



John D. Wentworth, Clackamas County District Attorney

807 Main Street, Oregon City, Oregon 97045
 P: 503.655.8431 | F: 503.650.8943 | districtattorney@clackamas.us

November 4, 2021

Board of County Commissioner
 Clackamas County

Members of the Board:

Approval of Application for

Grant Agreement from the Oregon Department of Justice for Child Abuse Multidisciplinary Intervention (CAMI) Program Services Total Grant Award is \$1,040,851.29 funding through the State of Oregon. These are pass through funds. No County General Funds are involved.

Purpose / Outcomes	The CAMI Program’s goal is to support a multidisciplinary approach to child abuse intervention. Services include assessment, advocacy, and treatment to children who are victims or alleged victims of child abuse (ORS 419B.005 through 419B.050).		
Dollar Amount and Fiscal Impact	Total grant award: \$1,040,851.29; Carry Over from 20-21: \$23,394.61		
	Total Budget = \$1,064,245.89		
	Expenditure Description	MDT Approved 2021-2022 Budget:	Estimated 2022-2023 Budget:
	Children’s Center	\$450,500.00	\$450,500.00
	RISK Outreach	\$30,000.00	\$30,000.00
	MDT Coordinator	\$32,000.00	\$33,000.00
	Training	\$30,710.00	\$6,576.00
Supplies	\$610.25	\$349.64	
	Total	\$543,820.25	\$520,425.64
Funding Source	State of Oregon, acting by and through OR Department of Justice, pass-through funds.		
Duration	Effective July 1, 2021 through June 30, 2023.		
Previous Board Action/Review	The Board approved the 2019-2021 MDT CAMI grant award on Oct 31, 2019, Item Number B.1.		
Strategic Plan Alignment	Ensure safe, healthy and secure communities for children.		
Procurement Review	1. Was the item processed through Procurement? No 2. Item is a State Pass-Through Grant.		
Contact Person	Bob Willson, Management Analyst 2 – District Attorney’s Office, 503-650-3011		

BACKGROUND:

Oregon law (ORS 418.746-418.796) requires that every county utilize a multidisciplinary approach to child abuse intervention. In 1989, the law specified that every county create a multidisciplinary team (MDT) that is coordinated through each county’s District Attorney’s office. The legislature recognized then, as it does still today, that identifying and responding to child abuse is complicated and thus requires complex collaboration and consistent team work in order to address child abuse situations adequately. (Grant Handbook, Page 5)

Clackamas County has received funding from the State of Oregon for Child Abuse Multi-Disciplinary Intervention (CAMI) since at least 2005. CAMI funds are intended for the ongoing support of community child abuse intervention centers (ORS 418.790 through 418.792) and for the development and maintenance of child abuse multidisciplinary teams (ORS 418.745 through 418.747).



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RECOMMENDATION:

I respectfully recommend that the Board approve the attached 2021-2023 State Child Abuse Multidisciplinary Intervention (CAMI) Grant Program Application between Clackamas County, acting by and through its District Attorney's Office and the State of Oregon, acting by and through its Department of Justice.

Respectfully submitted,

John D. Wentworth

Financial Assistance Application Lifecycle Form

Use this form to track your potential award from conception to submission.

Sections of this form are designed to be completed in collaboration between department program and fiscal staff.

** CONCEPTION **

Section I: Funding Opportunity Information - To be completed by Requester

Award type: Direct Appropriation (no application)
 Subrecipient Award Direct Award

Award Renewal? Yes No

Lead Department & Fund:

District Attorney

If renewal, complete sections 1, 2, & 4 only. If Direct Appropriation, complete page 1 and Dept/Finance signatures only.

If Disaster or Emergency Relief Funding, EOC will need to approve prior to being sent to the BCC

Name of Funding Opportunity:

Child Abuse Multidisciplinary Intervention Account (CAMI)

Funding Source: Federal State Local

Requestor Information (Name of staff person initiating form): Joan Radonich (MDT Grant Coordinator on Contract)

Requestor Contact Information: 807 Main Street, Rm 7, Oregon City, 503-936-6267, jprc5@comcast.net

Department Fiscal Representative: Bob Willson, Clackamas County DA Management Analyst

Program Name and prior project # (please specify): CAMI MDT, 220-1132-07101

Brief Description of Project:

The Child Abuse Multidisciplinary Intervention (CAMI) Account is the primary source of state funding for the intervention, assessment and investigation of child abuse. State law requires CAMI funds be distributed through multidisciplinary teams (MDTs). MDTs are established in each county under the leadership of the local district attorney. Each county develops a coordinated intervention plan and protocols to provide comprehensive services to the victims of child abuse, including assessment, advocacy, treatment and prosecution.

Name of Funding Agency:

State of Oregon Department of Justice - Crime Victims - Child Abuse Multi

Agency's Web Address for funding agency Guidelines and Contact Information:

<https://www.doj.state.or.us/crime-victims/grant-funds-programs/child-abuse-multidisciplinary-intervention-cami-fund/>

OR

Application Packet Attached: Yes No

Completed By:

Bob Willson

10/13/21

Date

** NOW READY FOR SUBMISSION TO DEPARTMENT FISCAL REPRESENTATIVE **

Section II: Funding Opportunity Information - To be completed by Department Fiscal Rep

Competitive Application

Non-Competing Application

Other

CFDA(s), if applicable:

N/A

Funding Agency Award Notification Date:

Announcement Date:

Announcement/Opportunity #:

Grant Category/Title:

2021-2023 State Child Abuse Multi

Max Award Value:

\$1,040,851.29

Allows Indirect/Rate:

N/A

Match Requirement:

None

Application Deadline:

Other Deadlines:

Award Start Date:

7/01/21

Other Deadline Description:

Award End Date:

6/30/23

Completed By:

Bob Willson

Program Income Requirement:

Pre-Application Meeting Schedule:

Additional funding sources available to fund this program? Please describe:

How much General Fund will be used to cover costs in this program, including indirect expenses? \$0.00 +

How much Fund Balance will be used to cover costs in this program, including indirect expenses? \$0.00 +

Section III: Funding Opportunity Information - To be completed at Pre-Application Meeting by Dept Program and Fiscal Staff

Mission/Purpose:

1. How does the grant/funding opportunity support the Department and/or Division's Mission/Purpose/Goals?

The mission of the Clackamas County Multi-Disciplinary Team is to develop a professional team of child abuse investigators and reporters who share an inter-agency commitment to protecting abused children and preventing child abuse. The grant supports the MDT's mission and purpose to develop a team approach to the assessment, investigation and prosecution of child abuse cases. MDT members work in

2. What, if any, are the community partners who might be better suited to perform this work?

The MDT team, includes but is not limited to, representatives of: law enforcement, child protective services, prosecution, mental health, the medical profession, schools, victim advocacy and the Child Advocacy Center.

3. What are the objectives of this funding opportunity? How will we meet these objectives?

The MDT grant has four main funding areas (Children's Center, MDT Coordinator, RISK Outreach, & Training) with specific goals, objectives, activities and performance measures that are reported semi -annually and financial reports are reported quarterly.

4. Does the grant/financial assistance fund an existing program? If yes, which program? If no, what is the purpose of the program?

No.

Organizational Capacity:

1. Does the organization have adequate and qualified staff? If no, can staff be hired within the grant/financial assistance funding opportunity timeframe?

