms and participate in healthy and vibrant neighborhoods. The CV model is primarily implemented via two frontline staff roles: Violence Interrupters (VIs) who canvass the neighborhood to mediate and deescalate conflicts and recruit potential program participants and Outreach Workers (OWs) who maintain a caseload of program participants, conduct risk assessments, develop risk reduction plans, and make referrals to additional wraparound services within the CMS network and beyond. It is essential that the Contractor hire OW and VI staff who are **credible messengers**, individuals with lived experiences who have transformed from a high-risk lifestyle and now hold the credibility to connect with the most vulnerable young people.

Core activities of the CV model are implemented within service areas, also referred to as catchment areas. CV teams conduct outreach and engagement, actively mitigate ongoing conflicts and instances of retaliatory violence, and proactively spread the message of peace through public events. Service areas will be defined by the Contractor, in coordination with the Office of Neighborhood Safety (ONS) and utilizing data on incidence of community violence via data from the New York City Police Department (NYPD).

The Contractor will be expected to develop referral and cooperative working relationships with other members of the Crisis Management System and other relevant service providers (e.g. behavioral health, legal services) to ensure program participants have access to wraparound services as needed and there is follow up on uptake of referrals.

Program Goals

The goals and objectives of this program are:

- To use innovative and evidence-based strategies to reduce violent crime, such as homicides and shooting incidents.
- To increase connection of youth and families to supportive community networks.
- To increase youth access to social and emotional mental health support, vocational/educational opportunities, employment, and legal services.
- To promote positive cultural norms around behavioral change to maintain community-led public safety.
- To use data to inform daily efforts and make necessary changes to interruption strategies.

Program Expectations

CMS service providers are community-based organizations familiar with the service area, who can hire, retain, and support the professional development of a staff of credible messengers, maintain administrative capacity to manage all aspects of the program, and participate in required trainings, meetings and other obligations that may arise as contracted partners. The Contractor must engage in the following activities to implement a CV model with quality and effectiveness:

1. ***Conflict Mediation:*** The Contractor will hire Violence Interrupter staff who have lived in and near the service areas and are intimately familiar with the neighborhood dynamics that lead to violent conflict. VI staff will detect, interrupt, and respond to potentially violent conflicts by:
    a. Maintaining familiarity with the community in the identified Service area, and
    b. Building relationships with residents, organizations, hospitals, and local enforcement officials.
    c. Building trust and close relationships with high-risk individuals and recruiting them into program participation (become a participant on an OW's caseload).
    d. Identify ongoing conflicts by talking to key people in the community about ongoing disputes, recent arrests, recent prison releases, and other situations and use mediation techniques to resolve them peacefully.
    e. Following up on conflicts for as long as needed, sometimes for months, to ensure that the conflict does not become violent.

2. ***Participant Engagement:*** Outreach Workers will maintain a caseload of program participants that meet established CV criteria for those most likely to be involved in violence (see criteria below) and provide case management to support mindset and behavior change, as well as to access wraparound services to sustain positive changes.
    a. Outreach Workers will be trained to assess risk for violent behavior and develop a risk reduction plan for program participants which may include referrals to services/resources on anger management, drug treatment, educational attainment, health services, criminal justice services, legal services, job training and job placement.
    b. Mentor such youth, demonstrating alternatives to violence, to change both their thinking and behavior regarding the consequences of using violence to resolve differences, gain respect, or meet one's needs.
    c. Respond to emergent stabilizing needs for participants at imminent risk of violence through providing immediate short-term stabilizing Incidental Material Supports in defined categories, including but not limited to: food, clean clothing (including socks and underwear), short-term lodging (e.g. hotel), and transportation (e.g. Metrocards/payment for NYC Transit).

3. ***Shifting Social Norms:*** The Contractor will lead community mobilization activities to denounce violence and promote a message of peace in and near the service area.
    a. Whenever a shooting occurs within or immediately near the Cure Violence catchment area, CV workers shall organize a response where dozens of community members voice their objection to the shooting.

b. Contractor will distribute materials and host events within the catchment area to convey the message that violence is not acceptable.
c. Program staff will work to raise awareness about violence, with the goal of changing community norms through organizing community responses to shootings and solidifying connections through community events (e.g., rallies, marches).
d. Engage stakeholders in and near the service area, including local elected officials, faith-based leaders, residents, businesses, and organizations that provide services or support to residents to share information about program activities and garner support to participate in community mobilization efforts. Activities include:
    i. Raise awareness through community events (e.g. rallies, marches, community responses) to unite community members to reject violence.
    ii. Develop appropriate forms of messaging directed to members of the community, those most likely to be involved in a shooting, and the public at large.
    iii. Develop public education materials for distribution while canvassing the service area, at neighborhood events, and other activities.
e. The Contractor will maintain communication with the local police precinct where the catchment resides to familiarize precinct leadership and relevant personnel with CV program activities and staff.
    i. The Contractor, in coordination with ONS, will obtain retrospective data on shooting incidents and violent incidents and timely information about shootings and homicides in target areas.
    ii. The program leadership will engage in appropriate and continuous efforts to build and sustain a relationship with law enforcement to support effective program implementation.

4. **Connection to Job Readiness and Workforce Opportunities**

a. **Works Plus:** Contractor will work with their assigned Works Plus job readiness provider and refer youth participants. Works Plus is a flexible, supportive service for referred participants of Cure Violence programs and other vulnerable youth in the community by providing a range of work readiness opportunities. These opportunities include work experience placements, hard/vocational and soft job skills development, and job search and career awareness/planning competencies. Contractor must refer a minimum of 17 youth to their assigned Works Plus Provider for job readiness services. In the case that the assigned Works Plus provider has funding to serve additional youth, program will work with the Provider to refer the target number of youth.
b. **DYCD Workforce Programs:** Contractors may be offered the opportunity to provide additional workforce services to CMS participants, aiming to help participants achieve the following objectives:
    - Develop social skills, including communication, critical thinking, decision-making and problem-solving skills, and self-management;
    - Learn work norms and culture;

- Understand career pathways and decision points, including the linkages among educational attainment, relevant experience, demonstrable skills, and career advancement;
- Gain experience in worksites that will support future job placements and competencies;
- Build professional networks; and
- Learn to manage money (e.g., budgeting, opening a bank account)

Program Service Area

The program service area is also referred to as the catchment area or target area. The Contractor will propose a geographically bound primary service area to implement the core program activities (conflict mediation, participant engagement, shifting social norms and connections to job readiness and workforce opportunities). When incidents of violence occur near to but outside the designated bounds of the primary service area, the Contractor will assess whether the incident has any relationship to either program participants or group dynamics that may affect the risk of violence within the catchment. If the incident has a connection to the Contractor's catchment area, they will determine whether it is appropriate to devise a plan of action to respond to that incident (e.g. a mediation, a shooting response, participant engagement and referrals). If the incident is nearby, but not connected to dynamics within the catchment, the Contractor may provide a response if there are resources to do so, but are not required to do so.

The service area is determined jointly between the organization, key community stakeholders, guidance from Cure Violence Global, and local law enforcement through an assessment of qualitative and quantitative data. The service area must be approved by ONS and meet the following criteria:

- The area will have a high incidence of shootings, killings and other forms of severe violence as evidenced by health indicators and local police data on shootings and violent incidents for at least the past three years.
- The area is an identified area of concern for shootings and other forms of severe violence as evidenced by mapping the location of incidents, as reported by local NYPD from at least the past three years.
- The Contractor has or can build inroads into the groups and individuals that contribute towards violence in that geographic area.

The Service area will be assessed throughout the term of the contract to account for shifts in the geographic incidence of community violence based on NYPD data and updated if needed in collaboration with ONS.

Program Hours of Operation

Hours of operation should be inclusive of the prominent times shooting incidents and other forms of violence is more likely to occur. This includes but is not limited to late-night hours with extended hours on the weekends. (Example: daytime and early evening hours Tuesday and Wednesday; Thursday 2:00 PM-10:00 PM; Friday and Saturday 4 PM to Midnight). Contractor's leadership staff is expected to be available Mondays and Sundays to liaise with ONS on incidents

that occurred outside of the working hours of VIs and OWs. Planned operating hours should be approved by ONS and if standard hours deviate from the stated hours, DYCD/ONS must be notified in writing and approval must be granted.

Program Office Location

Program office space will be in (or in proximity) to the selected service area and in "neutral" territory with the capacity to be available during late night and early morning hours when violent conflicts are more likely to occur. The office space will provide general meeting space, as well as private space for having confidential conversations with program partners and participants. The space must have telephones, and computer and internet access for all staff.

Office location must be available and accessible to staff during all hours of operation in which they are deployed into the community. In the event the office space resides within another building (not a standalone/storefront), the office space must be fully accessible as needed by the program.

Program Deliverables

The program will deliver high quality violence prevention services in the services areas that engage young people at elevated risk of gun violence in risk reduction services, that promote social norms around peace, and that interrupts cycles of violence and retaliation in the communities they serve.

I. Conflict Mediation

1. Violence Interrupters must canvass the Primary Service Area a minimum of 20 hours per week.
2. Canvassing hours should include the time when incidents are most likely, based on NYPD data and intelligence based on the expertise of the Contractor and staff.
3. Canvassing will focus predominantly on hot spot locations within the primary Service Area where incidents are most likely or where people at most elevated risk regularly frequent.
    a. Canvassing activities can take place outside the catchment if and when there are patterns of relevant conflicts occurring in the vicinity of the Primary Service Area.
4. Violence Interrupters and Outreach Workers will keep current on group dynamics and interpersonal conflicts that are likely to escalate to incidents of community and interpersonal violence.
    a. Contractor will pro-actively engage key drivers of community violence and influential individuals within local groups and crews to recruit high risk people into supportive services and mentorship, and when necessarily, into conflict mediation.
    b. Contractor will mediate conflicts as they arise to prevent arguments, disagreements, perceived instances of disrespect and other precursors to violent conflict from escalating into physical acts of violence.
    c. Contractor will conduct formal and informal mediations with participants and other community members to prevent violence and de-escalate conflict.
    d. Contractor will ensure frontline staff have conflict resolution and de-escalation skillsets to be able to conduct both planned and impromptu mediation services to mitigate the potential for violent conflict.
5. Community Responses must be implemented for shooting incidents and violent incidents (where applicable) that occur in the primary service area within 72 hours of receipt of notice of the incident and outside of the service area where possible.

a. Contractor may delay the implementation of a shooting response if they determine it poses a safety risk.
b. Contractor will engage impacted parties in relevant services offered by the Contractor and making referrals for victim services, legal representation, therapeutic services or to another CBO within the network for ongoing support.
c. Contractor will assess if additional services or community mobilization activities may be needed for a particular population (i.e. school age children (school/ community centers), elders (senior centers)).
    i. Contractor may support burial services for participants in the case of a fatal shooting or incidence of violence, up to but not exceeding $3,000 towards the cost of burial.

II. Participant Engagement

1. The Contractor will ensure that program staff are recruiting and enrolling participants onto the caseload of Outreach Workers (OWs) that meet the criteria for elevated risk of being involved with a violent incident. Enrolling a participant entails the OW conducting and intake assessment and launching a risk reduction plan. Elevated risk involves any participant with at least three of the seven risk factors present:
    1. member of a gang known to be actively involved in violence;
    2. history of criminal activity including crimes against persons;
    3. carries or has access to lethal weapons;
    4. pending or prior arrest(s) for weapons offenses;
    5. believed to be instigating violence or a target of community violence by program staff;
    6. victim of a recent shooting or other serious violence; and
    7. recently released from jail or prison for a crime associated with violence.
2. The Contractor will ensure effective training, oversight, and supervision for OW and VI staff to accurately assess risk and effectively recruit and engage participants onto caseloads.
    a. The Outreach Worker Supervisor must approve all participants before they are put on a OWs caseload.
    b. The Contractor is expected to work primarily with participants ages 16 to 25. If an OW proposes to enroll a participant outside of this age range, they must do so with the approval of the Outreach Worker Supervisor and the Program Manager.
    c. Participants should live inside the catchment area. If a participant lives nearby but outside the geographic boundaries of the catchment area, the Outreach Worker Supervisor and Program Manager must approve the participant.
    d. It is expected that at least 50% of enrolled participants meet at least 3 of the 7 criteria for elevated risk.
    e. Outreach Workers will have a maximum caseload of 15 participants and are expected to carry at least 10 at any given time.
    f. Outreach Worker Supervisors will provide adequate support and oversight to ensure that Outreach Worker staff are developing the appropriate skills and cultural competency to assess risk and develop risk reduction plans tailored to each participant. They will ensure that OWs are knowledgeable about the variety of

referrals to wraparound supports, included but not limited to legal aid support, education and employment resources, and mental and behavioral health services.

3. The Contractor will ensure that OWs or other designated staff conduct a risk assessment for each participant, using the tool designated by ONS.
    a. Following a risk assessment, program staff must develop a risk reduction plan per participant, which includes a plan for referrals to wraparound services.
    b. Program staff must make referrals based on risk reduction plans and support/follow up with participants to ensure uptake and continuation in services. Referrals and referral follow-ups must be recorded in the designated database or reporting system as prescribed by ONS/DYCD.
    c. Program staff will establish and maintain close links to health, mental/behavioral health, vocational, educational and other social services for participant referrals.
    d. Program will also create/maintain formal partnerships with hospitals to access intensive clinical supports and develop aftercare protocols following victimization/violent incident as appropriate.
    e. OWs will be in regular communication with participants, maintaining contact both in person and by phone/video conference. OWs will record the frequency of outreach attempts and engagements with participants.
4. Program staff will document risk reduction plans and progress for each participant and will enter relevant data into the database as prescribed by ONS/DYCD.
    a. Program staff must maintain a high level of confidentiality with sensitive information relating to this program. See *Data Reporting* section below.
5. The Contractor will provide enrichment opportunities and activities aimed at increasing and maintaining participant engagement in services and support positive mindset and behavioral change.
    a. Enrichment activities can include but are not limited to book clubs, music/arts creation, financial literacy, cultural education, training, and workshops. The Contractor can engage a consultant, vendor, or subcontractor to provide enrichment services. All third-party vendors must be approved by DYCD prior to the start of services.
6. The Contractor will provide incentives to program participants to support outreach and engagement efforts and to celebrate participants reaching milestones in their risk reduction plans.
    a. Incentives can be in the form of tickets to cultural events, enrichment activities, or gift cards. To ensure program incentives are reasonable and ultimately reimbursable, each site will submit an incentive plan for review and approval by DYCD/ONS Manager, defining factors such as number, cost, purpose, and relevant milestones. The plan should be submitted to ONS *before* incentives are purchased and no later than January of each year. Upon approval of the incentive plan, the program may allocate funds on the budget accordingly.

