



ARPA Safer Street Syracuse Revolving Loan Fund

Following inclusion within the City of Syracuse’s funding priorities for the \$123 Million allocation from the American Rescue Pland Act (ARPA), the Syracuse Economic Development Corporation (SEDCCO) is proposing the following use of funds for a \$172,000 allocation designed to establish a revolving loan fund (RLF) to provide financial capital to support vendors participating in The office of the Mayor’s “Safer Street Syracuse” initiative with funding in the form of bridge loans to provide startup capital so that they can begin assisting the city’s youth with conflict mediation, mentorship and case management, individual and group therapy. The program is designed to build capacity and develop a viable, long term program that prevents violent crime by serving the city’s “at risk” youth.

Safer Street Syracuse Revolving Loan Fund:

Purpose: Assists the vendors associated with safer streets with startup capital to begin mentoring and servicing the community’s “at risk” individuals within the 18 to 27 age range with hopes to reduce gun violence in the city.

Services Provided:

- Conflict Mediation
 - Mentorship and case management
 - Individual and group therapy
-

ARPA ‘SAFER STREET SYRACUSE’ REVOLVING LOAN FUND (RLF):

Purpose: provide bridge loan financing to those firms enrolled in and participating in the Safer Street Syracuse Initiative.

Eligibility Criteria:

Only firms that are enrolled and participating in the Safer Street Syracuse initiative who have provided a project budget identifying how much funding they will receive from the grant program.

- Good Life Philanthropic Youth Foundation
- OG’s Against Gun Violence
- Northside Learning Center
- Project H.E.A.L
- Salvation Army

Proposed Loan Structure:

- Maximum Loan Size: \$90,000.00
- Interest Rate: Between 1-2 %
- Term: Up to 2 Years (24 months)
- Use of Funds: working capital designed to cover expenses attributed to assisting with outreach and servicing of the community’s youth

Appendix B

Onondaga County Coalition to Prevent Gun Violence

The discussion focused on the GIVE and CompStat updates, new hires and their roles, a discussion regarding the mini-series, "Sorry Mama", updates on Safer Streets and Lateef's trip to Boston.

6/6/2024	List of Attendees	Agency/Organization/Department
	Sharon Owens	City Of Syracuse
	Sarah Pierce	GIVE Anti-Violence Coordinator
	Aneesah Evans	MORGV
	Ben Walsh	City Of Syracuse
	Lateef Johnson-Kinsey	MORGV
	Richard Trudell	Syracuse Police
	Allie Samson	MORGV
	Yolanda Seegars	On Point
	Joseph Coolican	District Attorney
	Colin Hillman	SPD
	Kristen Jackson	Onondaga County Probation

Onondaga County Coalition to Prevent Gun Violence

8/1/2024	List of Attendees	Agency/Organization/Department
	Jonathan Carr	USAO
	Richard Trudell	Syracuse PD
	Ben	City of Syracuse / Mayor's Office
	Lieutenant Justin Bulak	Onondaga County Sheriffs Office
	Kristen Jackson	Onondaga County Probation
	Jesse Welch	Sheriff's Office
	John Maas	NY AG
	Joseph Coolican	District Attorney
	Aneesah Evans	City Of Syracuse
	Anthony Davis	SCSD
	Allie Samson	MORGV
	Lateef Johnson-Kinsey	MORGV

CVI Coalition Meeting

6/20/2024	List of Attendees	Agency/Organization/Department
	Anthony Fu Pitts	Good Life Youth Foundation
	Aneesah Evans	City Of Syracuse
	Marett Seymour	The Salvation Army
	Sarah Pierce	SPD GIVE
	Sidney Germinio	The Salvation Army
	Michael Kaigler	Snug
	Mark Cass	NSLC

Antwaun Dixon	Syracuse City School District
Jerry Bell	Syracuse City School District
Lateef Johnson-Kinsey	MORGV
Allie Samson	MORGV

CVI Coalition Meeting

7/18/2024 List of Attendees	Agency/Organization/Department
Anthony Fu Pitts	Good Life Youth Foundation
Sidney Germinio	The Salvation Army
Ashley	Project heal
Kimbra Dudzinski	Onondaga
Sarah Pierce	Give AVC
Marett Seymour	The Salvation Army
Michael Kaigler	Snug

CVI Coalition Meeting

8/15/2024 List of Attendees	Agency/Organization/Department
Michael Kaigler	Snug
Anthony Pitts	Good Life Youth Foundation
Sarah	GIVE
Colin Hillman	SPD
Sidney Germinio	The Salvation Army
Fatna Mohamed	North Side learning center
Aneesah Evans	MORGV
Lateef Johnson-Kinsey	MORGV
Allie Samson	MORGV

Syracuse Safer Streets Regular Check-In Meeting

The CBO's provided updates on their clients, difficulties they are facing, and requested assistance. CNY Works explained their process for referrals and capacity.

6/3/2024 List of Attendees	Agency/Organization/Department
Waliak Betts	Salvation Army
Wilford clarke	Good life youth coach safer streets
Ericka Rose	Project HEAL
Kysheara Flemmings	Salvation Army
Dr. Ednita Wright	Project Heal
Fatna Mohamed	Northside learning center
Colin Hillman	Syracuse Police Department
Sarah Pierce	SPD GIVE

Ashley	Project heal
Anthony Pitts	Good Life Youth Foundation
Kimbra Dudzinski	Probation
Kimberly Frost	CNY Works Inc.
Michael Kaigler	Snug
Michael Stella	CNYCAC

Syracuse Safer Streets Regular Check-In Meeting

The CBO's provided updates on their clients and the status of having them assessed by Project HEAL. Reporting from CBO's will now be anonymous.

6/17/2024

List of Attendees	Agency/Organization/Department
Ashley	Project heal
Sarah Pierce	SPD - GIVE
Michael Stella	OCM Boces
Anthony Itts	Good Life Youth Foundation
kysheara Flemmings	Salvation Army
Devon Henderson	GLY
Mark Cass	North Side Learning Center
David Hills	MORGV
Dr. Ednita Wright	Project Heal
Aneesah Evans	MORGV
Waliek Betts	Morgv

Syracuse Safer Streets Regular Check-In Meeting

7/1/2024

List of Attendees	Agency/Organization/Department
Kye Flemmings	Salvation Army
Waliek Betts	Morgv
Anthony Pitts	Good Life Youth Foundation
Ashley Williams	Project heal
Dr. Ednita Wright	Project Heal
Mark Cass	North Side Learning Center
Michael Stella	Cnycac
Sarah Pierce	Give
Kimbra Dudzinski	Onondaga County Probation
Wilford clarke	Good life coach
Andre wright	GLYF
Ortez Madison	Good Life
David Hills	MORGV

Syracuse Safer Streets Regular Check-In Meeting

7/15/2024	List of Attendees	Agency/Organization/Department
	Sarah Pierce	GIVE
	Kye flemmings	Salvation Army
	Dr. Ednita M Wright	Project Heal
	Michael Stella	CNYCAC
	Kimbra Dudzinski	Onondaga COUNTY Probation
	Ortez Madison	Good Life
	Ashley	Project heal
	Andre wright	GYLEF
	Mark Cass	North Side Learning Center
	Waliek Betts	Morgv
	Wilford clarke	Good life
	Anthony Pitts	Good Life Youth Foundation

Syracuse Safer Streets Regular Check-In Meeting

8/12/2024	List of Attendees	Agency/Organization/Department
	Sarah Pierce	GIVE
	Kysheara Flemmings	Salvation army
	Ednita Wright	Project Heal
	Madison Dahl	Syracuse Police Department
	Waliek Betts	Salvation
	David Hills	MORGV
	Fatna Mohamed	North Side learning Center
	Anthony Pitts	Good Life Youth Foundation
	Lateef Johnson-Kinsey	MORGV
	Allie Samson	MORGV
	Aneesah Evans	MORGV

Syracuse Safer Streets Regular Check-In Meeting

8/26/2024	List of Attendees	Agency/Organization/Department
	Madison Dahl	Syracuse Police Department
	Ortez Madison	Good Life
	Sarah Pierce	GIVE
	Ashley Williams	Project heal
	Aneesah Evans	City Of Syracuse
	Michael Stella	Cnycac
	Waliek Betts	Salvation Army
	Anthony Pitts	Good Life Youth Foundation

Mark Cass	North Side Learning Center
Ednita Wright	Project Heal
Kimbra Dudzinski	Onondaga County Probation
Devon Henderson	Gly
Tafara Timmons	The Salvation Army
Andre Wright	GLYF
Lateef Johnson-Kinsey	MORGV
Allie Samson	MORGV
Wilford Clarke	Safer streets

In-Depth Meeting

7/30/2024	List of Attendees	Agency/Organization/Department
	Ashley	Project heal
	Michael Stella	CNYCAC
	Sarah Pierce	Give
	Kye Flemmings	Salvation Army
	Marett Seymour	The Salvation Army
	Ednita M. Wright	Project Heal
	Waliek Betts	Salvation Army
	Kimbra Dudzinski	Probation
	Tafara Timmons	The Salvation Army
	Michael Kaigler	Snug
	Anthony Fu Pitts	Good Life Youth Foundation
	Lateef Johnson-Kinsey	MORGV
	Allie Samson	MORGV
	Aneesah Evans	MORGV

Credible Messenger Training with Dr. Chico Tillmon

7/11/2024	List of Attendees	Agency/Organization/Department
	Michael Stella	CNYCAC
	Fatna Mohamed	North Side Learning Center
	Mark Cass	North Side Learning Center
	Ednita Wright	Project Heal
	Michael Kaigler	Snug
	Kye Flemmings	Salvation Army
	Aura Brandon	Snug
	Patrick Days	Ogs
	Cassieum Pitts	Snug

Waliek Betts	MORGV
Anthony Fu Pitts	Good Life Youth Foundation
Andre wright	GLYF
Ortez Madison	Good Life
Edwin Montanez jr	Good Life Youth Foundation
Cory Edwards	Morg
Wilford clarke	Safer streets
David Hills	MORGV
Aneesah Evans	MORGV
Henderson	GLF
Muhammad El-Qahir	Good life youth foundation
Sarah Pierce	GIVE
Ishmel Berkley	Good Life Youth Foundation
Lashawn Brown	SUNG
Allie Samson	MORGV
Lateef Johnson-Kinsey	MORGV

Credible Messenger Training with Dr. Chico Tillmon

7/12/2024 List of Attendees

Agency/Organization/Department

Fatna Mohamed	North Side learning Center
Mark Cass	North Side Learning Center
Aneesah Evans	MORGV
Lateef Johnson-Kinsey	MORGV
Allie Samson	MORGV

Appendix C

Safer Streets Work Break Down Structure

Scope: Develop a high-risk individual-focused crime prevention program that prevents gun violence perpetrated by Syracuse residents associated with gangs and groups of young people by providing mental health, mentorship, and conflict management services.

Level 1 elements (Main deliverables):

1. Outreach and intake.
2. A working Conflict mediation service.
3. Engaging mentorship service.
4. An effective Mental therapy service.
5. Supervision and feedback.
6. Final evaluation and working prototype documentation.

Stakeholders

- **Mayor's Office.** Top decision makers.
- **Mayor's Office to Reduce Gun Violence (MORGV).** In charge of coordination and supervision. The team is composed by:
 - Lateef Johnson-Kinsey, Director.
 - Aneesah Evans, Program Manager.
 - Alexandria (Allie) Samson, Data Analyst.
 - Pablo Uribe, Bloomberg Harvard Fellow.
 - David (Dave) Hills, Credible Messenger.
- **North Side Learning Center.** In charge of the conflict mediation service for 25 clients.
- **MORGV.** In charge of the conflict mediation service for 25 clients.
- **Good Life Youth Foundation.** In charge of the mentorship service for 25 clients.
- **The Salvation Army.** In charge of the mentorship service for 25 clients.
- **Project H.E.A.L.** In charge of mental health services, including Cognitive Behavioral Therapy, for 50 clients.

Decomposition into activities

1. Outreach and intake.
 - 1.1. Client definition.
 - 1.2. Establish contact points.
 - 1.3. Reach out to potential clients and support groups.
 - 1.4. Convince clients to enter the program.
 - 1.5. Pairing with mentorship and conflict mediation providers.
 - 1.6. Intake.

2. Conflict mediation.
 - 2.1. Hiring of outreach workers.
 - 2.2. Definition of contact and mediation protocols.
 - 2.3. Training of workers on the mediation protocols.
 - 2.4. First contact.
 - 2.5. Trust building.
 - 2.6. Constant contact to get critical intel (iterative).
 - 2.7. Interruption and mediation (when relevant).
 - 2.8. Definition of long-standing problems.
 - 2.9. Proactive mediation.

3. Mentorship
 - 3.1. Hiring mentors (required authorization from MORGV and a common council).
 - 3.2. Develop a mentorship protocol, referral process, and calendar of activities.
 - 3.3. Intake of clients.
 - 3.4. Trust building.
 - 3.5. Constant contact (iterative).
 - 3.6. Reinforcing positive thoughts and behaviors through conversations, actions, and activities.
 - 3.7. Referral to CBT.
 - 3.8. Support to CBT and Conflict Mediation organizations to keep clients enrolled.

- 3.9. Stipend payment.
- 3.10. Referral to job training and other services.
- 3.11. Advocacy in key settings.
4. Mental therapy.
 - 4.1. Hiring therapists.
 - 4.2. Develop a therapy protocol that includes CBT and Healing Circles.
 - 4.3. Intake clients.
 - 4.4. Develop tailored plans for each client.
 - 4.5. Provide group Healing Circles.
 - 4.6. Provide Cognitive Behavioral Therapy.
 - 4.7. Evaluate ideas, cognitions, and behaviors after therapy.
5. Supervision and feedback loops.
 - 5.1. Contract management protocol.
 - 5.2. Reporting forms.
 - 5.3. Data processing.
 - 5.4. Output and outcome Dashboards.
 - 5.5. Collaborative meetings protocol and agenda.
 - 5.6. Stand-up coordination meetings.
 - 5.7. Regular contract check-ins.
 - 5.8. Feedback loops and mechanisms.
 - 5.9. In-depth meetings.
 - 5.10. Performance improvement roadmaps.
6. Final evaluation and working prototype documentation (one time).
 - 6.1. Definition of outcome indicators.
 - 6.2. Baseline and counterfactual data gathering.
 - 6.3. Recording of outputs and client performance.
 - 6.4. Final report structure definition.
 - 6.5. Final measurement of outcomes and causal links between outputs.
 - 6.6. Writing of final report.

6.7. Policy memo for a permanent program that includes lessons learned (if successful)
essential



Dictionary

1. Outreach and intake.

- **Code:** 1.
- **Description:** Finding, contacting, and convincing clients to enter the program. It also includes the process of formal entrance into the program and pairing them with service providers.
- **Primary Deliverables:** 50 high-risk individuals who have agreed to and formally entered into the Syracuse Safer Streets program.
- **Acceptance Criteria:** They must agree voluntarily and genuinely; that is, the individual must be willing to enter the program, comply with its requirements, receive services, engage with providers, and stay for the whole duration of the program. The agreements must be done with individuals previously screened by the CNYCAC and categorized as high-risk. Also, the agreements must be formalized under a written document.
- **Summary budget:**
- **Milestones:** Starts on Jan/15/2023 and ends on Mar/10/2024.
- **Key risks:** Running through the CNYCAC list of high-risk individuals without getting 50 individuals to accept the program.

1.1.Client definition.

- **Code:** 1.1.
- **Responsible organization/individual:** MORGV/ Data Analyst
- **Description:** Randomly assign individuals in the CNYCAC high-risk list to the treatment, control, and replacement groups.
- **Deliverables:** Three lists: one of 50 individuals assigned to get treatment (treatment group), one of 50 individuals who will not enter this program (control group), and one of 20 individuals who will replace any of the 50 from the treatment group that does not enter or drop out of the program.

- **Acceptance criteria:** The groups should be selected randomly and assigned to each of the three groups.
- **Milestones:** Starts on Jan/15/2024 and ends on Jan/28/2024.
- **Risks:** None.

1.2. Establish contact points.

- **Code: 1.2.**
- **Responsible organization/individual:** Mayor's Office to Reduce Gun Violence / Credible Messengers. GLYF and the Salvation Army will help.
- **Description:** Identifying and consolidating all the information and people that could help contact potential clients and convince them to enter the program.
- **Deliverables:** A document with the client's personal contact information and that of influencers (Friends, family, mentors, teachers, etc.) that could persuade them.
- **Acceptance criteria:** The document should include this information for the 70 potential clients assigned to the treatment and replacement groups.
- **Milestones:** Starts on Starts on Jan/15/2024 and ends on Jan/28/2024.
- **Risks:** Not being able to find reliable contact information or influencers.