Yes.

2. Are there partnership efforts required? If yes, who are we partnering with and what are their roles and responsibilities?

No, this grant does not require specific partnerships.

3. If this is a pilot project, what is the plan for sunseting the project and/or staff if it does not continue (e.g. making staff positions temporary or limited duration, etc.)?

N/A

4. If funded, would this grant/financial assistance create a new program, does the department intend for the program to continue after initial funding is exhausted? If yes, how will the department ensure funding (e.g. request new funding during the budget process, supplanted by a different program, etc.)?

N/A

Collaboration

1. List County departments that will collaborate on this award, if any.

The Clackamas County District Attorney's office provides administrative support and leadership of the Team.

Reporting Requirements

1. What are the program reporting requirements for this grant/funding opportunity?

Fund reimbursement is dependent on required semi-annual progress and statistical reports and quarterly financial reports.

2. How will performance be evaluated? Are we using existing data sources? If yes, what are they and where are they housed? If not, is it feasible to develop a data source within the grant timeframe?

Grant requires statistical reporting of goals, outcomes, and performance outcomes which are collected from existing sources of member agencies -- District Attorney, Children's Center, DHS, Juvenile Dept.

3. What are the fiscal reporting requirements for this funding?

Quarterly reports are required for this grant and provided by Clackamas County Finance Department.

Fiscal

1. Will we realize more benefit than this financial assistance will cost to administer?

Yes.

2. Are other revenue sources required, available or will be used to fund the program? Have they already been secured? Please name other sources, including General Fund or Fund Balance and amounts.

No additional revenue sources are required.

3. For applications with a match requirement, how much is required (in dollars) and what type of funding will be used to meet it (CGF, In-kind, Local Grant, etc.)?

There is no match requirement but DHS, LEA, and Children's Center provide In-kind services.

4. Does this grant/financial assistance cover indirect costs? If yes, is there a rate cap? If no, can additional funds be obtained to support indirect expenses and what are those sources?

No indirect expenses will be incurred.

Program Approval:

Name (Typed/Printed)	Date	Signature
** NOW READY FOR PROGRAM MANAGER SUBMISSION TO DIVISION DIRECTOR **		
ATTACH ANY CERTIFICATIONS REQUIRED BY THE FUNDING AGENCY. COUNTY FINANCE OR ADMIN WILL SIGN.		

Section IV: Approvals

DIVISION DIRECTOR (or designee, if applicable)		
Name (Typed/Printed)	Date	Signature

DEPARTMENT DIRECTOR (or designee, if applicable)		
John D. Wentworth	10/14/2021	
Name (Typed/Printed)	Date	Signature

FINANCE ADMINISTRATION		
Elizabeth Comfort	10.20.2021	
Name (Typed/Printed)	Date	Signature

EOC COMMAND APPROVAL (DISASTER OR EMERGENCY RELIEF APPLICATIONS ONLY)		
Name (Typed/Printed)	Date	Signature

Section V: Board of County Commissioners/County Administration

(Required for all grant applications. If your grant is awarded, all grant awards must be approved by the Board on their weekly consent agenda regardless of amount per local budget law 294.338.)

For applications less than \$150,000:

COUNTY ADMINISTRATOR	Approved: <input type="checkbox"/>	Denied: <input type="checkbox"/>
Name (Typed/Printed)	Date	Signature

For applications greater than \$150,000 or which otherwise require BCC approval:

BCC Agenda Item #: Date:

OR

Policy Session Date:

County Administration Attestation

County Administration: re-route to department contact when fully approved.
 Department: keep original with your grant file.

A. Cover Page

Instructions:

- Complete this page and click **SAVE**, fields will populate with information and any errors will be noted.
- Required fields are marked with a *.

Organization Certification

1. By Checking the following boxes, I hereby certify the following:
 - ✓The Organization Information page is complete and accurate. If appropriate, CVSSD has been contacted to make any changes;
 - ✓All personnel working on this application have been added to the organization and the application;
 - ✓A current (within the last 2 years) Civil Rights Training Certification has been uploaded on the Certification page under Organization Details within My Organization or the agency is new and hereby certifies it will complete the required training and upload the Certification prior to executing a Grant Agreement.
 - ✓The Whistleblower Certification has been uploaded on the Certification page under Organization Details within My Organization or the agency is new and hereby certifies it will complete and upload the Certification prior to executing a Grant Agreement.
 - ✓The Staff Roster is complete and accurate. In order to edit the Staff Roster go to the "My Organization" page, and then "Organization Details."
 - ✓If applicable, the Board Roster is complete and accurate. In order to edit the Board Roster go to the "My Organization" page, and then "Organization Details."
 - ✓The program will send at least one representative to each applicable required training event hosted by CVSSD (i.e. All Grantees' Day, ODAA, MDT Day, Non-Profit Directors' Day).
 - ✓All personnel no longer associated with the applicant have been deactivated in the system.

2.
 - a. Applicant Agency's or Organization's Legal Name & Mailing Address:
*Clackamas County, acting by and through its District Attorney's Office
 2051 Kaen Road
 Oregon City, OR 97045
 Phone: 503-655-8431
 Fax: 503-650-8943*
 - b. Physical Address (if different than the mailing address):
*807 Main St
 Oregon City OR 97045*
 - c. County: *Clackamas County*
 - d. Federal ID #: *93-6002286*
 - e. Website Address: *https://www.clackamas.us/da*

3.
 - a. Application Contact Person - The person who is responsible for day to day management and reporting for the grant.: *joan radonich*
*mdt coordinator
 807 Main Street Room 7
 Oregon City, OR 97045
 Phone: (503) 936-6267
 Fax: (503) 663-2554
 E-mail: jprc5@comcast.net*
 - b. Contact Information:
*Bouavieng Bounnam
 Grant Accountant 2
 2051 Kaen Road
 Oregon City, OR 97045
 Phone: (503) 742-5422
 Fax: (503) 742-5401
 E-mail:
 bbounnam@co.clackamas.or.us*
 - c. Fiscal Contact - The individual who prepares the financial reports for the grant:
Robert Willson
 - d. Contact Information:
*Administrative Analyst
 807 Main Street, Room 7
 Oregon City, OR 97045-1845
 Phone: (503) 655-8431
 Fax: (503) 650-8943
 E-mail: sarahbro@co.clackamas.or.us*
 - e. Fiscal Officer - This is the individual who has signature authority for financial reporting for the applicant. CVSSD assumes that all financial reports submitted in E-Grants have been approved by the Fiscal Officer as a true and accurate representation of grant expenditures:
Robert Willson
 - f. Contact Information:
*Administrative Analyst
 807 Main Street, Room 7
 Oregon City, OR 97045-1845
 Phone: (503) 655-8431
 Fax: (503) 650-8943
 E-mail: sarahbro@co.clackamas.or.us*

4. **Type of Applicant: ***
 Non-Profit, Non-Governmental
 District Attorney's Office/Victim Assistance Program
 ✓Other
 If Other, please describe: *District Attorney's Office -- CAMI MDT*

B. MDT and Child Fatality Review Teams Leadership and MDT Required Roles

Instructions:

- Required fields are marked with a *

The individuals listed on form B should be authorized to commit the agency or organization filling the statutory role on the MDT to the protocols, interventions and obligations described in this application.