III. **Shifting Social Norms**

1. ***Public Education:*** The program must develop and distribute public education and promotional materials for participants and the community.
2. ***Mobilization:*** The program must regularly mobilize throughout the community to spread positive messaging, denounce violent and negative social behaviors and advertise the program.
    a. Community mobilization activities should follow any shooting incident or other incident of violence within the Primary Service Area.
    b. Community mobilization activities must be adequately planned with ONS/DYCD Managers to identify and involve key stakeholders including community members, local organizations and business, faith-based leaders, government agencies, and other relevant parties in the planning process to ensure diverse perspectives and support. Planning of all shooting responses must include and is not limited to the following guidelines:
        - The Contractor will comply with proper city permitting processes to meet safety, community standards (e.g. shooting responses held on NYCHA grounds, or on the street where shooting incidents occurred, NYCHA, NYPD and DOT must be adequately notified and approve use of space)
        - Flyers and invitation to shooting responses must be immediately shared via email with community stakeholders and city partners highlighting the time of response, location and brief description of incident and purpose (denouncing and rejecting all forms of violence as a collective and promoting peaceful means of resolving conflicts).
        - Traditional outreach and in-person engagement methods must be conducted (in addition to electronic invitations) to promote shooting response, to better connect with community during hardship and increase attendance and community involvement.
        - Identify speakers relevant to the shooting e.g., family/friends/peers of persons involved in the shooting (if feasible) to be front and center to speak from lived experiences to support norm change in the direct community
        - Identify 2-3 tabling resources for the shooting response to immediately connect the participants to vital resources (e.g., therapeutics/counseling, employment, legal services etc.)
        - Develop strategies for sustaining the momentum of the mobilization efforts over time; continuously monitor progress and assess the impact of community mobilization efforts against the established objectives e.g. changing norms to inform ongoing implementation adjustments and improvement. This may include feedback from community members and partners, DYCD/ONS Managers, surveys, and or public meetings/gatherings.

3. ***Community Events*****:** The program must facilitate at minimum <u>one community event per quarter</u>.
    a. Events may include resource fairs, rallies, marches, community beautification events, or other opportunities to bring together local residents and stakeholders around positive social messaging and resources.

b. Where possible, the Contractor should support the community events of other CMS partners and relevant community-based organizations within the precinct area and around the city.

IV. Workforce Opportunities

i. In the event that Contractor is offered the opportunity to provide additional workforce services to CMS participants, responsibilities include:
   1. Recruitment of eligible participants based on an awarded number of slots
   2. Development of age-appropriate activities based on program period and model design
   3. Collection and retention of required documentation based on type of work experience
   4. As part of the youth workforce development services, providers will strive to assist all participants in obtaining or accessing key personal documents necessary to secure placement, including but not limited to: birth certificates, social security cards, NYC Photo ID and/or other government issued documents to support New York City employability requirements.

ii. Definitions
   1. "Worksites" means sites, sponsored by government agencies, not-for-profit, and for- profit organizations, at which Work-Based Experiences for Older Youth take place.
   2. "Work-Based Experience/s" means time spent by Participants performing work or receiving employment training.

iii. Program Models and Expectations
   1. The Anti-Gun Violence Employment Program
      i. The Anti-Gun Violence Employment Program is intended to target participants in need of violence interruption, another crucial way in which the City is creating opportunities for our young people, especially at this incredibly important moment where we are redefining what safety and well-being mean for our communities.
      ii. New recruits for the fall/winter component of the program would focus on increasing employment opportunities for participants who may be at risk of being victimized or perpetrating violence.
      iii. Participants engage in positive activities to cultivate self-efficacy and leadership skills designed to contribute to their social, educational, and professional growth. Activity placements will offer supports in developmental needs of youth, emphasize foundational work-readiness skills building, advance participants' baseline understanding of employment.
         a. Program Model would include:
            i. Recruitment with needs assessment, followed by orientation, skills building, and enrichment activities based on participant interest

ii. Career readiness and introductory financial literacy are required for all participants throughout the program
iii. Contractor may utilize Hats & Ladders or their own work-readiness curriculum as appropriate

iv. Contractor Expectations:
a. Assess and document participant skillsets to identify placement tracks in the program
b. Provide program and emotional supports to aid in achieving goals
c. Identify/Assign staff to directly facilitate program components (to be outlined in the Contractor's Scope of Work)

2. Summer Youth Employment Program (SYEP) – CURE Violence
a. Contractor shall develop Project-Based Learning Experience/s for Younger Youth aged 14 – 15 years old that:
- Closely match Participants' interests;
- Provide enriching career exploration;
- Emphasize foundational work-readiness;
- Help foster youth leadership; and
- Develop social and emotional skills.

b. Contractor shall develop Work-Based Experience/s for Older Youth aged 16 – 24 years old that:
- Introduce Participants to the world of work and expose Participants to career pathways and opportunities;
- Help build essential work-readiness skills; and
- Orient Participants to educational pathways that support career and life goals.
- Introduce participants to on-site job assignments.

c. Expectations for Project-Based Learning Experience Development for Younger Youth
i. During the period late winter through early spring, and later as necessary, Contractor shall identify and develop a range of Project Assignments in which Participants may be placed to meet the required hours and the goals of the Project-Based Learning Experience.
ii. Contractor shall arrange for the minimum number of hours of Project-Based Learning Experience in the total of 70 hours for each Participant over the Program Period.
iii. Contractor may schedule Project-Based Learning Experience/s on any day of the week, including weekends either in-person or remotely through the use of one or more videoconferencing platforms approved by DYCD. Contractor should choose a schedule that accommodates the needs of Participants, including religious observance and summer school attendance.

iv. Contractor should endeavor to develop Project-Based Learning Experience/s that foster civic engagement and providing Participants with opportunities that benefit their community or address social issues.

d. Expectations for Work-Based Experience and Professional and Technical Development for Older Youth

i. During the period late winter through early spring, and later as necessary, Contractor shall identify and develop a range of Worksite Assignments and Professional and Technical Development opportunities in which Participants may be placed to meet the required hours and the goals of the program.

ii. Contractor shall arrange for Participants to fall into one of two tracks:

1. Track One: Contractor shall arrange for the minimum number of hours of Work-Based Experience for 150 hours, for each Participant over the Program Period.
2. Track Two: Contractor shall arrange for the minimum number of hours of Work-Based Experience for 75 hours maximum, Schedule of Hours, of and 75 hours of Professional and Technical Development for each Participant, for 6 total weeks, over the Program Period. Contractor may use discretion in developing a schedule for Work-Based Experiences and Professional and Technical Development each week, as long as the schedule provides the minimum number of 25 hours for each Participant during each week of the Program Period.

iii. Contractor may schedule Project-Based Learning Experience/s and Professional and Technical Development on any day of the week, including weekends. Contractor should choose a schedule that accommodates the needs of Participants, including religious observance and summer school attendance, and complies with the permitted working hours for minors under the age of eighteen (18) set by the State Department of Labor.

iv. Contractor should endeavor to develop Work-Based Experiences and Professional and Technical Development that connect to one of the City's priority sectors and/or center on fostering civic engagement and providing Participants with opportunities that benefit their community or address social issues.

3. Work Learn Grow Employment Program (WLG)-CURE Violence

a. Eligible participants would be Summer Youth Employment Program (SYEP) participants from the prior summer, aged 16 – 21 years old meeting the minimum requirements of participation.

b. Participants will earn the minimum wage for time spent in CUNY College and Career Exploration Services, up to a maximum of 6 hours weekly and, up to a maximum of 12 hours weekly, during the employment phase. (with the exception of 25 hours during school closures)
c. Contractor shall assign at least one staff member to support the CUNY Course instructor. Contractor staff shall be responsible for monitoring attendance, observing, and monitoring each Participant's engagement with the course instructor, fellow class students, and providing academic support and guidance to Participants.
d. College and Career Exploration Services will be provided before the Work opportunity for employment experience, and Contractor shall ensure that Participants understand the importance of CUNY Course completion as it relates to their Work Assignment. It is at the discretion of the Contractor to allow a Participant to begin a Work Based Experience if a failing grade is issued after the completion of the CUNY Course.
e. Contractor shall be responsible for developing a plan for College and Career Exploration Services that is tailored to meet the developmental needs of youth, emphasize foundational work-readiness skills, advance participants' baseline understanding of the labor market, and expose them to higher education opportunities. Additional College and Career Exploration Services activities can include, but need not be limited to, guest speakers from promising industries or careers, job shadowing, college visits and field trips.
f. Participants opting out of the CUNY course would participate in Hats & Ladders Pro-Skills

V. Program Administration and Communication

1. ***Incident Reporting: Program must comply with the most current DYCD-issued incident reporting policy. Any updates to the policy will be communicated via email and new policy issued.***
    a. Program must notify ONS/DYCD of high-profile participant-involved incidents via phone or email within 24 hours of the incident. Program must also notify ONS/DYCD of any incidents involving program staff, including but not limited to injury, law enforcement actions, or high-profile incidents that may garner media attention via phone or email within 24 hours of the incident.
    b. Written notification of all incidents must be submitted to DYCD within 72 hours of an incident occurring. A formal incident report must be completed in DYCD Connect and submitted to DYCD within the same timeframe.
    c. Statewide Central Register: In cases of actual or suspected child abuse or maltreatment by a parent or person legally responsible for a child or by any of Program's administrators or Staff (both paid and volunteer), Program must report such Incidents to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR). The term "abuse" here refers to any physical, sexual, emotional, or verbal abuse, actual or suspected incidents of child abuse, or any other

maltreatment of a recipient of Program Services. Reporting to the SCR should always take precedence over reporting to DYCD. **Get more information** here about child abuse and neglect. Reporting to DYCD should be completed via phone or email within 24 hours of the incident and/or knowledge of the incident.

2. ***Program Supplies/Equipment***
    a. **Staff:** The organization will ensure staff are provided with the necessary items to successfully complete all job duties which may include but is not limited to full staff credentials (ID cards, work emails, work phones), access to computers/laptops/tablets, office supplies, uniforms, required trainings, professional development opportunities.
    b. **Participants:** The program will ensure participants have access to computers/ laptops/tablets and private space for one-on-one meetings/counseling.
    c. **Events:** The organization shall ensure the program has sufficient program materials to successfully engage the community.
3. ***Program Certification:*** DYCD will ensure programs are meeting the model requirements through site certification. Cure Violence Global (CVG) certifies sites to ensure they are maintaining fidelity to the model within 5 key areas: Staff Recruitment, Training, Program Implementation, Strategy and Planning and Monitoring. Site certifications will be conducted by Cure Violence Global and submitted to DYCD for review and oversight. Annual site certifications visits will be conducted with all CMS Organizations to assess program fidelity and recommended corrective actions as necessary to bring programs into alignment. Each site visit will take 2-3 days of 4-5 hours of in-person observation of daily operations, briefings, and debriefings, staff meetings, individual supervisions, staff recruitment, community canvassing, community mobilization and participant engagement etc.) to provide real-time feedback and additional training as the programs work towards CVG certification.
4. ***Staff Training*****:** The Contractor will ensure that all OW and VI staff receive required role-specific training within a timely period of initial hiring.
    a. The Program will ensure that all VI and OW staff participate in Violence Interruption and Reduction Training (VIRT) before they are able to perform the roles of Violence Interrupter or Outreach Worker with participants.
    b. The Program will ensure that all management-level staff have completed Management Training: Interruption and Outreach within 6 weeks of staff onboarding.
    c. The Contractor will document the date of relevant required trainings for all staff and will report updates on staff training and staff rosters to ONS/DYCD as required. For each staff, the report will indicate the date of hire and date of VIRT, management training, and/or booster/refresher trainings.
    d. The Contractor will ensure that all frontline staff attend a Mental Health First Aid course every three years.
    e. The Contractor will identify, in collaboration with ONS/DYCD, needs and opportunities for staff training and professional development, including but not limited to Credible Messenger training programs, Motivational Interviewing, behavior change modalities like Cognitive Behavioral interventions, and trauma-informed care.

f. The Program will support frontline and supervisor staff to access trainings for Credible Messengers and Supervisors in courses at the following training institutes: the Navigator Certificate in Human Services and Community Justice at John Jay Institute for Justice and Opportunity, the Credible Messenger Justice Center, and the Institute for Transformative Mentorship. Other credible messenger-focused training courses may be allowed upon approval of ONS/DYCD.
g. The Contractor may use program funds for staff training. Training by third party vendors must be approved by ONS/DYCD.
h. The Contractor must provide a staff training plan to ONS/DYCD for review by October 1 each year.

Staffing

Hiring and Staff Training/Qualifications

a) The program will employ and retain trusted community members with backgrounds similar to the high-risk youth being served (excluding those with a history of violence against women and children), and act as 'credible messengers' of anti-violence.
   i. The "community member" staff must be comprised of familiar community members, including individuals who may have been convicted and served time for violent crimes against persons (excluding violence against women and children) and others with a demonstrated ability to relate and/or connect to the target population, even if they have never been incarcerated or convicted of a violent crime.
b) The program will hire and retain a Program Manager (1 Full Time), Outreach Worker Supervisor (1 Full Time), Outreach Workers (5 Full Time) and Violence Interrupters (4 Full Time or equivalent), or a combination equaling 9 that perform the equivalent roles, Community Coordinator (1 Full Time), Education and Employment Specialist (1 Full Time), and Administrative Assistant (1 Full Time). DYCD ONS will closely monitor the deliverables for Violence Interrupters and Outreach Workers to ensure there are no gaps in service delivery. Programmatic Assessments will be conducted to assess if deliverables are being met. If according to assessments, program deliverables are not being met, SUV will be required to revert to the required CV staffing pattern (Outreach Workers (5 Full Time) and Violence Interrupters (4 Full Time or equivalent)) to maintain the program's high standards and expected outcomes.
c) The Cure Violence model uses hiring panels to hire all CV employees including Violence Interrupters, Outreach Workers, Violence Interrupter Supervisor, Outreach Worker Supervisor and Program Managers which includes representatives from the program, DYCD/ONS, city agency partners, active local law enforcement, local community leaders and social service providers, and Cure Violence Global staff (if applicable). All CV staff will be hired through hiring panels. Hiring Panels are typically comprised of five to seven members, representing the Program site and stakeholders. The Program must work with DYCD/ONS Managers to identify stakeholders and coordinate sufficient attendance to ensure that the hiring panels bring variety of perspectives and experiences to the interview process and to reduce the potential of unconscious biases.

d) All hiring panels will follow guidelines provided by ONS, including a prescreening checklist to ensure sufficient background work has been done with the potential candidate to determine that they may be a suitable job candidate, a panel briefing form to assist in educating all panel members on the goals and objectives of the hiring panel, and uniform interview questions and scorecards. The Program will retain information about hiring panels on a hiring panel tracking form, which will be submitted upon request to ONS/DYCD. Program Sites are required to reschedule hiring panels to a later date in the event that key community stakeholders are not available to participate in the panel. Key stakeholders include Community-Based Organizations i.e. Community center directors, Tenant Association Presidents and DYCD/ONS Managers.

e) Criminal background checks must be completed for individuals to be hired. Prospective hires must submit to drug testing upon being hired, and agree to drug testing on an annual basis (excluding the testing of cannabis) as part of program hiring requirement. ONS/DYCD Managers will request criminal background and drug testing dates (not results) of all CV employees during one quarterly site visit. Program sites may refer to the Federal Guidelines on Cannabis and internal policies and procedures on usage in the workplace. The program will maintain records documenting compliance with all aspects of the hiring process and other personnel matters.
    i. If test results return positive, the contractor must follow their organization's internal policies around drug testing.

f) Staff schedules must be reflective of and remain flexible (i.e. rotating schedule) to the days and times that shooting incidents are occurring/most likely to occur in the precinct.
    i. Program leadership must utilize recent crime data and trends as well as intel from local precinct and command to determine deployment schedules.
    ii. Hours of operation must be inclusive of late-night hours with extended hours on the weekends, when incidents of violence are more likely to occur.

Staff Positions and Duties

The program will retain the following staffing plan to implement CMS model activities. The number of lines for each position represent the minimum requirement. **Additional staff lines may be added if the budget can support them, however all required lines below must be fully accounted and budgeted for during the duration of the contract term before non-required lines can be hired**. Alterations may not be made to the staffing plan without DYCD approval.