1.3. Write an agreement letter.

- **Code: 1.3.**
- **Responsible organization/individual:** MORGV/Pablo and Aneesah – Authorization from Legal
- **Description:** Write an acceptance letter that formalizes the clients' entrance into the program. All the program participants will sign this letter.
- **Deliverables:** A letter format.
- **Acceptance criteria:** The letter must include an explicit acceptance of entrance into the program, an agreement to receive the program's services, comply with its rules and obligations, share data with providers and MORGV, and stay for the duration of the program. Also, the letter should have a clear and understandable explanation of the program, its services, times, and obligations.
- **Milestones:** Starts on Jan/15/2024 and ends on Jan/28/2024.

- **Risks:** Doing a letter that doesn't comply with state and federal laws and cannot be enforced or not getting authorization from Legal in time.

1.4. Convince clients to enter the program.

- **Code:** 1.3.
- **Responsible organization/individual:** Mayor's Office to Reduce Gun Violence / Credible Messengers. GLYF and the Salvation Army will help.
- **Description:** Contact the 50 potential clients in the treatment group and persuade them to enter the SSS program.
- **Deliverables:** 50 signed agreement letters where each potential client agrees to enter the program, receive services, engage with providers, comply with its requirements, share their data, and remain in the program for its duration.
- **Acceptance criteria:** A potential client in the treatment or replacement groups must sign each letter voluntarily.
- **Milestones:** Starts on Jan/29/2024, and all 50 clients must have agreed to enter the program by Mar/10/2024.
- **Risks:** Going through the treatment and replacement groups without getting 50 clients and getting clients who are not sincere about entering the program, fulfilling their responsibilities, or staying in it.

1.5. Pairing with mentorship and conflict mediation providers.

- **Code:** 1.5
- **Responsible organization/individual:** MORGV/Aneesah Evans. Consultation with Lateef Johnson and mentorship providers.
- **Description:** Dividing and coupling all 50 clients with a mentorship and conflict mediation provider. Clients should be divided into equal parts, 25 for each organization. Each mentorship provider should be partnered with a conflict mediation provider and serve the same clients.
- **Deliverables:** A minute of a meeting with all providers on which it is formalized the client assignment for each organization.

- **Acceptance criteria:** This minute should include all clients that have already signed an acceptance letter and must be signed by all providers and the MORGV.
- **Milestones:** Starts on Feb/12/2024 and finishes on Mar/10/2024.
- **Risks:** Not getting an agreement on the distribution of clients or not getting enough clients on time to deliver the deliverable on time.

1.6.Intake.

- **Code:** 1.6.
- **Responsible organization/individual:** GLFY and the Salvation Army.
- **Description:** Receiving clients into the mentorship organization's supervision and case management structure and providing clients with information regarding the program and the team who will support him or her.
- **Deliverables:** 50 intake forms, one for each client. One or several introductory meetings where the client gets information on the program and the mentorship organization.
- **Acceptance criteria:** The client and the organization's manager should sign the forms. The form must declare explicitly that the organization assumes responsibility for the client's supervision. The introductory meeting should be clear about the program, the client's rights, the services they will receive, the people they will interact with, their responsibilities, and the calendar of activities.
- **Milestones:** Starts on Feb/12/2024 and finishes on Mar/10/2024.
- **Risks:** Losing clients during the intake process, generating confusion about the program, not getting all the documentation right, and delays in the intake process.

2. Conflict mediation.

- **Code:** 2.
- **Description:** This is a mechanism to track, interrupt, and solve conflicts between gangs

- **Primary Deliverables:** A service that identifies potentially violent conflicts between clients and other individuals and groups and interrupts and generates agreements to solve them. Also, it is a service that identifies problems and issues that create long-term conflicts between gangs and groups of young people in which clients are involved and makes agreements to solve these problems.
- **Acceptance Criteria:** The service must identify 100% of the conflicts in which SSS's clients are involved and stop between 10% and 30% of these from going into violence. Also, each organization should generate multiple long-term agreements that show a significant reduction in violent crime in the groups' areas of influence.
- **Summary budget:** 103,595.33.
- **Milestones:** Starts on Jan/15/2023 and ends on Dec/15/2024. Client contact starts on Feb/12/2024 and ends on Nov/15/2024.
- **Key risks:** Not building enough trust or authority with clients and their groups to get reliable information and stop and solve conflicts. Outreach workers being threatened, injured, or killed in the field. Third parties sabotaging conflict mediation processes and being unable to find solutions to short or long-term conflicts.

2.1.Hiring and training of outreach workers.

- **Code:** 2.1.
- **Responsible organization/individual:** OG's Against Violence and Northside Learning Center.
- **Description:** Hiring two qualified individuals (one for each org) to act as outreach workers and train them to provide a conflict mediation service. These individuals will be responsible for most of the work in the conflict mediation service and will be the ones who stay in constant contact with clients and people they are in conflict with.
- **Deliverables:** Two hired outreach workers, one for OG's and another for Northside.
- **Acceptance criteria:** These workers must be culturally and socially competent, members of Syracuse communities most affected by violence,

know at-risk youth, and not currently involved in criminal activity. Also, they should receive virtual or in-person training from a specialized and experienced organization or their organization if they have experience in outreach or crime prevention. This training should teach them best practices in outreach and personal safety. The city's Common Council should approve the candidates.

- **Milestones:** Starts on Jan/15/203 and ends on Feb/11/2024.
- **Risks:** Not finding suitable candidates for this position, hiring individuals currently involved in criminal activities, not having enough funds to pay for training, getting behind schedule, and providing poor quality training to candidates.

2.2. Definition of contact and mediation protocols.

- **Code:** 2.2.
- **Responsible organization/individual:** OG's Against Gun Violence and Northside Learning Center.
- **Description:** Create a document that describes the processes, rules, and policies these organizations will follow to track, interrupt, and solve short-term and long-term conflicts in the Safer Streets Program. Also, the providers should train their teams in the program's content.
- **Deliverables:** Two documents.
- **Acceptance criteria:** The documents should clearly delineate the processes, rules, and policies the outreach workers and teams will follow in this project. The documents should cover the project's tracking, interruption, and solution stages. Moreover, they should establish processes, policies, and rules for short-term and long-term conflicts. Furthermore, they should develop emergency protocols and personal safety measures.
- **Milestones:** Starts on Jan/15/203 and ends on Feb/11/2024.
- **Risks:** Creating processes, policies, and rules that are ineffective, unfeasible, or that open legal risks for the city or the providers.

2.3. First contact.

- **Code:** 2.3.

- **Responsible organization/individual:** OG’s Against Gun Violence and Northside Learning Center.
- **Description:** The first face-to-face encounter between the outreach workers and the clients. It’s a critical first step to generate trust and authority.
- **Deliverables:** A meeting minute, signed by all participants, describing the conversation’s subject.
- **Acceptance criteria:** The outreach worker and the client must attend that first meeting, and both should sign the minutes.
- **Milestones:** Starts on Feb/12/2024 and ends on Mar/10/2024.
- **Risks:** Getting behind schedule and not generating enough rapport.

2.4.Trust building.

- **Code:** 2.4.
- **Responsible organization/individual:** OG’s and NSLC/ Outreach workers.
- **Description:** Conversations, meetings, actions, and activities between outreach workers and clients. These aim to create trust, allowing clients to share information and follow conflict-solving advice from outreach workers.
- **Deliverables:** A trusting relationship between outreach workers and their clients.
- **Acceptance criteria:** At the end of the period, the clients should be willing to share information with outreach workers about potentially violent conflicts.
- **Milestones:** Starts on Feb/26/2024 and ends on Apr/21/2024. On Mar/25/2024, outreach workers should be getting information from their clients.
- **Risks:** Outreach workers don’t have the social skills or authority to generate trust with clients.

2.5.Constant contact to get critical intel (iterative).

- **Code:** 2.5.
- **Responsible organization/individual:** OG’s and NSLC.
- **Description:** Outreach workers keep continuous communication (texts, phone calls, meetings, etc.) with their clients to understand their risks and identify situations that could involve them in violent crime as victims, perpetrators, or

accomplices. This activity aims to get information to act proactively before clients get involved in violent crime and protect them.

- **Deliverables:** Several contacts every week. Well-documented, up-to-date information that explains the clients' risk situations. Biweekly filled-up conflict management forms. Monthly filled-up client surveys.
- **Acceptance criteria:** Each client should be contacted at least three times a week. The information that the outreach worker gathers from his communications should be actionable, documented, and up-to-date. The forms and surveys should be filled out completely and clearly on the dates specified by the MORGV.
- **Milestones:** Starts on Mar/25/2024 (builds on the work done on trust building) and ends on Dec/15/2024.
- **Risks:** Not getting information in time to prevent violent situations or getting false or non-actionable information. Outreach workers not being able to generate enough trust to get information.

2.6.Interruption and mediation (when relevant).

- **Code:** 2.6.
- **Responsible organization/individual:** OG's and NSLC.
- **Description:** When a potentially violent conflict in which a client is involved emerges, outreach workers should engage with the client and the people or groups involved to stop it from escalating into violence. Once the situation is contained, the outreach worker should mediate between parties to solve the underlying problem that is generating the conflict.
- **Deliverables:** 1) A contained or solved conflict. 2) A report of the situation, the actions taken, the agreements reached, and the result of it. 3) A biweekly filled-out form.
- **Acceptance criteria:** Conflicts should, at least, be contained from degenerating into violence; if violence has already occurred, the outreach worker should prevent further violence from happening. The report of the situation should include a description of it, the actions taken, the agreements

reached, and the result of the work. The forms and surveys should be filled out completely and clearly on the dates specified by the MORGV.

- **Milestones:** Outreach workers are expected to start their interruption and mediation work on Mar/25/2024, whenever necessary. This activity is over on Dec/15/2024.
- **Risks:** 1) Not getting actionable information on time to prevent a client from getting involved in a violent conflict. 2) Getting incomplete information that hinders problem-solving. 3) The outreach worker could be assaulted or threatened by a conflict actor who wants to stop their mediation work.

2.7. Definition of long-standing problems.

- **Code:** 2.7.
- **Responsible organization/individual:** OG's and NSLC, with support of the MORGV/Bloomberg Harvard Fellow.
- **Description:** After a couple of months of trust building and conflict interruption, the outreach workers should start defining the problems and causes that fuel long-lasting conflicts between rival gangs and groups in which their clients are involved.
- **Deliverables:** A brief describing the problem.
- **Acceptance criteria:** The brief should include a clear explanation of the problem or problems fueling the conflicts between rival groups in which clients are involved, their causes, and possible solutions. This brief should be based on reliable and actionable information.
- **Milestones:** Starts on June/03/2024 and ends on July/28/2024.
- **Risks:** 1) Having incomplete or no information relating to these problems. 2) Outreach workers not being able to build a good problem definition. 3) Misdiagnosing the problem or its causes.

2.8. Proactive mediation.

- **Code:** 2.8.
- **Responsible organization/individual:** OG's and NSLC, with support of the MORGV/Bloomberg Harvard Fellow.

- **Description:** After getting a definition of the problems that fuel conflict among rival groups, the outreach workers should facilitate mediation sessions where rival parties and relevant stakeholders reach agreements to solve these problems. These sessions will use negotiation strategies provided by the Bloomberg Harvard Fellow.
- **Deliverables:** An agreement per problem.
- **Acceptance criteria:** These agreements should prevent future conflicts from happening in the future, should be well documented, and signed by relevant parties and stakeholders.
- **Milestones:** This activity starts on Jul/29/2024 and ends on Dec/15/2024.
- **Risks:** 1) Not being able to reach agreements, 2) Agreements do not hold over time or do not solve the underlying problems, 3) Parties or stakeholders do not participate in the mediation process, 4) outreach workers are not effective facilitators, 5) Fellow is not able to train or communicate strategies effectively.

3. Mentorship

- **Code: 3.**
- **Description:** This is a service to provide supervision, caring, support, and positive reinforcement to clients to change negative behaviors in them.
- **Primary Deliverables:** 1) Positive and trusting relationships, 2) Case management, and 3) Advocacy in key systems and settings, such as schools or the justice system.
- **Acceptance Criteria:**
 - 1) 100% of clients should communicate with providers several times a week (2-3 times). On average, clients should have some trust or a good amount of trust in their mentors. 100% of clients should receive positive reinforcement from mentors to change violent or risky behaviors.
 - 2) Mentors should know the status of all their clients during the Safer Streets program and help them get the necessary support to improve their situation and behaviors. This includes enrollment, education, employment,

attendance to therapy, housing, family support, economic status, and law enforcement contacts.

3) On average, mentors should advocate between some times and often for their clients.

- **Summary budget:** \$498,833.09
- **Milestones:** Starts on Jan/15/2023 and ends on Dec/15/2024.
- **Key risks:** 1) Mentors are not able to establish enough trust or authority over their clients, 2) Mentors disregard their responsibility to stay in constant communication with their clients, 3) Third parties do not recognize mentors or allow them to help their clients, 4) Mentors are assaulted or threatened by their clients or group members, 5) group or gang members close to the client hinder the mentors work, 6) Clients are uncooperative.

3.1.Hiring and training mentors (required authorization from MORGV and a common council).

- **Code:** 3.1.
- **Responsible organization/individual:** GLYF and Salvation Army.
- **Description:** Hiring four qualified individuals (two for each org) to act as mentors and train them to provide caring, support, supervision, and positive reinforcement. These individuals will be responsible for most of the work in the mentorship service and will be the ones who keep most contact with clients.
- **Deliverables:** four hired and trained mentors, two for GLYF and two for the Salvation Army.
- **Acceptance criteria:** These workers must be culturally and socially competent, members of Syracuse communities most affected by violence, and not currently involved in criminal activity. Also, they should receive virtual or in-person training from a specialized and experienced organization or their organization if they have experience working with at-risk individuals or in crime prevention. This training should teach them best practices in mentorship and case management. Lastly, the mentors' resumes must be approved by the Common Council.

- **Milestones:** Starts on Jan/15/2024 and ends on Feb/11/2024.
- **Risks:** 1) Not finding suitable candidates for this position, 2) hiring individuals currently involved in criminal activities, 3) not having enough funds to pay for training, 4) getting behind schedule, and 5) providing poor quality training to candidates.

3.2. Develop a mentorship protocol, referral process, and calendar of activities.

- **Code:** 3.2.
- **Responsible organization/individual:** GLYF and the Salvation Army.
- **Description:** Create a document that describes the processes, rules, and policies these organizations will follow to provide case management and advocacy and to establish positive and trusting relationships. Also, the providers should train their teams in the program's content.
- **Deliverables:** Two documents.
- **Acceptance criteria:** The documents should clearly delineate the processes, rules, and policies the mentors and their teams will follow in this project. The documents should cover case management, advocacy, reinforcing positive behaviors, and relationship-building. Furthermore, they should develop emergency protocols and personal safety measures.
- **Milestones:** Starts on Jan/15/2024 and ends on Feb/11/2024.
- **Risks:** Creating processes, policies, and rules that are ineffective, unfeasible, or that open legal risks for the city or the providers.

3.3. Intake of clients.

- **Code:** 3.3.
- **Responsible organization/individual:** GLFY and the Salvation Army.
- **Description:** Receiving clients into the mentorship organization's supervision and case management structure and providing clients with information regarding the program and the team who will support him or her.
- **Deliverables:** 50 intake forms, one for each client. One or several introductory meetings where the client gets information on the program and the mentorship organization.
- **Acceptance criteria:** The client and the organization's manager should sign the forms. The form must declare explicitly that the organization assumes

responsibility for the client's supervision. The introductory meeting should be clear about the program, the client's rights, the services they will receive, the people they will interact with, their responsibilities, and the calendar of activities.

- **Milestones:** Starts on Feb/12/2024 and ends on Mar/10/2024.
- **Risks:** Losing clients during the intake process, generating confusion about the program, not getting all the documentation right, and delays in the intake process.