The individuals who represent non-statutorily required agencies or organizations that are members of the MDT or Child Fatality Review Team should be listed on form C. These additional MDT members should be agencies or organizations whose participation informs and improves the intervention. In deciding upon inclusion of additional members in case review, teams should carefully consider all factors impacting the child victim and non offending family, including confidentiality and the contributions additional members would make to the intervention. Teams can use protocol to define the scope of each member's participation.

Members of the MDT and Child Fatality Review Team shall be notified in advance of any and all meetings and are expected to attend and participate regularly. Members should be provided information regarding cases to be reviewed with sufficient notice to allow preparation for meaningful participation in case review. Helpful resources for meaningful case review can be found at <http://www.nationalchildrensalliance.org/ncas-standards-for-accredited-members/> and [ABC House Case Review Form](#).

1. **MDT Chair** - The DA (or sometimes a DDA)-The person responsible for convening the MDT.
 - a. Name: *Scott Healy*
 - b. Agency: *Clackamas County DA*
 - c. Phone: *(503) 655-8431*
 - d. Email: *scotthea@clackamas.us*

2. **MDT Coordinator** - The person who completes administrative tasks on behalf of the MDT including preparing and circulating the MDT meeting agendas.
 - a. Name: *Joan Radonich*
 - b. Agency: *Clackamas County MDT*
 - c. Phone: *(503) 936-6267*
 - d. Email: *jradonich@clackamas.us*

3. **Fatality Review Team Leader** -Typically the DA-the person primarily responsible for facilitating the meetings.
 - a. Name: *Scott Healy*
 - b. Agency: *CC DA*
 - c. Phone: *(503) 655-8431*
 - d. Email: *scotthea@clackamas.us*

4. **Fatality Review Coordinator** - The person primarily responsible for handling the logistics for the team-such as scheduling meetings, preparing agendas, taking notes and entering information in the CDR database
 - a. Name: *Joan Radonich*
 - b. Agency: *CC MDT*
 - c. Phone: *(503) 936-6267*
 - d. Email: *jradonich@clackamas.us*

5. Role: **District Attorney's Office**
 - a. Name: *Scott Healy*
 - b. Agency: *CC District Attorney*
 - c. Phone: *(503) 655-8431*
 - d. Email: *scotthea@clackamas.us*
 - e. This person is also a member of the Fatality Review Team:
 - ✓ Yes No *
 - f. ORS 418.747 Training complete.
 - ✓ Yes No *
 - g. Karly's Law Training complete:
 - ✓ Yes No *

6. Role: **Department of Human Services Child Protective Services**
 - a. Name: *Kevin Long*
 - b. Agency: *Clackamas County DHS/CW*
 - c. Phone: *(971) 673-3000*
 - d. Email: *kevin.long@dhsosha.state.or.us*
 - e. This person is also a member of the Fatality Review Team:
 - ✓ Yes No *
 - f. ORS 418.747 Training complete:
 - ✓ Yes No *

g. Karly's Law Training complete:
 Yes No *

7. Role: Health Department

a. Name: *Cassandra Stewart*
 b. Agency: *CC Public Health*
 c. Phone: *(503) 742-5300*
 d. Email: *cstewart@clackamas.us*
 e. This person is also a member of the Fatality Review Team:
 Yes No *
 f. ORS 418.747 Training complete:
 Yes No *
 g. Karly's Law Training complete:
 Yes No *

8. Role: Juvenile Department

a. Name: *Kathryn Anderson*
 b. Agency: *CC Juvenile Department*
 c. Phone: *(503) 655-8342*
 d. Email: *kanderson2@clackamas.us*
 e. This person is also a member of the Fatality Review Team:
 Yes No *
 f. ORS 418.747 Training complete:
 Yes No *
 g. Karly's Law Training complete:
 Yes No *

9. Role: School Official

a. Name: *Annie Schlegel*
 b. Agency: *North Clackamas School District*
 c. Phone: *(503) 353-5660*
 d. Email: *schlegela@nclack.k12.or.us*
 e. This person is also a member of the Fatality Review Team:
 Yes No *
 f. ORS 418.747 Training complete:
 Yes No *
 g. Karly's Law Training complete:
 Yes No *

10. Role: Law Enforcement

a. Name:
 b. Agency: *Oregon City Police Department*
 c. Phone: *(503) 905-3501*
 d. Email: *cgates@orc.org*
 e. This person is also a member of the Fatality Review Team:
 Yes No *
 f. ORS 418.747 Training complete:
 Yes No *
 g. Karly's Law Training complete:
 Yes No *

11. Role: Child Abuse Intervention Center

a. Name: *Dr. Cathleen Lang*
 b. Agency: *Children's Center*
 c. Phone: *(503) 655-7725*
 d. Email: *cathleen@childrenscenter.cc*

- e. This person is also a member of the Fatality Review Team:
 Yes No *
- f. ORS 418.747 Training complete:
 Yes No *
- g. Karly's Law Training complete:
 Yes No *

12. Role: County Mental Health

- a. Name: *Kim Pengelly*
- b. Agency: *CC Behavioral Health*
- c. Phone: *(503) 655-8471*
- d. Email: *kimpen@co.clackamas.or.us*
- e. This person is also a member of the Fatality Review Team:
 Yes No *
- f. ORS 418.747 Training complete:
 Yes No *
- g. Karly's Law Training complete:
 Yes No *

C. MDT and Child Fatality Review Teams - Additional Members

Instructions:

- Please complete this page and click **SAVE**, fields will populate with information and any errors will be noted at this point.
- Required fields are marked with a *.

The individuals listed on this form should be authorized to commit their agency or organization to the protocols, interventions, and obligations described in this application.

The additional MDT or Fatality Review Team members should include:

1. additional statutory members. For example, if your MDT includes several law enforcement agencies, please include the representative of each law enforcement agency not listed on form B. Please note that under ORS 418.785(2) the child fatality review team shall be assisted by the county medical examiner or county health officer as well as other professionals who are specifically trained in areas relevant to the purpose of the team. Please list the medical examiner who participates in your child fatality reviews.

2. other non-statutorily required agencies or organizations that are members of the MDT and/or Child Fatality Review Team. Additional members should be agencies or organizations whose participation informs and improves the intervention, for example, the AAG who handles dependency and termination of parental rights proceedings in your county. In deciding upon inclusion of additional members for case review, teams should carefully consider all factors impacting the child victim and non-offending family, including confidentiality and the contributions additional members would make to the intervention.

For additional information on Child Fatality Review, please visit <https://www.oregon.gov/oha/PH/PreventionWellness/SafeLiving/KeepingChildrenSafe/Pages/child-fatality-review.aspx>.

Members of the MDT and Fatality Review Teams shall be notified in advance of any and all meetings and are expected to attend and participate as reasonable, practicable, and relevant to the cases to be staffed.