Required Staff for Full Catchment	
Title	**Lines / Status**
Program Manager	1 Full Time
Outreach Worker Supervisor	1 Full Time
Outreach Worker	5 Full Time
Violence Interrupter	4 Full Time or equivalent
Administrative Assistant	1 Full Time

Community Coordinator	1 Full Time
Education & Employment Specialist	1 Full Time

Required Staff for Partial Catchment	
Title	**Lines / Status**
Program Manager	1 Full Time (May be shared with Full Catchment)
Outreach Worker Supervisor	1 Full Time
Outreach Worker	2 Full Time
Violence Interrupter	3 Full Time or equivalent
Administrative Assistant	1 Full Time
Community Coordinator	1 Full Time

The following describes the roles and responsibilities for required staff positions.

Program Manager

- Has overall responsibilities for implementation of CV services, compliance with the terms of this Scope of Services and management of the program including oversight of recruitment, hiring and management of staff.
- Builds community support for the program (including faith-based community leaders, residents, businesses and community organizations that provide services needed by program participants).
- Coordinates, leads, and supports regular mobilization and public education activities and organize a minimum of one anti-violence community event in the service area per month that brings residents together and discourages the acceptance of violence as a normal part of life.
- Takes a lead role in organizing community responses for all shooting incident and violent incidents (where applicable) that occur in the primary service area within 72 hours of receipt of notice of the incident.
- Establishes and maintains a relationship with the local police precinct and/or Public Service Area (PSA) and requests timely information on potential violence and violent incidents. This working relationship must include but not be limited to the following:
    1. Maintain regularly scheduled check-ins with local commanding officer on a monthly basis or as frequently as needed
    2. Build and maintain working relationship with local NYPD Neighborhood Coordination Officers (NCOs) and Youth Coordination Officers (YCOs)
    3. Address roll call at the local Precinct on a quarterly basis
    4. Attend and address new officer orientation
    5. Ensure appropriate program representative attends monthly precinct meetings
- Assures systematic recordkeeping on program performance indicators, participant caseload and program highlights.

- Maintains data integrity and accuracy, submitting timely and complete monthly program reports to ONS via prescribed tool/mechanism.
- Creates internal protocols for reporting staff and participant incidents to ONS.
- Creates safety protocols for program staff and participants during program hours, to be shared with and approved by ONS.
- Work with Cure Violence Global and ONS to plan and execute site certification.
- Maintains supervision of front-line staff with the Outreach Worker Supervisor, and other staff as needed (e.g., Violence Interrupters, Hospital Responders if relevant), to check in on the week's plans for program activity, staff performance, needs and challenges. Supervision and next steps must be documented.
- Ensures that staff has the resources they need to fulfill their duties, including cell phones and access to a computer with internet service, an external or integrated camera, and a base of operation that is located in or in walking distance of the target area(s).
- Develops and follows a spending plan and maintains detailed spending records.
- Attends **ALL** program manager meetings and calls, and any ad hoc meetings and trainings coordinated and required by ONS.
- Attends community-based meetings in and near the primary service area, including, but not limited to:
    1. Police precinct council meetings
    2. Monthly roll call at their local precinct and Police Service Area (PSA) where applicable.
    3. Mayor's Action Plan for Neighborhood Safety (MAP) meetings (where applicable)
        - Central NeighborhoodStat (NStat)
    4. Community Board meetings
    5. Community partner/stakeholder meetings
    6. Tenant Association Leader meetings (where applicable)
- Serves as a representative of the organization and program as needed by ONS in other ONS initiatives, meetings with external partners, city agencies, offices and initiatives
- Maintains regular communication with ONS and reports all the following in writing via email to ONS:
    - Staff vacancies and changes (i.e. extended leave of absence);
    - Hiring panel schedule notices;
    - Final hiring decisions;
    - Staff involved in a violent incident that may impact work in community, terminated, arrested, facing pending legal criminal charges, placed on modified assignment or punitive leave as a result of one of the stated occurrences;
    - Shooting incidents and community responses in the service area;
    - Problems with staff that will negatively impact work performance;
    - Participant involved in the shooting incident/ violent incident or is fatally injured via trauma incident
    - Domestic violence situations
    - High risk cases that need additional areas of support i.e. victim services, emergency transfers, etc.
    - Press inquiries and/or features; and

- Other instances, when identified.

Outreach Worker Supervisor

- Assists the Program Manager to coordinate regular mobilization of staff to respond to community needs around violence incidents and the provision of social service supports
- Supervises Outreach Workers, and based on program staff structure, also supervises Violence Interrupters to ensure staff duties are fulfilled adequately.
- Facilitates daily meetings with Outreach Workers and Violence Interrupters to review current shootings, trends and to plan the day-to-day and week-to-week activities.
- Conducts weekly one-on-one check-ins with staff to assess the mental wellness of staff in the field; provides/offers support services as needed.
- Ensures field staff accurately document their daily activity and enters data into the required reporting tool/mechanism in a timely matter.
- Documents staff activities and assists Program Manager in submitting accurate and complete monthly reports.
- Participates in community outreach to build strong relationships with youth, residents, businesses, and community groups; to identify and diffuse "hot spots" and to increase staff visibility when violent incidents occur.
- Ensures staff are trained and adequately prepared to fulfill duties.
- Attends Outreach Worker Supervisor meetings, ad hoc meetings and all trainings coordinated and required by ONS.
- Is on duty whenever Outreach Workers and Violence Interrupters are working.
- Helps strategize on the ground efforts (i.e. mediations) and/or provide guidance to staff regarding their caseload and management.
- Interacts with Credible Clinician to facilitate group and/or individual sessions as needed for staff and participants.
- Supports and assists the Program Manager, as needed.

Outreach Workers

- Identify individuals in the service area who are at high risk of involvement in shootings and other serious violence and engage these individuals in mentoring sessions and activities designed to understand and reject the impulse to act violently and to set more positive life goals.
- **Build a caseload of a minimum of 10 program participants** (and a maximum of 15) by the worker's fourth month on the job and maintain a minimum of 10 high-risk participants thereafter.
- Engage participants on caseload by assessing their risks and needs, and providing guidance and support to help them reach goals and milestones.
- Ensure the following is completed for each participant on caseload
    - Develop and implement a risk reduction plan
    - Maintain regular contact with program participants via
        - In-person contacts (**minimum 10 per participant each month**) *and*
        - Telephone/video contacts (**minimum 10 per participant each month**)
    - Provide referrals and program/service enrollment to external resources

- Conduct outreach to the community (individually and as a team member) to build strong relationships with youth, residents, businesses, and community groups.
- Conduct daily (team) community canvassing- walking the service area to establish program presence, understand current and past conflicts, create opportunities for informal contact with those at risk of involvement in shootings and other serious violence and become familiar with community members. **Must meet a minimum of 20 hours per week of team canvassing.**
- Work with team members to coordinate an inclusive and immediate strategic response when shootings and other conflicts take place.
- Work non-traditional hours including late evenings, weekends, and holidays.
- Ensures accurate documentation of daily activity and enters data into the required reporting tool/mechanism in a timely matter.
- Attend meetings and trainings coordinated and required by ONS.
- Interacts with Credible Clinician, if on staff.

Violence Interrupter

- Identify and defuse "hot spots" for shootings and violence, learning about the causes of shootings and severe violence in order to assist in resolving situations and preventing retaliation between individuals and groups
- Conduct daily (team) community canvassing- walking the service area to establish program presence, understand current and past conflicts, create opportunities for informal contact with those at risk of involvement in shootings and other serious violence and become familiar with community members. **Must meet a minimum of 15 hours per week of team canvassing.**
- Form relationships with the highest risk youth in the community, as well as the people who know them.
- Participate in organizing responses to shootings and increasing visibility when shootings take place.
- Follow the program's supervisory structure and keep the appropriate supervisor informed of all relevant community activities.
- Work non-traditional hours including late evenings, weekends, and holidays.
- Attend meetings and trainings coordinated and required by ONS.
- Ensures accurate documentation of daily activity and enters data into the required reporting tool/mechanism in a timely matter.
- Interacts with Credible Clinician, if on staff.

Administrative Assistant

- Preparing of expense reports for auditing and invoicing purposes.
- Assisting with daily administrative tasks regarding overall office management, organizing the office schedule and office activities.
- Organizing and coordinating all program calendar invites, ensuring all necessary reading materials and agendas are included.
- Preparing, reviewing and submitting written material prepared by staff.
- Maintaining and updating files, both hard copy and electronic.

- Recommending purchase of materials or resources needed for office staff or participants.
- Reviewing and correcting typed material to ensure correct spelling, punctuation and proper format.
- Responding to routine telephone calls and referring calls, visitors and guests to the appropriate staff.
- Performing basic word processing assignments as needed using a personal computer, word processing equipment or another automated office equipment.
- Excellent communication, planning, organizational and multi-tasking abilities.

Community Coordinator:

- Liaising with community-based organizations and city government to build synergy and expand programmatic offerings.
- Coordinating themed weekends of action geared towards public safety where community organizations and affected populations communicate and collaborate to improve the lives of all New Yorkers.
- Serve as a CMS site's primary representative to their specific neighborhood, precinct and catchment area.
- Attends community-based meetings in primary service area, this includes but is not limited to:
    - Community Board Meetings
    - NYCHA Tenant Association (where applicable)
    - Mayor's Action Plan for Neighborhood Safety (MAP) meetings (where applicable)
        - Local Neighborhood STAT (NSTAT)
        - MAP development stakeholder meetings
- Identify new community groups and public or private initiatives with which to build relationships with and to apply for funding opportunities.
- Coordinating and promoting anti-gun violence workshops and pro-social events where community stakeholders and agencies collaborate to communicate and deliver services in targeted neighborhoods.
- Working within NYC neighborhoods and populations who may be at increased risk for violence.
- Producing events and managing community coalitions.
- Identify emerging community issues affecting public safety to help guide the site's response.
- Working alongside City agencies to conduct briefings and community meetings outlining city services to key community and faith leader stakeholders.
- Helping to facilitate CMS hiring panel process including outreach and recruitment for potential site staff and/or participants.
- Create outreach materials, talking points and presentation materials for CMS site.
- Excellent communication, planning, organizational and multi-tasking abilities.

Education and Employment Specialist:

- Assisting participants in obtaining and maintaining employment that is consistent with their individual vocational goals.
- Assessing participants' vocational functioning on an ongoing basis utilizing background information and work experiences.
- Conducting job development and job search activities with internal and external employers directed towards positions that are individualized to the interests and uniqueness of the population served.
- Support participants with job readiness support, including soft skills and resume building. Refer participants to access specialized wraparound supports for job readiness and workforce development services,
- Providing outreach to employer contacts and serving as an advocate for participants and staff; providing necessary engagement with participants and staff to connect them to opportunities both within CMS and outside of CMS.
- Assisting participants and community partners with the implementation of the Anti-Gun Violence Employment Program, Works Plus referrals, and other employment opportunities offered through the CMS which may include but not limited to:
    - Providing assistance to participants with documentation requirements
    - Creating partnerships with local stakeholders, organizations and businesses to serve as worksites for youth job placements
    - Attend meeting and trainings offered through agency partners to aid in the implementation of the employment program
    - Maintain required program documentation
- Assisting participants and staff with concerns including housing, health care, social service and educational issues.
- Delivering organizational development and data management skills.
- Excellent communication, planning, organizational and multi-tasking abilities.

<u>Support for Staff and Employment Practices</u>

a) The program must have appropriate HR policies and procedures in place to support employee expectations regarding job responsibilities, time and leave, drug testing and discipline, safety and security, and employee assistance.

b) The program is responsible for the supervision and overall management of the program. The program must ensure that staff are supervised in day-to-day activities and have regular staff meetings to review cases and solve problems as they arise. The components of staff management and supervised activities must include:

    i. Briefings – To discuss issues or challenges that the CV team is currently facing and coordinate actions. Briefings must take place prior to canvassing with a minimum allocated time of 30 minutes. This will ensure that team members are on the same page, aware of current priorities, problem solving, hot spots, crime trends and there is alignment towards program goals.

    ii. Debriefings – To review and reflect on the workday community canvassing and activities and outcomes. Debriefings must occur on a daily basis and at the end of

the work shift to facilitate learning, identify areas of improvement and help team members extract valuable insights from their community experiences.

iii. Team meetings –Weekly team wide meetings to discuss strategies, track program progress, recent shootings, crime trends, hot spots, case management and problem solving.

iv. Individual (one-on-one) supervision – Weekly supervision with staff to assess mental health and wellness, discuss any issues and hardships that staff are experiencing, provide guidance in resolving problems effectively to improve work performance, identify resources and training needs to support personal and professional development growth of staff. Check-ins must be consistent and provide opportunities for personalized attention and support tailored to individual's needs to mitigate potential risks, stress, quality of life challenges and harm of staff allowing Supervisors to facilitate timely intervention and preventive measures.

The Program site must reference the Cure Violence Global Program Management Training Workbook (pages 21- 25) to draw from the best practices on how to effectively conduct, document and maintain record of all briefings, debriefings, team meetings and individual (one-on-one) supervision. DYCD/ONS Managers will discuss, assess the frequency of supervisions and refer to Program site documentation as part of contract deliverables during quarterly site visits.

c) The Program must develop and implement safety protocols to address the security of all participants and community members present in the program space during program office hours. This may include but not limited to the following:

i. Emergency contact list: Emergency contact list should be visible in every room of the site. Contact list should include emergency response team, program leadership, NYPD/ FDNY, hospital contact.

ii. Emergency evacuation plan: Evacuation plans should include safe spaces to meet in the event of an evacuation incident. Evacuation plan should include step by step directions and include safety meeting points.

iii. Security cameras: in order to ensure the fidelity and credibility of the Cure Violence program, security cameras may be present in entrances, exits, and multipurpose room. Security cameras should not be present in high risk assessment, intervention spaces or any area(s) where sensitive information is exchanged.

d) All credible messenger staff must be paid a minimum annual salary of $47,600 (or minimum $22.88 hourly if part-time) and must be offered health insurance benefits.

e) The program will provide adequate equipment necessary for staff, including cell phones, access to a computer with internet service.

f) The program will ensure that staff participate in all trainings, problem-solving and information sharing sessions, and other meetings required by the ONS upon advance notice.

g) The program must provide professional development plans for all CMS staff that include long-term career pathways and plans for retention and promotion.
h) The program shall ensure staff behavior and actions remain aligned with the mission and purpose of this program and initiative overall.
i) All staff members are required to adhere to the uniform policy as prescribed by DYCD. This policy outlines the specific requirements regarding the attire and appearance that staff must maintain while conducting CMS work. As part of this agreement, all CMS employees must comply with the DYCD uniform policy, when in effect, at all times during working hours. Employees of contracted organizations must be instructed that failure to adhere to the prescribed uniform policy may result in disciplinary action, up to and including termination of employment. Also, employees should be instructed that maintaining a professional appearance in line with the DYCD CMS uniform policy is essential to creating a unified system of supportive CMS services across the City.
j) Distribution of CMS ID Cards:
    i. Contractor will distribute ID cards provided by ONS to relevant staff and collect ID cards upon separation.
    ii. Contractor shall maintain a log of all distributed/returned ID cards and a hard copy of each individual signed letter.

Data Reporting

The program will provide data submissions of all performance indicators and key programs via the data collection systems required by DYCD.