3.4. Trust building.

- **Code:** 3.4.
- **Responsible organization/individual:**
- **Description:** Conversations, meetings, actions, and activities between mentors and clients to generate trust between the two. This is the first step in the relationship-building process on which the whole service depends.
- **Deliverables:** A trusting relationship between mentors and their clients.
- **Acceptance criteria:** At the end of the period, the clients should be willing to engage with mentors, share information, ask and receive help, and listen to advice.
- **Milestones:** Starts on Feb/26/2024 and ends on Apr/21/2024. On Mar/25/2024, mentors should start constantly contacting and supervising clients.
- **Risks:** Outreach workers don't have the social skills or authority to generate trust with clients. Clients drop out of the program.

3.5. Constant contact and supervision.

- **Code:** 3.5.
- **Responsible organization/individual:** GLYF and the Salvation Army.
- **Description:** Mentors keep continuous communication (texts, phone calls, meetings, etc.) with their clients 1) to maintain trusting and positive relationships, 2) to track their progress in the program, 3) to understand their needs, and 4) to reinforce positive thoughts and behaviors.

- **Deliverables:** 1) Several contacts every week. 2) Well-documented, up-to-date information that explains the clients' situation and progress. 3) Biweekly completed mentorship forms. 4) Monthly completed client surveys.
- **Acceptance criteria:** Each client should be contacted at least three times a week. The information that the outreach worker gathers from his communications should be actionable, documented, and up-to-date. The forms and surveys should be filled out completely and clearly on the dates specified by the MORGV.
- **Milestones:** Starts on Mar/25/2024 (builds on the work done on trust building) and ends on Dec/15/2024.
- **Risks:** 1) Clients are unresponsive, 2) Mentors are not able to generate trust and engage, 3) getting false or incomplete information, 4) providers do not document their engagement, 5) providers do not keep track of their engagements, 6) losing the mentors in the middle of the program, 7) mentors or clients do something that breaks trust, 8) mentors are not able to help clients with their needs, 9) clients get arrested, 10) clients do not have means of communication or are unreachable, 11) law enforcement or judicial institutions request information.

3.6.Reinforcing positive thoughts and behaviors.

- **Code:** 3.6.
- **Responsible organization/individual:** GLYF and the Salvation Army in coordination with Project Heal.
- **Description:** Mentorship organizations should support Cognitive Behavioral Therapy through conversations, actions, and activities that reinforce positive and non-violent thoughts and behaviors.
- **Deliverables:** A special package of conversations, actions, and activities focused exclusively on reinforcing the positive behaviors and thoughts prompted by CBT.
- **Acceptance criteria:** These activities should focus exclusively on reinforcing positive behaviors and thoughts generated by CBT, and they should be done throughout this activity. Each activity should be documented on a report and

with multimedia material (pictures, videos, etc.). Each activity must be reported on the forms established by the MORGV.

- **Milestones:** Starts on Jun/17/2024 (alongside CBT) and ends on Dec/15/2024.
- **Risks:** 1) Problems in the CBT provision that delay this activity, 2) Lack of communication or coordination between CBT and Mentorship providers, 3) Inability to share enough information from therapists to mentors, 4) Clients not trusting or deferring to mentors, 5) Mentorship organization not being prepared to support CBT appropriately or timely.

3.7. Referral to CBT.

- **Code:** 3.7.
- **Responsible organization/individual:** GLYF and the Salvation Army.
- **Description:** After mentors have created a positive and trusting relationship and maintained contact with clients for several weeks, they should persuade them to receive mental health services from Project Heal. They should identify who is ready to receive the services, discuss the client with Project Heal, and refer them to this organization.
- **Deliverables:**
 - 1) Conversations and meetings with clients in which mental health is discussed, and mentors make an effort to persuade clients to receive this service.
 - 2) Meeting minutes that document the previous conversations.
 - 3) Meetings, where clients are referred, are discussed between mentorship organizations and Project Heal, and minutes that document the referral discussion between mentorship providers and Project Heal.
 - 4) Referral documents.
- **Acceptance criteria:**
 - 1) In these conversations, the mentors should explain all the services that Project Heal will provide, their benefits, and the need to receive them to stay in the program.
 - 2) These minutes should describe who was part of the conversation, what was discussed, and the conclusions of the meeting.

- 3) These minutes should document the participants, which clients were analyzed, and the conclusions of the meeting.
- 4) A referral document can have one or several clients. It should clearly state their names, readiness to receive the services, and the date they were referred.
- **Milestones:** Starts on Apr/22/2024, and all clients should be referred by Jun/16/2024.
- **Risks:** 1) Clients not being ready to receive mental health services, 2) Clients refusing to receive mental health services, 3) Clients accepting mental health services and not following through with the therapy, 4) Not convincing the whole client population before the end of week 22, 5) Project Heal not being ready to start receiving clients in week 15, 6) Project Heal being unable to contact clients.

3.8. Support to CBT and Conflict Mediation organizations to keep clients enrolled.

- **Code:** 3.8.
- **Responsible organization/individual:** GLFY and the Salvation Army.
- **Description:** As mental health services are provided, mentorship providers should support Project Heal to keep clients in therapy, maintain communication channels, and track their progress.
- **Deliverables:** All referred clients stay engaged in therapy.
- **Acceptance criteria:** According to therapists, 100% of referred clients should stay in therapy and be engaged.
- **Milestones:** starts on Jun/17/2024 and ends on Oct/06/2024.
- **Risks:** 1) Lack of communication or coordination between mentorship providers and Project Heal.

3.9. Paid internships.

- **Code:** 3.9.
- **Responsible organization/individual:** GLYF and the Salvation Army.
- **Description:** Paid internships to provide specific training and skills for clients based on personal circumstances and available opportunities. Clients should receive 100 dollars per week for these internships.

- **Deliverables:** Internships where clients receive training in a specific area of interest. A 100-dollar weekly payment for each client is documented on receipts.
- **Acceptance criteria:** The payment cannot be done in cash and should be done in a payment method that allows tracking of the expenses made by the client with this money. Furthermore, the receipts should state clearly the amount paid, the client that received it, the payment date, and information that allows tracking the use of the money, such as card number or serial.
- **Milestones:** Starts on Apr/22/2024 and ends on Oct/20/2024.
- **Risks:** 1) Not being able to balance the budget enough to provide valuable internships and paying the stipend for enough time, 2) Not finding internship opportunities that adjust to client's needs and goals, 3) Clients not staying in the program because they're not receiving monetary benefits upfront, 4) Clients do not engage in training or don't have the social, mental, or cognitive capacity to stay in it.

3.10. **Referral to job training and other services.**

- **Code:** 3.10.
- **Responsible organization/individual:** GLYF and the Salvation Army.
- **Description:** Once participants have received therapy and mentorship services for a while, the mentorship organizations should refer them to job training services or other similar opportunities for economic independence, such as CNY works. Furthermore, the mentors should stay on top of the referral to ensure all their participants access these opportunities and are enrolled in programs.
- **Deliverables:** Enrollment into a job training and placement service.
- **Acceptance criteria:** 100% of clients should be enrolled in a job training and placement program.
- **Milestones:** Starts on Sep/09/2024 and ends on Oct/20/2024.
- **Risks:** 1) Not finding enough programs or spots for the client population, 2) Making simple referrals without achieving enrollment for clients, 3) Clients

are expelled from programs, 4) Programs do not help clients with their economic situation.

3.11. **Advocacy in key settings.**

- **Code:** 3.11.
- **Responsible organization/individual:** GLYF and the Salvation Army.
- **Description:** Helping clients navigate and get positive outcomes in key settings or systems, such as the criminal justice system, schools, colleges, the labor market, or local government agencies. Mentors should assist their clients whenever they need to engage with these and help them achieve good results as much as possible.
- **Deliverables:** If the client states that they need help from their mentors at any given time, mentors should meet that need 100% of the time. Mentors should report this help in the forms established by the MORGV.
- **Acceptance criteria:** 100% of advocacy needs should be met.
- **Milestones:** Starts on Feb/26/2024 and ends on Dec/15/2024.
- **Risks:** 1) Clients not communicating needs with their mentors, 2) Mentors not having enough capacity to help clients, 3) Mentors not being able to communicate with stakeholders, 4) Mentors not being proactive enough or not following through, 5) Facing unsolvable problems, 6) Clients misinforming mentors.

4. **Mental therapy.**

- **Code:**
- **Description:** This service consists of two elements:
 - 1) **Cognitive Behavioral Therapy:** A well-researched and defined mental therapy to address self-destructive beliefs that manifest themselves violently. Culturally representative licensed therapists will use tools to assist individuals in modifying their thinking and behavior.
 - 2) **Healing Circles:**
- **Primary Deliverables:** Clients should undergo a complete cognitive behavioral therapy process.

- **Acceptance Criteria:** The therapy should comply with clinical standards for CBT and be adjusted to best practices for providing this therapy to reduce violent behaviors. 100% of clients should undergo a whole cognitive behavioral process. All clients should gain knowledge of the negative thoughts that trigger violent behaviors and learn tools to cope with them.
- **Summary budget:** \$343,869.90
- **Milestones:** Starts on Jan/15/2024 and ends on Nov/03/2024. CBT and Healing Circles provisions start on Jun/17/2024 and end on Oct/06/2024
- **Key risks:** 1) Clients refuse to receive or engage in therapy, 2) Clients attend therapy sessions but do not engage, 3) Violence occurs in group sessions, 4) Clients needs are beyond CBT, 5) Therapists are not trained or skilled in CBT, 6) Therapist are not able to manage this unique group, 7) Information to evaluate the program cannot be shared or is not shared, 8) Project H.E.A.L. does not comply with regulations.

4.1.Selecting therapists.

- **Code:** 4.1.
- **Responsible organization/individual:** Project HEAL.
- **Description:** Selecting qualified and certified therapists to provide Cognitive Behavioral Therapy and Healing Circles for the program's 50 clients. These individuals will be responsible for delivering the therapy and services.
- **Deliverables:** A group of qualified, culturally appropriate, trained, and certified therapists that can provide Cognitive Behavioral Therapy and Healing Circles to the program's client population (high-risk young individuals).
- **Acceptance criteria:** The number of therapists selected should be enough to provide CBT to all clients in the program in accordance with clinical standards. Furthermore, the chosen therapists should be licensed to provide mental therapy and trained and skilled in Cognitive Behavioral Therapy. Lastly, the therapists should be culturally appropriate.
- **Milestones:** Starts on Jan/15/2023 and ends on Feb/11/2024.

- **Risks:** 1) Not finding enough licensed therapists to provide this service, 2) Hiring professionals who are not authorized to provide mental therapy, 3) Selecting therapists who are not trained nor skilled in CBT, 4) Not hiring enough therapists to provide the service appropriately to all clients, 5) Selecting therapists that cannot communicate effectively with the client population.

4.2. Develop a therapy protocol that includes CBT and Healing Circles.

- **Code:** 4.2.
- **Responsible organization/individual:** Project HEAL.
- **Description:** Create a document that describes the processes, actions, times, milestones, rules, and policies this organization will follow to provide Cognitive Behavioral Therapy and Healing Circle. Also, Project HEAL should train their teams in the content of this document.
- **Deliverables:** One document.
- **Acceptance criteria:** The document should clearly delineate the processes, actions, times, milestones, rules, and policies the therapists and their teams will follow in this project. The documents should cover intake, diagnosis, improvement roadmaps, and the provision of healing circles and Cognitive Behavioral Therapy. Furthermore, they should develop emergency protocols and personal safety measures.
- **Milestones:** Starts on Jan/15/2023 and ends on Mar/10/2024.
- **Risks:** Creating processes, policies, and rules that are ineffective, unfeasible, or that open legal risks for the city or the providers. Not having good safety and emergency protocols.

4.3. Intake clients.

- **Code:**
- **Responsible organization/individual:** Project HEAL.
- **Description:** Receiving clients into the mental health provider's structure, starting their processes with them, and providing clients with information regarding the service and the team. Also, during this process, Project HEAL should assess each client's ideas, cognitions, and behaviors related to or

causing violent behaviors to establish a baseline to evaluate their progress during and after therapy.

- **Deliverables:** 50 intake forms, one for each client. One or several introductory meetings where all clients get information on the service and the provider. 50 completed baseline questionnaires.
- **Acceptance criteria:**
 - 1) The client and the organization's manager should sign the forms.
 - 2) The form must declare explicitly that the organization assumes responsibility for providing the client with Healing Circles and Cognitive Behavioral Therapy.
 - 3) The form must explain the services, the client's rights and responsibilities, and should include explicit authorization to share clients' data with the MORGV.
 - 4) The introductory meeting should be clear about the program, the client's rights, the services they will receive, the people they will interact with, their responsibilities, and the calendar of activities.
 - 5) The questionnaires should get relevant data regarding the client's psychological state to establish his therapy needs and to understand his progress after the program.
- **Milestones:** Starts on Apr/22/2024 and ends on Jun/16/2024.
- **Risks:** 1) Losing clients during the intake process, 2) Generating confusion about the program or services, 3) Not getting all the documentation right, 4) Delays in the intake process, 5) clients providing false or misleading information, 5) The questionnaire does not provide enough information to establish a baseline or evaluate progress, and 6) Not complying with data regulations.

4.4. Develop tailored plans for each client.

- **Code:** 4.4.
- **Responsible organization/individual:** Project HEAL.
- **Description:** Structuring a mental therapy plan for each client according to their needs.

- **Deliverables:** One plan for each client.
- **Acceptance criteria:** Each plan should have specific goals, actions, activities, and milestones tailored to the client's needs.
- **Milestones:** Starts on May/20/2024, and all clients should have a plan by Jun/30/2024.
- **Risks:** 1) Misinterpreting the client's needs, 2) Designing an incomplete, unfeasible, or ineffective plan, 3) Not complying with clinical standards or best practices in CBT.

4.5. Provide group Healing Circles.

- **Code:** 4.5.
- **Responsible organization/individual:** Project HEAL
- **Description:** Using the “healing circles” procedure to help clients address their negative and aggressive thoughts, cognitions, and behaviors together. Referred to as *hocokah* in the Lakota language, the healing circles consist of people who sit together in a talking circle, in prayer, in ceremony, and are committed to helping each other out. These circles have specific rules and procedures to be considered as such.
- **Deliverables:** A stream of Healing Circles sessions that support the Cognitive Behavioral Therapy service.
- **Acceptance criteria:** Every client should attend at least 12 sessions. These sessions should comply with this practice's rules, processes, and best practices in mental health or medical contexts.
- **Milestones:** Starts on Jun/17/2024 and ends on Oct/06/2024.
- **Risks:** 1) The sessions do not comply with the procedures, rules, and practices to be considered a Healing Circle or to be effective, 2) Violence or aggressions occur at the sessions, 3) Hostile clients are included in the same session, 4) Participants do not engage in sessions, 5) Facilitators are not engaging or fail to communicate with clients, 6) Participants do not attend the sessions.

4.6. Provide Cognitive Behavioral Therapy.

- **Code:** 4.6

- **Responsible organization/individual:** Project HEAL.
- **Description:** This type of psychotherapy helps people identify and change unhelpful thinking and behavior patterns. It is based on the idea that our thoughts, feelings, and behaviors are all interconnected. By changing our thoughts, we can change our feelings and behaviors, and vice versa. It is a short-term, goal-oriented therapy.
- **Deliverables:** The clients should demonstrate improved coping skills, increased self-awareness, improved anger management, and enhanced quality of life.
- **Acceptance criteria:** All clients should show measurable improvements on the four dimensions established in the deliverables.
- **Milestones:** Therapies should start on June/17/2024, and all clients should finish their therapies by Oct/06/2024.
- **Risks:** 1) Providing a therapy that doesn't adjust to CBT standards or techniques, 2) Being unable to provide therapies in groups, 3) Selecting therapists that are not trained or skilled in CBT, 4) Participants not engaging in or attending therapy sessions, 5) Aggressive or violent incidents in therapy, 6) Setting up groups with rival clients in it, 7) Clients dropping out of therapy.

4.7. Evaluate ideas, cognitions, and behaviors after therapy.

- **Code:** 4.7.
- **Responsible organization/individual:** Project HEAL.
- **Description:** Gathering data to measure again the baseline indicators captured at the end of the project.
- **Deliverables:** Completed surveys and a processed data package.
- **Acceptance criteria:** 1) This survey must measure the same indicators as the baseline, 2) the management of this information should comply with data regulations, and 3) This data should capture the clients' progress on coping skills, self-awareness, anger management, and quality of life.
- **Milestones:** This activity starts on Oct/07/2024 (with the end of the therapies) and ends on Nov/03/2024.