Those who attend MDT on behalf of the member agency or organization may differ from those listed in this application. They may include:

- Prosecutors from the District Attorney's Office actively working on Adult, Juvenile, and Dependency Cases and DAVAP Advocates
- Medical Professionals, including the DMP and child abuse assessment center based Medical Professionals, with substantial education, training, and experience in conducting child abuse medical assessments as defined by ORS 418.782(2)
- CAIC based Forensic Interviewers and Victim Advocates (in addition to the statutorily required CAIC representative who should be a CAIC Director or Deputy Director)
- AAGs who represent DHS in county juvenile dependency and termination of parental rights proceedings

1. Contact Information	
a.	Name: <i>Allie Martin</i>
b.	Agency: <i>Clackamas County HT MDT & Safety Compass</i>
c.	Phone: <i>(971) 235-0021</i>
d.	Email: <i>allie@safetycompass.org</i>
e.	This person is also a member of the:
	<input checked="" type="checkbox"/> Fatality Review Team <input checked="" type="checkbox"/> MDT <input checked="" type="checkbox"/> Both
f.	ORS 418.747 Training complete:
	<input checked="" type="checkbox"/> Yes No
g.	Karly's Law Training complete:
	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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d.	Email: <i>allie@safetycompass.org</i>
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g.	Karly's Law Training complete:
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C. MDT and Child Fatality Review Teams - Additional Members

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4. AAGs who represent DHS in county juvenile dependency and termination of parental rights proceedings

1. Contact Information

a.	Name:	<i>Allie Martin</i>	
b.	Agency:	<i>Clackamas County HT MDT & Safety Compass</i>	
c.	Phone:	<i>(971) 235-0021</i>	
d.	Email:	<i>allie@safetycompass.org</i>	
e.	This person is also a member of the:	<input checked="" type="checkbox"/> Fatality Review Team	<input checked="" type="checkbox"/> MDT
			<input checked="" type="checkbox"/> Both
f.	ORS 418.747 Training complete:	<input checked="" type="checkbox"/> Yes	No
g.	Karly's Law Training complete:	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

D. Intervention Plan

Instructions:

- Complete this page and click **SAVE**, fields will populate with information and any errors will be noted.
- Required fields are marked with a *.

1. Describe all sources of support, including funding (other than CAMI funding) and in-kind contributions, available to carry out your county's child abuse intervention plan. *
Clackamas County receives no other funding -- except in cases of county wide trainings where we may charge a registration fee to offset facility rental and materials.

All other sources of support are in-kind contributions from our great partners.

By far, the largest in-kind support comes from the DA's office who provides financial support, leadership and time to carry out the many functions and projects of MDT. The DA's office does not take any 5% administrative funding for MDT operations.

DA's office provides the leadership, time and support of First Assistant District Attorney Scott Healy. Scott is the chair of the MDT, School Outreach (meet monthly) Child Fatality Review, Policy & Management Subcommittee (meet quarterly) and participates on other committees -- Case Review, Training.

DA financial analyst keeps track of MDT budget and with the County grant financial coordinator and provides monthly budget reports to MDT and processes all contracts, invoices for MDT. Estimate for in-kind contributions from the DA's office is @\$15,000.

Partner in kind contributions from DHS, all 8 LEA, CC BH, CC PH, Juvenile, Schools, CWS, Corrections

All our partners are represented at our monthly MDT meetings and on our subcommittees and contribute their time and followup on projects monthly. We currently have @75 on our email list and usually have about 30-35 members at monthly meeting & more at educational presentations all supported by their agency to attend MDT. Our 4 main partners each provide 3 educational presentations a year -- DHS, Children's Center, LEA & DA plus are active members of all are subcommittees.

Children's Center has provided a free space for meetings, but is also active in all our subcommittees (P & M, training, case review, CFR) with many of their staff assuming many responsibilities for the work of MDT and providing the leadership of the MH Collaborative subcommittee.

DHS provides and makes sure staff are in attendance at all our meetings & subcommittees -- providing education, updates and maintaining strong communication with all partner agencies. DHS does chair the Case Review subcommittee and besides time for the monthly meeting also coordinates the agenda.

Providence Medical -- donation of space for meeting -- paying for coffee service only (\$50).

It is hard to measure the exact value and time of all our members in kind contributions of time and work in support of MDT & greatly values agency leadership who support the importance of their staff contribution to MDT.

Some approximate salary estimations

DA -- \$86/hr

County Financial Assistance -- \$34/hr

Social Worker -- \$41/hr

DHS caseworker -- \$28/hr

LEA -- \$40/hr

Child Abuse Pediatrician \$89/hr

2. Describe the critical needs of victims of child abuse in the county, including but not limited to child abuse assessment, advocacy, and treatment. *
Prior to devastating impacts of COVID-19 Pandemic, the wildfires, school closures and ice storms, in Clackamas County many child well being indicators showed positive 5 yr trends according to data compiled annually by Our Children Oregon (<https://ourchildrenoregon.org>.) OCO data for Clackamas County indicated that 13% of children were food insecure, 52% of 3-4 year olds were not in school, 74% of 2-yr olds were immunized and 8 children per 1000 were victims of abuse.

But prior to the pandemic, our systems and policies were failing children & families & now those with existing inequities have worsened. New preliminary data from OCO shows that the pandemic is taking a heavy toll on Oregon families with children (see attachment & <https://ourchildrenoregon.org/our-work/research-data/#interactive-data>).

1. Food Insecurity - nearly 1-8 households (12%) of Oregon households with children report sometimes or always they did not have enough to eat. (anecdote: Oregon City school districts have organized CARE Connect teams to visit at risk families (300) with food, resources & connections to school based learning).

2. Housing -- 13% of people in households had slight confidence or no confidence at all they would be able to meet their next rent or mortgage payment

3. Health Insurance -- 11% of adults in households with children currently do not have health insurance & 33% say they have delayed medical care

But the most distressing outcome is

4. *Mental Health Care -- Nearly a quarter 24% of people in households with children reported that they felt down, depressed, or hopeless in the previous week.

There is much to do for the health & well being of children & families in the County as we transition from this Pandemic. It's also a time to try new creative ideas to address old persistent problems/issues of child abuse/neglect in our county as well as review and develop new processes & systems of addressing child abuse.

* How do we support families to provide safety & resiliency when all "normal" systems have been disrupted?

* How do we ensure families can meet basic needs?

* How to address the existing inequities of racial equity, diversity and economic disparity that the pandemic has worsened? (<http://ourchildrenoregon.org>)

The Clackamas County MDT Intervention Plan focuses on three main areas of support and development.

1. Mental Health support --, development of resources, training for families and children, schools, therapists (through training), training and support for MDT partners, suicide prevention training through partnerships with other County agencies, education, materials, development of new models of prevention.

2. Training opportunities for MDT partners and staff -- Conferences, speakers, training, Protocol training, Child Abuse 101 for all the new staff in the County..

3. School Support and Collaboration -- improved communication and collaboration, providing education & training opportunities providing mental health support to families & children.

As we look forward there are many challenges; there have been so many profound changes in the lives of many & unknown what the needs and effects are or will be on children, neglect and abuse, once we return to a more "normal" life. In addition, all MDT partners are adapting to new ways doing business & delivering services. Michael Ralls, Director of Student Services at No. Clackamas School District noted at one of our meetings, that 23 important systems had to be readjusted and adapted every time there were changes in school closures, openings.