Program Activities Data

Contractor shall administer Program Services in accordance with DYCD policies and procedures, and administer such assessment tools, collect and report such data, and take such other actions as may be directed by DYCD.

a) The program will have procedures in place to collect and report program performance and participant tracking data, ensure quality assurance, explain/interpret reported data and participate in performance monitoring activities.
b) The program will use data tracking systems prescribed by DYCD to document indicators as described below, in categories including participant information, conflicts and mediations, staffing (see below), and community activities.
c) Program staff will document all activity related to identification of conflict, mediation, participant recruitment, mentoring, and service referral and maintain files securely at the program's office.
d) The program will submit reports to DYCD that outline program performance, activities and participant information on a regular basis.
e) The program will participate in program evaluations, as requested by DYCD.
f) The program will participate in data sharing agreements for programmatic purposes as determined in collaboration with ONS and DYCD, such as sharing data between City agencies and/or with schools, to allow appropriate follow-up and referral networks.
g) Indicators include, but are not limited to the following:

- Hours of canvassing, inside and outside catchment area
- Number of active participants
- Number of contacts made with participants
- Number of mediations
- Number of de-escalations
- Count and descriptions of community mobilization activities in response to violent incidents (e.g. shooting responses, marches, rallies, public education materials distributed)
- Number of people converted from engagement on street into participant in program
- Number and proportion of caseload who meet criteria for "high risk" of gun violence
- Count and type of referrals to wraparound services or other programs
- Count and type of referrals to DYCD and other ONS programs
- Count of participant progress towards risk reduction goals
- Count of participants who have achieved a goal towards their risk reduction goals (such as, but not limited to: graduation/GED, employment, attainment of a driver's license, overcoming a legal case, improved relationships with family/peers, and improved school attendance)

Please note performance indicators are subject to change at any time during the contract term. The organization will be sufficiently notified of any new indicators to track. The organization is responsible for capturing and submitting accurate data in a timely manner and utilizing the mechanism prescribed by DYCD.

Staffing Data

The Contractor will ensure that all staffed are adequately trained to be effective in executing their specified roles. That includes training staff on all aspects of the Cure Violence model, as well as additional access to trainings for improved outreach and engagement strategies, training for conflict mediation and de-escalation, trainings for tools of behavior change and skill building among participants, professional development opportunities for staff, and support for vicarious trauma for staff. Staff must continuously collect and archive data according to reporting requirements. Sub-contractor will document and report on staffing indicators such as the following, determined in accordance with DYCD/ONS, submitted (a) on a monthly basis and (b) upon DYCD/ONS request:

- Roster of staff with vacancies
- Count and proportion of staff that are fully trained in required Violence Interruption and Outreach trainings
- Type of trainings made available to staff and number of staff trained (e.g. Motivational Interviewing, Trauma-Informed Care)
- Count of staff enrolled in Credible Messenger training courses (e.g. Institute for Transformative Mentoring
- Count of staff trained in data entry and required data systems
- Count of staff who have participated in the Strong Messenger program

Please note staffing indicators are subject to change during the contract term.

Fiscal Management

a) The program will maintain the administrative capacity to manage City contracts and prepare spending plans/budgets and invoice submissions within the NYC reimbursement process.
b) The program will provide adequate and appropriate infrastructure, including administrative support and overall contract and/or grants management (from City funding and/or other funding sources), to effectively implement the program and meet contract deliverables/objectives.
c) Budget must account for all required staff lines and OTPS costs to maintain programming.
d) The program will ensure that all expenditures under are in line with DYCD's Fiscal Manual.

Communications

Program/Contractor shall comply with any Communication Guidelines issued by DYCD.

Appendix A-3 Professional Mental Health Services

I. Background

In New York City, communities where gun violence is prevalent have a substantial need for high quality and culturally competent mental health services. Providers in the Crisis Management System are uniquely positioned to fill the gap in access to mental healthcare for communities most affected by the trauma of gun violence and community violence. The Crisis Management System (CMS) is a partnership of more than 30 organizations that promote peace, community stewardship of public safety, and healing in neighborhoods with high incidence of gun violence and its collateral consequences. CMS is an initiative of the Office of Neighborhood Safety ("ONS"), which operates within the New York City Department of Youth and Community Development ("DYCD"). CMS is based on a Cure Violence ("CV") model of violence prevention – the notion that violence spreads in networks like other communicable diseases and can be interrupted and prevented through public health interventions. The primary focus of CMS partners is to identify individuals who are driving violence, mediate conflicts as they emerge, provide credible mentoring to help transform behavior, and spread a pro-social message of peace to shift community norms on the use of violence.

II. Program Goals

The Professional Mental Health Services (PMHS) initiative is a wraparound service for the CMS network to provide direct clinical and evidence-based mental health counseling services to participants at CMS provider sites. DYCD will allocate PHMS to one or more specific "Cure Violence" sites within select precincts, which are operated by the Program. Services must be used

as wraparound mental health support for the CV participants recruited through that specified CV site. Participants may be referred via internal referrals from the CV site, internal referrals from other Program-delivered wraparound services, like Youth Enrichment Services, Community Healing and Wellness, or Hospital Response, and external referrals from New York City Housing Authority (NYCHA) partners and community-based organizations in the CV Precinct.
Program goals include:

- Expand access to culturally competent and trauma-informed professional mental healthcare for CMS participants with experience of violence and behavioral health needs.
- Develop the capacity and professionalism of CMS partners to be able to provide direct mental health services to their communities.
- Among participants, support young people to envision and achieve positive solutions for the problems they face, e.g. to improve coping behaviors and harness motivation for change.
- Help reduce the mental health-related impacts of gun violence such as depression, anxiety, PTSD, impulsivity, and other stress responses that contribute to gun violence.

III. Program Services

Program shall provide the following services:

1. Provide Solutions Focused Therapy ("SFT") to participants of the CMS Cure Violence program
    a. SFT is an evidence-based approach to mental healthcare that focuses on the creation of practical behaviors and actions to help young people and adults address their social, emotional, and mental health needs.
    b. SFT fosters hope by building agency and a plan. It is an action-oriented and trauma-informed therapeutic approach.
    c. SFT counselors will work with participants in their everyday lives and contexts to identify pragmatic solutions to deal with the very real problems they face.
    d. As a brief therapy modality, participants will receive on average between three (3) and eight (8) sessions total.
    e. A counselor should maintain a caseload of at least 8 participants and no more than 12 at any given time.
    f. The expected service delivery target is at least 86 participants per counselor annually that receive at least 1 session.
    g. If participants are demonstrating an acute mental health need that requires more intensive and/or psychiatric support, the counselor will refer that individual to an appropriate mental/behavioral health provider in the community.
2. Ensure SFT counselor staff are able to deliver the model with a high degree of fidelity and quality.
    a. SFT counselors must have a Master's degree in Social Work, Mental Health Counseling, or related human services discipline.
    b. Highly qualified and experienced Bachelor's level counselor staff will be allowed on a case-by-case basis, with approval from ONS/DYCD.

c. All counselor staff must be trained in Evidence Based Solutions Focused Brief Therapy through the Institute for Solutions-Focused Therapy.
d. Training costs must be included in the Program budget, including at minimum online trainings, live trainings, and ongoing clinical consultation for managers and frontline staff.
e. Program and counselor staff will comply with all requirements for attendance, participation, and assessments for model fidelity and quality from the Institute for Solutions-Focused Therapy.
f. All counselor staff will participate in continuing education courses and booster training sessions on a cadence as mandated by ONS/DYCD.
g. Program will ensure that counselor staff have access to licensure supervisory hours, if needed, which may be procured by a vendor/consultant as a third party service if qualified staff are not available internal to the Program's organization.
h. Program will hire at minimum one (1) counselor staff. Contracts greater than $250,000 will hire at minimum two (2) counselor staff.
i. If funds are available, the Program may hire one (1) part-time operations staff who can support with referrals, administrative requirements, data entry, scheduling, and reporting.
j. Program will ensure counselor staff are culturally competent and have a trauma-informed approach to service delivery.
k. Staff should be offered a competitive salary (e.g. ~$65,000) with benefits, to ensure adequate compensation and retention.

3. Recruit participants who are experiencing mental or behavioral health needs to engage in SFT
    a. Participants will be referred from the CV participant list and Outreach Workers, as well as via relationships with other stakeholders in the Cure Violence service area, including local NYC Housing Developments and neighboring community-based organizations.
    b. Eligible participants include young people and adults who are recruited through a CV site's violence interruption and recruitment activities, who present with elevated risk factors for involvement with violence including but not limited to: recent witness or victim of community violence, known to have access to a weapon, known school or family conflict, long term absences or school disruption, recent arrest or release from jail/prison.
    c. PMHS services are available to youth and adults, however, for minors under the age of 18 participation requires parent/guardian consent.
4. Maintain detailed case management documentation for services provided
    a. Program will be responsible to document and report the following metrics on a monthly basis, or as requested by ONS/DYCD, using the database or data reporting system prescribed by ONS/DYCD:
        i. # potential participants referred and referral source (e.g. internal, community-based organization, New York Police Department Youth Coordination Officer)
        ii. Length of time between referral and first session
        iii. # outreach attempts to engage participant
        iv. # of participants who receive at least one session

v. # of sessions per participant
vi. # active cases
vii. # closed cases (incomplete/drop out)
viii. # of successfully closed cases, (completed)
ix. Session location (e.g. home, virtual, in office, in community location)
x. Age and demographic participant information

b. Program will maintain appropriate safeguards for confidentiality and privacy of participants, including enacting data privacy best practices.
    i. Sessions will be held in environments that ensure participant privacy and safety.

5. Provide capacity building for the CMS network in improving Provider approaches to mental health and trauma needs of the community.
    a. Counselor staff will serve as a resource for the increased capacity of CMS sites to amplify and enhance their response to the mental health needs of their participants and the wider community affected by the prevalence of violence and exposure to trauma.
    b. SFT staff will support the professional development of the frontline Cure Violence personnel, including Outreach Workers and Violence Interrupters, to recognize and respond to the social, emotional, and cognitive effects of trauma and how it influences negative behaviors in community.

IV. Other Administrative Requirements

Program shall follow all administrative guidelines shared by DYCD, including:

1. Record Keeping and Reporting.
    a) Program shall respond, without undue delay, to all requests for Program-related, Facility-related, and/or Worksite-related data from DYCD.
    b) Program shall keep, maintain, and submit appropriate financial records in compliance with Generally Accepted Accounting Principles and the DYCD Fiscal Manual.
    c) Program shall make, complete, and maintain program records and written reports as required by DYCD, including, but not limited to, the following:
        i) Records of fiscal, program, or statistical information in the forms as indicated by DYCD herein and in the DYCD Fiscal Manuals;
        ii) All required closeout documentation, including but not limited to annual equipment inventory reports, which must be complete at a date to be determined by DYCD;
        iii) Participant application and enrollment documents
2. Incident Reporting
    a) Program must notify DYCD ONS of participant-involved incidents related to their arrests in large-scale law enforcement actions, injury/ death because of community violence, and/or high-profile incidents via phone or email within 24 hours of the incident.
    b) Program must also notify DYCD ONS of any incidents involving Program staff, including but not limited to injury, law enforcement actions, or high-profile

incidents that may garner media attention via phone or email within 24 hours of the incident.

c) Formal written notification of all incidents must be submitted to DYCD within DYCD Connect within 72 hours of an incident occurring.

d) Programs will comply with any additional incident reporting guidance from DYCD.

e) Statewide Central Register: In cases of actual or suspected child abuse or maltreatment by a parent or person legally responsible for a child or by any of Program's administrators or Staff (both paid and volunteer), Program must report such Incidents to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR). The term "abuse" here refers to any physical, sexual, emotional, or verbal abuse, actual or suspected incidents of child abuse, or any other maltreatment of a recipient of Program Services. Reporting to the SCR should always take precedence over reporting to DYCD. **Get more information** here about child abuse and neglect. Reporting to DYCD should be completed via phone or email within 24 hours of the incident and/or knowledge of the incident.

3. **Meetings and Trainings.** Program shall attend all orientation, training sessions, and regularly scheduled meetings required by DYCD. Program shall ensure that Staff required to attend by DYCD and/or whose role is relevant to the subject area are in attendance for the duration of the orientation, training session, or meeting. DYCD reserves the right to monitor attendance and consider attendance as a factor in performance reviews.
4. All staff members are required to adhere to the uniform policy as prescribed by DYCD. This policy outlines the specific requirements regarding the attire and appearance that staff must maintain while conducting CMS work. As part of this agreement, all CMS employees must comply with the DYCD uniform policy, when in effect, at all times during working hours. Employees of contracted organizations must be instructed that failure to adhere to the prescribed uniform policy may result in disciplinary action, up to and including termination of employment. Also, employees should be instructed that maintaining a professional appearance in line with the DYCD CMS uniform policy is essential to creating a unified system of supportive CMS services across the City.
5. Distribution of CMS ID Cards:
   a) Program will distribute ID cards provided by ONS to relevant staff and collect ID cards upon separation.
   b) Program shall maintain a log of all distributed/returned ID cards and a hard copy of each individual signed letter.
6. Fiscal Management

   a) The program will maintain the administrative capacity to manage City contracts and prepare spending plans/budgets and invoice submissions within the NYC reimbursement process.

   b) The program will provide adequate and appropriate infrastructure, including administrative support and overall contract and/or grants management (from City funding and/or other funding sources), to effectively implement the program and meet contract deliverables/objectives.

   c) Budget must account for all required staff lines and OTPS costs to maintain programming.

d) The program will ensure that all expenditures under are in line with DYCD's Fiscal Manual.

V. Communications

Program/Contractor shall comply with any Communication Guidelines issued by DYCD.

Appendix A-4 Youth Enrichment Services

Background

Launched in 2014 New York City's **Crisis Management System (CMS),** is a partnership of more than 30 organizations that promote peace, community stewardship of public safety, and healing in neighborhoods most affected by gun violence. The CMS network is currently operating citywide in over 20 neighborhoods, which account for upwards of 50% of NYC's shooting incidents. CMS is a model of civilianizing public safety, building on the talent, resiliency, and creativity that reside in neighborhoods across New York City. The broad-based CMS initiative is founded on a street outreach and violence intervention model, which is bolstered by additional supportive services tailored for youth and young adults. The core components of the Crisis Management System are: Cure Violence, Youth Enrichment Services, and Community Healing and Wellness. All service components are responsive to specific community needs, while also building awareness and momentum to actively mitigate cyclical patterns of violence.

Youth Enrichment Services

Youth Enrichment Services (YES) engages school-aged youth between 11 and 21 years old in programming and supportive services that change the culture around violence and encourage positive youth development. YES is delivered in and around schools in neighborhoods with a high prevalence of community violence. DYCD uses data from New York City Public Schools (NYCPS) and NYPD to ensure Community Based Organizations (CBOs) are partnered with schools with the greatest need. YES staff actively recruit and engage youth who are vulnerable to system involvement and may be at risk for interpersonal violence or who have experienced community violence. The four main components of the YES model include: structured in-school engagement, conflict mediation, case management and safe passage.

Program Goals

The goals and objectives of the YES program are:

- To prevent incidence of youth involvement or exposure to community violence in and near schools in neighborhoods where gun violence is prevalent.
- To connect vulnerable youth to mentorship, skill development, and psychosocial learning to improve prosocial means of resolving conflict.
- To improve school safety and attendance for participants.
- To improve the safety in and around schools during and after school dismissal.
- To increase connection of youth and families to supportive community networks and cultural enrichment opportunities.
- To promote positive cultural norms around behavioral change to maintain community-led public safety.