- **Risks:** 1) clients providing false or misleading information, 2) The questionnaire does not provide enough information to evaluate progress, 3) Data is lost, damaged, or leaked, and 4) Not complying with data regulations.

5. Supervision and feedback loops.

- **Code:** 5.
- **Description:** A set of interactions, documents, and information-sharing mechanisms to generate accountability, keep the project on time, and improve services using learnings from practice.
- **Primary Deliverables:**
 - 1) Outcome and output dashboard.
 - 2) Three types of periodic supervision and improvement meetings.
 - 3) Feedback and improvement documents.
- **Acceptance Criteria:**
 - 1) It feeds from providers' reports, client surveys, and crime data from the CNYCAC; it'll highlight critical information to understand the overall project's and providers' progress; it should identify the client's needs and status in the program; the information the dashboard illustrates should be complete.
 - 2) These should be done periodically (Stand-up coordination meetings: a couple of times a week; Regular contract check-ins: one every two weeks; in-depth meetings; one every two months); all providers should attend these meetings; these meetings should reflect on actions taken, achieved results, lessons learned, challenges encountered, and how these should or were overcome; they should generate concrete actions to continually improve services and adjust the project to achieve its goals.
 - 3) These documents should coincide with the regular contract check-ins and in-depth meetings; they should capture the reflections of the meetings and lay out the improvement and adjustment actions; they should be supported on the dashboard data.

- **Summary budget:**
- **Milestones:** Starts on Jan/15/2023 and ends on Dec/15/2024.
- **Key risks:** 1) Providers or clients do not provide information, 2) Providers do not attend or engage in meetings, 3) Providers do not use the feedback or implement recommendations to improve their services, 4) Information is leaked, 5) Information is portrayed negatively or incorrectly by the media or a hostile actor, 6) The data processing and storage does not comply with data regulations, 7) Information is lost or damaged.

5.1.Contract management protocol. (DONE)

- **Code:**
- **Responsible organization/individual:**
- **Description:**
- **Deliverables:**
- **Acceptance criteria:**
- **Budget:**
- **Milestones:**
- **Risks:**

5.2.Reporting forms. (DONE)

- **Code:**
- **Responsible organization/individual:**
- **Description:**
- **Deliverables:**
- **Acceptance criteria:**
- **Budget:**
- **Milestones:**
- **Risks:**

5.3.Data processing. (DONE)

- **Code:**
- **Responsible organization/individual:**
- **Description:**
- **Deliverables:**

- **Acceptance criteria:**
- **Budget:**
- **Milestones:**
- **Risks:**

5.4. Output and outcome Dashboards.

- **Code:** 5.4.
- **Responsible organization/individual:** MORGV / Alexandria Samson.
- **Description:** A collection of visualizations highlighting essential data points and trends that illustrate the program's progress and impact.
- **Deliverables:** A Dashboard via PowerBi.
- **Acceptance criteria:** 1) It should be updated biweekly, 2) It should be user-friendly, 3) It should be accurate, 4) It should highlight the program's successes and pitfalls and where efforts should be made, 5) It should illustrate averages and outliers, 6) It should identify which clients need more support and where they need it, 7) Its data sets should be cleaned and functional, 8) the dashboard's inputs are the forms, client surveys, and CNYCAC data.
- **Milestones:** Starts on Jan/15/2023 and ends on Feb/25/2024. It should be updated and improved throughout the whole program.
- **Risks:** 1) Providers do not provide data on time or accurately, 2) CNYCAC data cannot be shared or used to feed the dashboard, and 3) The data that feeds the dashboard is incomplete or damaged.

5.5. Collaborative meetings protocol and agenda.

- **Code:** 5.5.
- **Responsible organization/individual:** MORGV / Pablo Uribe and Aneesah Evans.
- **Description:** Documents that describe the purpose of each type of meeting, issues for discussion, attendees, times, schedules, background materials, inputs, procedures, rules, and outputs.
- **Deliverables:** One document for each type of meeting, three in total.
- **Acceptance criteria:** All three documents should include the factors in the description.

- **Milestones:** Starts on Jan/29/2023 and should be done by Feb/25/2024.
- **Risks:** 1) Creating a document that is too rigid and cannot be applied, 2) Generating redundancy between meetings, 3) Generating loose protocols that sacrifice the effectiveness of the meetings, and 4) Not being clear enough.

5.6. Stand-up coordination meetings.

- **Code:** 5.6.
- **Responsible organization/individual:** MORGV.
- **Description:** A meeting to review progress, identify roadblocks, and adjust actions for each part of the program.
- **Deliverables:** Two weekly meetings with each provider until the end of the project.
- **Acceptance criteria:** These meetings should be online a couple of times a week, last between 15 and 20 minutes, and focus on progress, roadblocks, and adjustment actions.
- **Milestones:** The meetings start on Feb/26/2024 and end on Dec/15/2024.
- **Risks:** 1) Overwhelming the providers with too many meetings, 2) Not giving providers enough time to deliver progress in between meetings, 3) Creating redundancies between meetings, 4) Providers not attending to or engaging in the meetings, and 5) Not having a clear agenda or objective for each meeting.

5.7. Regular contract check-ins.

- **Code:** 5.7.
- **Responsible organization/individual:** MORGV.
- **Description:** A meeting to discuss progress against high-priority indicators, follow-up on action items, joint troubleshooting of problems, and summarize learnings.
- **Deliverables:** One meeting every two weeks with all providers.
- **Acceptance criteria:** Meetings should be 1) in-person, 2) with all providers and the CNYCAC, 3) Should last no more than 1 hour, 4) every two weeks, 5) should present relevant data that highlights the program's progress and troubles, 6) should generate lessons from successes and challenges, 7) produce concrete actions and people responsible for these.

- **Milestones:** The meetings start on Feb/26/2024 and continue every two weeks until Dec/15/2024.
- **Risks:** 1) Overwhelming the providers with too many meetings, 2) Not giving providers enough time to deliver progress in between meetings, 3) Creating redundancies between meetings, 4) Providers not attending to or engaging in the meetings, 5) Not having a clear agenda or objective for each meeting, 6) not capturing lessons, 7) not producing concrete action steps, 8) not progressing through obstacles, 9) Not managing the meeting to generate dialogue and keeping it on track, 10) Not having data to present updated indicators.

5.8. Feedback loops and mechanisms.

- **Code:** 5.8.
 - **Responsible organization/individual:** MORGV / Pablo Uribe and Aneesah Evans.
- 4) **Description:** Documents to capture the discussions in the contract check-in meetings. These should summarize the lessons learned from actions taken, achieved results, and challenges encountered and overcome. Moreover, they should state concrete actions to continually improve services and adjust the project to achieve its goals.
- **Deliverables:** A biweekly document that captures the element in the description.
 - **Acceptance criteria:** The document should 1) be shared with all providers, 2) be clear and easy to understand, 3) establish who is responsible for each action, 4) capture critical lessons, and 5) include all the elements in the description.
 - **Milestones:** Starts after the first contract check-in meeting and ends after the last of these meetings.
 - **Risks:** 1) Not capturing all lessons, 2) Not being easy to understand, 3) Not sharing through appropriate channels, 4) Not assigning clear responsibilities, and 5) Not sharing it on time.

5.9. In-depth meetings.

- **Code:** 5.9.
- **Responsible organization/individual:** MORGV / Pablo Uribe and Aneesah Evans.
- **Description:** A meeting to analyze critical topics for the program's success and establish action plans to tackle these.
- **Deliverables:** A bimonthly meeting that tackles one topic each time.
- **Acceptance criteria:** These meetings should: 1) include the MORGV, CNYCAC, providers, and other relevant stakeholders; 2) Focus exclusively on topics that are critical for the program's success but go beyond routine work; 3) generate a plan with concrete actions to address the topic; 4) Should last between one and two hours.
- **Milestones:** Start on Mar/25/2024 and end on Nov/17/2024.
- **Risks:** 1) Overwhelming the providers with too many meetings, 2) Not giving providers enough time to deliver progress in between meetings, 3) Creating redundancies between meetings, 4) Providers not attending to or engaging in the meetings, 5) Not having a clear agenda or objective for each meeting, 6) not producing concrete action steps, 7) not progressing through topics, 8) Not managing the meeting to generate dialogue and keeping it on track, 10) Not having data or background material to understand the topic.

5.10. Performance improvement roadmaps.

- **Code:** 5.10
- **Responsible organization/individual:** MORGV / Pablo Uribe and Aneesah Evans.
- **Description:** A document that describes the plans adopted in the in-depth meetings. They are focused on tackling topics and practices critical to success but not be reported in periodic contract reviews. The team will report progress in the stand-up coordination meetings. After a month, results will be shared in the monthly in-depth meetings, and the team will decide if the plan was successful. If it were, they would address new topics. If it isn't, they will build another roadmap and adjust to what they learned until the issue is addressed.
- **Deliverables:** A document every two months after each in-depth meeting.

- **Acceptance criteria:** These documents should: 1) structure a plan using agile methodologies, 2) establish clear goals, activities, responsibilities, and times, and 3) describe the problem to be solved.
- **Milestones:** Start after the first in-depth meeting and end after the last one.
- **Risks:** 1) Not capturing all the discussion in the in-depth meeting, 2) Not easy to understand, 3) Not sharing through appropriate channels, 4) Not assigning clear responsibilities, 5) Not sharing it on time, 6) Creating an unfeasible plan, 7) Overwhelming providers with work, and 8) not having buy-in from critical stakeholders.

6. Final evaluation and working prototype documentation.

- **Code:**
- **Description:** An evaluation of the program's impact on the established outcome indicators. The purpose of this activity is to determine if the program was effective, which components of the program should continue in the long term, and how they should continue.
- **Primary Deliverables:** 1) Evaluation report and 2) Policy memo about the program.
- **Acceptance Criteria:**
 - 1) The evaluation report should measure and state the program's effects on the following indicators.
 - The total number of violent crimes (homicides, shootings, robberies, and aggravated assaults) in which a client was involved as a perpetrator, accomplice, or victim.
 - The number of violent crimes perpetrated (homicides, shootings, robberies, and aggravated assaults) per client.
 - The number of violent crimes (homicides, shootings, robberies, and aggravated assaults) in which a client was involved as an accomplice per client.
 - The number of violent crimes (homicides, shootings, robberies, and aggravated assaults) in which a client was a victim per client.

- · Percentage of clients involved in violent crimes (as perpetrators, victims, or accomplices)
 - · The average number of involvements in violent crime for all clients. Along with the standard deviation.
 - · The total number of clients' contacts with law enforcement.
 - · The number of each client's contacts with law enforcement.
 - · Percentage of clients that had contact with law enforcement.
 - · The average number of law enforcement contacts for all clients. Along with the standard deviation.
 - · The number of violent crimes in related POP areas.
- 2) The policy memo should include the results of the evaluation document and recommendations to continue or not the program.
- **Milestones:** Data gathering starts on Jan/15/2024, and the final report should be delivered on Jan/12/2025.
 - **Key risks:** 1) Output indicators are not reported, 2) Political backlash for using a comparison group, 3) Losing track of clients or control group members, 4) The CNYCAC does not share outcomes data, 5) Not complying data regulations, 6) Not complying with the city's data policies, 7) The baseline data is incomplete, 8) Data is lost, leaked, or damaged, 9) Data is incomplete, 10) Law enforcement requests data from a particular client.

6.1. Definition of outcome indicators. **DONE**

- **Code: 6.1**
- **Responsible organization/individual:**
- **Description:**
- **Deliverables:**
- **Acceptance criteria:**
- **Budget:**
- **Milestones:**
- **Risks:**

6.2. Baseline and counterfactual data gathering.

- **Code: 6.2**

- **Responsible organization/individual:** MORGV / Allie Samson
- **Description:** A set of measurements related to output indicators taken at the program's onset to be used as a reference point for future program outcomes measurements. This includes measuring data related to outcome indicators for the control group.
- **Deliverables:** The initial dataset for the starting point of the program and a document that illustrates the beginning status of clients and the control group.
- **Acceptance criteria:** This dataset should include enough information to measure the outcome indicators for each client and control group member. The dataset should have information that captures a year before the program.
- **Milestones:** From Jan/15/2024 to Feb/11/2024.
- **Risks:** 1) The CNYCAC information cannot be shared outside their servers, 2) Not getting enough clients into the program, and 3) Data gets leaked, lost, or damaged.

6.3. Recording of outputs and client performance.

- **Code:** 6.3.
- **Responsible organization/individual:** MORGV / Allie Samson and all service providers.
- **Description:** The reporting of requested information on forms and surveys established by the MORGV, receiving crime and law enforcement-related data from the CNYCAC, and processing that information into the MORGV's datasets.
- **Deliverables:** An updated dataset that rests on the City's servers.
- **Acceptance criteria:** This dataset should include all information to measure all outcome and output indicators in a timely fashion.
- **Milestones:** Starts on Feb/12/2024 and ends on Dec/15/2024.
- **Risks:** 1) Data is not reported in time or at all, 2) reported data is inaccurate or incomplete, and 3) Data is damaged, lost, or leaked.

6.4. Final report structure definition.

- **Code:** 6.4.

- **Responsible organization/individual:** MORGV /Allie Samson and Pablo Uribe.
- **Description:** Establishing the format of the final evaluation report.
- **Deliverables:** A document that delineates this format.
- **Acceptance criteria:** The document should include the report's objectives, the type of evaluations that will be performed, the criteria to evaluate the program's effectiveness and its components, and its structure.
- **Milestones:** Start on Oct/21/2024 and end on Nov/03/2024.
- **Risks:** 1) Establishing criteria that don't match decision-makers interests, 2) Establishing evaluations that are not robust enough or too robust, and 3) Establishing a structure that doesn't consider all relevant factors of a project's evaluation.

6.5. Final measurement of outcomes and causal links between outputs.

- **Code:** 6.5.
- **Responsible organization/individual:** MORGV / Allie Samson.
- **Description:** Upon the end of the program, the MORGV team will conduct a final measurement of the outcome indicators using all the data gathered during the program implementation and establish the effects of the program services on these outcomes.
- **Deliverables:** A narrative document that explains the program's interventions and their impact on outcomes.
- **Acceptance criteria:** The document should include: 1) A complete analysis of all data points to highlight the program's intervention effects on outcomes, 2) Identifying key correlations between outputs and outcomes, and 3) Identify the status of KPIs for each organization.
- **Milestones:** Starts on Nov/18/2024 and ends on Dec/15/2024.
- **Risks:** 1) Not enough data to conclude, 2) The analysis is inconclusive.

6.6. Writing of final report.

- **Code:** 6.6.
- **Responsible organization/individual:** MORGV / Pablo Uribe and Allie Samson.

- **Description:** Writing of the final report using the structure established in Activity 6.4 and the calculations in Activity 6.5.
- **Deliverables:** A final report document and an executive summary of it.
- **Acceptance criteria:** The final report should be written using the structure established in activity 6.4. The executive summary should have a one-page length and contain a problem definition, research questions/purpose of the report, key findings, and key recommendations.
- **Milestones:** Starts on Dec/16/2024 and ends on Dec/29/2024.
- **Risks:** 1) Not getting a conclusive finding regarding the program or its components, 2) Writing a report that is not engaging or readable, 3) Generating a hostile reaction from providers or other stakeholders, 4) Decisionmakers or influential stakeholders discarding the report's conclusions, and 5) The report's conclusions are misconstrued and weaponized by hostile actors.

6.7. Policy memo for a permanent program that includes lessons learned.

- **Code:** 6.7.
- **Responsible organization/individual:** MORGV / Pablo Uribe and Allie Samson.
- **Description:** Write a policy memo recommending the program's continuation, change, or cancellation using the outcomes and lessons learned in its implementation.
- **Deliverables:** A policy memo
- **Acceptance criteria:** The memo should be concise, clear, cohesive, correct, and compelling. It should also include an introduction (problem definition and recommendation), factors (costs vs causes), Alternatives, recommendations, questions regarding implementation, and conclusion.
- **Milestones:** Starts on Dec/30/2024 and ends on Jan/12/2025.
- **Risks:** 1) Not getting enough information for a conclusive recommendation, 2) Writing a memo that is not engaging or readable, 3) Generating a hostile reaction from providers or other stakeholders, 4) Decisionmakers or

influential stakeholders discarding the memo or its conclusions, and 5) The memo's conclusions are misconstrued and weaponized by hostile actors.

End of Year Contract Report for Project HEAL: January to September 2024**Executive Summary By Zeruah Jones**

Project HEAL has engaged in a multifaceted approach to mental health support from January to September 2024, focusing on addressing the underlying factors contributing to violence in our community. This report summarizes our activities, challenges, and outcomes over the course of the year.

January to April Activities**1. Active Participation in Meetings and Collaborations**

The Project HEAL team was actively involved in strategic planning and collaboration with key stakeholders, including Good Life and the Salvation Army Booth House/Homeless Shelter. Regular team meetings, in-person check-ins, and retreats facilitated communication and alignment on objectives. These interactions allowed us to strengthen partnerships and exchange valuable insights into the mental health challenges facing our community.

2. Commitment to Professional Development

Our team prioritized continuous learning by pursuing professional development opportunities. Members earned certifications in Youth Mental Health First Aid, CarePath Coach, and Mental Health Community Partner. This commitment underscores our dedication to integrating best practices in mental health support.

3. Empowering Referral Process

We refined our referral process for Cognitive Behavioral Therapy (CBT) services using Theranest, our HIPAA-compliant CRM system. This structured approach includes initial screenings, comprehensive assessments, and tailored referrals to licensed therapists, ensuring personalized care for participants.

4. Service Provision and Client Engagement

Project HEAL facilitated meaningful client engagement, receiving seven referrals during this period. In collaboration with Good Life and the Salvation Army, we hosted in-person

meet-and-greets to connect with clients and conduct assessments in a stigma-free environment. These efforts demonstrate our commitment to a client-centered approach that fosters inclusivity.

5. Future Plans for Therapy Initiation

We prepared to initiate therapy sessions in June 2024, planning several meet-and-greets to ensure timely assessments and smooth transitions into therapy. This approach emphasized client comfort and empowerment, laying the groundwork for effective therapeutic journeys.

June to September Activities

1. Provision of Safe Spaces

From June to September, Project HEAL aimed to create a welcoming environment where clients could share their experiences. Despite these efforts, several challenges emerged that impacted the program's effectiveness.

Program Coordinator Summary by Shaniece Townes

1. Challenges Faced

- **Lack of Communication:** Insufficient communication among staff, peers, and clients led to confusion regarding meeting times, program goals, and available resources. Feedback from clients about their needs was not effectively solicited or acted upon, contributing to feelings of isolation.

- **Absence of Internal Data:** The program struggled to maintain and share internal data on participation rates and session effectiveness. This lack of quantitative and qualitative data made it difficult to assess the program's impact or identify areas for improvement.

- **Low Client Participation:** Participation rates fell short of expectations, with many clients expressing a disconnect from the program due to unclear communication and limited engagement opportunities. Outreach efforts did not yield the anticipated results.

Executive Summary By Zeruah Jones

1. Client Assessments and Engagement Efforts:

Throughout this period, we held five assessment "meet and greets" at Good Life and the Salvation Army, connecting with clients in a familiar setting. While the therapeutic staff assessed ten clients, two were re-incarcerated, and therapy commenced for only a few in late August and September. Our team focused on fostering relationships to support client engagement, but low attendance at events indicated ongoing barriers to participation.

2. Training and Development

During this time, staff trained in NYS Office of Mental Health programs, including Mental Health Community Partner and CarePath Coach certification. This training aims to enhance community connections and provide peer support services. Although staff were prepared, the implementation of group services and healing circles faced challenges due to client receptiveness.

3. Community Outreach

Project HEAL held a community open house in April to educate clients about our services. Unfortunately, attendance was low, highlighting the ongoing need for effective outreach strategies to connect with our target population.

June to September Activities Continued:

From June to September 2024, Project HEAL undertook several initiatives aimed at enhancing client engagement and therapeutic support. We held monthly staff meetings to strategize on improving our connections with clients. During this period, we organized five assessment "Meet and Greet" sessions at Good Life and the Salvation Army. These informal gatherings provided a comfortable environment for clients, allowing us to conduct thorough assessments before initiating therapy.

The therapeutic staff assessed ten clients, with oversight from Clinical Supervisor Dr. Ednita Wright. Unfortunately, two clients were re-incarcerated, while therapy commenced for one client in August and three clients in September. In total, nine therapy appointments were completed,

with two additional appointments scheduled for the end of September 2024. Therapy did not begin until late August and early September.

The MORGV requested therapeutic reports to be submitted, and Project HEAL's Executive staff sought updates on August 20, September 4, and September 19. However, as of September 23, no reports or responses had been received. During an Executive Staff meeting with Dr. Ednita Wright, it was indicated that therapy could not begin earlier, as therapists required a six-month period to adequately address client needs and the contract was nearing completion. On August 28, one therapist started seeing clients without the Executive team's prior knowledge, leading to a lack of clarity.

To stay informed about client changes, the therapeutic team initiated weekly meetings starting August 13, collaborating with credible messengers to establish a cohesive support system. However, reports from these meetings have not yet been shared. The therapeutic staff has attended all biweekly MORGV meetings, trainings, and retreats, demonstrating ongoing commitment to professional development and collaboration.

Executive Therapeutic Summary

From June to September 2024, Project HEAL undertook several initiatives aimed at enhancing client engagement and therapeutic support. We held monthly staff meetings to strategize on improving our connections with clients. During this period, we organized five assessment "Meet and Greet" sessions at Good Life and the Salvation Army. These informal gatherings provided a comfortable environment for clients, allowing us to conduct thorough assessments before initiating therapy.

The therapeutic staff assessed ten clients, with oversight from Clinical Supervisor Dr. Ednita Wright. Unfortunately, two clients were re-incarcerated, while therapy commenced for one client in August and three clients in September. In total, nine therapy appointments were completed, with two additional appointments scheduled for the end of September 2024. Therapy did not begin until late August and early September.

The MORGV requested therapeutic reports to be submitted, and Project HEAL's Executive staff sought updates on August 20, September 4, and September 19. However, as of September 23, no reports or responses had been received. During an Executive Staff meeting with Dr. Ednita Wright, it was indicated that therapy could not begin earlier, as therapists required a six-month period to adequately address client needs and the contract was nearing completion. On August 28, one therapist started seeing clients without the Executive team's prior knowledge, leading to a lack of clarity.

To stay informed about client changes, the therapeutic team initiated weekly meetings starting August 13, collaborating with credible messengers to establish a cohesive support system. However, reports from these meetings have not yet been shared. The therapeutic staff has attended all biweekly MORGV meetings, trainings, and retreats, demonstrating ongoing commitment to professional development and collaboration.

Conclusion

Overall, the year has been a blend of achievements and challenges. While Project HEAL has made significant strides in establishing a structured mental health support framework, the barriers to client engagement and communication have hindered full realization of our goals. This report serves as a reflection on our efforts, providing insight into both our accomplishments and the obstacles we must address moving forward.

Project HEAL remains committed to fostering mental wellness and community resilience. As we conclude this contract year, we will reflect on these experiences to inform future initiatives and improve our impact in the community.

Appendix D Continued.

Clinical/Mental Health Services Report for MORGV (June-September 2024)

Fourteen young men have been assessed (since the end of July) and all have been assigned a therapist. The assessment process has been improved by virtue of collaboration between the clinical/mental health staff and the staff of Good Life and Salvation Army to follow a particular protocol (attached). Assessments are completed face to face at the agency's facility. The young men are discussed during a weekly meeting of the clinical staff and a therapist is assigned.

There are currently six young men that have been keeping their appointments for therapy; two are incarcerated and we are still reaching out for the remaining six. The young men that are engaged are working on building rapport with the therapist; have discussed their current stressors; expressed an interest in accomplishing goals for the future and has verbalized triggers and alternative ways to address challenges. A weekly meeting between the credible messengers/case managers and the therapists has been recently initiated to discuss alternative methods that would bring the young men into therapy. We are hoping this might provide us with an exchange that would increase the attendance of the young men in therapy.

There still seems to be structural issues that, in this writer's opinion, has hampered our efforts and can be remedied by reviewing each of the collaborative agency's roles and how that role was initially to be carried out and whether that is working or not. For instance, questions to ask are: Are the young men given adequate information to understand the benefit of the program? Are staff of each agency clear about their role and have the skills to carry that role out? Are all the players at the table to make the project a success? Are there others that need to be at the table? How are we communicating with each other? Are we working collaboratively?

This type of assessment would provide information of where there are gaps in understanding. Addressing these structural issues is essential for improving program effectiveness and ensuring it has a meaningful impact on the young men involved.

Finally, the clinical team is quite concerned that the therapy that has been started will be abruptly discontinued due to the end of the contract at the end of October. We can't express enough how detrimental this would be to the young men that have trusted themselves with us, as they work through the trauma of their lives. We are hopeful that there will be an extension to provide this project a full measure of time to allow it to blossom.

Written by: Dr. Ednita M. Wright, Clinical Supervisor

Shots-Fired Documentation

Lateef Johnson-Kinsey
Director, Mayor's Office to Reduce Gun Violence

* This form will record your name, please fill your name.

1. Date & Time of notification of the incident



2. How were you notified & what was stated

3. Location of the incident

4. Who was involved in the incident? (Victims, suspects, etc.)

5. Did you go to the scene of the incident? If so, approximately what time did you arrive, who did you speak to at the scene, what was discussed, and what time did you leave?

6. Were there any other outreach personnel/credible messengers/other organizations at the scene of the incident? If so, please list all personnel who were present

7. Did you go to the hospital? If so, which hospital, approximately what time did you arrive, who did you speak to at the hospital, what was discussed, and what time did you leave?

8. Were there any other outreach personnel/credible messengers/other organizations at the hospital? If so, please list all personnel who were present

9. Did you follow up with law enforcement, credible messengers, the Mayor, Deputy Mayor, CNYCAC, &/or other personnel about the incident? Specify below. What were the conclusions of these discussions?

10. Did you speak with the media? Who did you speak to and what was stated? (Link to article/video if applicable)

This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.



Site Visit Documentation

Lateef Johnson-Kinsey
Director, Mayor's Office to Reduce Gun Violence

* This form will record your name, please fill your name.

1. Date & Time of Visit

2. Name of Organization

3. Length of visit (hours/minutes)

4. Names of who you met with

5. Purpose of visit

6. Conclusion of visit

Appendix G

Provider - Safer Streets - Bi-Weekly Check-In Form

Mayor's Office to Reduce Gun Violence

Please complete 1 survey for **EACH** client you are currently working with (i.e., if you have 5 clients you will complete this survey 5 times). If you have any questions, please contact Allie Samson at [MORGV@syr.gov.net](mailto:MORGV@syr.gov)

Thank you!

* Required

1. Your name *

2. Organization *

3. Please select the current reporting period *

- Reporting Period 3: 4/4/2024-4/17/2024
- Reporting Period 4: 4/18/2024-5/1/2024
- Reporting Period 5: 5/2/2024-5/15/2024
- Reporting Period 6: 5/16/2024-5/29/2024
- Reporting Period 7: 5/30/2024-6/12/2024
- Reporting Period 8: 6/13/2024-6/26/2024
- Reporting Period 9: 6/27/2024-7/10/2024
- Reporting Period 10: 7/11/2024-7/24/2024
- Reporting Period 11: 7/25/2024-8/7/2024
- Reporting Period 12: 8/8/2024-8/21/2024
- Reporting Period 13: 8/22/2024-9/4/2024
- Reporting Period 14: 9/5/2024-9/18/2024
- Reporting Period 15: 9/19/2024-10/2/2024
- Reporting Period 16: 10/3/2024-10/16/2024
- Reporting Period 17: 10/17/2024-10/30/2024
- Reporting Period 18: 10/31/2024-11/13/2024
- Reporting Period 19: 11/14/2024-11/27/2024
- Reporting Period 20: 11/28/2024-12/11/2024

4. Age of youth *

5. Race of youth *

- White or Caucasian
- Black or African American
- Hispanic or Latino
- Asian
- Native Hawaiian or Other Pacific Islander
- Middle Eastern or North African
- American Indian or Alaska Native
- Other

6. Program status of this client *

- Client dropped out of the program
- Client has signed consent form
- Client was removed from the program
- Client is currently in police custody
- Client has not yet signed consent form
- Client has declined services

7. Housing status of this client *

- Client is currently experiencing homelessness/staying in a shelter
- Client is currently staying with a friend/family member
- Client is currently renting an apartment/house
- Client is currently a homeowner
- Other

8. If this client is currently experiencing homelessness, please explain your plan to help this individual secure housing

9. Zip code of youth's current residence *

Employment and Education Status

10. Does this client currently possess a GED/High School Diploma? *

No

Yes

11. Please list the client's highest attained grade level *

12. Does this client desire to further their education at this time? *

No

Yes

Not sure

13. If this client desires to further their education, please explain your plan to help this individual achieve their educational goals

14. Is the client currently enrolled in a program to continue their education? *

No

Yes

15. Which category best aligns with your clients current educational program enrollment *

- High School/GED
- Trade School
- Community College
- 4-year college and above
- Client is currently not enrolled in an educational program
- Other

16. Employment status of the client *

- Client is not currently employed
- Client has part-time employment
- Client has full-time employment

17. If this client is currently employed, please enter their start date

18. Has your client begun a new job during this reporting period (i.e., in the last 2 weeks)

- Option 1
- Option 2

19. If this individual is **NOT** currently employed, please explain your next steps to help this individual secure employment

20. If this individual **IS** currently employed, please explain how you helped them secure employment (if the individual was already employed at the time of program enrollment, please state that below)

21. Has this individual been referred to CNY Works? *

No

Yes

22. What is the client's source of income *

Employment Paycheck

SSI

SSD

Veteran's Benefits

None

Other

Client Trust, Support, & Contact

23. On a scale of 1-5, how would you rate this client's current level of family support? *

- 1 - Client has no family support at all
- 2 - Client has minimal family support
- 3 - Client has some family support
- 4 - Client has a good amount of family support
- 5 - Client has complete family support

24. How many days in the last 2 weeks did you communicate with the client? *

- 0 Days
- 1-2 Days
- 3-5 Days
- 6-9 Days
- 10-14 Days

25. How many **total outreach contacts** (phone calls, text messages, meetings) have you had with this client in the last 2 weeks? (If you've reached out more than 10 times, add the total number under "other") *

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- Other

26. How many **in-person** activities/outings/meetings did you partake in with this client in the last 2 weeks? (If more than 10, add the total number under "other") *

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- Other

27. Explain in detail **all** of the activities/outings/meetings shared with the client. Where did you go for each (e.g., their home, your organization site, a restaurant, etc.)? What did you do? (Indicate N/A if not applicable) *

28. What were the main takeaways from your discussions with this client during each of these activities/outings/meetings over the last 2 weeks? *

29. Were other client's present during these in-person activities/outings/meetings? *

- No
- Yes

30. On a scale of 1-5, how much do you believe your client trusts you? *

- 1 - Client does not trust me at all
- 2 - Client slightly trusts me
- 3 - Client somewhat trusts me
- 4 - Client mostly trusts me
- 5 - Client completely trusts me

31. Provide an explanation for your previous answer above *

32. Has your client confided in you with personal/sensitive information in the last 2 weeks? *

- No
- Yes

33. Have you encouraged your client to change violent behaviors? *

- No
- Yes

34. Please explain &/or provide examples for your previous answer *

Advocacy

35. Did your client want/need you to advocate for them in any capacity in the last 2 weeks? *

- No
- Yes
- Not sure

36. Did you speak with school faculty/staff on behalf of your client? *

- No
- Yes

37. How many times did you speak with school faculty/staff on behalf of your client? (Enter a number)

38. If yes, who did you speak with and why?

39. What was the conclusion of the conversation(s) with the school personnel listed above?

40. Did you speak with law enforcement and/or other criminal justice personnel on behalf of your client? *

- No
- Yes

41. How many times did you speak with law enforcement &/or other criminal justice personnel on behalf of your client? (Enter a number)

42. If yes, who did you speak to and why?

43. What was the conclusion of the conversation(s) with the criminal justice personnel listed above?

44. Did you speak with potential employers on behalf of your client? *

No

Yes

45. How many times did you speak with potential employers on behalf of your client? (Enter a number)

46. If yes, who did you speak to and why?

47. What was the conclusion of the conversation(s) with the potential employer listed above?

48. Did you speak with workforce training program personnel (e.g., CNY Works) on behalf of your client? *

No

Yes

49. How many times did you speak with workforce training program personnel on behalf of your client? (Enter a number)

50. If yes, who did you speak to and why?

51. What was the conclusion of the conversation(s) with the workforce training personnel listed above?

52. Did you speak with other government agencies (e.g., the DMV) on behalf of your client? *

No

Yes

53. How many times did you speak with government agencies on behalf of your client? (Enter a number)

54. If yes, who did you speak to and why?

55. What was the conclusion of the conversation(s) with the government agency listed above?

56. Did you speak with other Safer Streets program providers (e.g., the client's therapist, other credible messengers, etc.) on behalf of your client? *

No

Yes

57. How many times did you speak with other Safer Streets program providers behalf of your client? (Enter a number)

58. If yes, who did you speak to and why?

59. What was the conclusion of your conversation(s) with the other program provider(s) listed above?

Conflicts

Please answer the questions in this section to report any conflicts involving this client during this reporting period.

PLEASE NOTE: If no conflicts have occurred involving this client during this reporting period, please only answer questions 59 & 60 and skip the remaining questions in this section.

60. Was this client involved in any conflicts during this reporting period? *

No

Yes

61. How many new conflicts emerged in the last 2 weeks involving this client? (If more than 5, add the total number under "other") *

0

1

2

3

4

5

Other

62. Did these conflicts involve any other clients in the program?

No

Yes

Unknown

63. If no, who in particular was/is this client conflicting with? (Select all that apply)

- A friend
- A family member
- A rival group member
- An individual from a different neighborhood
- An individual from the same neighborhood
- A significant other (girlfriend/boyfriend/partner/spouse)
- Not sure
- Other

64. How many conflict management meetings have you had with this client to discuss resolving the conflict(s)? (If more than 10, add the total number under "other")

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- Other

65. Were any of these conflicts successfully interrupted?

- No
- Yes
- Not sure

66. If yes, please explain the steps you took to identify and interrupt each conflict? (i.e., explain conflict-solving arrangements established)

67. Approximately how much time passed between knowledge of the conflict(s) and communication with the client?

68. If the conflict(s) remain uninterrupted, is there a plan in place for interruption in the near future?

- No
- Yes
- N/A - Conflicts were interrupted

69. If the conflict(s) remain uninterrupted, please explain the potential plan in place for the successful interruption of the conflict(s) in the near future

70. Is there anything else you would like us to know about the conflict(s)?

Open Question

71. Is there anything else you would like us to know about your clients experience &/or progress at this time?

This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.

 Microsoft Forms

Appendix H

Youth - Monthly Check-In Form

City of Syracuse, Mayor's Office to Reduce Gun Violence

Please answer the following questions to the best of your ability. If you have any questions about the form or are unsure of how to answer, please ask a staff member for assistance. **This survey is completely anonymous.**

* Required

1. Your age *

2. Your race *

- White or Caucasian
- Black or African American
- Hispanic or Latino
- Asian
- Native Hawaiian or Other Pacific Islander
- Middle Eastern or North African
- American Indian or Alaska Native
- Other

3. What is your current housing status? *

- I am currently experiencing homelessness
- I am currently staying with a friend/family member
- I am currently renting an apartment/house
- I am a homeowner
- Other

4. Your zip code *

5. Please list the names of program staff you have worked with this month (e.g., credible messengers, mentor, case manager, therapist, etc.) *

6. Who is your mentor? *

Trust & Support

7. On a scale of 1-5, how would you rate your current level of family support? *

- 1 - I have no family support at all
- 2 - I have minimal family support
- 3 - I have some family support
- 4 - I have a good amount of family support
- 5 - I have complete family support

8. How often did you communicate with your mentor this month? *

- Not at all
- A few times/Every other week
- Sometimes/Once a week
- Several times/2-3x a week
- Often/Daily

9. How many in-person activities/outings did you do with your mentor this month? (e.g., going to the park, taking a walk, going out to eat, etc.) *

- None
- 1
- 2
- 3
- 4 or more

10. Explain the activities shared with your mentor. (Where did you go, what did you do, who was there?)

11. On a scale of 1-5, how much do you trust your mentor? *

- 1 - I do not trust my mentor at all
- 2 - I trust my mentor a little
- 3 - I have some trust for my mentor
- 4 - I have a good amount of trust for my mentor
- 5 - I completely trust my mentor

12. Please provide an explanation for your previous answer (Optional)

13. Have you confided in your mentor with personal/sensitive information this month? *

- No
- Yes
- Prefer not to answer

14. Does your mentor motivate you in a positive way? *

- No
- Yes
- Somewhat

15. Please explain &/or provide examples for your previous answer (Optional)

Advocacy

16. Did you want/need your mentor to advocate for you in the last month? *

- No
- Yes
- Not sure

17. On a scale of 1-5, how well do you think your mentor advocates for you? (i.e., speaks on your behalf to school faculty/staff, law enforcement, potential employers, etc.)

- 1 - My mentor never advocates for me
- 2 - My mentor rarely advocates for me
- 3 - My mentor sometimes advocates for me
- 4 - My mentor often advocates for me
- 5 - My mentor always advocates for me

18. Please explain your previous answer (Optional)

19. To your knowledge, has your mentor spoken with school faculty/staff on your behalf this month? *

- No
- Yes
- Not sure

20. If yes, to the best of your knowledge, who did they speak to and why? (Optional)

21. To your knowledge, has your mentor spoken with law enforcement and/or other criminal justice personnel (i.e., attorneys) on your behalf this month? *

- No
- Yes
- Not sure

22. If yes, to the best of your knowledge, who did they speak to and why? (Optional)

23. To your knowledge, has your mentor spoken with potential employers on your behalf this month? *

- No
- Yes
- Not sure

24. If yes, to the best of your knowledge, who did they speak to and why? (Optional)

25. To your knowledge, has your mentor spoken with government agencies (i.e., the DMV) on your behalf this month? *

- No
- Yes
- Not sure

26. If yes, to the best of your knowledge, who did they speak to and why? (Optional)

27. To your knowledge, has your mentor spoken with government agencies (e.g., the DMV) on your behalf this month? *

- No
- Yes
- Not sure

28. If yes, to the best of your knowledge, who did they speak to and why? (Optional)

29. To your knowledge, has your mentor spoken with your therapist, job/education coach, or other program staff on your behalf this month? *

- No
- Yes
- Not sure

30. If yes, to the best of your knowledge, who did they speak to and why? (Optional)

Street Intervention

Please complete the following questions about street intervention over the last month. Please ask a staff member if you need assistance answering these questions.

31. Have you been involved in any new conflicts this month? *

- No
- Yes
- Prefer not to answer

32. Did you meet with any staff personnel to discuss conflict-solving solutions this month? *

- No
- Yes
- Prefer not to answer

33. Please explain how staff members have been helpful (or not helpful) in resolving conflicts this month: (Optional)

34. Is there anything else you would like us to know about conflicts you have experienced this month? (Optional)

Open Question

35. Is there anything else you would like us to know about your experience or progress with your mentor or other program staff at this time?

This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.

 Microsoft Forms

Appendix I

Provider - CBT Pre-Evaluation Form

Please complete this form once you complete a pre-evaluation assessment for each client. If you have any questions, please contact Allie Samson at MORGV@syrgov.net

* Required

1. Your Name and Title *

2. Please select the current reporting period *

- Reporting Period 5: 5/2/2024-5/15/2024
- Reporting Period 6: 5/16/2024-5/29/2024
- Reporting Period 7: 5/30/2024-6/12/2024
- Reporting Period 8: 6/13/2024-6/26/2024
- Reporting Period 9: 6/27/2024-7/10/2024
- Reporting Period 10: 7/11/2024-7/24/2024
- Reporting Period 11: 7/25/2024-8/7/2024
- Reporting Period 12: 8/8/2024-8/21/2024
- Reporting Period 13: 8/22/2024-9/4/2024
- Reporting Period 14: 9/5/2024-9/18/2024
- Reporting Period 15: 9/19/2024-10/2/2024
- Reporting Period 16: 10/3/2024-10/16/2024
- Reporting Period 17: 10/17/2024-10/30/2024
- Reporting Period 18: 10/31/2024-11/13/2024
- Reporting Period 19: 11/14/2024-11/27/2024
- Reporting Period 20: 11/28/2024-12/11/2024

3. Youth age *

4. Race of youth *

- White or Caucasian
- Black or African American
- Hispanic or Latino
- Asian
- Native Hawaiian or Other Pacific Islander
- Middle Eastern or North African
- American Indian or Alaska Native
- Other

5. Client Status *

- Client dropped out of the program
- Client has signed consent form
- Client was removed from the program
- Client is currently in police custody
- Client has not yet signed consent form

6. Zip code of youth's current residence *

7. Please provide the number of sessions which were **scheduled** for this client in the last 2 weeks *

8. Please provide the number of sessions which this client **attended** in the last 2 weeks *

9. Have you discussed therapy goals with the client? *

No

Yes

10. If yes, what are your client's current therapy goals?

11. Have you identified your client's current triggers/stressors? *

No

Yes

12. If yes, what are your client's current triggers/stressors?

Client Progress

Please complete the following questions to the best of your ability to identify your clients current level of norms, beliefs, and violence propensity based on your assessment.

13. On a scale of 1-5, how motivated is your client to succeed? *

- 1 - Not motivated at all
- 2 - Minimally motivated
- 3 - Somewhat motivated
- 4 - Mostly motivated
- 5 - Very motivated

14. On a scale of 1-5, how motivated is your client to learn and implement alternative strategies for managing behavior and conflict? *

- 1 - Not motivated at all
- 2 - Minimally motivated
- 3 - Somewhat motivated
- 4 - Mostly motivated
- 5 - Very motivated

15. Does your client effectively communicate their thoughts, feelings, and needs? *

- 1 - No, my client has poor communication skills.
- 2 - Rarely, my client has fair communication skills.
- 3 - Somewhat, my client has satisfactory communication skills.
- 4 - Mostly, my client has good communication skills.
- 5 - Yes, my client has excellent communication skills.

16. On a scale of 1-5, how often does your client express their thoughts, feelings, and needs? *

- 1 - Client never expresses their thoughts, feelings, and needs.
- 2 - Client rarely expresses their thoughts, feelings, and needs.
- 3 - Client sometimes expresses their thoughts, feelings, and needs.
- 4 - Client often expresses their thoughts, feelings, and needs.
- 5 - Client always expresses their thoughts, feelings, and needs.

17. Agree or Disagree: My client quickly responds to difficulties with anger/aggression *

- 1 - Strongly Agree
- 2 - Agree
- 3 - Neither Agree nor Disagree
- 4 - Disagree
- 5 - Strongly Disagree

18. Does your client believe violence is an acceptable/normal way to resolve conflict? *

- Yes
- No
- Not sure

19. Has your client ever been involved in a physical altercation? *

- No
- Yes
- Not sure

20. On a scale of 1-5, how often does your client take responsibility for their actions? *

- 1 - Client never takes responsibility for their actions
- 2 - Client rarely takes responsibility for their actions
- 3 - Client sometimes takes responsibility for their actions
- 4 - Client often takes responsibility for their actions
- 5 - Client always takes responsibility for their actions

21. On a scale of 1-5, how are your clients problem-solving skills? *

- 1 - Client never solves problems effectively
- 2 - Client rarely solves problems effectively
- 3 - Client sometimes solves problems effectively
- 4 - Client often solves problems effectively
- 5 - Client always solve problems effectively

22. On a scale of 1-5, how easily does your client succumb to peer pressure in their social circle?
*

- 1 - Client never succumbs to peer pressure
- 2 - Client rarely succumbs to peer pressure
- 3 - Client sometimes succumbs to peer pressure
- 4 - Client often succumbs to peer pressure
- 5 - Client easily succumbs to peer pressure

23. On a scale of 1-5, how much empathy does your client express for others? *

- 1 - Client has no empathy for others
- 2 - Client lacks empathy for others
- 3 - Client has moderate empathy for others
- 4 - Client has some empathy for others
- 5 - Client has substantial empathy for others

Moving Forward

Please answer the following questions about your clients next steps in therapy.

24. Based on your pre-evaluation assessment, what is the next session your client will be participating in? *

Healing Circles/Group Therapy

Individual Therapy

Further assessment is needed

Other

25. Please explain how/why you believe your client will benefit from the form(s) of therapy you chose and if you foresee any changes moving forward *

Open Question

26. Is there anything else you would like us to know about your clients experience &/or progress at this time?

This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.

 Microsoft Forms

Appendix J

Provider - CBT Regular Bi-Weekly Form

Please complete this form for **each** client engaging in Therapy services at this time. (i.e., if you have 3 clients, you will complete this form 3 times). If you have any questions, please contact Allie Samson at MORGV@syrgov.net

* Required

1. Your Name and Title *

2. Please select the current reporting period *

- Reporting Period 5: 5/2/2024-5/15/2024
- Reporting Period 6: 5/16/2024-5/29/2024
- Reporting Period 7: 5/30/2024-6/12/2024
- Reporting Period 8: 6/13/2024-6/26/2024
- Reporting Period 9: 6/27/2024-7/10/2024
- Reporting Period 10: 7/11/2024-7/24/2024
- Reporting Period 11: 7/25/2024-8/7/2024
- Reporting Period 12: 8/8/2024-8/21/2024
- Reporting Period 13: 8/22/2024-9/4/2024
- Reporting Period 14: 9/5/2024-9/18/2024
- Reporting Period 15: 9/19/2024-10/2/2024
- Reporting Period 16: 10/3/2024-10/16/2024
- Reporting Period 17: 10/17/2024-10/30/2024
- Reporting Period 18: 10/31/2024-11/13/2024
- Reporting Period 19: 11/14/2024-11/27/2024
- Reporting Period 20: 11/28/2024-12/11/2024

3. Youth age *

4. Race of youth *

- White or Caucasian
- Black or African American
- Hispanic or Latino
- Asian
- Native Hawaiian or Other Pacific Islander
- Middle Eastern or North African
- American Indian or Alaska Native
- Other

5. Client Status *

- Client dropped out of the program
- Client has signed consent form
- Client was removed from the program
- Client is currently in police custody
- Client has not yet signed consent form

6. Zip code of youth's current residence *

7. Have you discussed therapy goals with the client? *

- No
- Yes

8. If yes, what are your client's current therapy goals?

9. Have you identified your client's current triggers/stressors? *

No

Yes

10. If yes, what are your client's current triggers/stressors?

Individual Therapy Sessions

Please answer the following questions if your client engaged in Individual Therapy during this reporting period.

11. Did this client participate in Individual Therapy during this reporting period? *

No

Yes

12. Please provide the number of **individual therapy** sessions which were **scheduled** for this client in the last 2 weeks *

13. Please provide the number of **individual therapy** sessions which this client **attended** in the last 2 weeks *

14. On a scale of 1-5, how engaged was the client during these sessions? (i.e., participating in discussions)

1 - Client was not engaged at all

2 - Client was a little engaged

3 - Client was somewhat engaged

4 - Client was mostly engaged

5 - Client was completely engaged

15. Is there anything additional you would like us to know about this client's participation in Individual Therapy at this time?

Group Therapy/Healing Circles

Please answer the following questions if your client engaged in Group Therapy &/or Healing Circles during this reporting period.

16. Did this client participate in Group Therapy &/or Healing circles during this reporting period?

*

No

Yes

17. Please provide the number of **Group Therapy/Healing Circle** sessions which were **scheduled** for this client in the last 2 weeks *

18. Please provide the number of **Group Therapy/Healing Circle** sessions which this client **attended** in the last 2 weeks *

19. On a scale of 1-5, how engaged was the client during these sessions? (i.e., participating in discussions)

1 - Client was not engaged at all

2 - Client was a little engaged

3 - Client was somewhat engaged

4 - Client was mostly engaged

5 - Client was completely engaged

20. Did the client have any conflict with other participants during the session(s)?

No

Yes

21. Is there anything additional you would like us to know about this client's participation in Group Therapy/Healing Circles at this time?

Client Progress

Please complete the following questions to the best of your ability to identify your client's current level of norms, beliefs, and violence propensity based on your assessment during therapy sessions.

22. On a scale of 1-5, how motivated is your client to succeed? *

- 1 - Not motivated at all
- 2 - Minimally motivated
- 3 - Somewhat motivated
- 4 - Mostly motivated
- 5 - Very motivated

23. On a scale of 1-5, how motivated is your client to learn and implement alternative strategies for managing behavior and conflict? *

- 1 - Not motivated at all
- 2 - Minimally motivated
- 3 - Somewhat motivated
- 4 - Mostly motivated
- 5 - Very motivated

24. Does your client effectively communicate their thoughts, feelings, and needs? *

- 1 - No, my client has poor communication skills.
- 2 - Rarely, my client has fair communication skills.
- 3 - Somewhat, my client has satisfactory communication skills.
- 4 - Mostly, my client has good communication skills.
- 5 - Yes, my client has excellent communication skills.

25. On a scale of 1-5, how often does your client express their thoughts, feelings, and needs? *

- 1 - Client never expresses their thoughts, feelings, and needs.
- 2 - Client rarely expresses their thoughts, feelings, and needs.
- 3 - Client sometimes expresses their thoughts, feelings, and needs.
- 4 - Client often expresses their thoughts, feelings, and needs.
- 5 - Client always expresses their thoughts, feelings, and needs.

26. Agree or Disagree: My client quickly responds to difficulties with anger/aggression *

- 1 - Strongly Agree
- 2 - Agree
- 3 - Neither Agree nor Disagree
- 4 - Disagree
- 5 - Strongly Disagree

27. Does your client believe violence is an acceptable/normal way to resolve conflict? *

- Yes
- No
- Not sure

28. Has your client ever been involved in a physical altercation? *

- No
- Yes
- Not sure

29. On a scale of 1-5, how often does your client take responsibility for their actions? *

- 1 - Client never takes responsibility for their actions
- 2 - Client rarely takes responsibility for their actions
- 3 - Client sometimes takes responsibility for their actions
- 4 - Client often takes responsibility for their actions
- 5 - Client always takes responsibility for their actions

30. On a scale of 1-5, how are your clients problem-solving skills? *

- 1 - Client never solves problems effectively
- 2 - Client rarely solves problems effectively
- 3 - Client sometimes solves problems effectively
- 4 - Client often solves problems effectively
- 5 - Client always solve problems effectively

31. On a scale of 1-5, how easily does your client succumb to peer pressure in their social circle?
*

- 1 - Client never succumbs to peer pressure
- 2 - Client rarely succumbs to peer pressure
- 3 - Client sometimes succumbs to peer pressure
- 4 - Client often succumbs to peer pressure
- 5 - Client easily succumbs to peer pressure

32. On a scale of 1-5, how much empathy does your client express for others? *

- 1 - Client has no empathy for others
- 2 - Client lacks empathy for others
- 3 - Client has moderate empathy for others
- 4 - Client has some empathy for others
- 5 - Client has substantial empathy for others

33. Moving forward, which form of therapy will this client be participating in? *

- Individual Therapy
- Group Therapy/Healing Circles
- Both - Individual Therapy AND Group Therapy/Healing Circles
- Further Assessment is needed
- Other

34. Please explain how/why you believe your client will benefit from the form(s) of therapy you chose and if you foresee any changes moving forward *

Open Question

35. Is there anything else you would like us to know about your clients experience &/or progress at this time?

This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.

 Microsoft Forms

Appendix K

Client - CBT Monthly Check-In Form

City of Syracuse Mayor's Office to Reduce Gun Violence

Please answer the following questions to the best of your ability. Please ask your therapist for assistance.

This survey is anonymous.

* Required

1. Your age *

2. Your race *

- White or Caucasian
- Black or African American
- Hispanic or Latino
- Asian
- Native Hawaiian or Other Pacific Islander
- Middle Eastern or North African
- American Indian or Alaska Native
- Other

3. Your zip code *

4. Name of your therapist *

5. How many therapy sessions were **scheduled** this month? *

6. How many therapy sessions did you **attend** this month? *

7. Did you discuss therapy goals with your therapist this month? *

No

Yes

8. Did you discuss and/or practice developing coping skills with your therapist this month? *

No

Yes

9. Have you used these coping skills in your daily life this month? *

No

Yes

Client Progress

Please answer the following questions to the best of your ability.

10. On a scale of 1-5, how motivated are you to succeed?

- 1 - Not motivated at all
- 2 - Minimally motivated
- 3 - Somewhat motivated
- 4 - Mostly motivated
- 5 - Very motivated

11. On a scale of 1-5, how often do you express your thoughts, feelings, and needs?

- 1 - I never express my thoughts, feelings, and needs
- 2 - I rarely express my thoughts, feelings, and needs
- 3 - I sometimes express my thoughts, feelings, and needs
- 4 - I often express my thoughts, feelings, and needs
- 5 - I always express my thoughts, feelings, and needs

12. I quickly respond to difficulties with anger/aggression

- 1 - Strongly Agree
- 2 - Agree
- 3 - Neither Agree nor Disagree
- 4 - Disagree
- 5 - Strongly Disagree

13. On a scale of 1-5, how are your problem-solving skills

- 1 - I never solve problems peacefully
- 2 - I rarely solve problems peacefully
- 3 - I sometimes solve problems peacefully
- 4 - I often solve problems peacefully
- 5 - I always solve problems peacefully

14. On a scale of 1-5, how easily do you give in to peer pressure

- 1 - I easily give in to peer pressure
- 2 - I often give in to peer pressure
- 3 - I sometimes give in to peer pressure
- 4 - I rarely give in to peer pressure
- 5 - I never give in to peer pressure

15. On a scale of 1-5, how much empathy do you have for others

- 1 - I have no empathy for others
- 2 - I lack empathy for others
- 3 - I have some empathy for others
- 4 - I have empathy for others
- 5 - I have a lot of empathy for others

Open Question

16. Is there anything else you would like us to know about your experience or progress with your Cognitive Behavioral Therapist at this time?

This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.

 Microsoft Forms

Data Sharing Agreement ID: _____

City of Syracuse Data Sharing Agreement

THIS DATA SHARING AGREEMENT (“AGREEMENT”) is between CITY OF SYRACUSE, (insert City Department) a municipality of New York State, with offices located at 233 East Washington St., Room 213, Syracuse, New York 13202 (also hereinafter referred to as the “City”) and _____ (insert name and address of other party) (also hereinafter referred to a “Requestor”), collectively referred to as “Parties,” and individually as “Party.”

WHEREAS,

The Parties agree as follows:

1. DATA TO BE DISCLOSED; PURPOSE

The City shall make available to Requestor specific data created and compiled by the City that has been classified by the City as either internal use, sensitive, or restricted. Due to its non-public nature, this data must be afforded special treatment to ensure its proper protection from inappropriate use or release.

Requestor shall receive and have access to specified data from the City that can be used or disclosed only in accordance with this Agreement.

The City shall provide the specific information and data as described in **Appendix 1** (hereinafter referred to as “Confidential Data”) to Requestor solely for the purpose of _____ [research/public health/healthcare operations] as set forth in **Appendix 1** (the “Project”). The City shall retain ownership of any rights in the Confidential Data, and the Confidential Data remains the valuable data of the City. Confidential Data shall be destroyed when the Project is completed by Requestor or upon termination of this Agreement, whichever occurs earlier.

The Confidential Data provided by the City to Requestor may include personally identifiable information (“PII”). Personally identifiable information for purposes of this Agreement shall mean any information obtained from the City that can be used alone, or in conjunction with any other information, to identify a specific individual.

The Requestor represents that it is requesting the Confidential Data solely for the purpose(s) that support the Project as set forth in **Appendix 1**.

If applicable, reimbursement of any costs associated with the preparation, compilation, and transfer of the Confidential Information to the Requestor will be addressed in **Appendix 1**.

2. PROCEDURE

The City shall determine the format of the electronic file in which it shall disclose Confidential Data to the Requestor and the timing of providing the Confidential Data, in consultation with the Requestor. The Parties agree that all Confidential Data disclosed by the City to Requestor will be done via secure file transfer process to be determined by the City. This secure file transfer may include, but not be limited to, requiring Requestor to use appropriate authentication and encryption systems.

The City will provide Confidential Data to the Requestor within _____ days of the Start Date of this Agreement, and will provide updates, if any, in a timely manner, as determined by the City. The terms of this Data Sharing Agreement shall apply to any and all updates of Confidential Data provided by the City to the Requestor.

3. DATA USE, ACCESS, AND DISCLOSURE

The Data Requestor may only use the Confidential Data for the Project as set forth in **Appendix 1** and cannot otherwise use or disclose the Confidential Data other than as permitted in this Data Sharing Agreement, or as required by law. Requestor agrees to be responsible for the use of the Confidential Data.

Requestor agrees to retain control over the Confidential Data and shall not disclose, release, sell, rent, lease, loan, or otherwise grant access to the Confidential Data to any third parties unless this Agreement specifically authorizes the disclosure. If a law requires Requestor to process or disclose Confidential Data, the Requestor must first inform the City of the legal requirement and give the City an opportunity to object or challenge the requirement, unless the law prohibits such notice.

Requestor may only disclose Confidential Data to its employees, faculty, fellows, students, and agents listed in **Appendix 2** that have a need to use or provide a service in respect of the Confidential Data in connection with the Project. (“Authorized Personnel”).

Data Requestor must take all necessary steps to ensure that any of its Authorized Personnel to whom it discloses the Confidential Information each agree to the same restrictions and conditions that apply to the Requestor regarding the disclosed Confidential Data.

At a minimum, the steps that Requestor shall take to ensure that its Authorized Personnel comply with the limitations on data use, disclosure, privacy, and security set forth in this Agreement include, but are not limited to:

- a. Providing Authorized Personnel with a written copy of the Data sharing Agreement between the Parties;
- b. Informing Authorized Personnel regarding the confidential nature and use restrictions of the Confidential Data, the obligation to keep the Confidential Data confidential, the safeguards required to protect such Data, and the sanctions specified

- in federal and state laws against unauthorized disclosure of information covered by the Agreement; and
- c. Requiring each Authorized Personnel to read and sign a Statement of Confidentiality and Non-Disclosure prior to access to the Confidential Data as set forth in **Appendix 3**.

Copies of the signed Statement of Confidentiality and Non-Disclosure shall be sent to the City Administrative Contact identified at paragraph 13 of this Agreement.

Requestor shall be responsible for the establishment and maintenance of security and privacy to prevent unauthorized use of the Confidential Data. Personally identifiable information, if disclosed, shall always be considered Confidential Data.

Requestor shall establish appropriate administrative, technical, and physical safeguards to protect the confidentiality of and to prevent unauthorized use or access to the Confidential Data specified in this Agreement.

Requestor agrees to comply with all applicable state, federal or local laws and regulations relating to the processing, protection, or privacy of the Confidential Data, including, but not limited to, the Health Insurance Portability and Accountability Act (“HIPAA”), the Family Educational Rights and Privacy Act (“FERPA”), New York State Education Law §2-d, and any applicable regulations promulgated thereunder, and the New York State Personal Privacy Protection Laws (Public Officers Law, Article 6-A, sections 91-99).

At a minimum, Requestor agrees to establish and implement the following physical, electronic and managerial safeguards for maintaining the confidentiality of the Confidential Data, including any PII, provided by the City pursuant to this Agreement:

- a. Limit dissemination of Confidential Data only to authorized individuals as necessary for their work on the Project, described in **Appendix 1**. Requestor will store the Confidential Data in an area that is safe from access by unauthorized persons during duty hours as well as non-duty hours or when not in use.
- b. Store and maintain Confidential Data in the form of physical paper in a place and manner that is physically secure from access by unauthorized persons (e.g., locked cabinets or storage room).
- c. Store and process Confidential Data which is maintained in an electronic format in such a way that unauthorized persons cannot obtain the information by any means.
- d. Take due care and take reasonable precautions to ensure that only authorized individuals are given access to online files containing Confidential Data.

In the case that Confidential Data is stored on a portable device including, but not limited to laptops, handhelds, flash memory devices, optical discs (CDs/DVDs), and portable hard disks, the Confidential Data shall be given the following protections:

- a. Control access to devices with a unique user ID and password or stronger authentication method such as physical token or biometrics.
- b. Manually lock devices whenever they are left unattended and set devices to lock

automatically after a period of inactivity, if this feature is available. Maximum period of inactivity is 20 minutes.

- c. Encrypt the data with a key length of at least 128 bits.
- d. Physically protect the portable device(s) and or media.

The confidentiality of data pertaining to individuals shall be protected as follows:

- a. Requestor must not use the Confidential Data to identify or attempt to identify or contact any specific individual whose information may appear in the disclosed Confidential Data.
- b. Data provided by the City cannot be linked with other data or data sets as a way to determine the identity of individuals or employers; the data in any data set shall be used for statistical purposes only.
- c. The Data Requestor will ensure that any study, report, publication, or other disclosure of Confidential Data provided under this Agreement is limited to the reporting of aggregate data and will not contain any information identifiable to a private person or entity. Publicly-reported aggregated results will not contain any group of fewer than 10 individuals.
- d. The Data Requestor shall not release the names of individuals, or information that could be linked to an individual, nor will the recipient present the results of data analysis (including maps) in any manner that would reveal the identity of individuals.
- e. The Data Requestor will not release individual addresses, nor will the recipient present the results of data analysis (including maps) in any manner that would reveal individual addresses.
- f. Requestor will not use the Confidential Data, either alone or in concert with any other information, to make any effort to identify or contact individuals who are the subjects of the Confidential Data without appropriate Institutional Review Board (IRB) approval, specific written approval from the City, and informed consent and authorization from the individual or a waiver, if required pursuant to 45 CFR 46.
- g. Requestor shall follow applicable federal and state laws protecting student data, if any, when displaying student information in public reports.

Additional special requirements, if any, relating to safeguarding of the Confidential Data, shall be set forth in **Appendix 4**.

Requestor shall immediately report to the City any use or disclosure of the Confidential Data not permitted by this Data Sharing Agreement of which it becomes aware. Data Requestor must report any unauthorized use or disclosure by a prompt notification via phone call or email, in addition to a letter to the City by certified mail, return receipt. Requestor agrees to attach, to **Appendix 5**, any notice(s) of unauthorized access to the covered Confidential Data that may have taken place prior to destruction.

Data Requestor shall immediately, but in all cases no more than 30 days, report to the City any loss or suspected loss of personally identifiable information provided by the City hereunder. In the event of such loss or suspected loss of any personally identifiable information, Requestor shall immediately commence an investigation to determine the scope of any breach and restore the security of the system to prevent any further breaches. Requestor shall notify the City of the results of its investigation and the steps taken to prevent any further breaches. Requestor expressly acknowledges that it shall bear the full cost of complying with this provision. Notification to the City under the terms of this paragraph shall be directed to the individual at the City of Syracuse address specified in paragraph 13 and shall be made by prompt notification via phone or email, in addition to certified mail, return receipt.

If the Confidential Data provided under this Agreement is to be shared with a subcontractor, Requestor agrees not to share the Confidential Data with said subcontractor unless the City has accepted a Data Sharing Agreement Addendum, and acknowledged a copy of the Agreement between the Requestor and the subcontractor which shall include the same restrictions and conditions that apply to Requestor.

4. PUBLICATION REVIEW.

Before Requestor submits a paper for publication or otherwise intends to publicly disclose information about the results of the Project, including for purposes of, but not limited to, any peer review, submission to any federal or state agency, demonstration, or synopsis of research, the Requestor must provide the City with a copy of the proposed publication, for its review, to ensure that the Confidential Data is appropriately protected. The City shall have at least 30 days from receipt of the proposed publication for review and approval. The City may request, in writing, that the proposed publication or other public disclosure be delayed for up to thirty (30) additional days as necessary to protect proprietary information. Upon the City's approval of the proposed publication for public dissemination, the City may require the Requestor to recognize the contribution of the City and cite the City as a source of the Data. In the event the City requires that Requestor cite it as a reference, the following excerpt shall be included with any public release: "The research presented here utilizes data provided by the City of Syracuse. The views expressed here are those of the author(s) and do not necessarily represent those of the City or other data contributors. Any errors are attributable to the author(s)."

5. AUDITS AND INSPECTIONS.

Requestor agrees that the City shall have the right, at any time, to monitor, audit and review activities and methods in implementing the Agreement in order to assure compliance therewith.

6. TERM AND TERMINATION

This Agreement shall begin on [REDACTED] or the date of last execution, whichever is later (“Start Date”), and end upon the completion of the Project, but no later than [REDACTED] (“End Date”), unless sooner terminated or extended as provided herein.

This Agreement and the Requestor’s authorization to use or retain the Confidential Data will remain in effect from the Start Date to the End Date, set forth above.

Either Party may terminate this Data Sharing Agreement at any time, with or without cause, by providing thirty days (30) written notice to the other Party. Upon termination, all Confidential Data provided by the City shall be disposed of as set forth in paragraph 7.

If the Project is completed prior to the End Date, the Requestor agrees to notify the City within thirty (30) days of completion. Upon such notice or the End Date, whichever occurs sooner, the Requestor agrees to destroy all Confidential Data provided under this Agreement, as set forth in paragraph 7.

Requestor shall notify the City of any information or materials derived from the Confidential Data, such as extracts, aggregates, reports or business intelligence, which Requestor wishes to retain beyond the period of this Agreement. Requestor must then seek written permission from the City before retaining such derived information. Requestor must list a description of such derived products at **Appendix 6**. Any permitted retention is exempt from the deletion requirements in the following paragraph.

The terms of this Data Sharing Agreement shall remain in effect in their entirety until the City receives a “Certificate of Disposition” as set forth in Paragraph 7 below.

The Requestor’s confidentiality and related use assurances under this Agreement shall survive termination or expiration of this Agreement.

The following provisions shall survive termination of this Agreement: Paragraph 3 (“Data Use, Access, and Disclosure”), Paragraph 6 (“Term and Termination”), and Paragraph 9 (“Indemnification”).

7. DESTRUCTION OF CONFIDENTIAL DATA

Upon termination of this Agreement or completion of the Project, whichever comes first, Requestor shall promptly and securely destroy the Confidential Data received from the City and provide written notification of the disposal.

Upon the destruction of City Confidential Data, Requestor shall complete a “Certification of Disposition” set forth at Appendix 7 and submit it to the City Agreement Administrator within thirty (30) days of the date of disposal. If Requestor is not reasonably able to securely dispose of Confidential Data, Requestor will continue to protect such Confidential Data in accordance with the terms of this Agreement until such time that it can securely dispose of such Confidential

Data. The Requestor Agrees not to retain, copy, duplicate or otherwise use any copies of Confidential Data after completion of the Project for which the data disclosed is served without written permission from the City.

Acceptable destruction methods for various types of media include:

- A) For paper documents Confidential Data containing confidential or sensitive information, a contract with a recycling firm to recycle confidential documents is acceptable, provided the contract ensures that the confidentiality of the data will be protected. Such documents may also be destroyed by on-site shredding, pulping, or incineration.
- B) For paper documents containing Confidential Data requiring special handling (i.e. HIPAA), recycling is not an option. These documents must be destroyed by on-site shredding, pulping, or incineration.
- C) If confidential or sensitive information has been contained on optical discs (e.g. CDs, DVDs,), the Data Requestor shall either destroy by incineration the disc(s), shredding the discs, or completely deface the readable surface with a coarse abrasive.
- D) If data has been stored on server or workstation data hard drives or similar media, the data recipient shall destroy the data by using a “wipe” utility which will overwrite the data at least three (3) times using either random or single character data, degaussing sufficiently to ensure that the data cannot be reconstructed, or physically destroying disk(s).
- E) If data has been stored on removable media (e.g., USB flash drives, portable hard disks, or similar disks), the Data Requestor shall destroy the data by using a “wipe” utility which will overwrite the data at least three (3) times using either random or single character data, degaussing sufficiently to ensure that the data cannot be reconstructed, or physically destroying disk(s).

8. NO WARRANTY

Except as provided below or prohibited by law, any Confidential Data delivered pursuant to this Agreement by the City is understood to be provided “AS IS.” THE CITY MAKES NO WARRANTY, REPRESENTATION, OR GUARANTY AS TO ITS QUALITY, CONTENT, ACCURACY, OR COMPLETENESS, OR THAT THE USE OF THE CONFIDENTIAL DATA WILL NOT INFRINGE ANY PATENT, COPYRIGHT, TRADEMARK, OR OTHER PROPRIETARY RIGHTS. THE CITY MAKES NO REPRESENTATIONS AND EXTENDS NO WARRANTIES OF ANY KIND, EITHER EXPRESSED OR IMPLIED. While the City strives to provide accurate information, the City shall assume no liability for errors, omissions, or inaccuracies in the Confidential Data provided, nor for any decision made or action taken or not taken by anyone using or relying upon the Confidential Data provided.

The City assumes no liability for downloaded files or damage to any computer that might occur during or as a result of accessing Confidential Data. Notwithstanding, the City, to the best of its knowledge and belief, has the right and authority to provide Confidential Data to Requestor for use in the Project.

9. INDEMNIFICATION.

The Requestor agrees to indemnify, hold harmless and defend the City of Syracuse and its affiliates, and their respective officers, directors, employees, agents successors, and permitted assigns (each, a “City Indemnitee”) from and against any and every claim, cause of action, obligation, liability, judgment, damage, loss, cost, expense, and fee (including without limitation reasonable attorneys’ and court fees) arising out of or relating to the Requestor’s breach of this Agreement, willful negligence, or failure to perform its obligations under this Agreement.

10. RESOURCES AND COSTS OF DATA SHARING AND DATA MANGEMENT

The City shall not be responsible for costs borne by the Requestor associated with the data sharing, transmission, storage, or use.

11. APPENDICES.

The Parties mutually agree that the following specified Appendices are part of this Agreement:

- A. Appendix 1: Project Specific Information
- B. Appendix 2: Authorized Agents of Requestor
- C. Appendix 3: Statement of Confidentiality and Non-Disclosure
- D. Appendix 4: Additional Safeguards
- E. Appendix 5: Notice of Possible Breach or Leak
- F. Appendix 6: Certification of Data Disposition
- G. Appendix 7: Requestor List of Retained Data

12. OTHER PROVISIONS.

Assignment. The Requestor may not assign, transfer convey or subcontract this Agreement, its obligations or any interest hereunder, without the express, prior written consent of the City. Any assignment or subcontract made without such consent will be null and void and would constitute grounds for immediate termination of the Agreement by the City.

Nature of Relationship. Nothing in this Agreement is intended or is to be deemed to create a partnership or joint venture between the Parties or to have created the relationship of principal and agent or any other legal entity between the Parties other than as specifically set out herein. This Agreement is not intended to establish, and shall not be construed by either Party in the future as having established any form of business partnership between themselves.

Captions. Any captions or headings to the sections of this Agreement are solely for the convenience of the Parties hereto and are not to be used for the interpretation or determination of the validity thereof.

Amendments. No amendment or change to this Agreement may be made except by means of a written document signed by duly authorized representatives of each Party.

Governing Law. This Agreement shall be governed by and interpreted in accordance with the laws of the State of New York.

Successors and Assignees. This Agreement shall inure to the benefit of and be binding upon the Parties hereto and their respective successors, legal representatives and permitted assignees.

Entire Agreement and Severability. This Agreement is the complete agreement between the Parties and supersedes all previous agreements or representations, written or oral, regarding the Confidential Data and any related matters as addressed in this Data Sharing Agreement. If any part of this Agreement is held to be unenforceable, the remainder shall continue in effect.

Use of Name and Trademarks.

Data Requestor shall not use the name(s) or trademark(s) of the City in any advertising, publicity, endorsement, promotion, or other publicly available document without the City's prior written consent.

Waiver. Neither Party's delay or omission in exercising any right or remedy under this Agreement will constitute waiver or prevent that applicable Party's ability to exercise any right or remedy in the future.

Notices. Any notice required or permitted to be given hereunder shall be (a) in writing, (b) effective on the first business day following the date of receipt, and (c) delivered by one of the following means: (i) by personal delivery; (ii) by prepaid, overnight package delivery or courier service; or (iii) by the United States Postal Service, first class, certified mail, return receipt requested, postage prepaid. All notices given under this Agreement shall be addressed to the addresses stated at the outset of this Agreement, or to new or additional addresses as the Parties may be advised in writing.

Counterparts. This Agreement may be executed in multiple, original counterparts, which together shall constitute a single agreement. Electronic and/or scanned portable document format signatures shall be treated as originals.

13. ADMINISTRATIVE CONTACTS.

CITY OF SYRACUSE CONTACT

Except as otherwise specified herein, the City of Syracuse designated contact concerning this Agreement shall be:

Name: _____
Title: _____
Address: _____
Phone: _____
Email: _____

The City of Syracuse may designate a new or alternate contact by providing the Data Requestor with written notice to that effect.

DATA REQUESTOR’S CONTACT

The Data Requestor’s designated contact concerning this Agreement shall be:

Name: _____
Title: _____
Address: _____
Phone: _____
Email: _____

The Data Requestor may designate a new or alternate contact by providing the City of Syracuse with written notice to that effect.

[SIGNATURE PAGE FOLLOWS]

14. SIGNATURE.

Each of the Parties represents that the individual signing this Agreement on behalf of such Party is duly authorized to execute this Agreement and legally bind the organization and agrees to all the terms and conditions specified herein. This Agreement shall not be deemed valid or binding until executed by both Parties.

CITY OF SYRACUSE

DATA REQUESTOR

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

CONSENT FOR PARTICIPATION IN GUN VIOLENCE INTERVENTION PROGRAM

Title of Program: Syracuse Safer Streets Program

Why am I being asked to participate?

You are invited to participate in the Safer Streets Program, a program that will be conducted by the City of Syracuse, Mayor's Office to Reduce Gun Violence ("MORGV"). The program is a community-based youth violence intervention program aimed at reducing gun and gang-related violence. Your participation is entirely voluntary, and before you participate, **it is important for you to understand** the nature of the program.

What is the purpose of the program?

The purpose of the program is to save lives by understanding how several services working together to assist individuals can prevent gun and gang violence. The program provides mentorship and case management services with paid internship opportunities (depending on program participation), mental wellness services and conflict mediation services. Fifty (50) individuals ages 18 to 24 will be enrolled into the program. We are asking you to participate in the program because you are a member of the community in the City of Syracuse.

What will I be asked to do?

If you agree to participate in the program, you may be asked to share personal experiences related to gun violence and to discuss your background and experiences with violence in your community. You will be asked to attend violence prevention intervention services including mentorship, conflict mediation, outreach activities and counseling services. The services will take place 3 to 5 times each week. The program will last 11 month(s).

During your participation in the program, you will be asked to share information about yourself, including personal and sensitive information, which may include:

- Personal contact details.
- Gender.
- Education and training.
- Date of Birth.
- Religious and philosophical beliefs.
- Racial or ethnic origin.
- History and background relating to employment and legal issues as well as personal and
- Family relationships.

What about confidentiality?

Along with the organizations listed below that will provide services during the program, the staff members at MORGV will know of your participation in the program. However, none of the information that you provide to MORGV or the participating service organizations will be disclosed to anyone outside of the program. All information collected during this program will be kept confidential and will not be shared with anyone outside this program, except as required by law. Only the MORGV staff members and the participating organizations listed below will have access to the information collected from you during the program.

The information collected from you will only be released to/from the following organizations/programs (or their designees):

- **The Salvation Army, Syracuse Area Services**
484 S. Salina St. Syracuse, NY
- **Good Life Foundation**
2610 South Salina Street, Syracuse
- **Northside Learning Center**
501 Park St., Syracuse, NY
- **Project HEAL**
- **Mayor's Office to Reduce Gun Violence (MORGV)**
233 E. Washington St., Syracuse, NY

Staff and consultants of the service organizations who will have access to the information collected about you will sign confidentiality agreements and receive training in confidential handling of personal and sensitive data to ensure confidentiality of your information.

All information obtained during the program will be securely stored in locked, password-protected computer files, or locked in file cabinets with limited access to ensure confidentiality of your information.

If results of the program are published or presented at conferences, no information will be included that would reveal your identity. You will not be named in any reports, publications or presentations that may come from this program.

If you decide to leave the program, the information about you that was collected before you left the program will still be used, however no new information will be collected without your permission.

Is there any compensation for participating in the program?

Paid internships will be offered on an individual basis, based on the individual's participation in the program.

What are the potential risks to participating in the Safer Streets Program?

Participation in the Safer Streets Program involves minimal risks associated with discussing sensitive topics related to gun violence. There are no foreseeable risks from taking part in the program. You may feel uncomfortable answering some questions during your participation in the program. If for any reason you feel uncomfortable, you may discuss your concerns with Lateef Johnson-Kinsey whose contact information is given below.

What are the potential benefits to participating in the program?

The greatest benefit is that all involved in the program will work with you to find a path for your life that leads to greater opportunities and takes you away from the tragic end that comes with gun violence. Also, what we ALL learn from the program will be used to help communities in Syracuse and across the country to understand how to prevent youth gun and gang violence. The potential benefits you may receive as a participant include access to support services and contributing to community safety initiatives.

Can I withdraw from the program?

Your participation in the Safer Streets Program is entirely voluntary. You have the right to withdraw from the program at any time. However, leaving this program can potentially affect any arrangements you may have with law enforcement, the courts or certain agencies, such as probation. If you decide to take part in this program, you will be asked to sign this consent form. After you sign this consent form, you are still free to withdraw at any time and without giving a reason.

What are the costs of participation in the program?

There will be no cost to you for taking part in this program.

What if I have questions?

The program is being conducted by the Mayor's Office to Reduce Gun Violence ("MORGV") having offices at Syracuse City Hall, located at 233 East Washington Street, Syracuse, NY 13202. If you have any questions about the Safer Streets Program or this consent form you may call Lateef Johnson at the City at (315) 401-6377 or send him an email at ljohnsonkinsey@syr.gov.

How can I remember all the information on this form?

You will be given a copy of this form to keep for your records.

Participant's Agreement:

By signing below, I acknowledge that I have read and understand the information provided in this consent form. I voluntarily agree to participate in the Safer Streets Program and consent to the collection, use, and disclosure of my personal information as described in this form.

Print Participant's Full Name: _____

Participant's Signature: _____

Date: _____

Signature of Person Obtaining Consent: _____

Printed Name of Person Obtaining Consent:

Title: _____

Date: _____

DECLINATION OF PARTICIPATION FORM

I, _____ (Print Name) have been offered the opportunity to participate in the Safer Streets Program to be conducted by the City of Syracuse, Mayor’s Office to Reduce Gun Violence (“MORGV”), and after careful consideration, have decided to decline participation in the program.

Signature: _____

City of Syracuse Witness (Credible Messenger):

Name: _____

Title: _____

Signature: _____

Comments of Witness:

_____.

You have in your Agreement
ID: _____

APPENDIX 3
Data Transfer Agreement

STATEMENT OF CONFIDENTIALITY AND NON-DISCLOSURE

As an employee, faculty member, student, fellow, or collaborator (hereinafter collectively “Authorized Agent,”) of _____ [Name of DATA REQUESTOR], I understand I will have access to information provided by the City of Syracuse (the “City”) pursuant to a Data Sharing Agreement, having ID _____ between the City of Syracuse and _____ [Name of DATA REQUESTOR].

I understand that the data and information provided by the City to _____ [Name of Requestor] pursuant to the subject Data Sharing Agreement is confidential (“Confidential Data”), and that I, as an Authorized Agent of _____ [Name of Data Requestor] am responsible for maintaining the confidentiality of said Confidential Data. I understand that the Confidential Data may be used solely for the purposes of work under the subject Data Sharing Agreement between the City and _____ [Name of DATA REQUESTOR]

I herein represent that:

- I have been given a copy of, and have read, the Data Sharing Agreement between the City of Syracuse and _____ [Data Requestor]
- I have been informed and understand that all data provided by the City related to the Data Sharing Agreement between the Parties is confidential and may not be disclosed to unauthorized persons. I agree to the terms and restrictions set forth in the Data Sharing Agreement between the City of Syracuse and _____ [Data Requestor] which are applicable to Confidential Data provided by the City. I agree not to divulge, transfer, sell, or otherwise make known to unauthorized persons any Confidential Data set forth in the Data Sharing Agreement.
- I also understand that I am not to access or use the Confidential Data for my own personal information, but only to the extent necessary and for the purpose of performing my assigned duties as an Authorized Agent for the Project described in the Data sharing Agreement and any attachments thereto. I understand that a breach of this my obligations of confidentiality and restricted use set forth in the Data sharing Agreement will be grounds for disciplinary action which may also include termination of my affiliation with _____ [Name of DATA REQUESTOR] and other legal action.
- I agree to abide by all federal and state laws and regulations regarding confidentiality and disclosure of the Confidential Data related to the Data Sharing Agreement between the City of Syracuse and _____ [Data Requestor]

Authorized Agent

Duly Authorized Officer of Requestor

I have read and understand the above
Statement of Confidentiality and
Nondisclosure of information.

The Authorized Agent has been informed
of his/her obligations including any
Limitations, use or publishing of
Confidential Data.

Signature _____

Printed Name _____

Organization _____

Job Title _____

E-mail address _____

Date _____

Please return signed forms to City of Syracuse, [Name, Department], 233 East Washington
Street, Room _____, Syracuse, New York 13202.