One interesting positive data point in Clackamas County is the data collected over the last 3 years by the MDT P & M Subcommittee which tracks abuse & neglect referrals from DHS referral, to LEA, to CC & prosecution. Our data showed as of April 2021, we have been assessing referrals, assessment & prosecution at about 85% of our pre pandemic levels.. (See attachment P & M Data)

3. Describe how your county addresses the needs described in #2 above in a comprehensive manner, ie what is your intervention plan? *

Clackamas Co. MDT will address the needs identified above through leadership, work and action of the MDT Subcommittees in partnership and support with our MDT partners (DHS, LEA, CWS, CC PH, CC BH to name a few)

The active MDT subcommittees involved include:

1. **Training Subcommittee** – MDT has always supported training of MDT partners and staff and set aside a specific budget for this item. Training monies help to keep staff up to date, train new staff on policies and procedures, provide educational opportunities through conferences, speakers, monthly educational speakers, presentations and training on topical issues, i.e., suicide prevention and strive to support all partners in training – DA, DHS, LEA, Mental Health, Schools, Public Health.
 2. **Mental Health Collaborative** – This is a very active subcommittee chaired by Karen Corban at the Children's Center and includes @ 30 mental health agencies in Clackamas County who meet monthly to share resources, training opportunities and provide educational presentations. They serve a very important role in connecting mental health agencies in the County on what is available, what needs to be done, what training is needed.
 3. **MDT School Subcommittee (SOS)** began in 2017 & is chaired by Scott Healy, MDT Chair, is focused on assisting and supporting CC schools and staff and developing better communication, coordination & collaboration on school legislation affecting reporting and interviewing on child abuse issues, mandatory reporting as well as providing any kind of mental health support, training going forward after this year of the pandemic effects.
 4. **MDT Policy & Management Subcommittee** is an executive committee of the MDT comprising the 8 essential MDT members chaired by Scott Healy, which meets quarterly to look at system issues and policy and tracks data from intervention to prosecution on child abuse and neglect. Data helps identify problems/issues/training in the system that need addressing.
 5. **Case Review Subcommittee** maintains importance of partnerships communication and collaboration on working as a multidisciplinary team. Team is chaired by Jeff Lisenbee at DHS and meets monthly. Often system issues are identified early and we are able to intervene and bring to attention of larger MDT.
 6. **Child Fatality Review Subcommittee** – Smaller MDT Committee required to review child fatalities in the County & helps identify prevention issues and risks to safety of children in County.
 7. **HBB (Healthy Boundaries & Behaviors) Formerly RISK**
MDT Coordinator facilitates and coordinates this vital subcommittee working with children under age 11 with problematic sexual behaviors (PSB) along with outreach, support and treatment provided by Children's Center Family Support. Committee meets monthly regularly and has solid and committed membership from DHS, DA, CC BH, Juvenile, LEA. Goal is to increase education about this Committee and the resources it provides to the community working with these children. Research continues to indicate early intervention is important in impacting these behaviors.
4. Describe how the county's protocols are part of the intervention plan. *
- County's protocol provides the framework for MDT partners to work in a multidisciplinary way to improve systems of child abuse intervention, assessment, advocacy, prosecution of child abuse in the County and directs us in looking at system issues and problems in the County.
The current protocol and its appendices latest revision in March 2020 was reviewed by a multi-disciplinary team of MDT partners. The appendices directly explain and outline the responsibilities of MDT subcommittees (HBB, Training, Child Fatality). The Intervention plan integrates with the goals and processes described in the Protocol.
5. Describe how the intervention plan prioritizes funding a children's advocacy center and how the funding supports the center. *
- The Clackamas County MDT has been strongly committed to the development and growth of our child advocacy center and providing victims and family access to a quality medical assessment center. This has been the primary goal and a critical need determined by our county MDT since 2002. The Children's Center continues to grow, adapt and provide quality services to our children and families. This past year has been challenging – pandemic, fires, ice storms, school closures and organizational changes (new Executive Director) but Children's Center has been able to maintain their level of services at 85% serving 400 children, providing 266 medical exams, conducting 212 interviews and providing onsite mental health counseling to 35 families.
91% of MDT funding is devoted to the Children's to maintain quality medical assessment, outreach and education to families and partners in the County and continue to expand services (treatment). The Children's Center is essential and vital in carrying out the goals of the MDT, not only providing quality interviews, medical assessments, but family support services, treatment, and education/training to community partners.
The Children's Center supports the MDT goals and Intervention Plan – providing for the safety of child foremost, assessments in a non-threatening environment, education, outreach to other county stakeholders, coordination of county response and communication among agencies through increased case reviews and outreach educational efforts to medical providers and diverse communities (bilingual staff).
The Children's Center is an essential partner and supporter of all MDT functions and subcommittee work. Children's Center representation, input and data are a vital part of all MDT tasks – budget, protocol review, training, case reviews, and data collection.
MDT funding is a stable funding source for Children's Center helping them maintain their quality services and medical assessments, adapting to the needs of the community with staffing and resources needed, assist in training needs to maintain a very qualified staff.
6. Designated Medical Professional Information
- a. Does your county have a Designated Medical Professional? (DMP) *

<input checked="" type="checkbox"/> Yes	No *
---	------
 - b. DMP Name: *Children's Center*
 - c. Professional Designation: *

<input checked="" type="checkbox"/> Doctor
Physician's Assistant
Nurse Practitioner
Phone: (503) 655-7725
Email: <i>office@childrenscenter.cc</i>
 - d. According to national best practices in child abuse medical assessment, at least 50% of all findings deemed abnormal or "diagnostic" of trauma from abuse should be peer reviewed. Is practice in your county consistent with this standard? *

<input checked="" type="checkbox"/> Yes	No
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 If no, why not?
 - e. How many hours of specialized training in child abuse assessment has your DMP received in the past 2 years? *
150
- * According to national best practices, medical professionals providing services should receive a minimum of 8 hours of training every two years. For more information on national best practice guidelines for medical providers, please see the Requirements and Credentialing Entity (NCA 2017 Standards page 57) for Physicians, NPs and PAs included in the RFA.
- f. Please indicate source and date of DMP's training in child abuse medical assessment as described in ORS 418.782(5). *
- Attached in the Uploads section is the date and source of DMP's training for Dr. Lang, NP Gabrielle Petersen & NP Jen Stephen & NP Chris Smith.
- g. If the team has not been able to identify a DMP, ORS 418.747(12) requires the team to develop a written plan outlining the necessary steps, recruitment and training needed to make such a DMP available to the children of the county. Please describe your plan and the steps you have taken since your last grant application. *
7. By checking this box, the MDT agrees to make the MDT Protocols available to the CAMI Program for review upon request.

E. Project Goals, Objectives, Activities, and Performance Measures

Instructions:

- Complete this page and click **SAVE**, fields will populate with information and any errors will be noted.
- Required fields are marked with a *.

Use the table below to report MDT goals, objectives, activities, and outcomes.

You may:

1. select the model goal and one or more of the model objectives,
2. create your own goal(s) and objective(s) or
3. select both the model goal and one or more of the model objectives.

If you select the model goal: You must select at least one of the model objectives by adding information to the related activities, target outputs and two year total output numbers.

If you create your own goal: select the appropriate box and an empty grid will be available for you to populate. You may create up to 3 goals, each with up to 3 activities, outputs, and outcomes.

1. Check the box for the logic model goals and objectives you would like to create:

- A. Model Goal and one or more of the model objectives.
- B. Create your own goal(s) and Objectives.
- C. Both - model goal and one or more of the model objectives and create your own goal(s) and objective(s).