Target Population

The target population for YES services are youth:

- Between the ages of 11-21

- Identified as high risk based on the risk assessment rubric provided by ONS (meet at least three of the seven risk factors)
    - Member of a gang known to be actively involved in violence;
    - History of criminal activity including crimes against persons;
    - Carries or has access to lethal weapons;
    - Pending or prior arrest(s) for weapon offenses;
    - Believed to be instigating violence or a target of community violence;
    - Victim of a recent shooting or other serious violence; and
    - Recently released from jail or prison for a crime associated with violence

In the case of exceptional need, a Provider may be partnered with an elementary school and can serve participants younger than 11. The Provider will work closely with DYCD to ensure programming meets the needs of the target population.

Relationship Building, Community Network and Partnerships

Behind any successful YES program are strong school and community partnerships:

1. The program will work with school administrators, including but not limited to the Principal, Assistant Principals, Deans and Lead School Safety Staff to identify vulnerable youth, especially chronically absent youth, between the ages of 11-21 to enroll in YES services.
2. The program will work with administrators to identify relevant Youth Enrichment Services that will assist in changing the culture around violence with school-aged young people among participants and the wider school environment.
3. The program will build a strong working relationship with the appropriate school personnel to facilitate program access, implementation and secure required documentation.
4. An introductory meeting must be held, including school leadership and partner CBOs to explain the initiative and short and long-term goals to establish buy-in and coordination between existing programs.
5. The program will have monthly meetings (at minimum) with the principal and/or school designated liaison to monitor services and progress.
6. Services will be delivered in an established location within identified schools. Alternative locations may be considered on a case-by-case basis or as needed based on the guidance from the partner school.
7. Should issues with the school partnership arise, the program should engage with DYCD and the school's Borough Safety Director to help resolve.
8. The program will collaborate and coordinate with Cure Violence programs and related service providers in order to be aware of incidents occurring in the community that may affect the school community and the students being served by the program.
9. The program will coordinate with NYCPS's Project Pivot (if applicable) to ensure each program is being leveraged effectively to serve students and outreach to students who are chronically absent.

Service Approach/ Expectations

The YES model has four core components:

1. **Structured in school engagement**- Ranges from structured curricula, workshops, and assemblies to one-on-one or small group mentoring. Standalone schools will receive at least two in-school engagement sessions each week and campus schools will receive at least four in-school engagement sessions each week.
2. **Conflict Mediation**- Interrupt violence, diffuse conflicts between students, and conduct crisis intervention.
3. **Case Management**- Lead Mediation Specialists will maintain a caseload of up to 15 program participants at a given time (minimum caseload of 10 youth) and provide case management to support mindset and behavior change, develop risk-reduction plans for participants, and initiate referrals to other resources. While on caseload, participants will receive at least four hours of direct case management services per month (e.g. one-on-one sessions, risk reduction planning, follow up on referrals and outcomes).
4. **Safe Passage**- Activities provided during after-school hours to defuse conflicts initiated during school hours and that may arise during dismissal and in the early hours after school, focusing on hot spots around the school and on common routes to public transportation. Programs must provide safe passage at least twice a week.

Programming must be provided during the school year, in the school setting and can operate during the school day and/or after-school.

Structured In-School Engagement

a. YES Providers will host structured in-school engagement sessions
    a. Program must provide at least two structured sessions a week in a standalone school setting
    b. Program must provide at least four structured sessions a week in a campus setting. At least 50% of the sessions must serve the primary school, and up to 50% of sessions may serve other schools within the campus.
b. Structured session must cover the following content areas:
    - Conflict Mediation and Resolution training
    - Crisis Intervention and Mentorship

Content areas for in-school programming and youth engagement may also include:

- Cultural Identification and Growth
- Leadership Development
- Restorative Justice Practices
- Positive Youth Development
- Grief and Trauma-Informed Service

c. The program must utilize credible, approved curricula to guide program delivery during the service period.
d. Programming must be provided in person. There should be a plan for virtual implementation, if necessary, to account for potential health and safety guidelines from the City and State.

Safe Passages and Safe Dismissal Activities

a. The program will meet with the school administration to identify areas and days on which they can provide a visible staff presence around the school, at hot spots and on common routes to public transportation during the hours following dismissal, inclusive of at least 1:30pm to 4:00pm in the afternoon (the Contractor, in partnership with the school, may adjust if the dismissal hours of an individual school vary). Safe Passage can also occur during school arrival if requested by the school administration. **The program must provide**

safe passage at least twice a week in standalone schools and four times a week for campus setting.

b. Program staff will diffuse conflict between students, engage in conflict mediation and violence interruption activities, and conduct crisis intervention as needed.

c. The program will coordinate with school administrators, in-school program staff, and the local NYPD precinct to identify hot spots around the school where violence typically occurs and to learn what conflicts may be arising in the school community that could result in community violence.

d. **While providing Safe Passage, the program will have coverage of at least two staff, who are responsible to engage in conflict mediation, violence interruption activities and support ongoing referral services into existing CMS wrap around.**

Conflict Mediation

a. **The program will offer mediation services for high-risk situations or in response to violent incidents in their contracted school, including referrals to other supportive and therapeutic services. When a school related incident is shared with program by ONS, the program is expected to activate the staff and provide updates.**

b. Staff will detect, interrupt, and respond to potentially violent conflicts by:

   i. Maintaining familiarity with the community surrounding the school(s)
   ii. Building relationships with school administration, school safety, residents, organizations, hospitals, and local enforcement officials.
   iii. Building trust and close relationships with high-risk individuals and recruiting them into program participation (become a participant on an OW's caseload) as identified alongside with school administrators
   iv. Identify ongoing conflicts by talking to key people in the school community and surrounding area about ongoing disputes during in-school and after school hours, recent arrests, recent juvenile/prison releases, and other situations and use mediation techniques to resolve them peacefully.
   v. Following up on conflicts for as long as needed, sometimes for months, to ensure that the conflict does not become violent.

c. The program will notify ONS of incidents and provide ongoing updates.

Case Management

a. **Lead Mediation Specialist will maintain a caseload of up to 15 program participants per contracted school at a given time (minimum caseload of 10 youth) and provide case management to support mindset and behavior change. Each participant on the Lead Mediation Specialist's caseload will receive at least four hours of direct case management services per month (e.g. one-on-one sessions, risk reduction planning, follow up on referrals and outcomes).**

b. **For programs operating in a campus building, case management can be provided to other campus schools as the need arises. The caseload will have at least 50% of cases from the primary school and the remaining can be referred from other schools located within the campus.**

c. The Lead Mediation Specialist will assess risk and develop risk reduction plans tailored to each participant. They will be knowledgeable about the variety of referrals to wraparound supports, included but not limited to legal aid support, education and employment resources, and mental and behavioral services.

Engagement of Vulnerable Youth and Securing Referrals

a. The program must implement a recruitment plan to attract youth to the program through various means both in person and virtually, if needed. The plan should be submitted to and approved by ONS.

b. The program must develop a risk-reduction plan for each youth participant, identifying risk and protective factors, and identifying a strategy to connect the participant to resources within the organization or outside the organization to meet the young person's specific needs.

c. Providers will develop relationships with local schools and institutions (e.g. community recreation centers, cultural institutions) to generate referrals and connections, especially to young people who may be facing challenges with attendance, engagement in learning activities, and/or who are at elevated risk of involvement in home, school, or neighborhood conflict.

d. The program must be able to maintain a high level of confidentiality with sensitive information relating to this program.

e. The Contractor may provide incentives to program participants to support outreach and engagement efforts and to celebrate participants reaching milestones in their risk reduction plans.

i. Incentives can be in the form of tickets to cultural events, enrichment activities, or gift cards. To ensure program incentives are reasonable and ultimately reimbursable, each site will submit an incentive plan for review and approval by DYCD/ONS Manager, defining factors such as number, cost, purpose, and relevant milestones. The plan should be submitted to ONS *before* incentives are purchased. Upon approval of the incentive plan, the program may allocate funds on the budget accordingly.

YES Program within a Campus School

Each Provider operating within a campus is matched with a primary school, which will receive case management services and structured in-school engagement sessions. The program will have a presence across the campus and provide conflict mediation and safe passage, targeting the campus community. Case management can also be provided to other campus schools as the need arises.

Requirements based on type of YES program	
Standalone school	Campus Building
• 2 structured in-school engagement sessions per week. • Safe passage required twice per week. • Lead Mediation Specialist will have a caseload of 10-15 participants, who will receive at least four hours of case management services per month. • Conflict mediation is required for school community.	• 4 structured in-school engagement sessions per week. At least 50% of sessions will serve the primary school. • Safe passage required four times per week, targeting campus. • Lead Mediation Specialist will have a caseload of 10-15 participants, who will receive at least four hours of case management services per month. 50% of caseload must come from primary campus school. Remaining caseload may be referred from other campus schools.

	• Conflict mediation is required for campus community.

Staffing

1. The YES model requires two types of staff:

- **Lead Mediation Specialist-** Work with school administrators to ensure the program's resources are effectively reaching the target population while also managing conflicts and offering ongoing mediation services through daily attention and consistent conflict mediation. The Lead Mediation Specialist will be responsible for maintaining a caseload of up to 15 high-risk participants at a given time, assist with in-school structured sessions, safe passage and reporting. The lead mediation specialist should have experience in case management of youth and young adults at elevated risk for violence or other high risk behavioral health issues. Qualifications include:
    - **Experience in Assessing Needs**: A case manager must be able to assess participant needs, which may involve evaluating physical, emotional, or social issues. This involves:
        - Conducting needs assessments
        - Developing and updating risk reduction plans
        - Coordinating and arranging referral services for participants
    - **Crisis Management**: Case managers deal with high-stress situations, so experience in managing crises, providing support under pressure, and managing difficult situations.
    - **Resource Knowledge**: A strong understanding of available community resources, such as financial assistance, housing programs, mental health services, and healthcare options.
    - **Documentation and Compliance**: Experience with case documentation, maintaining records, and adhering to confidentiality, and ethical guidelines.
    - **Communication Skills**: Effective verbal and written communication is essential for working with clients, families, and service providers.
    - **Problem-Solving**: Case managers must be able to identify problems and develop solutions quickly, often balancing competing needs and priorities.
    - **Organizational Skills**: Given the often complex and multifaceted nature of cases, case managers must be highly organized and able to juggle multiple tasks at once.
    - **Cultural Competence**: Understanding cultural differences and being able to adapt approaches to different cultural contexts.
    -
- **Outreach Worker (OW)-** responsible for program implementation and facilitation of in-school structured sessions throughout the service year. The OW will engage identified high-risk youth by providing outreach and support in both school and community settings. They will maintain a connection with the youth to address issues before they escalate. The Outreach Worker will also be responsible for safe passage. Qualifications include:
    - **Lived Experience**: Outreach workers should have valuable lived experience related to violence or justice system involvement, which helps OWs to connect with participants on a personal level and provide authentic, impactful mentorship and guidance.
        - Personal recovery from violence or trauma (e.g., from gang involvement, domestic violence, or substance abuse)

- **Facilitation Experience**: Facilitators should have prior experience leading group discussions, workshops, or educational sessions. This includes:
  - Planning and leading workshops or seminars, especially on topics related to violence prevention, conflict resolution, or life skills.
  - Experience with group dynamics, including managing difficult conversations, creating a safe space for participants, and encouraging engagement.
- **Experience in Violence Prevention**: Facilitators need a solid understanding of violence prevention strategies, including the use of trauma-informed practices, restorative justice, and conflict de-escalation. Facilitators should also be knowledgeable about resources available to individuals at risk.
- **Group Facilitation Skills**: Ability to manage group dynamics, encourage participation from everyone, and address challenging behaviors or sensitive topics effectively.
- **Conflict Resolution and Problem-Solving Skills**: The ability to mediate conflicts within the group and help participants navigate their challenges is crucial for violence prevention programs.
- **Cultural Sensitivity**: Facilitators should be sensitive to the cultural, social, and economic backgrounds of participants, as this is essential in addressing the root causes of violence.

Required Staff based on type of YES program	
Standalone school	Campus Building
• 1 Full-Time Lead Mediation Specialist • 1 Part-Time Outreach Worker	• 1 Full-Time Lead Mediation Specialist • 3 Part-Time Outreach Workers

2. All program staff must go through high-risk youth engagement training made available through ONS.
3. Staff will obtain the necessary clearances to work in schools or other institutional settings (e.g. PETS)
   a. Program must submit a copy of their staff PETS roster to DYCD/ONS indicating staff are cleared, active and eligible.
   b. Staff must be cleared before working with young people.
4. Staff will have experience working with vulnerable youth and implementing lesson plans and/or the proposed curriculum.
5. The program will ensure program staff are adequately trained to facilitate all program content and activities, including but not limited to lesson plans, curricula and/or work plans.
6. The program will ensure program staff have the capacity to record any administrative information (e.g., attendance sheets, incentive logs, etc.) as required.

Support for Staff and Employment Practices

a. The program must have appropriate HR policies and procedures in place to support employee expectations regarding job responsibilities, time and leave, drug testing and discipline, and employee assistance.
b. The program is responsible for the supervision and overall management of the program. The program must ensure that staff are supervised in day-to-day activities and have regular staff meetings to review cases and solve problems as they arise.

c. The program will provide adequate equipment necessary for staff, including access to a computer with internet service.
d. The program will ensure that staff participate in all trainings, problem-solving and information sharing sessions, and other meetings required by the ONS upon advance notice.
e. The program shall ensure staff behavior and actions remain aligned with the mission and purpose of this program and initiative overall.
f. ALL school-based staff must be cleared in the NYPS PETS system prior to start of the school year and/or implementing services on school grounds.
g. All staff members are required to adhere to the uniform policy as prescribed by DYCD. This policy outlines the specific requirements regarding the attire and appearance that staff must maintain while conducting CMS work. As part of this agreement, all CMS employees must comply with the DYCD uniform policy, when in effect, at all times during working hours. Employees of contracted organizations must be instructed that failure to adhere to the prescribed uniform policy may result in disciplinary action, up to and including termination of employment. Also, employees should be instructed that maintaining a professional appearance in line with the DYCD CMS uniform policy is essential to creating a unified system of supportive CMS services across the City.
h. Distribution of CMS ID Cards:
    i. Contractor will distribute ID cards provided by ONS to relevant staff and collect ID cards upon separation.
    ii. Contractor shall maintain a log of all distributed/returned ID cards and a hard copy of each individual signed letter.

Administrative Requirements

Data Reporting

a. The provider will submit a program plan/workscope to DYCD, which will demonstrate how the service approach will impact participants' involvement in negative behaviors, engagement in pro-social opportunities and/or assist in changing mindsets around violence.
b. The program will submit a program plan/workscope to DYCD identifying the curricula of any in-school programming, recruitment and service strategy for vulnerable youth, and planned timeframe for in-school program implementation (e.g. which days of the week, hours of in-school services). The plan must be approved by ONS before implementation.
c. The program will collect and report program performance and individual participant tracking data, ensure quality assurance, explain/interpret reported data and participate in performance monitoring activities.
d. The program will ensure all program plan/workscope and monthly reports are signed off by a school administrator before submission to ONS to be considered valid for review.
e. The program will use a data tracking system as prescribed by DYCD to document participant enrollment and metrics including conflicts and mediations, community activities, attendance, etc. The program will retain paper copies of participant information and attendance logs in the form of sign in sheets. The program will be required to report on the progress of participants' risk reduction plans.
f. Program staff that manage school dismissal services will report to the front desk and sign in.

g. Program staff will document all activity related to identification of conflict, mediation, participant recruitment, mentoring, and service referral and maintain files securely at the program's office.

h. Using the DYCD Connect data system required by DYCD, the program will input data that outlines program performance, activities and participant information in the timeframe communicated.

i. The program will participate in program evaluations, as requested by DYCD.

Fiscal Management

a. The program will have the administrative capacity to manage City contracts and prepare spending plans/budgets and invoice submissions within the NYC reimbursement process.

b. The program will provide adequate and appropriate infrastructure, including administrative support and overall contract and/or grants management (from City funding and/or other funding sources), to effectively implement the program and meet contract deliverables/ objectives.

c. Budget must account for all required staff lines and OTPS costs to maintain programming.

d. The program will ensure that all expenditures under are in line with DYCD's Fiscal Manual.

Incident Reporting

a. Program must notify DYCD ONS of participant-involved incidents related to their arrests in large-scale law enforcement actions, injury/ death because of community violence, and/or high-profile incidents via phone or email within 24 hours of the incident.

b. Program must also notify DYCD ONS of any incidents involving Program staff, including but not limited to injury, law enforcement actions, or high-profile incidents that may garner media attention via phone or email within 24 hours of the incident.

c. Formal written notification of all incidents must be submitted to DYCD within DYCD Connect within 72 hours of an incident occurring.

d. Programs will comply with any additional incident reporting guidance from DYCD.

e. Statewide Central Register: In cases of actual or suspected child abuse or maltreatment by a parent or person legally responsible for a child, Providers must report such Incidents to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR). Reporting to the SCR should always take precedence over reporting to DYCD. **Get more information** here about child abuse and neglect.

f. New York City Public Schools (NYCPS) Reporting: Any Provider delivering services in a NYC Public School Building must complete a User Organizational Incident Report Form when incidents occur, and submit it to the Principal or designated administrator and the School Safety Agent (SSA) on duty. Any Incident that happens must be reported to the school Principal or designee within 24 hours of the occurrence. Providers must immediately notify the Principal, and the School Safety Agents if one is on duty, of all health, safety, and medical incidents including, but not limited to criminal and non-criminal incidents. Please note that for programs located in NYPS facilities, notification to does not suffice as notification to DYCD.

Communications

Program/Contractor shall comply with any Communication Guidelines issued by DYCD.

Appendix B-1: Kings County Hospital-based Anti-Violence Programs Budget

BUDGET		
Program:	**Hospital Response (HVIP)**	
Grantee Name:	**New York City Health + Hospitals / Kings County**	
Contract Number:	**TBD**	
Budget Period:	**7/1/24 - 6/30/25**	
Budget Line Item	**Cost**	**BUDGET NARRATIVE**
Personal Service: ***Position Title / Incumbent Name***		
ASSISTANT DIRECTOR, COMMUNITY AFFAIRS / TBD	$85,000.00	The functional responsibility of the fulltime Program Director (Assistant Director, Community Affairs - TBD) will oversee program implementation, liaise with various agencies/offices/departments, budgeting, onboarding of responders, adhere to hospital protocols and, strategize best practices for the Hospital-based Violence Intervention Program (HVIP) model at Kings County.
ASSISTANT DIRECTOR, COMMUNITY AFFAIRS / TBD	$85,000.00	The functional responsibility of the fulltime Hospital Liaison (Assistant Director, Community Affairs - TBD) will serve as the primary point of contact for Community Based Organizations (CBOs), manage patient case coordination, collection of

		data, training of interrupters on various protocols and various supporting functions to the Hospital-based Violence Intervention Program (HVIP) at Kings County.
Salaries Subtotal:	***$170,000.00***	
Fringe Benefits:	_	
FRINGE BENEFIT COST @ 51.98%	$88,366.00	
Personal Service Subtotal:	**$258,366.00**	
Non-Personal Service:		
Non-Personal Service Budget Categories:	_	
	_	
Contractual Expense	_	
	$0.00	
	$0.00	
Travel Expense	_	
	$0.00	
	$0.00	
Equipment Expense	_	
	$0.00	
	$0.00	
Space/Property: Rent Expense	_	
	$0.00	
	$0.00	
Space/Property: Own Expense	_	
SPACE COST	$26,085.00	Cost for renting space on the Kings County Campus Based on Average Square Footage of Office Space in NYC: $86.95 per/sq. * 150 sq. ft * 2 Offices = $26,085
	$0.00	
Utilities Expense	_	
	$0.00	
	$0.00	
	$0.00	

Operating Expenses	-	
OFFICE SUPPLIES	$3,940.00	Office and program supplies to support the day-to-day operations of the new HVIP unit.
MOBILE PHONES	$2,500.00	Mobile phones will be used by the HVIP staff for communicating when they are away from the office.
TRAVEL	$4,060.00	Travel by public transportation when required: Metro Cards, 50 per box * 5.80 x 14 boxes = $4,060
TRAINING/EDUCATION	$10,000.00	Various training and education to enhance the staff's knowledge of the HVIP model to effectively serve Kings County's patient population and surrounding community.
Other - Indirect Costs	-	
OVERHEAD COST @ 15%	$45,049.00	Indirect Overhead Cost at 15%
Non-Personal Service Subtotal:	**$91,634.00**	
GRAND TOTAL EXPENSES	**$350,000.00**	
AWARD VALUE	**$350,000.00**	
VARIANCE	**$0.00**	

Appendix B-2: Harlem Hospital Hospital-based Anti-Violence Program Budget

HARLEM HOSPITAL CENTER
CROSSROADS PROGRAM
BUDGET PERIOD: JULY 1, 2024 - JUNE 30, 2025

Award: $450,000

PERSONNEL		ANNUAL SALARY	FTE	BUDGETED	JUSTIFICATION
P S	AFF- Program Director, J. Powell	100,000.00	1.00	100,000.00	The program director is responsible for overall program management and oversight. He will provide strategic direction and be responsible for capacity building and financial solvency. The Program Director has strategic and operational responsibility for all programs. The Program Director is responsible for maintaining all aspects of programs growth, operations, program management, administration, fund development, in addition to strengthening existing partnerships. The Program Director serves as a liaison to program's partners and will be responsible for developing, implementing and managing the operational aspects of the annual budget. They will maintain pre-existing relationships with supporters and cultivate relationships with new funders from the public and private sectors. Identify opportunities to leverage cross-

					program strengths, take advantage of new opportunities, and address organizational challenges. The Program Director will expand the financial viability of operational units through sound fiscal management. Publicly represent the program with the media and external constituency groups, including community, governmental, and private organizations. Identify, cultivate, and maintain relationships with major donors and key funders. Coordinate with other hospital programs, recruit participants, identify mentors and coordinate with local and community groups to extend the reach of the program. Oversee the development and implementation of supportive services (individual counseling,support groups etc.) for enrolled clients. Provide direct supervision to the staff.

P S	AFF- Program Coordinator, R. Young	80,000.00	1.00	80,000.00	Will play a central role in the recruitment, maintenance and retention strategies for member programs as it relates to Gun Violence and Injury Prevention. Will collaborate on events and programs that produce positive and professional development in the violence intervention community. Collaborate with Social Workers, to create/implement Behavior Intervention Plans, Peer Mentoring strategies, and Peer to Peer learning collaboratives. Responsible for social and academic progress of member and develop communities of practice. The employee will assist the team with program development and administrative functions, facilitating contracts for structural socialization for clients, overseeing purchasing of supplies and equipment for program, maintain inventory of supplies and assist with budget management. Will serve as an internal and external liaison to build partnerships and strategically plan for program

					sustainability. Will assist with establishment of trauma informed practices within the hospital setting.
	SUBTOTAL - AFFILIATION(AFF)	180,000.00	2.00	180,000.00	
	AFF-FRINGE - 24.11%	43,398.00		43,398.00	
	TOTAL - AFF	223,398.00	2.00	223,398.00	
P S	HHC-Program Data Manager, Osakwe Beale	80,000.00	1.00	80,000.00	The Hospital Based Violence Intervention Program Data Manager (HB-VIPM) is responsible for working autonomously to coordinate day-to-day management of operational and evaluation activities related to the Harlem's Violence Intervention Program (VIP). Will implement and oversee all aspects of Gun Violence Program Data measurements and insights alongside Social work. Analyzing data to better understand the impact of hospital based violence intervention program for stakeholder. This position also provides administrative support, as well as coordination between research and clinical needs of VIP. The employee will also

					assist the team with program development, including regulatory activities, data management, and serving as an internal and external liaison to build partnerships and strategically plan for program sustainability while helping to establish trauma informed practices within the hospital setting. The Program Manager must demonstrate initiative, resourcefulness and problem solving skills in applying a detailed knowledge of the responsibilities, functions and initiatives. The employee must be able to organize and independently prioritize work, establish procedures and systems and ensuring orderly and timely work flow. Will also work with victims bedside, offering wrap around services. Will also manage Stop the Bleed Program.
	SUBTOTAL - HHC	**80,000.00**	**1.00**	**80,000.00**	
	HHC: Fringe @_54.79%	**43,832.00**		**43,832.00**	
	TOTAL - HHC	**123,832.00**	**1.00**	**123,832.00**	
	TOTAL PERSONNEL - (AFF + HHC)	**347,230.00**		**347,230.00**	

	ADDITIONAL SCOPE				
	OTPS				
	Nutritional Supplements/Award Events			5,000.00	Nutritional Supplements for support groups - $125 per session x 40 sessions/year = $5000 TOTAL=$5000
	Program/Office supplies			4,800.00	Office supplies: paper, binders/folders, pens, pencils.staplers, Staples,tapes, paper clips, markers, calculators, post-its = $720 + Program supplies: IPads for clients' use - 6 x $500 each = $3,000;Water - 80 ctns (8 oz. bottles) @$13.90 per ctn = $1080 . Total = 4,800
	Structured Socialization			25,000.00	Clients will be offered the opportunity to engage in structured socialization activities offisite such as attending movies with clients enrolled in our program. This will be monitored & organized by program staff in terms of selection of film to view and venue - we estimate the cost of tickets including refreshments for 2 = $35.00 x 50 (estimated sessions) = **$1750.** Also the program will seek to continue to engage clients enrolled in the program in physical fitness activities by partnering with the YMCA; Cost: **$8,296** , and other organizations in the development of training programs

					used to promote physicial fitness (Sandbox - "Gloves Not Gun Boxing Program) for our clients - Cost = **$6,250**. Program will introduce a new program for clients a Computer Youth Coding class. This coding program will expose the clients to essential programming concepts through a series of activities and building games on Scratch." It is estimated that cost will be: 12 client enrollments x 6 sessions per client (72 sessions) x $30 per session = **$2160;** Funds will be used to provide bicycles for new enrollees - **11 clients x $594.90 each bike = $6544.** Total cost for activities will be $25,000.
	Social Work Bereavement Support			15,000.00	Funding for support of gun violence victims The Center for victim Support Program at New York Health and Hospitals Harlem provides clinical interventions to all victims of violent crimes. Most victims are referred through the emergency department, inpatient units or from community agencies. Victims may require a wide range of services to ensure safe

					discharges from both the emergency department and inpatient units. Along with clinical interventions, victims may require concrete services. Such services may include: a). Clothing items, such as pants, shoes and shirts for both men and women, whose clothing were damaged, soiled or taken by law enforcement for evidence, or damaged either through the course of the assault or during critical care interventions. b) Car service vouchers and/or Metrocards to ensure safe transport home or to a safe location for victims unable to arrange their own transportation. Transsportation is also provided to post traumatic patients who regularly attend groups led by our social work team in order to keep them be surrounded with support to help them on their healing journey. Our goal is to help patients heal and become whole after being harmed.
	Staff Education			1,200.00	To support staff education / training about partnership and work with neighborhood CV programs, funds will be used to pay for

					staff attendance (program director, coordinator and manager) to attend at least 3 conferences both locally and nationally pertaining to Injury Prevention, Gun Violence, other traumas througout the year. Car Seat Training: $550 each x1 = $550; Dues for Membership with HAVI, a valuable resource for our CROSSROADS Program = **$650** TOTAL =$1200
	Metro Cards			1,100.00	Metro cards will be purchased to assist clients who struggle with transpotation cost. = $275 per pack x 4 = $1100. These metrocards are for clients attending progamming.
	Storage			2,700.00	Cost of storage space to house bicycles for program ($225 per month x 12 mths = $2,700)
	Promotional Materials			22,872.00	Funds will be used to purchase T-shirts and Sweatshirts, hoodies, towels with program logo that will be distributed to clients enrolled in our programs. Shirts will also be used as a promtional tool for the program and will be distributed to community organization/agenices the program has linkage with and for outreach events. Funds will also be used to purchase a

					small tent which will be used at outreach events to promote program. Estimated cost: $20,000. Funds will also be used to create brochures, flyers, business cards for staff ($2,872). Total = $22872
	TOTAL - OTPS			**77,672.00**	
	TOTAL DIRECT COSTS			**424,902**	
	Indirect Cost			**25,098**	
	GRAND TOTAL			**450,000**	

Prepared by Denise Campbell

Appendix B-3: Jacobi BH Community Approaches to Public Safety (Cure Violence), Youth Enrichment Services and Professional Mental Health Services Budgets

Community Led Approaches to Public Safety - Cure Violence Scope			
AGENCY NAME:	**NYC Health & Hospitals - Jacobi Medical Center**	**Name of Implementation Sites/Neighborhoods:**	CMS- 43rd Precinct/Soundview
AGENCY EIN:	**13-2655001**	**Budget Code**	**4010**
IMPORTANT NOTES:		**FY24 Budget Total:**	**$1,600,000**

PERSONNEL		**Job Title**	**Name of Individual or To Be Hired**	**Annual Salary**	**% of FTE allocated to this Program**	**TOTAL Program SALARY**
Salaried Employees	Documentation to be submitted with your monthly invoice: Time	Executive Program Director	Carjah Dawkins-Hamilton	$131,300.00	45%	$59,085
		Program Manager	Kwame Thompson	$80,800.00	100%	$80,800

	Sheets, Payroll	Asst Program Manager	Adam Jordan	$61,534.25	100%	$61,534
		Outreach Worker Supervisor	Aerion Glynn	$57,494.25	100%	$57,494
		Sr Outreach Worker	Michael Smith Jr	$52,267.50	100%	$52,268
		Sr Outreach Worker	Dayvon Jones	$52,267.50	100%	$52,268
		Sr Outreach Worker	Andre McEachin	$52,267.50	100%	$52,268
		Outreach Worker	Joseph Belle	$50,500.00	100%	$50,500
		Outreach Worker	Jonathan Kimble	$50,500.00	100%	$50,500
		Outreach Worker	Taqon Chambers	$50,500.00	100%	$50,500
		Outreach Worker	Marjorie Buckner	$50,500.00	100%	$50,500
		Outreach Worker	Michael Andrews	$50,500.00	100%	$50,500
		Outreach Worker	Donovan Moss	$50,500.00	100%	$50,500
		Asst Program Director	Jennifer Montalvo	$95,950.00	100%	$95,950
		Office Assistant	Diamond Monge	$47,268.00	100%	$47,268
		Exec Admin Asst	Dominique Jean	$55,550.00	100%	$55,550
		Education and Employment Specialist	Vacant (TBH)	$55,550.00	100%	$55,550
		Part Time Cirector Community Outreach	Jay Gooding 416	$41.20	100%	$17,139

		Community Coordinator	Roger Hambrick 416	$41.20	100%	$17,139
		[Title]	If Part-Time, please include hourly rate & total estimated hours for full budget period (7/1/23 - 6/30/24) Total Hours	Hourly Rate		$-
						$-
					TOTAL: Salary	$1,007,311
Total cost of fringe associated with employees, including FICA. This may include unemployment insurance, worker's compensation, disability, pension, life insurance and medical coverage per your policies. Estimated at 25%.				31.08845 %	**TOTAL: Fringe**	$313,157
Salary plus fringe.					**SUBTOTAL: Personnel**	**$1,320,469**
NON STAFF SERVICES		**Name of Consultant / Vendor**	**Brief description of role on this contract**		**Terms of the Contract (Start - End Date)**	**Year 1 Contract Value applied to this Program**
Documentation to be submitted with invoices: - Copy of contract and monthly paid invoice		Audit				
		Payroll				
		Accounting				
		Subcontractors	[direct work with participants]			
		Consultants				