Model Goal

a. Goal

All children in the county with reported concerns of child abuse and neglect will receive a coordinated community response to ensure their health and safety.

	b. Objectives	c. Activities	d. Target Outputs	e. Two Year Total Output Numbers	f. Outcomes
1.	MDT Coordination and Response Coordinate every child abuse intervention including forensic interviews, medical evaluations, mental health services and other services for children with concerns of abuse	Conduct regular <i>Monthly(insert weekly, every-other-week, monthly)</i> case review meetings with the MDT so that all new cases of suspected child abuse can be staffed and all members of the MDT can provide history and input relevant to case planning	The MDT will meet <i>Monthly (frequency: weekly, every other week, etc.)</i>	48(total number of meetings)	Improved communication and coordination among the agencies and organizations tasked with the investigation and response to child abuse cases.
2.	Medical Assessment/CAIC Services Provide medical assessments to infants and children up to 18 year olds with concerns of child abuse or neglect	Children for whom there is concern they may have been victims of abuse or neglect will be referred for a medical examination, forensic interview, and/or other services by specially trained providers.	The MDT will refer <i>700(number of children)</i> children during the two year grant period.	700(total number of children)	Children with concerns of child abuse and neglect will be assisted in the healing process by being provided appropriate services from professionals with child abuse expertise including appropriate treatment, referrals, and collection of evidence.
3.	MDT Member Training MDT members will be trained in risk assessment, dynamics of child abuse, child sexual abuse and rape of children and legally sound and age appropriate interview and investigatory techniques	The MDT Coordinator will provide information about relevant trainings and reminders of the MDT training requirements at each MDT meeting	24 (number of meeting reminders) during the two year grant period	24(total number of training reminders)	MDT Members will have current knowledge and understanding of child abuse intervention related topics applicable to their work.
4.	Protocols MDT members will have an accurate guide to current MDT practices	The MDT will convene to regularly to discuss procedural and process issues.	<i>biennially (frequency: quarterly, semi-annually, annually etc.)</i>	2(total number of review meetings)	Children will receive a consistent response to reports of abuse or neglect consistent with current MDT protocols.

Custom Goal #1

a. Goal

MDT Coordinator

To promote an active system-wide, coordinated approach to child abuse investigation, assessment, intervention & prosecution in Clackamas County.

	b. Objectives	c. Activities	d. Target Outputs	e. Two Year Total Output Numbers	f. Outcomes
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<p>Coordinate all and maintain data collection and activities from MDT projects, partners from intervention to prosecution for MDT reports and review.</p>	<p>Report monthly to all subcommittees & to Policy & Management Subcommittee quarterly on intervention to prosecution data. Report quarterly to HBB Team. Yearly data collection reports to Case Review, Child Fatality & Training as needed</p>	<p>12 monthly reports to MDT & subcommittees (MDT, Training, HBB, Case Review & MH Collaborative). 8 quarterly HBB reports 4 quarterly data reports for Policy & Management Subcommittee.</p>	<p>48</p>	<p>Monthly reports for all subcommittees keep members current and connected. Quarterly reports to Policy & Management to connect intervention processes with prosecution outcomes and look at system issues, obstacles, what is working and outcomes. HBB reports provide information on age, gender, locations and needs & services for MDT partners. Monthly reports to Case Review & Training subcommittees provides state and county with assessment, intervention, prosecution and prevention data as well as information on systemic issues, needs, services, gaps and trends. Training reports identify needs, requests, trends & focus on keeping all MDT members trained and meeting statutory requirements.</p>
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h. Do you want to add another goal?
 Yes No

Custom Goal #2

a. Goal

Healthy Behaviors & Boundaries (HBB) Outreach (formerly RISK)

To provide a coordinated approach to child abuse assessment and intervention with a focus on the safety of children by providing outreach and follow-up services to children, families, community agencies on children with problematic sexual behaviors.

b. Objectives	c. Activities	d. Target Outputs	e. Two Year Total Output Numbers	f. Outcomes
<p>Increase referrals & provide outreach, intervention, support, referral for services, and follow-up to HBB referrals</p>	<p>Additional funding to increase and identify new referral sources. Provide additional educational presentations to community partners about HBB resources. Provide outreach support to families & education through phone contact, consultation, resources, referral to treatment providers and other educational opportunities - parenting groups and/or classes.</p>	<p>10 Educational presentations & outreach to community agencies -- LEA, DHS, CWS, Schools. Provide outreach and resources to 75 families by Children's Center Outreach.</p>	<p>170</p>	<p>Educate the community about this valuable resource for children with PSB; cultivate new sources of referrals since the change to State Hotline decline in referrals. Provide an early intervention with these families which research shows is impactful. Assist, support and follow families in getting services.</p>

h. Do you want to add another goal?
 Yes No

Custom Goal #3

a. Goal

Training Subcommittee

Provide members and those conducting investigations, interviews, advocacy, assessment and treatment of child abuse victims training in risk assessment, dynamics of child abuse and child sexual abuse, educational and legally sound appropriate techniques.

b. Objectives	c. Activities	d. Target Outputs	e. Two Year Total Output Numbers	f. Outcomes
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<p>Provide educational presentations using local & MDT expertise as well as access to new virtual training opportunities.</p>	<p>MDT sponsored training on topical issues, on diverse needs and broader definition of child abuse to include human trafficking, children & victims in DV cases, drug endangered children</p>	<p>Provide 3-4 trainings a year through various modes.</p>	<p>8</p>	<p>Shares MDT expertise with partners. Trainings are adapted to partners needs, time limitations and are of no cost. Brings topical issues to awareness of MDT members. Provides training to new County staff. Broadens perspective and promotes best practices & consistent with purposes and goals of CAMI program. Maintains statutory obligations to ensure MDT members are adequately trained</p>
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F. Contractor Information

Instructions:

- Read the instructions before completing this page which can be found in the Request for Applications: Form Instructions.
- Complete this page and click **SAVE**, fields will populate with information and any errors will be noted.
- Required fields are marked with a *.
- Double-click on a radio button to uncheck it.

CVSSD expects that strong partnerships will be developed for project implementation purposes and to ensure that the project is effectively responding to the needs of the population being served. For any formal partnerships that do not involve an exchange of funds, a Memorandum of Understanding must be used. **If grant funds will be paid to an outside entity a contract must be executed.**

A. CONTRACTS - A contract is required when these grant funds will be used to obtain goods or services from an outside entity (contractor) including a CAC unless the CAC is the applicant. If this application will include contracting, you must respond to the following questions. For information on state contracting requirements, click [here](#).

1. Proposed Contract #1

a. **Name of proposed contractor:**

Children's Center

b. Applicant has determined that the proposed agreement is a contractual relationship.

c. Did the applicant follow procurement procedures that meet state standards?

Yes No

If no, please explain:

d. Is this a sole source contract?

Yes No

e. Describe the specific product or service the contract is intended to address:

Children's Center is the recognized DMP in our county. CC provides child abuse medical assessments, including complete physical exams to determine possible abuse and/or need for further treatment, crisis intervention & referral services.

f. Describe how the applicant determined that contracting was the most efficient and effective manner to purchase the good or service:

Children's Center is located in Clackamas County and only recognized DMP & CAC and can provide services mandated by CAMI grant.

g. Describe the solicitation efforts that were conducted to select the contractor (if using sole source and no solicitation efforts were made, explain why not):

Children's Center is located in Clackamas County and only recognized DMP & CAC and can provide services mandated by CAMI grant.

h. Describe the unique qualifications, abilities or expertise of the contractor to deliver the product or service (if using sole source, also explain why it was necessary to contract non-competitively and how long it would take another contractor to reach the same level of competency):

Children's Center is only CAC in Clackamas County with trained forensic interviewers, recognized pediatricians certified in child abuse and maintains high standards for all staff -- interviewers, intake support and family support.

i. Please upload the applicable contract. Click [here](#) to view the required minimum elements of a contract.

j. Is there an additional contract to include?