		Vendors			
				SUBTOTAL (Non Staff Services)	$-
Other Than Personnel Services (OTPS)		**Narrative: Brief Description of use in this Program (To Be Filled out by Provider)**	**# of Items**	**Line Item Description**	**Year 1 OTPS Budgeted Amount ($)**
Conference, Training, Education	Please list all types of line items in this budget. Office supplies Documentation to be submitted with your Invoices: Paid receipts, invoices; copies of contracts; Equipment inventories; Incentive plan and distribution lists	Training, Education (a total of 40 hours of training for new staff and 30 hours for veteran staff is expected). Trainings include but not limited to Motivational interviewing, Peel dem layers back (mental health treatment through Hip Hop), microsoft suite, public speaking workshop (through speak from within), Financial literacy, SNUG SETs training, Restorative practices, management training, etc	1	Meeting, workshop, or event whose primary purpose is the dissemination of technical information beyond the Provider.	$16,000
Participant Expense		Participant Events- enriching monthly group trips for participants to attend with the outreach team, including apple picking, basketball games, bowling, etc. A minimum of 20 participant events are expected. Participant incentives to include gift cards and other incentives for participants hitting various milestones, as well as Community Events	1	Supplies attributable to the program and not permanent in nature: office, instructional, printing, cleaning supplies, etc	$41,390
Equipment purchase		Program Equipment	1	Purchases of computers, cell phones and office furnitures for new hires.	$5,000

Equipment lease and maintenance		Vehicle for Staff and Participant Transport	1	rentals, leases; repair, maintenance	$14,633
Office supplies and expenses		Office Supplies, Uniforms for Staff, to include expenses for community events	1	General office supplies based on shared cost allocation	$35,000
Insurance			0	An example of a direct, allowable Insurance cost would include the property insurance cost for a building.	
Insurance - vehicle			0	An example of a direct, allowable Insurance cost would include the property insurance cost for a building.	
Vehicle maintenance and operation		Vehicle for Staff and Participant Transport, Routine maintenance for purchased vehicle (oil, tires, tune-ups etc)	1	maintenance for leased vehicle to include oil change, tires, etc.	$5,000
Maintenance and Repair			0	Maintenance and Repair cost is the cost of janitorial services to maintain a building that serves program participants.	
Recruiting Costs			0	Recruiting Costs incurred to enroll an individual as a new director, officer, employee, or volunteer of an organization.	
Health and safety			0	Background checks for new hires	
Stipends			0	Stipends that benefits only a participant, client or volunteer of the program as part of a training program for participants.	

Staff travel		Staff travel to community events, shooting responses, trainings, etc (when agency vehicle is not available)	1	Costs for business-related transportation and related items for staff and officers.	$5,000
Travel Costs		Participant travels to include cab or bus fare to court, job interviews, etc.	1	Costs for business-related transportation and related items for participants	$15,746
Renovation of Office Space			1	N/A	$22,326.25
Office Phone and Internet Cost			0	Cost for business related telecommunications.	
				SUBTOTAL: OTPS	$160,095.57
Rental Expenses		**Narrative: Brief Description of use in this Program**	**# of Items**	**Line Item Description by Funder**	**Year 1 OTPS Budgeted Amount ($)**
Occupancy	Documentation to be submitted with your Invoices: Paid receipts, invoices; copies of contracts; Equipment inventories; Incentive plan and distribution lists.	Space Costs: Based on Facility Certified NYS Institutional Cost Report rate of$73.29/sqft/year	1	These costs include rental costs attributable to program(s) funded by DYCD.	$119,435.56
Occupancy			1	These costs include rental costs attributable to program(s) funded by DYCD.	
				SUBTOTAL: Rental Expenses	$119,436
Administrative overhead maximum is 10%, unless you have an approved higher rate and can provide the justification for the higher rate. Does not include rental expenses. Only up to 25% of subcontractor fees can be charged.				**SUBTOTAL: 10 % Indirect**	

	BUDGET TOTAL:	$1,600,000.000

Professional Mental Health Services						
AGENCY NAME:	**NYC Health & Hospitals - Jacobi Medical Center**		**Name of Implementation Sites/Neighborhoods:**		Jacobi Medical Center	
AGENCY EIN:	**13-2655001**		**Budget Code**		**4014**	
IMPORTANT NOTES:			**FY24 Budget Total:**		**$150,000**	
PERSONNEL		**Job Title**	**Name of Individual or To Be Hired**	**Annual Salary**	**% of FTE allocated to this Program**	**TOTAL Program SALARY**
Salaried Employees	Documentation to be submitted with your monthly invoice: Time Sheets, Payroll	Social Worker	Vacant (TBH)	$80,800.00	100%	$80,800
						$-
						$-
					TOTAL: Salary	$80,800
Total cost of fringe associated with employees, including FICA. This may include unemployment insurance, worker's compensation, disability, pension, life insurance and medical coverage per your policies. Estimated at 25% (please insert correct value).				56.34%	**TOTAL: Fringe**	$45,523
Salary plus fringe.					**SUBTOTAL: Personnel**	**$126,323**
NON STAFF SERVICES		**Name of Consultant / Vendor**	**Brief description of role on this contract**		**Terms of the Contract (Start - End Date)**	**Year 1 Contract Value applied to this Program**
		Audit				

Documentation to be submitted with invoices: - Copy of contract and monthly paid invoice	Payroll			
	Accounting			
	Subcontractors	[direct work with participants]		
	Consultants			
	Vendors			
			SUBTOTAL (Non Staff Services)	$-

Other Than Personnel Services (OTPS)		**Narrative: Brief Description of use in this Program (To Be Filled out by Provider)**	**# of Items**	**Line Item Description**	**Year 1 OTPS Budgeted Amount ($)**
Conference, Training, Education	Please list all types of line items in this budget. Office supplies Documentation to be submitted with your Invoices: Paid receipts, invoices; copies of contracts; Equipment inventories; Incentive plan and distribution lists	Mandatory mental health training. Trainings include but not limited to the required Solution focused training that is required for new staff and social worker; OVS conferences, SNUG conferences, etc.	1	Meeting, workshop, or event whose primary purpose is the dissemination of technical information beyond the Provider.	$10,000
Participant Expense		Participant Events- enriching group trips for participants to attend with the mental health provider, including equine	1	Supplies attributable to the program and not permanent in nature: office, instructional, printing, cleaning supplies, etc	$6,477

		therapy, smash therapy and other non traditional therapeutic trips- a total of 4 therapeutic participant trips are expected. Participant incentives to include gift cards and other incentives for participants hitting various milestones			
Equipment purchase			0	Purchases of computers, cell phones and office furnitures for new hires.	
Equipment lease and maintenance			0	rentals, leases; repair, maintenance	
Office supplies and expenses			0	General office supplies based on shared cost allocation	
Insurance			0	An example of a direct, allowable Insurance cost would include the property insurance cost for a building.	
Insurance - vehicle			0	An example of a direct, allowable Insurance cost would include the property insurance cost for a building.	
Vehicle maintenance and operation			0		
Maintenance and Repair			0	Maintenance and Repair cost is the cost of janitorial services to maintain a building that serves program participants.	

Recruiting Costs			0	Recruiting Costs incurred to enroll an individual as a new director, officer, employee, or volunteer of an organization.	
Health and safety			0	Background checks for new hires	
Stipends			0	Stipends that benefits only a participant, client or volunteer of the program as part of a training program for participants.	
Staff travel			0	Costs for business-related transportation and related items for staff and officers.	
Travel Costs		Participant travel to mental health appointments (Metro Cards or cab)	1	Costs for business-related transportation and related items for participants	$7,200
Utilities			0	N/A	
Office Phone and Internet Cost			0	Cost for business related telecommunications.	
				SUBTOTAL: OTPS	$23,677
Rental Expenses		**Narrative: Brief Description of use in this Program**	**# of Items**	**Line Item Description by Funder**	**Year 1 OTPS Budgeted Amount ($)**

Occupancy	Documentation to be submitted with your Invoices: Paid receipts, invoices; copies of contracts; Equipment inventories; Incentive plan and distribution lists.		1	These costs include rental costs attributable to program(s) funded by DYCD.	
Occupancy			1	These costs include rental costs attributable to program(s) funded by DYCD.	
				SUBTOTAL: Rental Expenses	$-
Administrative overhead maximum is 10%, unless you have an approved higher rate and can provide the justification for the higher rate. Does not include rental expenses. Only up to 25% of subcontractor fees can be charged.				**SUBTOTAL: 10 % Indirect**	
				BUDGET TOTAL:	$150,000.00

Youth Enrichment Services fka School Conflict Mediation Scope						
AGENCY NAME:	**NYC Health & Hospitals - Jacobi Medical Center**			**Name of School**	Bronx Compass High School - Stevenson Campus	
AGENCY EIN:	**13-2655001**			**Budget Code**	**4012**	
IMPORTANT NOTES:				**FY25 Budget Total:**	**$ 135,500**	
PERSONNEL		**Job Title**	**Name of Individual or To Be Hired**	**Annual Salary**	**% of FTE allocated to this Program**	**TOTAL Program SALARY**
Salaried Employees	Documentation to be submitted with your monthly invoice: Time Sheets, Payroll	Executive Director/Chief Executive Officer				$ -
		Director of Finance				$ -
		School Coordinator	Aaron Dawson	$ 55,550	100%	$ 55,550

		Facilitator				$ -
		Facilitator				$ -
		Part Time Outreach Worker	If Part-Time, please include hourly rate & total estimated hours for full budget priod (7/1/24 - 6/30/25)	336	$ 30.00	100%	$ 10,080
		Part Time Outreach Worker	If Part-Time, please include hourly rate & total estimated hours for full budget priod (7/1/24 - 6/30/25)	336	$ 30.00	100%	$ 10,080
		Part Time Outreach Worker	If Part-Time, please include hourly rate & total estimated	336	$ 30.00	100%	$ 10,080

			hours for full budget priod (7/1/24 - 6/30/25)			
						$ -
					TOTAL: Salary	$ 85,790
Total cost of fringe associated with employees, including FICA. This may include unemployment insurance, worker's compensation, disability, pension, life insurance and medical coverage per your policies. Estimated at 25% (please insert correct value).				31.08845%	**TOTAL: Fringe**	$ 26,671
Salary plus fringe.					**SUBTOTAL: Personnel**	**$ 112,461**
NON STAFF SERVICES		**Name of Consultant / Vendor**	**Brief description of role on this contract**		**Terms of the Contract (Start - End Date)**	**Year 1 Contract Value applied to this Program**
Documentation to be submitted with invoices: - Copy of contract and monthly paid invoice		Audit				
		Payroll				
		Accounting				
		Subcontractors	[direct work with participants]			
		Consultants				
		Vendors				
					SUBTOTAL (Non Staff Services)	$ -
Other Than Personnel Services (OTPS)		**Narrative: Brief Description of use in this Program (To Be Filled out by Provider)**		**# of Items**	**Line Item Description**	**Year 1 OTPS Budgeted Amount ($)**

Conference, Training, Education	Please list all types of line items in this budget. Office supplies Documentation to be submitted with your Invoices: Paid receipts, invoices; copies of contracts; Equipment inventories; Incentive plan and distribution lists	Restorative Practice training, conflict mediation, etc	0	Meeting, workshop, or event whose primary purpose is the dissemination of technical information beyond the Provider.	$ 5,000
Participant Expense		Food for School Groups ; group trips, etc	1	Supplies attributable to the program and not permanent in nature: office, instructional, printing, cleaning supplies, etc	$ 7,000
Equipment purchase		Money to purchase equipment (ipads, and other computers for staff to use offsite)	0	Purchases of computers, cell phones and office furnitures for new hires.	$ 6,000
Equipment lease and maintenance			0	rentals, leases; repair, maintenance	
Office supplies and expenses			0	General office supplies based on shared cost allocation	$ 1,539
Insurance			0	An example of a direct, allowable Insurance cost would include the property insurance cost for a building.	
Insurance - vehicle			0	An example of a direct, allowable Insurance cost would include the property insurance cost for a building.	
Vehicle maintenance and operation			0		
Maintenance and Repair			0	Maintenance and Repair cost is the cost of janitorial services to maintain a building that serves program participants.	
Recruiting Costs			0	Recruiting Costs incurred to enroll an individual as a new director, officer, employee, or	

				volunteer of an organization.	
Health and safety		DOE fingerprint clearance for new hires to YES contract	0	Background checks for new hires	$ 500
Stipends		Participant incentives for completing milestones and trainings (Restorative Practices trianing)	0	Stipends that benefits only a participant, client or volunteer of the program as part of a training program for participants.	$ 3,000
Staff travel			0	Costs for business-related transportation and related items for staff and officers.	
Travel Costs		School Trips	1	Costs for business-related transportation and related items for participants	
Utilities			0	N/A	
Office Phone and Internet Cost			0	Cost for business related telecommunications.	
				SUBTOTAL: OTPS	$ 23,039
Rental Expenses		**Narrative: Brief Description of use in this Program**	**# of Items**	**Line Item Description by Funder**	**Year 1 OTPS Budgeted Amount ($)**
Occupancy	Documentation to be submitted with your Invoices: Paid receipts, invoices; copies of contracts; Equipment inventories; Incentive plan and		1	These costs include rental costs attributable to program(s) funded by DYCD.	
Occupancy			1	These costs include rental costs attributable to program(s) funded by DYCD.	

	distribution lists.				
				SUBTOTAL: Rental Expenses	$ -
Administrative overhead maximum is 10%, unless you have an approved higher rate and can provide the justification for the higher rate. Does not include rental expenses. Only up to 25% of subcontractor fees can be charged.				**SUBTOTAL: 10 % Indirect**	
				BUDGET TOTAL:	$ 135,500.00

Appendix B-4: Lincoln Hospital HVIP and Community Approaches to Public Safety (Cure Violence) Budgets

HVIP						
AGENCY NAME:	**NYC Health & Hospitals - Lincoln /Guns Down Life Up**			**Name of Implementation Sites/Neighborhoods:**	Lincoln Hospital	
AGENCY EIN:				**Budget Code**	**4014**	
IMPORTANT NOTES:	Total FTE does not include James Dobbins			**FY25 Budget Total:**	**$ 350,000**	
PERSONNEL		**Job Title**	**Name of Individual or To Be Hired**	**Annual Salary**	**% of FTE allocated to this Program**	**TOTAL Program SALARY**
Salaried Employees	Documentation to be submitted with your monthly invoice: Time Sheets, Payroll	Program Director	Gilbert Delgado	$ 78,587.60	100%	$ 78,587.60
		HVIP Liaison	Maria Lopez	$ 60,090.20	100%	$ 60,090.20
		CLW	Brittany Brown	$ 54,228.92	100%	$ 54,228.92

		[Title]	If Part-Time, please include hourly rate & total estimated hours for full budget priod (7/1/24 - 6/30/25) Total Hours	Hourly Rate		
					TOTAL: Salary	$ 192,906.72
Total cost of fringe associated with employees, including FICA. This may include unemployment insurance, worker's compensation, disability, pension, life insurance and medical coverage per your policies. Estimated at 25%.				57.32%	**TOTAL: Fringe**	$ 110,574.13
Salary plus fringe.					**SUBTOTAL: Personnel**	**$ 303,480.85**
NON STAFF SERVICES		**Name of Consultant / Vendor**	**Brief description of role on this contract**		**Terms of the Contract (Start - End Date)**	**Year 1 Contract Value applied to this Program**
Documentation to be submitted with invoices: - Copy of contract and monthly paid invoice		Audit				
		Payroll				
		Accounting				
		Subcontractors	Contractual Services/Supplies/Community Engagement		7/1/2024-6/30/2025	$ 40,000.00
		Consultants				
		Vendors				

				SUBTOTAL (Non Staff Services)	$ 40,000.00
Other Than Personnel Services (OTPS)		**Narrative: Brief Description of use in this Program (To Be Filled out by Provider)**	**# of Items**	**Line Item Description**	**Year 1 OTPS Budgeted Amount ($)**
Conference, Training, Education	Please list all types of line items in this budget. Office supplies Documentation to be submitted with your Invoices: Paid receipts, invoices; copies of contracts; Equipment inventories; Incentive plan and distribution lists			Meeting, workshop, or event whose primary purpose is the dissemination of technical information beyond the Provider.	
Participant Expense				Supplies attributable to the program and not permanent in nature: office, instructional, printing, cleaning supplies, etc	$ 6,019.15
Equipment purchase				Purchases of computers, cell phones and office furnitures for new hires.	
Equipment lease and maintenance				rentals, leases; repair, maintenance	
Office supplies and expenses				General office supplies based on shared cost allocation	$ 500.00
Insurance				An example of a direct, allowable Insurance cost would include the property insurance cost for a building.	
Insurance - vehicle				An example of a direct, allowable Insurance cost would include the property insurance cost for a building.	
Vehicle maintenance and operation					

Maintenance and Repair				Maintenance and Repair cost is the cost of janitorial services to maintain a building that serves program participants.	
Recruiting Costs				Recruiting Costs incurred to enroll an individual as a new director, officer, employee, or volunteer of an organization.	
Health and safety				Background checks for new hires	
Stipends				Stipends that benefits only a participant, client or volunteer of the program as part of a training program for participants.	
Staff travel				Costs for business-related transportation and related items for staff and officers.	
Travel Costs				Costs for business-related transportation and related items for participants	
Utilities				N/A	
Office Phone and Internet Cost				Cost for business related telecommunications.	
				SUBTOTAL: OTPS	$ 6,519.15
Rental Expenses		**Narrative: Brief Description of use in this Program**	**# of Items**	**Line Item Description by Funder**	**Year 1 OTPS Budgeted Amount ($)**

Occupancy	Documentation to be submitted with your Invoices: Paid receipts, invoices; copies of contracts; Equipment inventories; Incentive plan and distribution lists.			These costs include rental costs attributable to program(s) funded by DYCD.	
Occupancy				These costs include rental costs attributable to program(s) funded by DYCD.	
				SUBTOTAL: Rental Expenses	$ - .00
Administrative overhead maximum is 10%, unless you have an approved higher rate and can provide the justification for the higher rate. Does not include rental expenses. Only up to 25% of subcontractor fees can be charged.				**SUBTOTAL: 10 % Indirect**	
				BUDGET TOTAL:	$ 350,000.00

Community Led Approaches to Public Safety - Cure Violence Scope						
AGENCY NAME:	**NYC Health & Hospitals - Lincoln /Guns Down Life Up**			**Name of Implementation Sites/Neighborhoods:**	Patterson Mitchell Houses	
AGENCY EIN:				**Budget Code**	**4010**	
IMPORTANT NOTES:				**FY25 Budget Total:**	**$1,600,000**	
PERSONNEL		**Job Title**	**Name of Individual or To Be Hired**	**Annual Salary**	**% of FTE allocated to this Program**	**TOTAL Program SALARY**
Salaried Employees	Documentation to be submitted	Program Manager	TBH	$80,000.00	100%	$80,000.00

	with your monthly invoice: Time Sheets, Payroll	Outreach Worker Supervisor	Ralph Mora	$60,090.20	100%	$60,090.20
		Outreach Worker	Pierre Fritzner	$52,251.90	100%	$52,251.90
		Outreach Worker	Lazaro Martinez	$52,251.90	100%	$52,251.90
		Outreach Worker	Saladin Wilson	$52,251.90	100%	$52,251.90
		Outreach Worker	Jahaun Atkins	$52,251.90	100%	$52,251.90
		Outreach Worker	Isai Roca	$52,251.90	100%	$52,251.90
		Violence Interrupter	Brian Arzu	$52,251.90	100%	$52,251.90
		Violence Interrupter	Kaye Rosado	$52,251.90	100%	$52,251.90
		Violence Interrupter	Leticia Silver-Tejeda	$52,251.90	100%	$52,251.90
		Violence Interrupter	Matthew Draper	$60,090.20	100%	$60,090.20
		Administrative Assistant	Dyshawna Wilkinson	$45,039.84	100%	$45,039.84
		Community Coordinator	Tammasita Barran	$52,251.90	100%	$52,251.90
		Education and Employment Specialist	Salieni Urena	$53,500.00	100%	$53,500.00
					TOTAL: Salary	$768,987.34
Total cost of fringe associated with employees, including FICA. This may include unemployment insurance, worker's compensation, disability, pension, life insurance and medical coverage per your policies. Estimated at 25%.				57.32%	**TOTAL: Fringe**	$440,783.54
Salary plus fringe.					**SUBTOTAL: Personnel**	**$1,209,770.88**

NON STAFF SERVICES	Name of Consultant / Vendor	Brief description of role on this contract	Terms of the Contract (Start - End Date)	Year 1 Contract Value applied to this Program
Documentation to be submitted with invoices: - Copy of contract and monthly paid invoice	Audit			
	Payroll			
	Accounting			
	Subcontractors	Contractual Services/Supplies/Community Engagement	7/1/2024-6/30/2025	$100,000.00
	Consultants			
	Vendors			
			SUBTOTAL (Non Staff Services)	$100,000.00

Other Than Personnel Services (OTPS)		Narrative: Brief Description of use in this Program (To Be Filled out by Provider)	# of Items	Line Item Description	Year 1 OTPS Budgeted Amount ($)
Conference, Training, Education	Please list all types of line items in this budget. Office supplies Documentation to be submitted with your Invoices: Paid receipts, invoices; copies of contracts; Equipment inventories; Incentive plan and distribution lists			Meeting, workshop, or event whose primary purpose is the dissemination of technical information beyond the Provider.	
Participant Expense		Hoodies, Giveaways, bracelets, promotional items, SWAG, snacks	1	Supplies attributable to the program and not permanent in nature: office, instructional, printing, cleaning supplies, etc	$35,000.00
Equipment purchase				Purchases of computers, cell phones and office furnitures for new hires.	
Equipment lease and maintenance		3 Vehicles	3	rentals, leases; repair, maintenance	$160,500.00

Office supplies and expenses		Office Supplies	1	General office supplies based on shared cost allocation	$1,500.00
Insurance				An example of a direct, allowable Insurance cost would include the property insurance cost for a building.	
Insurance - vehicle				An example of a direct, allowable Insurance cost would include the property insurance cost for a building.	
Vehicle maintenance and operation		Wrap, Tolls, Gas		Vehicle maintenance and operation	$15,000.00
Maintenance and Repair				Maintenance and Repair cost is the cost of janitorial services to maintain a building that serves program participants.	
Recruiting Costs				Recruiting Costs incurred to enroll an individual as a new director, officer, employee, or volunteer of an organization.	
Health and safety				Background checks for new hires	
Stipends		Please see incentive plan document for details.	1	Stipends that benefits only a participant, client or volunteer of the program as part of a training program for participants.	$32,250.00
Staff travel				Costs for business-related transportation and related items for staff and officers.	

Travel Costs		Costs for transportation for participants.	1	Costs for business-related transportation and related items for participants	$1,500.00
Utilities				N/A	
Office Phone and Internet Cost				Cost for business related telecommunications.	
				SUBTOTAL: OTPS	$245,750.00
Rental Expenses		**Narrative: Brief Description of use in this Program**	**# of Items**	**Line Item Description by Funder**	**Year 1 OTPS Budgeted Amount ($)**
Occupancy	Documentation to be submitted with your Invoices: Paid receipts, invoices; copies of contracts; Equipment inventories; Incentive plan and distribution lists.			These costs include rental costs attributable to program(s) funded by DYCD.	
Occupancy				These costs include rental costs attributable to program(s) funded by DYCD.	
				SUBTOTAL: Rental Expenses	$- .00
Administrative overhead maximum is 10%, unless you have an approved higher rate and can provide the justification for the higher rate. Does not include rental expenses. Only up to 25% of subcontractor fees can be charged.				**SUBTOTAL: 10 % Indirect**	$44,479.12
				BUDGET TOTAL:	$1,600,000.00

DEPARTMENT OF YOUTH AND COMMUNITY DEVELOPMENT	
PROGRAM BUDGET SUMMARY FY 2025	

(FY 2025 - 7/1/2024 to 6/30/2025)							
Revised July 2024					**DYCD ID #:**	**810038**	
	Funding Component:		**WLG**		**Budget Code:**		
					Amendment #:		
Name of CBO:	**Lincoln Medical Center**						
Address:	**234 East 149th Street**				**For official use only:** Approved by Program Date Approved Telephone #		
	Bronx, NY 10451						
Tel #:	**718-579-5000**		**Fax #:**		Approved by CAFD	Date Approved	3/17/25
Ex. Director:	**James Dobbins**		**Tel #:**	**646-373-3111**			
E-Mail:	**dobbinsj@nychhc.org**				**Fiscal Agent: [ ]YES [X]No**		
Fiscal Officer:	**Taina Cappas**		**Tel #:**	**718-579-5089**	**FA Name:**		
E-Mail:	**taina.cappas@nychhc.org**						
EIN:	**13-2655001**		**SUI #:**				
Operating Period:		**7/1/2024**	**Through:**	**6/30/2025**			
In-Kind Contribution:				**Total CBO Budget (all sources)**			
Cash Contribution:							
				TOTAL DYCD	**PROGRAM**	**CENTRALLY**	
Account Code	PERSONNEL SERVICES			**BUDGET**	**ADMINISTERED**	**ADMINISTERED**	

1100	Salaries and Wages					
1200	Fringe Benefits*					
1300	Central Insurance Program (CIP) **					
TOTAL PERSONNEL SERVICES						
	NON STAFF SERVICES					
2100	Consultants					
2200	Subcontractors	Contractual Services-Work Programs Assistance	18,700	18,700		
2300	Stipends					
2400	Vendors					
2500	Fiscal Conduit					
TOTAL NON STAFF SERVICES			18,700	18,700		
	OTHER THAN PERSONNEL SERVICES					
3100	Consumable Supplies					
3200	Equipment Purchases					
3300	Equipment Other					
3400	Space Cost (total of Lines 3410 & 3420)					
3500	Travel					
3600	Utilities & Telephone					
3700	Other Operational Costs (total of Lines 3710 & 3720)					
3800	Unallocated Funds					
3900	Fiscal Agent Services					
TOTAL OTHER THAN PERSONNEL SERVICES						
TOTAL DYCD COSTS			18,700	18,700		

* When NOT under DYCD'S Fiscal Agent, the maximum rate is 35% and the minimum rate is 7.99% of the total salaries and wages.	

Appendix B-5: Woodhull Hospital Hospital-based Anti-Violence Program Budget

NYC HEALTH+ HOSPITALS | Woodhull

The WICK Against Violence Program

Program Budget Request

Period: July 1, 2024 - June 30, 2025

Personal Service Items	Employee ID	Salary	% FTE	Budget Request	Justification (Role/Responsibility)
Coordinating (Data) Manager	#000041538	107,200.00	20.00%	21,440.00	Program is requesting funds in order to defray the PS expense of the Coordinating (Data) Manager. This position will dedicate 0.20 FTE to H+H/Woodhull's HVIP and will be responsible for program data extracts from multiple sources in order to report Key Performance Indicators (KPIs) to HHC/Senior Management. In addition, the position will serve as the HVIP's data subject matter expert and represent the HVIP in HHC's HVIP Data Sub-Committee and NYC's DOH Data Management Committee.
Grants Manager	#000052150	128,227.00	20.00%	25,645.00	Program is requesting funding in order to defray the PS expense of the Grants Manager position. This position will dedicate 0.2 FTE to H+H/Woodhull's HVIP and will be responsible of the overall contractual and financial management of the program. The Grants Manager also coordinates program activities with NYC HHC Central Office and NYS Department of Health.
Hospital Liaison - CLW Lvl II	#100127097	53,692.00	100.00%	53,692.00	Program is requesting funding in order to defray the PS expense for One (1) Full-time Hospital Violence Intervention Program (HVIP) Liaison. This Community Liaison Worker (CLW) maintains relationships with program participants in order to connect high-risk individuals to opportunities and resources in the community, including employment, housing, recreational activities, and education. This position will also assist with the onboarding process to ensure that Hospital Responders (HR) are compliant with NYC HHC policies.
Program Director	#100098958	175,598.00	25.00%	43,900.00	Program is requesting funding in order to defray the PS expense of the Program Director. This position will dedicate 0.25 FTE to +H/Woodhull's HVIP and is responsible of the overall design, implementation, supervision and oversight of NYC H+H/ Woodhull's HVIP (Cure Violence Program). The position will ensure adherence to HVIP/CV best practices, evidence-based strategies, manage information, documentation, and communication to ensure accuracy and quality, as well as maintain relationships with community stakeholders, including law enforcement, schools, and local organizations.
Social Worker Lvl IV	TBH	108,000.00	50.00%	54,000.00	Program is requesting funding in order to defray the PS expense of the Social Worker position. This position will dedicate 0.5 FTE to H+H/Woodhull's HVIP and will be responsible of the Social Work Assessments for high/moderate-risk patients, gun violence victim's treatment plans, patients' referrals to in-house or community- based gun violence/crime victims' programs and will maintain and report gun violence statistics, as outlined in departmental policies. The Social Worker interacts and serves as point of contact for the hand-off of patients to Southside United H.D.F.C: The Neighborhood Safety Coalition - (The WICK).
Subtotal - Personnel Services				**198,677.00**	
Fringe Benefits			59.58%	**118,372.00**	The current Fringe Benefits rate for all NYC H+H/Woodhull employees is 59.58%. The components of this rate are the following: FICA (7.35%); Health Insurance (25.50%); Pension (18.32%); Worker's Compensation (2.18%); Medicare Part B (0.90%); MTA Payroll (0.34%); Welfare Funds (4.78%); Stabilization Funds (0.12%) and Unemployment funds (0.09%)
Total Personnel Services				**317,049.00**	

Other Than Personnel Services (OTPS)		
Program Equipment	-	N/A
Program Supplies/Consumable Office Supplies	2,500.00	Program is requesting funds in order to defray the costs of purchasing Consumable Office Supplies required for the functioning of the program. Supplies include, but are not limited to: paper, toner for printers, pens and other supplies.
Program Supplies/Printing Materials	-	N/A
Program Supplies/Educational Materials	-	N/A

Staff Development & Training			3,000.00	Program is requesting funds in order to defray the costs of staff development, HVIP and Cure Violence trainings.
Telecommunications/Mobile Phones			-	N/A
Travel			-	N/A
Outreach Activities			27,451.00	Program is requesting funds in order to defray the costs of anti-gun violence events, collaboration with community- based organizations and outreach activities in the Northern Brooklyn community.
Indirect Expenses	0%		-	N/A
Total Non Personnel Services			32,951.00	
Total Program Expenses			**350,000.00**	