Yes No

2. Proposed Contract #2

a. **Name of proposed contractor:**

MDT Coordinator

b. Applicant has determined that the proposed agreement is a contractual relationship.

c. Did the applicant follow procurement procedures that meet federal standards?

Yes No

If no, please explain:

d. Is this a sole source contract?

Yes No

e. Describe the specific product or service the contract is intended to address:

MDT Coordinator provides coordination, communication and administrative support to assist team in meeting MDT & CAMI goals.

f. Describe how the applicant determined that contracting was the most efficient and effective manner to purchase the good or service:

Several years ago it was determined to contract out the MDT coordinator position. Going forward, there is a possible discussion of converting position to DA position.

g. Describe the solicitation efforts that were conducted to select the contractor (if using sole source and no solicitation efforts were made, explain why not):

Standard hiring practice -- application, interviews and selection by multiple MDT partner committee.

h. Describe the unique qualifications, abilities or expertise of the contractor to deliver the product or service (if using sole source, also explain why it was necessary to contract non-competitively and how long it would take another contractor to reach the same level of competency):

Contractor has a master's level degree in counseling and a teaching degree, experience in coordination, communication, leadership and development of projects, educational training, teams, writing curriculum, writing grants and delivering social services. Contractor has experience in working with & coordinating with multiple partners and agencies on projects, curriculum and maintaining relationships and connections among agencies.

i. Please upload the applicable contract. Click [here](#) to view the required minimum elements of a contract.

j. Is there an additional contract to include?

Yes No

3. Proposed Contract #3

a. **Name of proposed contractor:**

- b. Applicant has determined that the proposed agreement is a contractual relationship.
- c. Did the applicant follow procurement procedures that meet federal standards?
Yes No
If no, please explain:
- d. Is this a sole source contract?
Yes No
- e. Describe the specific product or service the contract is intended to address:
- f. Describe how the applicant determined that contracting was the most efficient and effective manner to purchase the good or service:
- g. Describe the solicitation efforts that were conducted to select the contractor (if using sole source and no solicitation efforts were made, explain why not):
- h. Describe the unique qualifications, abilities or expertise of the contractor to deliver the product or service (if using sole source, also explain why it was necessary to contract non-competitively and how long it would take another contractor to reach the same level of competency):
- i. Please upload the applicable contract. Click [here](#) to view the required minimum elements of a contract.
- j. Is there an additional contract to include?
Yes No

4. Proposed Contract #4

- a. **Name of proposed contractor:**
- b. Applicant has determined that the proposed agreement is a contractual relationship.
- c. Did the applicant follow procurement procedures that meet federal standards?
Yes No
If no, please explain:
- d. Is this a sole source contract?
Yes No
- e. Describe the specific product or service the contract is intended to address:
- f. Describe how the applicant determined that contracting was the most efficient and effective manner to purchase the good or service:
- g. Describe the solicitation efforts that were conducted to select the contractor (if using sole source and no solicitation efforts were made, explain why not):
- h. Describe the unique qualifications, abilities or expertise of the contractor to deliver the product or service (if using sole source, also explain why it was necessary to contract non-competitively and how long it would take another contractor to reach the same level of competency):
- i. Please upload the applicable contract. Click [here](#) to view the required minimum elements of a contract.
- j. Is there an additional contract to include?
Yes No

5. Proposed Contract #5

- a. **Name of proposed contractor:**
- b. Applicant has determined that the proposed agreement is a contractual relationship.
- c. Did the applicant follow procurement procedures that meet federal standards?
Yes No
If no, please explain:
- d. Is this a sole source contract?
Yes No
- e. Describe the specific product or service the contract is intended to address:
- f. Describe how the applicant determined that contracting was the most efficient and effective manner to purchase the good or service:
- g. Describe the solicitation efforts that were conducted to select the contractor (if using sole source and no solicitation efforts were made, explain why not):
- h. Describe the unique qualifications, abilities or expertise of the contractor to deliver the product or service (if using sole source, also explain why it was necessary to contract non-competitively and how long it would take another contractor to reach the same level of competency):

i. Please upload the applicable contract. Click [here](#) to view the required minimum elements of a contract.

j. Is there an additional contract to include?
 Yes No

6. Proposed Contract #6

a. **Name of proposed contractor:**

b. Applicant has determined that the proposed agreement is a contractual relationship.

c. Did the applicant follow procurement procedures that meet federal standards?
 Yes No
 If no, please explain:

d. Is this a sole source contract?
 Yes No

e. Describe the specific product or service the contract is intended to address:

f. Describe how the applicant determined that contracting was the most efficient and effective manner to purchase the good or service:

g. Describe the solicitation efforts that were conducted to select the contractor (if using sole source and no solicitation efforts were made, explain why not):

h. Describe the unique qualifications, abilities or expertise of the contractor to deliver the product or service (if using sole source, also explain why it was necessary to contract non-competitively and how long it would take another contractor to reach the same level of competency):

i. Please upload the applicable contract. Click [here](#) to view the required minimum elements of a contract.

j. Is there an additional contract to include?
 Yes No

7. Proposed Contract #7

a. **Name of proposed contractor:**

b. Applicant has determined that the proposed agreement is a contractual relationship.

c. Did the applicant follow procurement procedures that meet federal standards?
 Yes No
 If no, please explain:

d. Is this a sole source contract?
 Yes No

e. Describe the specific product or service the contract is intended to address:

f. Describe how the applicant determined that contracting was the most efficient and effective manner to purchase the good or service:

g. Describe the solicitation efforts that were conducted to select the contractor (if using sole source and no solicitation efforts were made, explain why not):

h. Describe the unique qualifications, abilities or expertise of the contractor to deliver the product or service (if using sole source, also explain why it was necessary to contract non-competitively and how long it would take another contractor to reach the same level of competency):

i. Please upload the applicable contract. Click [here](#) to view the required minimum elements of a contract.

j. Is there an additional contract to include?
 Yes No

8. Proposed Contract #8

a. **Name of proposed contractor:**

b.

c. Did the applicant follow procurement procedures that meet federal standards?
 Yes No
 If no, please explain:

d. Is this a sole source contract?
 Yes No

e. Describe the specific product or service the contract is intended to address:

- f. Describe how the applicant determined that contracting was the most efficient and effective manner to purchase the good or service:
- g. Describe the solicitation efforts that were conducted to select the contractor (if using sole source and no solicitation efforts were made, explain why not):
- h. Describe the unique qualifications, abilities or expertise of the contractor to deliver the product or service (if using sole source, also explain why it was necessary to contract non-competitively and how long it would take another contractor to reach the same level of competency):
- i. Please upload the applicable contract. Click [here](#) to view the required minimum elements of a contract.
- j. Is there an additional contract to include?
Yes No

9. Proposed Contract #9

- a. **Name of proposed contractor:**
- b. Applicant has determined that the proposed agreement is a contractual relationship.
- c. Did the applicant follow procurement procedures that meet federal standards?
Yes No
If no, please explain:
- d. Is this a sole source contract?
Yes No
- e. Describe the specific product or service the contract is intended to address:
- f. Describe how the applicant determined that contracting was the most efficient and effective manner to purchase the good or service:
- g. Describe the solicitation efforts that were conducted to select the contractor (if using sole source and no solicitation efforts were made, explain why not):
- h. Describe the unique qualifications, abilities or expertise of the contractor to deliver the product or service (if using sole source, also explain why it was necessary to contract non-competitively and how long it would take another contractor to reach the same level of competency):
- i. Please upload the applicable contract. Click [here](#) to view the required minimum elements of a contract.
- j. Is there an additional contract to include?
Yes No

10. Proposed Contract #10

- a. **Name of proposed contractor:**
- b. Applicant has determined that the proposed agreement is a contractual relationship.
- c. Did the applicant follow procurement procedures that meet federal standards?
Yes No
If no, please explain:
- d. Is this a sole source contract?
Yes No
- e. Describe the specific product or service the contract is intended to address:
- f. Describe how the applicant determined that contracting was the most efficient and effective manner to purchase the good or service:
- g. Describe the solicitation efforts that were conducted to select the contractor (if using sole source and no solicitation efforts were made, explain why not):
- h. Describe the unique qualifications, abilities or expertise of the contractor to deliver the product or service (if using sole source, also explain why it was necessary to contract non-competitively and how long it would take another contractor to reach the same level of competency):
- i. Please upload the applicable contract. Click [here](#) to view the required minimum elements of a contract.

G. Attachments to Upload

Instructions:

- Complete this page and click **SAVE**, fields will populate with information and any errors will be noted.
- Required fields are marked with a *.

1. Certified Assurances

Please upload the Certified Assurance page, signed by the MDT Chair. [The form for this can be found by clicking here.](#)

Sample MDT Attendance Sheet

- 2.** Please upload a sample copy of your MDT Attendance Sheet, which must include the MDT's Confidentiality Statement. Please be advised that the Confidentiality Statement must be included on the attendance sheet for each and every MDT meeting. The sign in form should contain the following information: County, Space for meeting date, confidentiality statement, space for attendee name (printed), agency, and signature. A sample MDT Attendance Sheet with Confidentiality Statement can be found [here](#).

Memorandums of Understanding

- 3.** The MOU is a document containing the terms of the partnership and the roles and responsibilities between two or more parties. If the Intervention Plan indicates a formal collaboration an MOU must be completed, signed, and dated by the authorized representatives.

Please upload the applicable Memorandum(s) of Understanding. A sample version of the form can be found [here](#).

H. Personnel

Instructions:

- Complete this page and click **SAVE**, any calculations will be performed and any errors will be noted.
- Required fields are marked with a *.
- Once the page has been saved with no errors, you can click **ADD** to add additional staff.

1.	Staff Name:			
2.	Position Title:			
3.	Salary funded by this grant:			
4.	Total salary for full-time equivalent (1 FTE):			
		Please provide details as to how the proposed CAMI funded salary was calculated:		
5.	Personnel expenses funded by this grant:			
6.	Total personnel expenses for full-time equivalent (1 FTE):			
		Please provide details as to how the proposed CAMI funded personnel expenses were calculated:		
7.	FTE funded by this grant:			
8.	Please indicate which CAMI Services Area(s) this staff will address. Refer to the Show Help for definitions of each service area: *			
	Assessment Services	Advocacy Services	Treatment Services	Other
9.	What activities will this person perform with the FTE funded by CAMI during the grant period?			

I. Contracts

Instructions:

- Complete the page and click **SAVE**, calculations will run and any errors will be noted at this point.
- Each contractor's name will be autopopulated from Form F. Contractor Information. All other information will need to be completed for each contract.

Proposed Contract #1

Name of proposed contractor: *Children's Center*
Contract Period: *July 1, 2021 to June 30, 2023*
Contract Amount: *850,000.45*
Payment Terms: *quarterly*

Proposed Contract #2

Name of proposed contractor: *MDT Coordinator*
Contract Period: *July 1, 2021 to June 30, 2023*
Contract Amount: *63,000.00*
Payment Terms: *monthly*

Proposed Contract #3

Name of proposed contractor:
Contract Period:
Contract Amount:
Payment Terms:

Proposed Contract #4

Name of proposed contractor:
Contract Period:
Contract Amount:
Payment Terms:

Proposed Contract #5

Name of proposed contractor:
Contract Period:
Contract Amount:
Payment Terms:

Proposed Contract #6

Name of proposed contractor:
Contract Period:
Contract Amount:
Payment Terms:

Proposed Contract #7

Name of proposed contractor:
Contract Period:
Contract Amount:
Payment Terms:

Proposed Contract #8

Name of proposed contractor:
Contract Period:
Contract Amount:
Payment Terms:

Proposed Contract #9

Name of proposed contractor:
Contract Period:
Contract Amount:
Payment Terms:

Proposed Contract #10

Name of proposed contractor:
Contract Period:
Contract Amount:
Payment Terms:

Total

Total contract costs: *\$913,000.45*

Please describe how these costs will benefit the program:

8.

Other

Total other costs funded by this grant:

Please indicate which CAMI Services Area(s) these costs will address. Refer to the RFA for definitions of each service area:

Assessment Services Advocacy Services Treatment Services Other

Please describe how these costs will benefit the program:

Total other costs funded by this grant:

Please indicate which CAMI Services Area(s) these costs will address. Refer to the RFA for definitions of each service area:

Assessment Services Advocacy Services Treatment Services Other

Please describe how these costs will benefit the program:

Total other costs funded by this grant:

Please indicate which CAMI Services Area(s) these costs will address. Refer to the RFA for definitions of each service area:

Assessment Services Advocacy Services Treatment Services Other

Please describe how these costs will benefit the program:

K. Budget Summary

Instructions:

- This page shows an overall summary of your proposed budget.
- The information below is being populated from Forms H, I, and J.. Please go to those forms to make changes as needed.
- Click **SAVE** to calculate the totals on this page.

1.

Total Grant Funds Requested:

\$939,332.45

2.

Allowable Administrative Funds:

\$46,966.62

3.

Grant Funds

Personnel	Total
Salary	\$
Personnel Expenses	\$
Total Personnel	\$0.00
Other Costs	Total
Contractual Services	\$913,000.45
Travel	\$
Training	\$25,632.00
Office Supplies	\$700.00
Agency Rent/Utilities	\$
Emergency Services	\$
Capital Outlay	\$
5% Administrative	\$
Other	\$0.00
Total Other Costs	\$939,332.45
Total Funds	\$939,332.45

Attachments

Instructions:

- Please enter a brief description of the attachment.
- To attach an electronic file, press "BROWSE", choose the desired file and select "SAVE".
- For each additional attachment, first choose "ADD" and then complete the steps listed above.

Description
File name
Comments

Medical Provider Training -- 2017 to present

MDT collects data quarterly from partners (DHS, LEA, Children's Center and DA) tracking number of child abuse referrals from referral to prosecution.

Attachments

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Description

Medical Provider Training -- 2017 to present

File name

Comments

MDT collects data quarterly from partners (DHS, LEA, Children's Center and DA) tracking number of child abuse referrals from referral to prosecution.

Fund Coordinator/Grantee Notes

Date & Subject:
Comments:

