

OREGON DEPARTMENT OF JUSTICE

2019 - 2021 CAMI MDT

NON COMPETITIVE PROGRAM GRANT

REQUEST FOR APPLICATIONS

APPLICATION INSTRUCTIONS



Attorney General Ellen F. Rosenblum
Oregon Department of Justice
Crime Victim and Survivor Services Division
1162 Court Street NE
Salem, OR 97301-4096

RFA RELEASE DATE: February 11, 2019
APPLICATION DUE DATE: April 2, 2019, 11:59 P.M. PST
AWARD PERIOD: July 1, 2019-June 30, 2021

GRANT OPPORTUNITY SUMMARY

Opportunity Type: Non-Competitive

Release Date: February 11, 2019

Due Date: April 2, 2019 at 11:59 P.M. PST

Award Period: July 1, 2019 – June 30, 2021

E-Grants Initiation: Application will be initiated by CVSSD and completed by the applicant

Matching Requirement: None

Eligibility: This Request for Applications (RFA) is to solicit applications from county Child Abuse Multidisciplinary Intervention Teams (MDTs), through the agency or organization designated to apply on behalf of the MDT (typically the District Attorney's Office or the Child Abuse Intervention Center serving the county). Only one grant will be awarded per county.

Table of Contents

Contact Information for this application.....	4
Grant Application Amendments.....	4
Requests for Clarification	4
Informal Requests	4
Timetable for Application, Review, and Awards	5
Grant Applicants’ Teleconferences	6
CAMI Advisory Council Members.....	7
1. Grant Overview.....	1
A. History of CAMI	1
B. Purpose and Intent.....	1
C. Funding Source and Allocation.....	2
D. Use of Funds.....	2
E. MDT Protocols	5
2. Grant Application Contents	6
A. Basic Statutory Requirements.....	6
B. Training Requirements	7
3. Additional Grantee Requirements.....	8
A. Child Fatality Reviews.....	8
B. Reporting.....	8
4. General Application Guidelines	9
A. Key things to Remember When Completing this Application.....	10
5. Submission Information	12
6. Application Review, Award Decisions and Reservation of Rights	13
A. Relevant Oregon Administrative Rules	13
B. CAMI Review Process	15
7. Reservation of Rights.....	15
8. Availability and Disbursement of Funds	16
9. Carryover	16
10. Review of Award Decisions.....	16

A. Informal Review	16
B. Formal Review	17
11. Required Monitoring and Reporting	18
A. Grant Monitoring	18
B. Award conditions.....	18
1. Conditional Awards.....	18
2. Additional Grant Agreement Conditions	18
C. Reporting Requirements	18
1. Table of Report Dates	19
Forms, Exhibits, and Other Information.....	A
A Multidisciplinary Approach to Child Abuse Intervention	B
CAMI Grant Service Areas	C
CAMI MDT 2019-21 Application Form Instructions	D
Recommended Training for medical professionals providing child abuse medical assessments (From NCA)	E

GRANT APPLICATION RESOURCES

Request for Applications

This request for applications (RFA) is available in PDF format on the Oregon Department of Justice Crime Victim and Survivor Services Division (CVSSD) E-Grants system at:

<https://www.cvssdegrants.com> and on the CVSSD website at: <https://www.doj.state.or.us/crime-victims/grant-funds-programs/child-abuse-multidisciplinary-intervention-cami-fund>

Application Instructions (“Show Help”)

Instructions on how to complete this application can be found in the appendices to this RFA.

CVSSD E-Grants Applicant User Guide

The CVSSD E-Grant Applicant User Guide is the primary resource for information about E-Grants.

The Guide can be found in E-Grants under “My Training Materials,” or at:

https://www.doj.state.or.us/wp-content/uploads/2017/06/cvsd_egrants_applicant_user_guide.pdf

E-Grants Training

If you are new to E-Grants, please contact Amanda VanTil and request the recorded E-Grants Webinar.

CAMI MDT Grant Management Handbook

The CAMI MDT Grant Management Handbook is available:

- as a PDF file at the top of the Forms Menu in the E-Grants system;
- as a PDF file on the CVSSD website at:

http://www.doj.state.or.us/victims/pdf/cami_grant_management_handbook.pdf

Logic Models

A variety of tools to help with development of logic models are available on the internet. Following are several recommended resources:

- <https://www.wkkf.org/resource-directory/resource/2006/02/wk-kellogg-foundation-logic-model-development-guide>
- <http://www.cdc.gov/healthyyouth/evaluation/pdf/brief3b.pdf>
- <https://www.youtube.com/watch?v=MAhs-m6cNzY>
- <https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/logic-model-development/main>

Best Practices for MDTs and CAICs

The National Children’s Alliance Standards for Accredited Members includes minimum standards of practice for MDTs, including forensic interviews, medical examinations, and victim advocacy. The CAMI Program urges MDTs to review these Standards and ensure that to the greatest extent possible, the MDT and the County are meeting or exceeding these standards.

<http://www.nationalchildrensalliance.org/wp-content/uploads/2015/06/NCA-Standards-for-Accredited-Members-2017.pdf>

Contact Information for this application.

Questions regarding this RFA should be directed to Robin Reimer, CAMI Fund Coordinator.

Fund Coordinator	Phone	E-mail
Robin Reimer	971-673-3826	Robin.E.Reimer@doj.state.or.us
Grant Unit Manager	Phone	E-mail
Mike Maryanov	503-378-5307	Mike.V.Maryanov@doj.state.or.us
Grant Specialist	Phone	E-mail
Amanda VanTil	503-378-6870	Amanda.L.VanTil@doj.state.or.us

Grant Application Amendments

CVSSD may amend this 2019-2021 CAMI MDT Grant Application by posting amendments on the CVSSD E-Grants System. If amended, CVSSD will issue an update that will be added to the Forms Menu in the E-Grants system, immediately below the Request for Applications. Amendments will also be posted on the CVSSD website on the CAMI page: <https://www.doj.state.or.us/crime-victims/grant-funds-programs/child-abuse-multidisciplinary-intervention-cami-fund/>.

Applicant is responsible for all information in E-Grants. CVSSD accepts no responsibility for applicant missing information contained in the CVSSD E-Grants system.

Requests for Clarification

Any Applicant requiring clarification of a provision of this application may email a request for clarification to Robin Reimer. To be considered, the request must be received no later than **5:00 P.M. on March 25, 2019**. CVSSD will promptly respond to each properly-submitted request for clarification. At its sole discretion, CVSSD may or may not respond to official requests for clarification received after that date.

Informal Requests

CVSSD may informally respond to applicants' questions. However, informal responses do not affect the 2019-21 CAMI MDT application requirements. Application requirements are changed only by formal amendment(s) issued by CVSSD and posted on the CVSSD E-Grants System.

Timetable for Application, Review, and Awards

DATE	ACTIVITY
February 11, 2019	CAMI MDT Grant Application released
March 25, 2019 5 PM PST	CAMI MDT Application amendments/clarifications inquiries due
March 28, 2019	Final CAMI MDT Application amendments/clarifications posted
April 2, 2019 11:59 PM PST	Application DUE through CVSSD E-Grants
April-May 2019	Application Review and Modification
June 2019	Award notification and grant execution
July 1	2019-2021 CAMI MDT grant period begins

Grant Applicants' Teleconferences

If you are completing the CAMI MDT Non-Competitive Grant Application for the first time, you are required to attend the teleconference. If you have completed an application before or you are a member of the MDT, you are also welcome to attend. No registration is necessary. The teleconference will review the application and highlight changes in the application.

Date	Time	Link
Wednesday, February 20, 2019	10:30am - 12:00pm	Meeting Link: Go to https://oregondoj.webex.com/oregondoj/k2/j.php?MTID=t58fa33a731ed4670daca067ca8d3cce6 Meeting number: 804 285 616 Password: CAMI2019 Join by phone 1-888-273-3658 Access code: 932053
Monday, February 25 th , 2019	1:30pm – 3:00pm	Meeting Link: Go to https://oregondoj.webex.com/oregondoj/k2/j.php?MTID=t0cf62d4f91662fc8fdea000d4f86f26c Meeting number: 800 933 074 Password: CAMI2019 Join by phone 1-888-273-3658 Access code: 932053

CAMI Advisory Council Members

<p>District Attorney or District Attorney designee: Kevin Barton 2/1/14-1/31/22 Washington County DA 150 N 1st Ave, MS 40 Hillsboro, OR 97124 503 846-3489 F: 503 846-3407 Kevin_barton@co.washington.or.us</p>	<p>District Attorney or District Attorney designee: Matt Shirtcliff 4/1/12-3/31/22 Baker County DA 1995 3rd St. Baker City, OR 97814 (541) 523-8205 mshirtcliff@bakercounty.org</p>
<p>Employee of a law enforcement agency: VACANT</p>	<p>Employee of the State Office for Services to Children and Families: Tami Kane-Suleiman, MSW 10/1/18-9/30/22 Child Safety Program manager DHS Child Welfare 500 Summer St NE Salem, OR 97301 tami.j.kane-suleiman@state.or.us</p>
<p>Representative from an operating Regional Assessment Center Shelly Smith, Chair 1/1/14-12/31/21 KIDS Center 1375 NW Kingston Avenue Bend, OR 97701 (541) 383-5958 ssmith@kidscenter.org</p>	<p>Representative from a local center recommended by the Oregon Network of Child Abuse Intervention Centers: Tammi Pitzen 7/1/14-6/30/22 Children’s Advocacy Center of Jackson County 816 W 10th St. Medford, OR 97501-3016 541-282-5474 ex 102 TPitzen@cacjc.org</p>
<p>Physician licensed to practice medicine in Oregon and who specializes in children and families: Carol Chervenak, MD, Vice Chair 1/1/14-12/31/21 ABC House PO Box 68 Albany, OR 97321 541 926-2203 F: 541 926-1378 abchousedoc@comcast.net</p>	<p>Physician licensed to practice medicine in Oregon and who specializes in children and families: VACANT</p>
<p>A person having experience dealing with child abuse: Tina Morgan 7/1/14-6/30/22 887 NW Fort Clatsop Street Bend, OR 97703 tmorgan.tjm@gmail.com</p>	<p>Citizen with an interest in advocating for the medical interests of children: Patricia K. Kenyon 10/1/18-9/30/22 2773 NW Skyline Dr Corvallis, OR 97330 541 231-0377 pkcorvallis@gmail.com</p>
<p>Citizen with an interest in advocating for the medical interests of children: Marilyn Reilly 2/1/17-1/31/21 Clatsop County DA’s Office 749 Commercial St. Astoria, OR 97103 503-325-1599 mreilly@clatsop.or.us</p>	<p>Citizen with an interest in advocating for the medical interests of abused children: Rahela Rehman 10/1/18-9/30/22 Oregon Department of Justice Child Advocacy Section, Civil Enforcement Division 100 SW Market Street Portland, OR 97201 971 673-1960 rahela.rehman@doj.state.or.us</p>

1. Grant Overview

A. History of CAMI

Oregon law¹ requires that every county use a multidisciplinary approach to child abuse intervention. In 1989, Oregon enacted legislation that required every county to create a child abuse multidisciplinary intervention team (MDT) coordinated by the county's District Attorney. The legislature recognized then, as it does still today, that identifying and responding to child abuse is complicated and requires complex collaboration and consistent team work.

In 1993, the Oregon Legislature established the Child Abuse Multidisciplinary Intervention (CAMI) Program. Originally, the CAMI Program was administered by the Department of Human Services. In 2005, the CAMI Program moved to the CVSSD². In addition to CAMI, CVSSD administers a number of federal and state grant programs for victim services providers across Oregon.

Oregon's CAMI Program and MDT protocols adapted to significant statutory change in 2007 with the enactment of Karly's Law. Karly's Law is named after Karly Sheehan, a young Oregon girl who was murdered by physical abuse in 2005 after initial investigations failed to recognize that she was being abused. Karly's Law mandates a specific response when Department of Human Services (DHS) workers or law enforcement officers encounter a child with suspicious physical injuries when investigating a report of child abuse.

B. Purpose and Intent

The purpose of the CAMI Program is to support a multidisciplinary approach to child abuse intervention. Per statute, CAMI services should be provided in a child friendly environment by professionals trained in risk assessment, the dynamics of child physical and sexual abuse and neglect, legally sound and age appropriate interviewing, and age appropriate investigatory techniques. Services include assessment, advocacy, and treatment for children who are victims or alleged victims of child abuse.

CAMI's statutory language reflects Oregon's support of the child abuse intervention standards established by the National Children's Alliance (NCA). Like ORS 418.747 and 418.783, NCA standards support collaborative, comprehensive, interventions using Child Abuse Intervention Centers (CAICs) to conduct evaluations. While not every interview or medical evaluation can occur in a CAIC, this is best practice. Local protocols should help direct child abuse responders on how to respond to concerns of abuse and neglect including how and when to refer cases to CAICs. MDTs should ensure that their community partners are aware of, trained in, and abide by these local protocols.

¹ ORS 418.746-418.796

² Formerly, the Crime Victims' Assistance Section (CVAS)

C. Funding Source and Allocation

The CAMI Program provides funding to counties for the development and ongoing support of CAICs and for the development and maintenance of MDTs. Per statute, MDTs are required to prioritize funding to a CAIC. This means that MDTs must direct more funding to a CAIC than to any other budget line item in their CAMI MDT budgets.

CAMI grant funds come primarily from the Criminal Fines Account (CFA). CFA funds include fines assessed by justice, municipal, district, circuit, and juvenile courts on persons convicted of a crime, violation, or infraction. A small amount of CAMI funding comes from the state’s general fund.

To allocate CFA dollars to grantees, CVSSD uses a “base plus” formula. This formula originated out of the 2006 joint DOJ/DHS equity study. The CAMI program uses a modified version of this formula. Each county receives a base amount of funding plus an additional amount. Historically, the additional amount was linked to the county’s crime rate and population under age 18. However, due to the unavailability of reliable crime rate data, for the 2019-21 grant application, CVSSD will remove crime rate from the “plus” portion of the formula, and may substitute other data impacting cost of service delivery. Where any change to the formula would result in a decrease to funding, CVSSD will hold grantee funding levels steady.

CAMI also funds five Regional Service Providers (RSPs) throughout Oregon to support MDTs and CAICs. The RSPs provide medical assessment training, peer review for child abuse medical professionals and forensic interviewers, complex case consultation, referral and information services and forensic interview training. The RSPs’ core service of providing training is primarily fulfilled by provision of the Oregon Child Forensic Interviewer Training (OCFIT) which is mandatory for forensic interviewers employed by CAICs and is highly recommended for any other individual who may conduct forensic interviews. OCFIT is based on the Oregon Interviewing Guidelines.

D. Use of Funds

Allowable	Unallowable
<ul style="list-style-type: none"> • Initial investigation and assessment • Crisis intervention • Program startup costs • Program maintenance • Multi-county coordination of services • MDT training • MDT consultation • Training related travel (at GSA rates) • Equipment • Supporting CAICs • Up to 5% of administrative costs • Staff 	<ul style="list-style-type: none"> • Ongoing or long term treatment • Supplanting • Any portion of equipment not used exclusively for child abuse intervention • Out of state travel or training without prior approval of the CAMI Program • Prevention work (unless related to a recommendation resulting from a child fatality review)

Grantees must spend CAMI grant funds according to the budget approved by CVSSD in the MDT’s grant application. While the designated grant applicant is responsible for completing and submitting

the grant application, the application must represent the intentions of the MDT, and the application including but not limited to the intervention plan, protocols, and budget, must be reviewed and approved by the MDT. MDTs should focus on services during the initial investigation and assessment of child abuse allegations, including crisis intervention. CAMI funds are not intended to support ongoing or long-term treatment of individual victims. MDTs can use funds to facilitate referrals to long term care as part of their comprehensive response.

All proposed uses of CAMI funds must fall within the service areas of assessment, advocacy and treatment. See CAMI Grant Service Areas Attachment to this RFA for additional detail on these service areas.

CAMI funds can be used for start-up costs or for ongoing maintenance of a program. Funds from adjoining counties may be combined to design multi-county child abuse intervention services for the area. MDTs may use CAMI funds to strengthen the functioning of the county's MDT through training and/or consultation. CAMI particularly encourages cross training that involves team members from different agencies/disciplines within the team, or among neighboring MDTs. CAMI also encourages MDTs to access the training opportunities offered by their RSP.

Federal per diem rates <http://www.gsa.gov/portal/category/100120> should be used for grant related travel expenses. If the MDT elects to pay for travel costs that exceed the federal per diem rate, the CAMI program strongly recommends that the program only do so in circumstances that are actual, necessary, reasonable and justified. Grantees must maintain records of such approvals and their justifications for audit purposes.

Out of state travel paid for with CAMI funds must be pre-approved. Planned out of state travel or training should be included in the application budget along with the justification for travel out of state. Approval of out of state travel or training planned after the application period should be requested through the grant amendment process in E-Grants. Approval should be obtained prior to obligating funds for travel.

ORS 418.746(5)(D) requires MDTs to prioritize funding a local CAIC (a community assessment center). A community assessment center is defined by ORS 418.782(3) as a neutral, child sensitive community-based facility or service provider to which a child from the community may be referred to receive a thorough child abuse medical assessment. The medical assessment is defined by 418.782(2) as a thorough medical history, a complete physical examination and an interview for the purpose of making a medical diagnosis, determining whether or not the child has been abused and identifying the appropriate treatment or referral for follow-up for the child. Your MDT should be prepared to explain how such services are being provided by any CAIC identified as a recipient of prioritized funding in the CAMI grant budget. The CAMI MDT grant application requires the applicant to provide information on the extent to which the MDT funds the local CAIC. MDTs in counties without a CAIC may contract with a nearby CAIC so that local children can benefit from the child friendly, neutral assessment services that CAICs provide. CVSSD encourages every MDT to connect with the nearest CAIC (or CAICs) to minimize travel time and distance required for children

to receive clinical assessment services from providers trained according to Oregon standards.³ The RSP is not responsible for providing medical assessment services to counties in their region.

When MDTs allocate CAMI funds to CAICs, the MDT must ensure that CAIC Forensic Interviewers meet minimum educational qualifications. Interviewers shall have a bachelor's degree and four years' experience working with children, a masters' degree and two years' experience working with children, or be or have been a DHS Child Welfare worker or law enforcement officer. CAIC interviewers must have successfully completed the Oregon Child Forensic Interviewer Training prior to conducting interviews. Additionally, per ORS 418.792 the MDT must ensure that there is at least one medical practitioner at the CAIC trained in evaluation, diagnosis and treatment of child abuse and neglect and who has committed to attend annual continuing education courses on evaluation and diagnosis of child abuse and neglect. According to the NCA, recommended minimum standards for training for medical professionals providing services to CAIC Clients consist of a minimum of 8 contact hours every 2 years. Teaching experience in the area of child abuse that is approved to provide CEU or CME activity also qualifies for ongoing education credit. Please see the table in the appendices to this RFA for additional information on minimum training recommendations for medical professionals.

CAMI grant funds may not be used as replacement revenues (supplanting) for currently available funds previously allocated by the county or other funding source for child abuse intervention [ORS 418.746 (2)]. The MDT Approval and Assurances signature page in the application provides verification that CAMI grant funds will not supplant other child abuse intervention funds.

CAMI funds may not be used for non-child abuse intervention expenses. Equipment may not be purchased with CAMI funds for non-MDT or CAIC purposes. CAMI funds cannot be spent on training for purposes other than child abuse intervention or fatality review or prevention activities specifically related to a recommendation from the fatality review team.

The legally recognized entity that manages the county's CAMI Program grant funds may, if justifiable, submit a budget which allocates 5% of the county's CAMI MDT grant funds for administrative costs. Whether a county allows a sub-contractor to receive administrative costs, like all budget and spending decisions related to CAMI funds, is the decision of the MDT.

The MDT may propose to use CAMI Program grant funds directly for MDT purposes, or the MDT may assign funds to a qualified public or private entity that meets the needs of the county intervention plan. In any case, statute requires that local funding decisions are made by the MDT and that regardless of who accounts for or receives the funding, local funding decisions ultimately must be managed by the MDT, in accordance with the best practice guidelines set forth in statute and supported by the NCA.

³ Beginning in 2013, Center-employed Forensic Interviewers must not only be trained in the new Oregon Child Forensic Interview Training, but must meet minimum educational qualifications to be an Interviewer. Medical providers already must meet educational standards and be specially trained in child development and child abuse intervention.

Reminders:

The spending authority remains with the MDT and strictly tied to the agreed grant budget, regardless of the designated applicant/grantee. The entity managing CAMI funds must maintain record of the MDT endorsement of any budget decisions. CAMI staff may request verification through meeting minutes or discussion with the MDT for any spending questions or budget redirects that arise.

If the grantee is subject to an independent audit, a copy of the audit report will be made available to the CAMI Program Fund Coordinator upon request.

E. MDT Protocols

Child abuse intervention protocols are required by Oregon Law for every MDT. ORS 418.747(2) specifies that teams shall develop a written protocol for immediate investigation of, and notification procedures for, child abuse cases and for interviewing child abuse victims. ORS 418.747(3) and (4) state: Each team member and the personnel conducting child abuse investigations and interviews of child abuse victims shall 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. All investigations of child abuse and interviews of child abuse victims shall be carried out by appropriate personnel using the protocols and procedures called forth in this section.

The CAMI required MDT Protocols are divided into five specific components. Each component should be a separate file uploaded to the application.

The protocol components are:

1. Child Abuse Investigation Protocols (Include Sensitive Case Protocol (ORS 418.747(8))
2. Karly's Law Protocol
3. Drug Endangered Children Protocol
4. Child Fatality Review Protocol
5. Compliance Mechanism

Additionally, if your MDT has a CSEC protocol, you should upload it as well.

The MDT Intervention Plan ties the MDT's work to the CAMI Program and the MDT's Child Abuse Intervention Protocols tie the MDT to the community. Protocols must be developed with input from the MDT and should be designed to address specific system and stakeholder processes in the community that affect the way child abuse cases are handled. Protocols should reflect the MDT's understanding of and investment in the child abuse response that best serves the county. Your protocols are the handbook for the individuals in your community involved in child abuse intervention. As such, they should provide clear direction regarding each individual or agency's role in each of the above listed components of child abuse response.

Per ORS 418.747(2), in developing protocols MDTs shall develop written agreements signed by member agencies that specify the role of each agency, procedures to be followed to assess risks to

the child, guidelines for timely communication between member agencies and guidelines for completion of responsibilities by member agencies.

Protocols should be distributed among/readily available to partner agencies involved in child abuse intervention in your community. Your MDT should have procedures to ensure that all involved individuals at partner agencies are familiar with your MDT protocols. MDT and community partner performance should be evaluated during MDT case reviews based on compliance with the protocols and appropriate feedback or training offered to MDT partner agencies to improve child abuse response as needed. MDTs must work with their community partners to ensure that child abuse responders and interviewers are trained properly and that untrained responders have access to the protocol and understand the protocol for referring cases to properly trained investigators as soon as possible.

MDTs must review their protocols at least every two years. Protocols should be clearly labeled to indicate the most recent date of review. If necessary, protocols should be updated. To ensure statutory compliance, protocol review is necessary immediately upon any statutory or administrative rule change regarding child abuse intervention. Protocol review and revision should take into consideration results from any compliance evaluation. An MDT may ask when reviewing protocols: what do compliance evaluation results reveal about weaknesses in protocol? Is there conflict between agency directives or procedures and MDT protocols? How can such conflict be resolved to best respond to child abuse in the community? How can protocols be revised to improve compliance? Is additional training on protocols needed? Does lack of compliance indicate that protocols are unclear or that they cannot be followed due to resource limitations or other issues?

Do not simply restate statute when creating protocol. Use statutory language to frame the protocol but fill the frame with local plans, instructions, resources and expectations.

MDT members verify approval for the protocols by signing the MDT Approval and Assurances page included in the CAMI MDT grant application.

2. Grant Application Contents

A. Basic Statutory Requirements

ORS 418.746 states:

(5)(a) At least once a biennium the county multidisciplinary child abuse team shall submit to the Child Abuse Multidisciplinary Intervention Program a coordinated child abuse multidisciplinary intervention plan. The intervention plan must:

- (A) Describe all sources of funding, other than moneys that may be allocated from the Child Abuse Multidisciplinary Intervention Account, including in-kind contributions that are available for the intervention plan;
- (B) Describe the critical needs of victims of child abuse in the county, including but not limited to assessment, advocacy and treatment, and how the intervention plan addresses those needs in a comprehensive manner;

(C) Include the county's written protocol and agreements required by ORS 418.747(2) and 418.785; and

(D) Describe how the intervention plan gives priority to funding a community assessment center and how the funding supports the center.

The CAMI MDT Non-Competitive Grant Application is developed to meet these statutory requirements.

B. Training Requirements

Applicants shall certify that MDT members are trained according to statute. Grantees must maintain records of MDT member training showing how MDT members meet the statutory requirements. Training records will be reviewed during CAMI site visits and may be requested during semi-annual report periods.

ORS 418.747 requires that MDT members shall be specially trained in child abuse, child sexual abuse and rape of children investigations. Specifically, the statute states that each team member and those conducting child abuse investigations and interviews of child abuse victims must 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.

ORS 418.747 further requires that all investigations of child abuse and interviews of children shall be carried out by appropriate personnel using the protocols and procedures called for in the statute. CAIC based interviewers must be trained, and others who conduct or may conduct interviews should be trained, according to the standards set forth in the Oregon Child Forensic Interviewer Training (OCFIT) based on the Oregon Interview Guidelines. Completion of OCFIT is a CAMI requirement for center based staff and may be required by a center of individuals who conduct interviews in that center. Additionally, participating in regular peer review is required for center based interviewers and is highly recommended for any other individual who conducts recorded forensic interviews. Agencies are strongly encouraged to facilitate participation in peer review of any staff who may conduct recorded forensic interviews. For more information regarding peer review, please contact your MDT's RSP.

Many individuals who are not Child Forensic Interviewers by profession have now completed the OCFIT training. This training provides a good foundation in child forensic interviewing, and all child abuse first responders are encouraged to attend. However, it is important to understand that completion of OCFIT does not confer on the individual any title, qualification, or certification. The CAMI Program recognizes the advantages of child interviews conducted at a center by a qualified forensic interviewer employed by that center and encourages all child abuse first responders to utilize their local CAIC whenever possible. The CAMI Program encourages MDTs to promote this practice in their communities through their MDT protocols and compliance reviews.

The CAMI program also requires that all MDT members listed on the CAMI MDT grant application complete the Karly's Law computer based training available at

<http://www.childabuseintervention.org/karlyslaw/> prior to submission of the CAMI grant application.

By completing the certification section of the grant application, grantees affirm that the named members of the MDT and those conducting child abuse investigations and interviews of children are trained according to Oregon law and CAMI grant requirements, or grantee offers a plan to ensure training needs are addressed.

3. Additional Grantee Requirements

A. Child Fatality Reviews

The MDT is required by ORS 418.785 to establish a child fatality review process. CAMI funds may be used to implement and maintain the child fatality review process. The CAMI Program will obtain documentation from Oregon Health Authority (OHA) regarding whether the required child fatality reviews have been completed and properly documented.

Completed fatality review forms should be submitted electronically. Information on fatality review can be found here:

<https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SAFELIVING/KEEPINGCHILDRENSAFE/Pages/child-fatality-review.aspx>

If the MDT fails to submit required child fatality review documentation to OHA, the CAMI grant application will be considered incomplete and the MDT will not be fully eligible to receive CAMI Program grant funds. The CAMI Program staff will contact teams periodically to check status of cases OHA indicates should be reviewed by local teams.

B. Reporting

All grant reports must be submitted through CVSSD E-Grants. A table of grant report deadlines can be found on the CVSSD web page. <http://www.doj.state.or.us/victims/pages/reporting.aspx>. The MDT is required to submit the following reports:

1. The Semi-Annual Progress Report. This report includes a variety of program data that requires input from the MDT for completion. The report captures MDT process and encounter data that helps CVSSD monitor grant-funded activity.
2. The Quarterly Financial Report (QFR). The QFR captures CAMI grant expenditures for the preceding quarter. CVSSD E-Grants requires expenditures to adhere to the budget and will prohibit expenses listed outside of the agreed-upon budget categories from the grant application.

Quarterly payments are dispersed to MDTs following successful submission of required reports. Failure to submit reports within the specified time frame will result in withholding of funds.

4. General Application Guidelines

For the 2019-21 grant application period, **the CAMI Program is offering eligible current grantees the opportunity to complete an abbreviated application** under the CAMI Program's discretion afforded by OAR 137-082-0230. It is the expectation of the CAMI Program that grantees will maintain continued eligibility for the abbreviated application by complying with all grant eligibility and reporting requirements, submit required reports timely, and continue to strive to provide the best possible interventions for child victims of abuse. The following instructions will guide the applicant in completing the 2019-2021 CAMI MDT Grant Application. The instructions include instructions for forms that are not required for the abbreviated application. Should you elect to complete the longer application, please contact the CAMI Fund Coordinator. When you initiate your application, you will see only the forms required for the abbreviated application. A copy of the complete application is included with the appendices to this document if you would like to see the forms not included in the abbreviated application.

Save your work frequently while working in E-Grants

A. Application Initiation

Applicants will initiate their own application for this grant. Applicants must review and update the agency or organization's contact and member profile information including deactivating staff no longer associated with the organization. This process should be completed prior to completing the application. Please see *CVSSD E-Grant Applicant User Guide, Chapter 5: Keeping Contact Information Current* for instructions on how to update the organization information.⁴

B. Technical Assistance

Technical assistance regarding the CVSSD E-Grants system can be obtained by:

1. Listen to the E-Grants 101 audio training available on the RFA Teleconference and Resources page in E-Grants in the Request for Applications section on Application Menu- Forms.
2. Using the [CVSSD E-Grant Applicant User Guide](#);
3. Using the CAMI MDT 2019-21 Show Help instructions included in the appendices to this RFA to locate detailed instructions regarding how to complete the application forms.
4. Contacting CAMI Program staff as listed on this application for assistance with the application contents; and
5. Contacting the system Help Desk for system technical assistance, which is available: Monday – Friday 5am to 5pm, Pacific Standard Time, at 1-866-449-1425 or Email azhelpdesk@agatesoftware.com.

C. Application Completion

Applications must be completed and submitted entirely through the CVSSD E-Grants system. The Forms section is where the majority of the work for an application is completed. Certain documents must be uploaded using the E-Grants upload function. All forms must be complete with no error messages before the system will allow you to submit the application.

⁴ The User Guide can be found at the following web address: <http://www.doj.state.or.us/victims/pages/egrants.aspx>.

Note: Completing all the forms is not the same as “submitting” the application. **You must change the status of your application to “Application Submitted” after completing all forms without errors.**

D. Required Forms

Most of the information required for this application can be found in the CVSSD E-Grants system. However, organizations must upload certain documents as requested within the forms, including contracts and protocols. Please **DO NOT** attach any documents that have not been requested unless directed by CVSSD.

E. Application Submission

Applications must be submitted electronically through CVSSD E-Grants. **The application is due April 2, 11:59 p.m., Pacific Standard Time.** The application will not be accessible after the above mentioned time. **Once an application is submitted it will become “read-only” and cannot be changed. Late applications will not be accepted.** For information on *Submitting your Application* see the [CVSSD E-Grants Applicant User Guide](#).

F. Report Compliance

Before the Department of Justice will issue a new award, all outstanding grant reports must be completed.

G. Awards

Applicants may be issued conditional awards and/or grant agreements with additional conditions. CVSSD has the right to make or deny an award without talking to the applicant first. By submitting an application, an agency agrees to comply with all CVSSD grant agreement requirements.

H. Fiscal Officer

A “Fiscal Officer” is the person in the organization who is legally responsible for reporting the financial activities of the organization. This person also ensures that the fiscal records comply with Generally Accepted Accounting Principles (GAAP), CAMI guidelines and all other requirements as stated by CVSSD.

I. Grant Review

The CVSSD staff will respond to questions with respect to RFA clarifications and the CAMI MDT grant process. However, the CVSSD staff cannot review and/or edit grant applications before they are submitted.

A. Key things to Remember When Completing this Application

- After saving a form, if there are errors, CVSSD E-Grants will provide messages at the top of the page directing the applicant to errors on a form. When you save before completing a form, any incomplete but required information will appear as an error. Once you complete that section appropriately and resave the form, those particular errors will be resolved.

- The E-Grants system will not allow an application to be submitted with error messages on any form within the application.
- Required fields have an asterisk (*), however, depending on the application, other fields may need to be completed as well.
- Remember to click “**Save**” frequently to save the information you have entered. The system will not save information if you go to the next page without saving. **Click on “Save” every time you think of it.**
- An applicant may want to consider completing narrative sections in a word processing program and pasting them into the appropriate section(s). Because the text boxes have limited character counts, using the character counting tool in a word processing program when creating your response may be helpful. Please see the CVSSD E-Grants Applicant User Guide: “Application form completion: Copy and Paste” for additional information on this topic.
- If the system is left idle it will time out. Should the system time out, any unsaved information will be lost.
- Have someone other than the writer of the grant review the application before it is submitted.

E-Grants no longer houses SHOW HELP. Please refer to the appendices of this document for application specific instructions.

5. Submission Information

CAMI MDT grant applications must be submitted electronically through the CVSSD E-Grants system. For instructions on how to submit your application, please review the “Submitting your Application” section of the [CVSSD E-Grant Applicant User Guide](#).

THE APPLICATION IS DUE ON: April 2, 2019

BY 11:59 P.M., PACIFIC STANDARD TIME

IT IS IMPORTANT TO NOTE THAT ONCE AN APPLICATION IS SUBMITTED IT WILL ENTER INTO A “READ-ONLY” STATUS AND CANNOT BE CHANGED.

ADDITIONALLY, THE CAMI MDT E-GRANT APPLICATION WILL LOCK AT 11:59 P.M.

LATE APPLICATIONS WILL NOT BE ACCEPTED.

6. Application Review, Award Decisions and Reservation of Rights

A. Relevant Oregon Administrative Rules

137-082-0260

Method of Review/Role of Advisory Council

(1) Staff from the CVSSD will review each county's application and each recommended public or private agency's application. A committee comprised of members of the Advisory Council on Child Abuse Assessment, and other members as may be appointed by the Department, will review and submit to the Department a recommendation regarding approval of each county's Plan the county's application for funding and each county's recommended public or private agency application for funding if any. The committee will determine if the application:

(a) Meets the established eligibility requirements;

(b) Responds to the county's needs as identified in their Plan for comprehensive services to the victims of child abuse;

(c) Substantially furthers the goals and purposes of ORS 418.747, (418.780,) 418.790, and 418.792; and

(d) Documents proper allocation of previous funds and the extent to which anticipated outcomes were achieved for children and families.

(2) The final responsibility for approval, conditional eligibility approval or denial shall rest with the Department.

(3) Formal notification of approval, conditional approval or denial will be given to counties and county recommended public or private agencies in a timely manner.

(4) The Department and Advisory Council may, at any time, conduct a site visit, and may review any records relating to the provision of services and expenditure of funds under this project. All information and records pertaining to individual families and children, reviewed by the Department or a designated body in the exercise of its duties related to the CAMI program, shall be maintained in accordance with the provisions of law, and the terms of applicable Grant Agreements. The information and records will be treated as confidential records by such parties, except to the extent that permission is provided by the affected parties, or as the law may otherwise require.

Stat. Auth.: OL 1993, Ch. 676 & OL 2001, Ch. 624

Stats. Implemented: ORS 418.746 - 418.794

Hist.: DOJ 5-2002, f. 7-31-02, cert. ef. 8-1-02; DOJ 2-2011, f. 3-30-11, cert. ef. 4-1-11

137-082-0270

Grievance Procedures

(1) Applicants have a right to a review of decisions regarding their conditional eligibility or denial of eligibility for CAMI funds.

(2) Each Applicant will be informed of the procedure for review, ("grievance procedure") at the time a decision is made regarding an Applicant's eligibility for CAMI funds.

(3) No Applicant will be subject to reprisal for seeking a review of a decision regarding conditional eligibility or denial of eligibility for CAMI funds.

(4) To invoke this grievance procedure, an Applicant must make a written request to the CAMI Account Administrator within 30 days after receiving notification of the conditional eligibility or denial.

(5) When the Department is notified that an Applicant has timely filed a grievance regarding conditional eligibility or denial of eligibility for CAMI funds, a meeting will be scheduled with the CAMI Account Administrator. This meeting will involve the applicant and other members of the county's MDT as the Applicant deems necessary to present its case. The CAMI Account Administrator and members of the Advisory Council may be present at this meeting. Every effort will be made to have this meeting occur within 2 weeks of receipt of the grievance.

(6) If the matter is not resolved through the grievance procedure, the applicant may request a review of the issue by the Director of the CVSSD. The Applicant must make a written request to the Director of the CVSSD within 30 days following notification of the results of meeting with the CAMI Account Coordinator.

(7) The Director of the CVSSD shall respond in writing to the Applicant's request for review within 30 days. If this response does not resolve the matter the Applicant may request an administrative review by the State Attorney General. Request for such a review shall be made in writing to the State Attorney General and shall include a statement of the problem and the desired resolution. Written notice of intent to pursue administrative review by the Attorney General shall be provided to the Director of the CVSSD before or concurrently with the written request that is submitted to the Attorney General. To be eligible for review by the Attorney General, this request must be made within 30 days of receipt of written notification of the decision of the Director of the CVSSD. The decision of the State Attorney General is final.

Stat. Auth.: OL 1993, Ch. 676 & OL 2001, Ch. 624

Stats. Implemented: ORS 418.746 - 418.794

Hist.: DOJ 5-2002, f. 7-31-02, cert. ef. 8-1-02; DOJ 2-2011, f. 3-30-11, cert. ef. 4-1-11

137-082-0280

Reallocation of Funds Not Applied for or Used

(1) CAMI funds that were not allocated due to an Applicant's failure to request its CAMI funds, or an Applicant's failure to submit a complete application, or a satisfactory Plan or failure to enter into a Grant Agreement, may be distributed to other eligible counties as a supplemental award. These funds will be offered to eligible counties on a percentage basis according to the allocation formula set forth in OAR 137-082-0240(2). As provided therein and OAR 137-082-0280, CAMI funds may be distributed in a manner that is similar to the disbursement formula used to distribute the Criminal Fines and Assessment Public Safety Fund with regard to prosecutor based victim assistant programs.

(2) If an application is submitted but approval is denied, the funds will be held in the CAMI Account for that county for 12 months from the date of denial, during which time the Applicant may reapply. If the Applicant has not obtained at least conditional eligibility within the 12 month period, the funds will be distributed to other eligible counties. If the grievance procedure is underway during the 12 month period, the Applicant's funds will be held in reserve until the final decision of the Attorney General or 12 months from the date of the notification of the denial of funding, whichever is longer. Any Applicant holding funds which are the subject of an eligibility determination grievance procedure, or notice regarding appropriate use of funds, may not encumber, alienate or expend those funds unless and until the grievance procedure is concluded in favor of the Applicant. Applicants holding funds which are ultimately determined to be ineligible for use under Applicant's Plan must return any and all grant funds to the Department within the timeframe established by the Department.

(3) It is the intention of the Department to have minimal or no unobligated CAMI funds at the end of each biennium. Funds held in the CAMI Account in accordance with the above rules will be considered obligated funds until all grievances and eligibility issues have been resolved.

Stat. Auth.: OL 1993, Ch. 676 & OL 2001, Ch. 624

Stats. Implemented: ORS 418.746 - 418.794

Hist.: DOJ 5-2002, f. 7-31-02, cert. ef. 8-1-02; DOJ 2-2011, f. 3-30-11, cert. ef. 4-1-11

B. CAMI Review Process

CAMI Program staff, with the advice of the Advisory Council, will allocate moneys from the CAMI account to eligible MDTs. To determine eligibility, CAMI Program staff will review each application to determine whether the application:

- Complies with eligibility requirements
- Responds to the county's needs as identified in their coordinated child abuse intervention plan for comprehensive services to the victims of child abuse
- Substantially furthers the goals and purposes of ORS 418.747, 418.780, 418.790, and 418.792
- Reflects team participation in the development of the application
- Reflects local application of child abuse intervention efforts
- Sufficiently demonstrates that the use of CAMI Program grant funds benefits children who may have been victims of abuse and their non-offending family members
- Indicates that the MDT has properly allocated previously awarded CAMI Program grant funds

Previously submitted reports will be reviewed to determine:

- How funds were used
- The objectives of the program
- The extent to which the program met anticipated outcomes, especially in terms of benefits to children and families

7. Reservation of Rights

CVSSD reserves the right to:

- 1) Seek clarification of each application, and/or award a grant contract without further discussion of the proposals submitted;
- 2) Reject any and all applications received in response to this RFA, or to negotiate separately in any manner necessary to serve the best interest of the public;
- 3) Determine, with sole discretion, whether a proposal does or does not substantially comply with the requirements of this Application; and
- 4) Waive any minor irregularity, informality, or non-conformance with the provisions or procedures of this Application.

8. Availability and Disbursement of Funds

The amount awarded to each MDT cannot be determined until CVSSD receives the final allocation from the state. Typically, the allocation from the state is finalized in late summer. As a result, MDT grant application budgets must be based on estimates and will likely need to be revised through modification of the grant application once CVSSD receives the final allocation from the state. CAMI Program staff will provide information for budget revisions when final allocations are available. For budget-planning purposes, CVSSD requests that MDTs submit estimated budgets based on [last biennium's allocation amount](#).

Upon review and approval of the MDT application and final budget, DOJ will issue grant award documents that provide for the transfer of funds from DOJ to a designated fiscal manager. The fiscal manager is the entity authorized to carry out the local fiscal/administrative function according to the intervention plan and budget set out in the MDT's application. The two most common fiscal managers for MDT funding are counties, doing business by and through their District Attorney's offices, and Child Abuse Intervention Centers. Regardless of who is designated to administer the funds at the local level, the MDT retains the authority for allocation, and final accountability for implementation, of the CAMI funded portion of the intervention plan.

9. Carryover

Pursuant to OAR 137-082-0220, CVSSD will address carry over funding issues situationally. Rule states: (5) If a county does not expend all of its allocated funds for year one of the grant period, it must explain why the funds were not expended and how they will be incorporated into the second year's Plan, in order to maintain the county's eligibility. If sufficient explanation is provided, the carry-over funds may become part of that year's expenditure plan; (6) Pursuant to subsection (5) the Department may at its discretion permit a grantee to retain unexpended funds provided to grantee under a contractual agreement entered into pursuant to OAR 137-082-0200 et seq. Such retention of funds must be implemented through a subsequent contractual agreement with the grantee. (7) If a significant carry-over of funds continues for more than one year, the county will be asked to reevaluate its Plan and make necessary adjustments to utilize the funds. If there continues to be significant carry-over of funds without reasonable plans approved by the CAMI Administrator for their use, the county's allocation for future funding may be reduced by the amount of excess funds or carryover may be applied to the county's next year's allocation if approved by the Department.

With the 2019-21 grant, CVSSD's policy generally will be to allow up to 5% carryover. Carryover should be calculated from the 2017-19 grant allocation amount.

10. Review of Award Decisions

A. Informal Review

Applicants may request informal feedback and technical assistance regarding their grant application any time after receiving notification of the award decision. Contact the CAMI Fund Coordinator for additional information regarding this process.

B. Formal Review

- 1) An applicant has a right to a review of the award decision with regard to its application.
- 2) Each applicant will be informed of this review procedure at the time a decision is made regarding its application.
- 3) No applicant will be subject to reprisal for seeking a review of an award decision.
- 4) An applicant may request a review by making a written request to the CAMI Fund Coordinator within 30 days after receiving notification of the award decision.
- 5) When the Department is notified that an applicant has requested a review, a meeting will be scheduled for the applicant to meet with the CAMI Fund Coordinator and up to 5 members of the Advisory Committee. Every effort will be made to have this meeting occur within 30 days of the receipt of the request. The Fund Coordinator will notify applicant of the result of the meeting within 5 days after the meeting.
- 6) If the matter is not resolved through the above-described procedure, the applicant can request a review of the issue by the Attorney General or her designee. The applicant should make a written request for such a review to the Director of the Crime Victims' Services Division within 30 days following notification of the results of the meeting described in the preceding paragraph.
- 7) The decision of the Attorney General or her designee is final.

11. Required Monitoring and Reporting

A. Grant Monitoring

CVSSD will monitor each grantee receiving CAMI funding. The objective of monitoring is to assure that the grantee is: a) providing services as described in this RFA; b) spending grant funds as agreed; c) working towards funding objectives; and d) following appropriate fiscal procedures. Monitoring includes telephone and on-site visits intended to provide technical assistance and support program development. During desk reviews and on-site visits, CVSSD staff will review all financial records and other supporting documentation for costs and expenditures related to CVSSD administered grants.

B. Award conditions

1. Conditional Awards

All grant awards are made conditional upon the timely completion of grant award documents. Funds are not considered obligated and will not be transferred until all required grant award documents have been signed by an applicant and by the Department designee. If grant award documents are not completed by an applicant within three months of the notice to the applicant of the intended award, CVSSD may withdraw the award and has the authority to reallocate the funds that were conditionally awarded to the applicant.

2. Additional Grant Agreement Conditions

All grant agreements issued by CVSSD include conditions that must be satisfied by both parties to the agreement. In addition, CVSSD may include additional conditions when circumstances exist that require a further showing of applicant's ability to successfully manage an award. Examples of such additional conditions include, but are not limited to a requirement of more frequent reporting to assure timeliness and accuracy, or additional reports to document that grantee is successfully addressing an area of concern. When additional conditions are included in a grant agreement, grantee's failure to satisfy those conditions shall be governed by the default and termination provisions included in the agreement.

C. Reporting Requirements

In addition to the conditions specified in the preceding section ("Award Conditions") and as a condition of receiving a CAMI grant, recipients must adhere to the financial guidelines set forth in the fund specific CVSSD Grant Agreement.

All CVSSD grant agreements provide that grantees who fail to meet any of the reporting requirements included in this section (financial, narrative and/or statistical) shall be considered to be in default under the agreement. In such a case, CVSSD has the right to end the grant. CVSSD may also reduce the award proportionately to the period for which reports were not submitted in

a timely manner. Please see Section 6 (“Termination and Default”) of the DOJ Grant Agreement for additional information.

Reporting for this application will be done completely through the CVSSD E-Grants system either in a Financial Report or a Progress Report. See the reporting schedule below. Details and training on reporting within the CVSSD E-Grants system will be provided by CVSSD staff.

1. Table of Report Dates

All reports will be submitted electronically through the CVSSD E-Grants system according to the following schedule:

Grant Award	Due January 31	Due April 30	Due July 20	Due October 31
CAMI MDT	Financial Report Progress Report <ul style="list-style-type: none"> • Narrative • Statistical • Karly’s Law •Goals/Objectives 	Financial Report	Financial Report Progress Report <ul style="list-style-type: none"> • Narrative • Statistical • Karly’s Law •Goals/Objectives 	Financial Report

Forms, Exhibits, and Other Information

A Multidisciplinary Approach to Child Abuse Intervention⁵

(Where the minimum requirement for the CAMI Program is greater than what is included below, it is noted in the text of the document).

A functioning and effective multidisciplinary team (MDT) is the foundation of a Children's Advocacy Center (CAC). An MDT is a group of professionals from specific, distinct disciplines that collaborates from the point of report and throughout a child and family's involvement with the CAC. MDTs coordinate intervention so as to reduce potential trauma to children and families and improve services overall, while preserving and respecting the rights, mandates and obligations of each agency.

A CAC is not just a facility, but serves as an interagency coordinated response center. All MDT representatives contribute their knowledge, experience and expertise for a coordinated, comprehensive, compassionate, and professional response. Quality assurance and a review of the effectiveness of the collaborative efforts are also critical to the MDT response.

The core MDT is comprised of representatives from law enforcement, child protective services, prosecution, medical, mental health, and victim advocacy, together with CAC staff. (The CAMI statute also requires participation of school officials and juvenile department representatives and specifies that county health and county mental health be included. The CAMI program strongly recommends that both a forensic interviewer and a medical staff person from the CAIC, and the DMP if different from the CAIC medical provider, be included in the MDT.) Some CACs, including those in small, rural communities, may employ one person to fill multiple roles. For example, the CAC Director may also serve as the Victim Advocate, or a CPS worker may function as a forensic interviewer and a caseworker. What is important is that clear boundaries are maintained between each function, and that all functions are performed by a member of the MDT.

MDTs may also be expanded to include other professionals including guardians ad litem, adult and juvenile probation officers, dependency (civil) attorneys, out-of-home care licensing personnel, federal investigators, school personnel, domestic violence providers, and others, as is needed and appropriate for an individual child, family, or community. (See note above for differing requirements of the CAMI Program).

Generally, a coordinated, MDT approach facilitates efficient interagency communication and information sharing, ongoing involvement of key individuals, and support for children and families. Each agency gains the benefit of a broadened knowledge base from which decisions are made, thorough and shared information, and improved and timely evidence gathering. Involvement of the prosecutor from the beginning stages of the case may also contribute to a more successful criminal justice outcome. MDT interventions

⁵⁵ from the [National Children's Alliance Standards for Accredited Members](#)

in a neutral, child-focused CAC setting are associated with less anxiety, fewer interviews, and more appropriate and timely referrals for needed services. An MDT response fosters needed education, support, and treatment for children and families that may enhance their willingness to participate in the criminal justice system as effective witnesses. In addition, parents and other caregivers are empowered to protect and support their child throughout the investigation and prosecution and beyond.

Benefits by MDT Function

Law Enforcement:

- Suspects may be more likely to cooperate when confronted with evidence generated by a coordinated MDT approach.
- Support and advocacy functions are attended to by other MDT functions, leaving law enforcement personnel more time to focus on other aspects of the investigation.
- Collaboration with CPS and other MDT members allows law enforcement to utilize MDT members' training and expertise in working on child protection issues, communicating with children and understanding family dynamics.

CPS Workers:

- Effective information sharing places CPS workers in a better position to monitor child safety and parental support, provide assistance to non-offending parents, and provide recommendations regarding placement and visitation.

Medical Providers:

- History obtained during the coordinated interview provides medical personnel important information in making medical decisions.
- In turn, medical providers are available for consultation on specialized medical evaluations and for interpretation of medical findings and reports.

Mental Health Providers:

- Mental health personnel provide the MDT with valuable information regarding the child's emotional state, treatment needs, and ability to participate in the criminal justice process.
- A mental health professional helps ensure that assessment, treatment, and related services are routinely offered and made available to children and families.

Victim Advocates:

- Victim advocates are available to provide needed crisis intervention, safety planning, referrals for additional services, ongoing support, information and case updates, and court advocacy in a timely fashion.

- Victim advocates allow the MDT to anticipate and respond to the specific needs of children and their families more effectively, lessen the stress of the court process, and increase access to resources needed by the child and family, including access to victims of crime funding.

Prosecutors:

- Prosecutors hold offenders accountable and ensure community safety.

Essential Components of an MDT

A. The CAC/MDT has a written interagency agreement signed by authorized representatives of all MDT components that clearly commits the signed parties to the CAC/MDT model for its multidisciplinary child abuse intervention response. The interagency agreement includes:

1. Law Enforcement
2. Child Protective Services
3. Prosecution
4. Mental Health
5. Medical
6. Victim Advocacy
7. Children’s Advocacy Center

STATEMENT OF INTENT:

Written agreements formalize interagency cooperation and commitment to CAC/MDT policy ensuring continuity of practice. Written agreements may be in differing forms including memoranda of understanding (MOUs), and/or interagency agreements (I/As), and are signed by the leadership of participating agencies (e.g. police chiefs, prosecuting attorney, agency department heads, supervisors, etc.) or their designees. These documents should be developed with input from the MDT, reviewed annually, and re-executed upon change in practice, policy or current agency leadership.

B. Written protocols and/or guidelines address the functions of the MDT, the roles and responsibilities of each discipline, and their interaction in the CAC. Protocols are developed with input from the MDT, reviewed minimally every 3 years (The CAMI Program requires review every 2 years), and updated as needed to reflect current practice.

STATEMENT OF INTENT:

The involvement of the agency leaders and MDT members is critical to ensuring that the policies and procedures by which investigations are conducted and services provided are consistently followed.

C. All members of the MDT—including appropriate CAC staff, as defined by the needs of the case—are routinely involved in investigations and/or MDT interventions.

STATEMENT OF INTENT:

The purpose of multidisciplinary involvement for all interventions is to assure that the unique

needs of children are recognized and met. This allows for informed decision-making to occur at all stages of the case so that children and families benefit optimally from a coordinated response.

Multidisciplinary intervention begins at initial outcry or report and includes, but is not limited to, first response, pre- and post- interview debriefings, forensic interviews, consultations, advocacy, evaluation, treatment, case reviews, and prosecution.

D. CAC/MDT members participate in effective information sharing that is consistent with legal, ethical and professional standards of practice and ensures the timely exchange of case information within the MDT.

STATEMENT OF INTENT:

Regular and effective communication and information sharing minimizes duplicative efforts, enhances decision-making, and maximizes the opportunity for children and caretakers to receive the services they need.

E. The CAC has written documentation describing how information sharing is communicated among MDT members and how confidential information is protected.

STATEMENT OF INTENT:

Most professions represented on the MDT have legal, ethical, and professional standards of practice with regard to confidentiality, but they may differ across disciplines. States may also have laws such as the Health Information Portability and Accountability Act (HIPAA) that govern this practice. The CAC/MDT must create written confidentiality and information sharing policies that align to these standards and specifically apply to the MDT, staff, and volunteers.

F. The CAC provides routine opportunities for MDT members to give feedback and suggestions regarding procedures and operations of the CAC/MDT. The CAC has a formal process for reviewing and assessing the information provided.

STATEMENT OF INTENT:

CACs should have both formal and informal mechanisms allowing MDT members to regularly provide feedback regarding the operations of the CAC, operational/administrative matters (e.g., transportation for clients, use of the facility, equipment upgrades) and multidisciplinary team issues (e.g., communication, case decision making, documentation and record keeping, conflict resolution, etc.).

CACs should foster opportunities for open communication in order to create an atmosphere of trust and respect and to enable MDT members to share ideas and raise concerns.

Feedback and/or suggestions from MDT members may be obtained via the Outcome

Measurement Survey tool (OMS), team satisfaction surveys, suggestion boxes, MDT meetings specifically scheduled for this purpose, and other methods.

G. The CAC/MDT annually provides or facilitates relevant training or other educational opportunities focused on issues relevant to investigation, prosecution, and service provision for children and their non-offending caregivers. The CAC demonstrates documented MDT member participation in annual professional development.

STATEMENT OF INTENT:

Ongoing learning is critical to the successful operation of CAC/MDTs. The CAC identifies and/or provides relevant educational opportunities for MDT members. These should include topics that enhance the skills of MDT members, are cross-discipline in nature, and are MDT-focused

**ASSURANCES AND CERTIFICATIONS
CHILD ABUSE MULTIDISCIPLINARY INTERVENTION
Project Period: July 1, 2019 – June 30, 2021**

County: _____

I. CAMI program grant funds will not be used as replacement revenue in accordance with ORS 418.746(2).

MDT Chair initials: _____

II. Our county MDT holds, and will continue to hold, regular meetings for the review, classification and assessment of child abuse cases under investigation by our MDT member agencies (ORS 418.747(1)-(8)).

Scheduled Meeting (Day/Time/Frequency): _____

MDT Chair initials: _____

III. Our child fatality reviews have been and will continue to be conducted as needed (ORS 418.785).

Scheduled Meeting (Day/Time/Frequency): _____

MDT Chair initials: _____

By signing below, I certify that the MDT will comply with the above requirements.

Chair of Multidisciplinary Team:

Signature

Date

Print Name

Agency or Organization

Submit this form with the application
(Sign, scan, save, upload through CVSSD E-Grants)

CAMI Grant Service Areas

CAMI Grant moneys are awarded solely for activities and projects falling within the following Service Areas:

1. **Assessment Services** means medical assessment of, intervention services to, or psycho-social assessments of children in Oregon suspected of being victims of abuse or neglect. For purposes of this description, the phrases medical assessment, intervention service and psycho-social assessment have the following meanings:

Medical Assessment means an assessment by or under the direction of a physician who is licensed to practice medicine in Oregon and trained in the evaluation, diagnosis and treatment of child abuse and includes, but is not limited to, the taking of a thorough medical history, a complete physical examination, an interview for the purpose of making a medical diagnosis, a determination of whether or not the child has been abused or neglected, and identification of appropriate treatment or referral for follow-up for the child.

Intervention Service means a service provided by criminal justice or child protective services staff to intervene effectively in a case of suspected child abuse.

Psycho-Social Assessment means an evaluation of the child and his or her family to determine the need for services to reduce the adverse reaction to victimization and the availability of resources to meet those needs.

2. **Advocacy Services** means services that reduce additional trauma to children (and their families) in Oregon suspected of being victims of abuse or neglect or that support the identification and development of therapeutic services to such children (and their families). Advocacy services include, but are not limited to, protective services, intervention advocacy, prevention advocacy and professional training and education, all as described below:

Protective Services means activities that are required to protect the child, prevent future abuse, and support the healing process associated with the abuse or neglect related trauma.

Intervention Advocacy means activities identified at the local or state level to provide more effective intervention for victims of child abuse or neglect.

Prevention Advocacy means activities associated with local and state fatality review processes or subsequent prevention strategies designed to reduce child abuse, neglect or fatalities.

Professional Training and Education means support for professional training and education or for educational resources such as a clearing house, speakers' bureau, or library, for professionals involved in child abuse and neglect intervention.

3. **Treatment Services** means information, referral and treatment for child abuse or neglect victims and their families. For purposes of this description, the words information, referral and treatment have the following meanings:

Information means providing information regarding treatment resources.

Referral means providing referrals for therapeutic services.

Treatment means providing and coordinating therapeutic treatment intervention.

CAMI MDT 2019-21 Application Form Instructions

Initiating the application. From the “My Home” tab in E-Grants, under “View Available Opportunities” select “View Opportunities.” find the CAMI MDT Application 2019- and select “Apply Now.” You will be directed to the “Agreement” page where there is a drop down menu offering you the option to copy data forward. If you would like information from the 2017 CAMI MDT application forms A, B and C to be copied forward into this application, select “CAMI MDT 2017 (your organization - #####)” or select “do not copy data forward” if you do not want any of the information from the 2017 application to prepopulate into this application. Then click “I agree.” You will be taken to the Non-Competitive Application Menu. Under “View, Edit and Complete Forms” click “View Forms” and you will be taken to a page where all of the application forms are listed. Even if you requested that the information be prepopulated, you will still need to save each form. Additionally, you will need to complete the certifications portion of Form A, as only the responses to questions 2 through 4 will prepopulate. As you work through the forms, please review any prepopulated information carefully to ensure that it is accurate and current. You can make changes to the prepopulated information as needed. Remember to save frequently as you work in E-Grants.

Below are page by page notes on the information needed to complete the application.

A. Cover Page

1. Organization Certification:

You must certify that the information included under the “Organization Information” and “Organization Members” sections of E-Grants is complete and accurate. Please ensure that the appropriate people have access to this application, including those who will need access for grant reporting. Information on how to make any necessary changes can be found in the [CVSSD E-Grants Applicant User Guide](#).

The [Civil Rights Training Certification](#) is required to be uploaded in Organizational Details **every two years**. If you have not completed the civil rights training requirements, information required to fulfill this requirement can be found at http://www.doj.state.or.us/victims/pages/civil_rights.aspx. You will need to complete this requirement before signing the Grant Agreement. If your agency is new, by checking the you are certifying that your agency will complete the required training and upload the Certification prior to executing a Grant Agreement.

The [Whistleblower Certification](#) is required. All grantees must certify that they are in compliance with federal whistleblower protection requirements (41 U.S.C. 4712), including informing employees of their rights and remedies. Grantees must complete and upload the Whistleblower Certification at least once every two years. You will need to complete this requirement before signing the Grant Agreement. If your agency is new, by checking the you are certifying that your agency will complete the required training and upload the Certification prior to executing a Grant Agreement.

Board Roster. Only applicants who are Non-Profits, such as Child Abuse Intervention Centers, must submit a Board Roster. If you are not a Non-Profit, please select “not applicable” and click the blue “save” button. The Board Roster cannot be edited from this page. To edit/update the Board Roster, select “ My Organization(s)” at the top of the page, find your organization and then select “ Organization Details” to access the Board Roster. Applicants who are Non-Profits should go to this page in E-Grants, review the

Board Roster and make any necessary changes. After reviewing and updating your organization's Board Roster, please check the box to certify that the roster is complete and accurate.

2. Applicant Information:

"Applicant" refers to the agency or organization applying to manage the grant for the local MDT. The MDT decides who completes the application. Questions a, c, and d will auto populate from the information entered in "My Organization". If any of the information is incorrect, contact CVSSD staff to have correction made. Additionally, if you elected to copy data forward from the 2017 MDT application, questions b and e will also auto populate. You can change or update this information in the form if it is no longer correct.

b. **Physical address of the applicant:** Enter the physical address of the applicant if different from the mailing address.

e. **Website Address:** If the applicant has a web address, enter the applicant web address.

3. Contact Information:

The options in the drop down menus for a, c, and e include individuals listed in "My Organization." You will need to add individuals to "My Organization" if you do not see the individual in the drop down who fills the required role, please update "My Organization." Fields b, d, and f will auto-populate when you have selected individuals from the drop down and clicked "save."

a. **Application Contact Person:** Refers to the name of the person responsible for this grant application; the contact person should be the individual who will be responsible for the day to day management and reporting for the grant.

c. **MDT Chairperson:** Refers to the name of the person responsible for convening the MDT.

e. **MDT Coordinator:** Refers to the name of the person who completes administrative tasks on behalf of the MDT including preparing and circulating the MDT meeting agendas.

4. Type of Applicant:

Choose the type or agency or organization that describes the applicant.

Remember to save your work frequently

B. MDT and Child Fatality Review Teams – Required Roles

ORS 418.747 lists eight required roles for inclusion on the MDT. Those roles are listed on this form. You must provide the name and contact information for one representative for each required role. In situations where you have more than one person in a role, such as having multiple law enforcement officers representing multiple law enforcement agencies working within the county, enter one law enforcement agency representative in Form B and add the other law enforcement officers to Form C MDT and Child Fatality Review Teams – Additional Members. 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. As actual attendees may change from meeting to meeting depending on cases staffed, as turnover occurs, or for other reasons, the CAMI Program needs to know who should be contacted with information about policy changes, requirements, team challenges, etc.

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 as reasonable, practicable, and relevant to the cases to be staffed. 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](#).

*If you elected to carry information forward from the 2017-19 application, this form will prepopulate. Please review the information to ensure it is current and update or change as needed. Remember to save your work frequently. If you did not elect to carry information forward, please complete the form. Remember to save your work frequently.

1. **Role. Is auto populated based on statutory requirements**
 - a. **Name.** Enter the full name of individual.
 - b. **Agency.** Enter the agency of the individual.
 - c. **Address.** Enter the address of the individual.
 - d. **City.** Enter the city of the individual.
 - e. **State.** Select the state from the drop down menu provided.
 - f. **Zip.** Enter the zip code of the individual.
 - g. **Phone.** Enter the phone number of the individual.
 - h. **Email.** Enter the email of the individual.
 - i. Indicate if the individual is also a member of the Fatality Review Team by selecting "yes" or "no".
 - j. ORS 418.747 requires that each MDT Team member* and the personnel conducting child abuse investigations and interviews of child abuse victims 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. If you have questions regarding what training might satisfy this requirement, please contact the CAMI Fund Coordinator.
 - k. Each MDT Team member must complete Karly's Law training prior to submission of this grant application. The training can be found here: <http://www.childabuseintervention.org/karlyslaw/>

*For the purposes of this application requirement, "MDT Team Member" means any person listed as a member of the MDT on this application. However, it is best MDT practice, and in the best interest of children, that MDTs make every effort to ensure that all first responders, community stakeholders and any other community members working in the field in their county have completed this training.

C. MDT and Child Fatality Review Teams – Additional Members

Use this form to document additional members of the MDT and Child Fatality Review Team. 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 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:

1. Prosecutors from the District Attorney's Office actively working on Adult, Juvenile, and Dependency Cases and DAVAP Advocates
2. 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)
3. CAIC based Forensic Interviewers and Victim Advocates (in addition to the statutorily required CAIC representative who should be a CAIC Director or Deputy Director)
4. AAGs who represent DHS in county juvenile dependency and termination of parental rights proceedings

*If you elected to carry information forward from the 2017-19 application, this form will prepopulate, with the exception of (i). Please review the information to ensure it is current and update or change as needed. Remember to save your work frequently. If you did not elect to carry information forward, please complete the form. Remember to save your work frequently.

1. **Contact Information.**

- a. **Name.** Enter the full name of individual.
- b. **Agency.** Enter the agency of the individual.
- c. **Address.** Enter the address of the individual.
- d. **City.** Enter the city of the individual.
- e. **State.** Select the state from the drop down menu provided.
- f. **Zip.** Enter the zip code of the individual.
- g. **Phone.** Enter the phone number of the individual.
- h. **Email.** Enter the email of the individual.
- i. Indicate if the individual is also a member of the Fatality Review Team, the MDT team or both by selecting the appropriate button.

- j. ORS 418.747 requires that each MDT Team member and the personnel conducting child abuse investigations and interviews of child abuse victims 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. If you have questions regarding what training might satisfy this requirement, please contact the CAMI Fund Coordinator.
- k. Each MDT Team member must have completed Karly's Law training prior to submission of this grant application. The training can be found here:
<http://www.childabuseintervention.org/karlyslaw/>

*You can add additional forms to this page by clicking the blue "Add" button at the top of the page. When you click the "Add" button, a blank form will appear.

D. MDT Member Training

Member training is essential to a functioning MDT. The team is statutorily obligated to ensure that its members are adequately trained. MDTs should plan for, budget for, and monitor MDT member training. Seeking and providing free training where possible is encouraged as is minimizing travel and time required to attend training. While RSPs can provide some training to MDTs free of cost, MDTs should not rely exclusively on RSPs for training. A well thought out training plan that includes a mix of webinars, local and regional trainings, MDT sponsored events and occasional larger conferences that ensures appropriate training for members promotes best practices and is consistent with the purpose and goals of the CAMI Program. Use this section to verify that MDT members and local child abuse intervention professionals are trained in child abuse response.

All MDT Members: ORS 418.747(3) states that MDT members must be specially 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.

Center Based Medical Providers: ORS 418.746(4)(g) requires that every MDT prioritize funding to a community assessment center. ORS 418.792(2) requires that each application that funds a community assessment center include a commitment by the medical practitioner to attend continuing education courses regarding evaluation and diagnosis of child abuse and neglect.

Investigators and Forensic Interviewers: ORS 418.747(4) states that all investigations of child abuse and interviews of children shall be carried out by appropriate personnel using the protocols and procedures called for in the statute. ORS 419B.021 outlines degree requirements for persons conducting investigations or making determinations regarding children who may have been abused. Center-based interviewers must meet minimum educational qualifications including successfully completing the Oregon Child Forensic Interviewer Training which is based on the [Oregon Interviewing Guidelines](#). (See Oregon Interviewing Guidelines Appendix B for more information). National best practice requires that interviewers participate in a minimum of 8 hours of continuing education every 2 years and structured peer review twice yearly.

E. Multidisciplinary Team Contributions to CAMI Budget

Use this section to estimate MDT community partner contributions to the local child abuse intervention plan in the form of staff time dedicated to MDT Meetings including time at the meetings, as well as time in preparation, travel and follow up, The following formula should be used:

Estimated/average \$ per hour X hours preparation/travel/attendance over the 2 years = total estimated contribution

Explanation example: This estimate of an in-kind contribution is based on the _____ minutes per month spent preparing for, traveling to and from, and attending case review meetings (approximately _____ meetings per year for two years) and the _____ minutes spent attending the MDT quarterly meeting (_____ per year for two years). Cost includes salary for _____ representatives.

F. Intervention Plan

Respond to each question thoroughly and completely. Use these questions to help guide you in describing the scope of child abuse and child abuse intervention in your county. Consider including statistical data on population, amount of FTE dedicated to child abuse prosecution in your local DA's office, amount of FTE of DHS Child Welfare workers, law enforcement and others working in child abuse intervention to help in completing your description.

Please be aware of the character limit in this section. Narrative is restricted to 8000 characters. Spaces count as characters. You can work on your answers in a Word document and then paste your responses into CVSSD E-Grants, however, you will lose formatting in the process. E-Grants only recognizes straight text formatting – no bullets, font changes, or other unique formatting elements.

The Intervention Plan should outline the county's experience with child abuse and child abuse intervention, and describe how the MDT uses CAMI grant funds to address child abuse issues in the county. The Intervention Plan ties the CAMI Program and the MDT together in a coordinated effort to remain statutorily compliant while addressing local child abuse efforts comprehensively.

Central to a comprehensive MDT Intervention Plan are the values of minimizing trauma to the victim and maximizing victim safety. Intervention Plans should be developed with these concepts in mind.

Designated Medical Professionals

Note: Designated Medical Professional (DMP) is defined by ORS 418.747(9) as: a physician, physician assistant, or nurse practitioner who has been trained to conduct child abuse medical assessments, as defined in ORS 418.782, and who is, or who may designate another physician, physician assistant, or nurse practitioner who is regularly available to conduct the medical assessment described in ORS 419B.023 (Karly's Law).

ORS 418.782(2) defines "child abuse medical assessment" as: an assessment by or under the direction of a licensed physician or other licensed health care professional trained in the evaluation, diagnosis, and treatment of child abuse. "Child abuse medical assessment" includes the taking of a thorough medical history, a complete physical examination and interview for the purpose of making a medical diagnosis, determining whether or not the child has been abused and identifying the appropriate treatment or referral for follow-up for the child.

Per ORS 419B.023, medical assessments in cases of suspicious physical injury (Karly's Law cases) must be conducted by the DMP within 48 hours [of the LEA or DHS worker's observation of the injury] or sooner if dictated by the child's medical needs. If after reasonable efforts a DMP is not available to conduct a medical assessment within 48 hours, the child shall be evaluated by an available physician. If the child is evaluated by a medical provider other than the DMP, that medical professional shall make any relevant material available to the DMP within 72 hours of the evaluation.

G. Project Specific Goals, Objectives, Activities and Performance Measures

Over the two year grant period, each grantee must have at least one goal ,one objective, one activity and one output by which to measure their performance. These **should be logically related to the Intervention Plan and what is being funded with CAMI Program grant funds.** The objectives should specify key areas of need

that the applicant described in the Implementation Plan, including the use of CAMI Program grant funds to address these needs. Goal statements should be directly supported by related objectives that are Specific, Measurable, Achievable, Realistic, and Time-framed (S.M.A.R.T.). Several excellent tutorials on how to write goals and S.M.A.R.T. objectives are available on the internet and YouTube. A list of resources is included infra under “Resources for this Application.”

Applicants are strongly encouraged to use these tools to help them develop goals, objectives and logic models that will be meaningful and useful tools to guide and measure their activities over the grant cycle rather than merely exercises to complete during the grant application. Each activity and the associated outputs and outcomes should be listed in a separate box under the Objective to which it is designed to contribute. *New this year* You may elect to use the model goal and one or more of the objectives and activities, create your own goals or both. Please note, you may create no more than 3 goals.

Example:

- **Goal:** Increase the safety and well-being of children in the community
- **Objective:** During the two year grant cycle, OCFIT trained Forensic Interviewers will conduct interviews for a total of X children suspected of being victims of abuse.
- **Activities:** Send 2 Forensic Interviewers to OCFIT.
- **Target Outputs:** 2 qualified interviewers
- **Two Year total Output:** 2
- **Outcome:** Children will receive Forensic Interviews conducted by qualified Forensic Interviewers.

Describe the proposed intervention plan through a detailed logic model that clearly depicts the inputs and activities of the MDT and the intended outputs and outcomes. These should be designed so that CVSSD and the Grantee can identify and monitor progress in the development and implementation of the project, as well as measure program outcomes. Measures of program outcomes should be tied to the goals. Examples of Outcomes include:

- Changes in how Child Welfare, Law Enforcement, Medical or District Attorneys process cases;
- Changes in local practice regarding child abuse identification and response;
- New policies and protocols adopted to institutionalize improved services, tools and practice.

The applicant is responsible for determining an appropriate number for the output. This number should be determined based on what the MDT deems reasonable in light of past performance, knowledge of the unique challenges of the county, and the resources available to address child abuse intervention.

Please review the following definitions before completing the goal section:

1. **Goal:** A general, global statement about a desired achievement.
2. **Objective:** A statement that specifies what must be done to achieve the change (increase, decrease, enhancement, improvement or other change) needed to attain the goal.
3. **Activities:** Specific processes or plans of action that will be implemented to meet the objective. Activities should break down objectives into actual events or functions that the MDT will complete to achieve the goal.
4. **Outputs:** The products or services produced; processes deliver outputs. Target Outputs are the specific results of activities,
5. **Outcomes:** The effects and changes that are a result of the output. An outcome is a level of performance or achievement. It may be associated with the process or the output. Outcomes reflect the impact that the outputs have on the MDT, the IP, or the community

Multiple goals may be added by clicking on the “ADD” button at the top of the page.

H. MOUs and Contracts

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. Memorandum of Understanding

If you are proposing to collaborate with a community partner(s) through an MOU (no exchange of CAMI funds for goods or services):

- Upload the completed MOU. If you do not yet have a signed copy, upload an unsigned MOU. A signed copy of the MOU will be required prior to the execution of grant award documents.
- If an agency or organization is proposing a collaboration with a Tribal Nation please consult with the Tribe to determine if a Tribal Resolution or an MOU is the appropriate document to demonstrate collaboration. This is the document that should be uploaded.

B. Subcontract

If you are proposing to subcontract any of these funds to an individual or organization (if you are exchanging CAMI funds for goods or services):

- Respond to questions B1a - h for the first subcontractor. Upload the fully executed contract. If you do not yet have a signed contract, upload an unsigned subcontract. A signed copy of the subcontract will be required prior to the execution of grant award documents.
- If you are proposing more than one subcontract, under B1j- click “yes” and E-Grants will generate another set of subcontract fields.
- If you include any expenses in the Budget forms for Contractual Services-you must upload a corresponding contract here.

I. Attachments to Upload

To attach a file in CVSSD E-Grants, click the BROWSE button next to the line on which you are working. This will open a file window. Find the file you want to attach, click on it, and then click the OPEN button. Your file will appear in the corresponding box.

1. **Multidisciplinary Team Approval and Assurances.** CVSSD E-Grants will generate this form as a PDF document based on the MDT members listed on Forms B and C. One member will print per page so that you can distribute the forms individually to MDT members for signatures and then compile them before uploading to E-Grants. Please ensure that the uploaded document reflects the order in which members are listed in E-Grants. By signing this form, the MDT members are indicating they approve of the intervention plan and budget included in the application. As such, it is imperative that they be provided with a copy of the application prior to signing the document.
2. **Certified Assurances** Use the form included in the application. Complete the form entirely, scan and save as a PDF, and upload it here.
3. **Sample MDT Attendance Sheet** Scan a blank copy of the attendance sheet your team uses (it should include a confidentiality statement), save as a PDF, and upload it here. There is a sample confidentiality form and attendance sheet that your team can use.
4. **MDT Protocols.** The CAMI Grant requires that MDT Child Abuse Intervention Protocols include five specific components. Each component will be a separate file to upload to the application. Investigation Protocol; Karly’s Law Protocol; Drug Endangered Children Protocol; Child Fatality Review Protocol; Compliance Protocol. If your team also has a CSEC Protocol, please upload it.

Project Budget Pages

To view required budget pages, you must return to the Forms Menu. Budget Pages are not visible in the list of forms at the bottom of the individual Program/Project Information pages.

J. Personnel

Applicants completing this form should keep the following in mind:

A separate personnel page should be created for each grant funded staff.

Costs captured in the CVSSD E-Grant system under Personnel Expenses includes employer portion of FICA, worker's compensation, unemployment and health insurance, short/long term disability, and retirement, etc.

Provide calculation details in the narrative box. See below for an example.

Ensure that the information entered on the form matches the position name(s) and FTE(s) shown on the Staff Roster.

When providing details, please be clear and concise.

- 1. Staff Name:** For each position requested, list the name of the employee. If the position is not filled, enter **Vacant**.
- 2. Position Title:** For each position requested, provide the title.
- 3. Salary funded by this grant:** List the total Year 1 and Year 2 salary for the position to be funded by this grant.
- 4. Total annual salary for full-time equivalent (1 FTE):** List the total Year 1 and Year 2 annual salary for this position funded at a full time equivalency (1 FTE). Even if the position is part-time, list the cost for 1 FTE.

In the textbox, provide a formula/calculation clearly explaining the salary to be funded. For example:

Year 1: Annual Salary \$29,640 /12mth (\$14.25 per hr x 2080)

Year 2: Annual Salary \$29,640 + 2.5% cola raise /12mth = \$30,381(\$14.66 per hr x 2080)

5. Personnel Expenses funded by this grant: Indicate the Year 1 and Year 2 amount your agency is requesting for personnel expenses (benefits) to be funded by this grant.

6. Total annual personnel expenses for full-time equivalent: List the total Year 1 and Year 2 annual personnel expenses for this position funded at a full time equivalency (1 FTE). Even if the position is part-time, list the cost for 1 FTE.

In the textbox, provide a formula/calculation in addition to clearly explaining the personnel expenses to be funded. For example:

Year 1: 30% personnel benefits (health and life insurance, retirement, workers comp). calculated from total salary for 1 year (\$29,640 x 0.3 = \$8,892)

Year 2: 30% personnel benefits (health and life insurance, retirement, workers comp). calculated from total salary for 1 year (Year 2: \$30,381 x 0.3 = \$9,114).

7. FTE funded by this grant: This number will automatically calculate when you complete fields 1-6 above and select "save." Please review this number to be sure it matches what you intend to budget for the position.

8. Please indicate which CAMI Service Area(s) this staff will address. Refer to the RFA infra for definitions of each service area.

Definitions for each service area can be found in the RFA. To be eligible for CAMI Program funding, each position must address at least one service area.

9. What activities will this person perform with the FTE funded by CAMI during the grant period? Please describe the activities/job duties here. The activities should fit within the service areas indicated in question 8 above. These activities should be related to the intervention plan and program goals.

K. Services & Supplies

Applicants completing this section of the budget should keep the following in mind:

- Expenditures in this section should support and enhance direct services and show they are consistent with the project activities;
- Describe how the costs were determined by showing the basis for computation;
- Expenditures are allowable costs under the grant funds that are being requested; and
- The budget narrative clearly explains the benefits of each grant funded expense to the project.

1. **Contracted Services:**

List the independent contractors who will provide services funded by this grant. Briefly describe the service to be provided and indicate which service area they correspond to below. Totals will calculate automatically when you save your work.

Note: If you are requesting funds in this line item, you are required to submit a copy of the subcontract on Form H: MOUs and Subcontracting.

2. **Travel:**

Include your estimated travel costs for year one and year two. Include staff travel expenses such as travel to transport clients, to appear in court, to attend meetings, etc. Please include an explanation and a basic computation for how you estimated expenses. **Do not include travel related to training in this section. Travel for training should be included below in section 3.**

Benefits of this travel to the Project: You must explain how this travel benefits the project.

3. **Training:**

Complete the table by providing the training title and location, approximate dates, number of attendees, registration, travel, lodging and per diem. Include costs for training you are hosting/providing with CAMI funds as well as trainings MDT members are attending with support of CAMI funds. E-Grants will calculate the totals when you save your work. Government per diem rates are accessible by clicking on the link included on the form. **Training expenses should be divided by year one and year two.**

Show mileage, lodging and meals separately. Registration fees should be included under Training;

Out of State Travel: Out of state travel is allowable but must be well justified and pre-approved by CVSSD.

Benefits of this training to the Project: You must explain how the training benefits the project.

L. Other Costs

Applicants completing this section should keep the following in mind:

- Expenditures in this section should be allowable uses of CAMI funds and consistent with the project activities;
- Describe how the costs were determined by showing the basis for computation;
- Expenditures are allowable costs under the grant funds requested; and
- The budget narrative should clearly explain the benefits of each grant funded expense to the project.

M. Budget Summary

Click "Save" on this form to have it pull data from forms L, M, & N. The form will also calculate all totals when you click "Save". If any changes are needed, you will need to return to form L, M, or N as appropriate make the necessary adjustments and then return to this page.

When you have completed all forms, remember to "Submit" your application.

Recommended Training for medical professionals providing child abuse medical assessments (From NCA)

Physician (MD or DO)		Undergraduate Degree 4 years of Medical School 3-5 years of Residency 1-3 years of Fellowship (optional)	16 hours of formal didactic training in the medical evaluation of Child Sexual Abuse	State Medical Board Pediatrician
	Pediatrician (MD or DO)	Undergraduate Degree 4 years of Medical School 3 years of Residency 1-3 years of Fellowship (optional)		American Board of Pediatrics (ABP)
	Child Abuse Pediatrician	Undergraduate Degree 4 years of Medical School Peds or MedPeds Residency Child Abuse Fellowship Board examination in Child Abuse Pediatrics	<i>No additional training requirements</i>	American Board of Pediatrics (ABP)
Advanced Practice Nurse (APRN)		Undergraduate Degree 2 years of Graduate School Clinical Certification Exam	16 hours of formal didactic training in the medical evaluation of Child Sexual Abuse	State Nursing Board
	Nurse Practitioner (NP)	Undergraduate Degree 2 years of Graduate School Clinical Certification Exam		State Nursing Board
	Pediatric Nurse Practitioner (PNP)	Undergraduate Degree 2 years of Graduate School Clinical Certification Exam		State Nursing Board
Physician's Assistant (PA)		Undergraduate Degree 2 years of Graduate School Certification Exam	16 hours of formal didactic training in the medical evaluation of Child Sexual Abuse	State Licensing Board

A. Cover Page

1. Organization Certification 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 new agency personnel working on this application have been added to the organization and the application;

All personnel no longer associated with this agency have been deactivated in the system .

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."

2. Applicant Information:

Applicant Agency's or Organization's Legal Name & Mailing Address:

b. Physical Address (If different than the mailing address):

c. County:

d. Federal ID #:

e. Website Address:

3. Contact Information:

a. Application Contact Person:

b. Contact Information:

c. MDT Chairperson:

d. Contact Information:

e. MDT Coordinator:

f. Contact Information:

4. Type of Applicant: *

Non-Profit, Non-Governmental

District Attorney's Office/Victim Assistance Program

Other

If Other,

please

describe:

B. MDT and Child Fatality Review Teams - Required Roles

The individuals listed on form C 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 D. 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. Role: **District Attorney's Office**

- a. Name:
- b. Agency:
- c. Address:
- d. City:
- e. State:
- f. Zip:
- g. Phone:
- h. Email:
- i. This person is also a member of the Fatality Review Team:
- j. ORS 418.747 Training complete.
- k. Karly's Law Training complete:

2. Role: **Department of Human Services Child Protective Services**

- a. Name:
- b. Agency:
- c. Address:
- d. City:
- e. State:
- f. Zip:
- g. Phone:
- h. Email:
- i. This person is also a member of the Fatality Review Team:
- j. ORS 418.747 Training complete:

B. MDT and Child Fatality Review Teams - Required Roles

k. Karly's Law Training complete:

3. Role: Health Department

- a. Name:
- b. Agency:
- c. Address:
- d. City:
- e. State:
- f. Zip:
- g. Phone:
- h. Email:
- i. This person is also a member of the Fatality Review Team:

- j. ORS 418.747 Training complete:

- k. Karly's Law Training complete:

4. Role: Juvenile Department

- a. Name:
- b. Agency:
- c. Address:
- d. City:
- e. State:
- f. Zip:
- g. Phone:
- h. Email:
- i. This person is also a member of the Fatality Review Team:

- j. ORS 418.747 Training complete:

- k. Karly's Law Training complete:

5. Role: School Official

- a. Name:
- b. Agency:
- c. Address:
- d. City:
- e. State:
- f. Zip:
- g. Phone:
- h. Email:
- i. This person is also a member of the Fatality Review Team:

B. MDT and Child Fatality Review Teams - Required Roles

j. ORS 418.747 Training complete:

k. Karly's Law Training complete:

6. Role: Law Enforcement

a. Name:

b. Agency:

c. Address:

d. City:

e. State:

f. Zip:

g. Phone:

h. Email:

i. This person is also a member of the Fatality Review Team:

j. ORS 418.747 Training complete:

k. Karly's Law Training complete:

7. Role: Child Abuse Intervention Center

a. Name:

b. Agency:

c. Address:

d. City:

e. State:

f. Zip:

g. Phone:

h. Email:

i. This person is also a member of the Fatality Review Team:

j. ORS 418.747 Training complete:

k. Karly's Law Training complete:

8. Role: County Mental Health

a. Name:

b. Agency:

c. Address:

d. City:

e. State:

f. Zip:

B. MDT and Child Fatality Review Teams - Required Roles

- g. Phone:
- h. Email:
- i. This person is also a member of the Fatality Review Team:

- j. ORS 418.747 Training complete:

- k. Karly's Law Training complete:

C. MDT and Child Fatality Review Teams - Additional Members

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 each law enforcement agency not listed on form C. 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:

1. Prosecutors from the District Attorney's Office actively working on Adult, Juvenile, and Dependency Cases and DAVAP Advocates
2. 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)
3. CAIC based Forensic Interviewers and Victim Advocates (in addition to the statutorily required CAIC representative who should be a CAIC Director or Deputy Director)
4. AAGs who represent DHS in county juvenile dependency and termination of parental rights proceedings

1. Contact Information

- Name:
- Agency:
- Address: 1234 Any Street
Town, OR, 97123
- City:
- State:
- Zip:
- Phone:
- Email: 222@xxxx.okl

- This person is also a member of the:
Fatality Review
TeamMDTBoth

- ORS 418.747 Training complete:

C. MDT and Child Fatality Review Teams - Additional Members

- k. Karly's Law Training complete:

D. MDT Member Training

ORS 418.747(3) states that MDT members must be specially 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.

1. **Please describe how new members are oriented to the MDT and how training is provided to MDT members.***
2. **Our MDT contracts with the following assessment center(s): ***
3. **Our subcontract with the center includes the center's medical practitioner's commitment to attending annual continuing education courses regarding evaluation and diagnosis of child abuse and neglect.***

Yes No

ORS 418.747(4) states that all investigations of child abuse and interviews of children shall be carried out by appropriate personnel using the protocols and procedures called for in the statute. ORS 419B.021 outlines degree requirements for persons conducting investigations or making determinations regarding children who may have been abused. Center-based interviewers must meet minimum educational qualifications including successfully completing the Oregon Child Forensic Interviewer Training which is based on the Oregon Interview Guidelines. (See Oregon Interviewing Guidelines Appendix B for more information). National best practice requires that interviewers participate in a minimum of 8 hours of continuing education every 2 years and structured peer review twice yearly.

4. **Please describe how your MDT supports ongoing education and peer review for forensic interviewers in your county.**

E. Multidisciplinary Team Contributions to CAMI Budget

ORS 418.746(5)(a)(A) requires that the Intervention Plan describe all sources of funding other than moneys allocated from the CAMI Account, including in-kind contributions, that are available for the Intervention Plan.

Below, please include an estimate of your community partners' in kind contribution during the biennium based on time spent on MDT meetings. Calculation example:

Estimated/average \$x per hour X hours preparation/travel/attendance over the 2 years = total estimated contribution

Explanation example: This estimate of an in-kind contribution is based on the _____ minutes per month spent preparing for, traveling to and from, and attending case review meetings (approximately _____ meetings per year for two years) and the _____ minutes spent attending the MDT quarterly meeting (_____ per year for two years). Cost includes salary for _____ representatives.

If you run out of space on the form below, click the SAVE button and a new blank row will appear.

Agency Name	Estimated Total Value	Narrative Description
--------------------	------------------------------	------------------------------

Grand Total:

F. Intervention Plan

A. NEEDS

1. Describe the critical needs of child abuse victims (physical, sexual, neglect, witness to domestic violence, CSEC, etc.) in your county, including those needs related to assessment, advocacy, and treatment, and how those needs were identified. Please be specific. If available, include statistical information and the sources of your statistics. *

B. MDT FUNCTIONING

2. Describe how your multidisciplinary intervention plan meets the needs described in 1 above. *
3. Describe how the MDT functions including:
 - a. frequency of meetings and day and location,
 - b. case selection criteria (e.g.: open cases/closed cases, all cases/a representative selection, all cases referred to MDT)
 - c. case referral process (who can refer a case for review and how)
 - d. how are MDT members advised of cases to be reviewed
4.
 - a. Describe what typically happens (the mechanics) when DHS or Law Enforcement receive a child abuse call during regular business hours (M-F 8-5). How and when does the cross report to the other agency happen, who responds, how are arrangements made for an interview or assessment? *
 - b. Describe what typically happens (the mechanics) when DHS or Law Enforcement receive a child abuse call after hours (weekends or evenings). How and when does the cross report to the other agency happen, who responds, how are arrangements made for an interview or assessment? *

C. CAC SERVICES

5. Is there a community assessment center or advocacy center in your community or planned for your community? *

Yes No
6. Describe how the intervention plan gives priority to funding a center (prioritizing funding to a center means dedicating a larger percentage of the CAMI budget to a center than to any other budget line item) and how the funding supports the center. Explain your MDT's relationship with the center. When you do refer to the center? When don't you? *
7. How many Forensic Interviewers does the center have on staff? *
8. Designated Medical Professional as required by ORS 418.747(9)
 - a. Does your county have a Designated Medical Professional? *

Yes No
 - b. Designated Medical Professional (list your primary DMP here) *:

DMP Name:

Professional Designation:

Doctor

F. Intervention Plan

Physician's Assistant
 Nurse Practitioner
 Mailing Address: 1234 Any Street
 Town, OR, 97123
 Email: 222@xxxx.okl
 Phone:

c. 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? *

Yes No

If no, why not?

d. How many hours of specialized training in child abuse assessment has your DMP received in the past 2 years?

* According to national best practices, medical professionals providing services to CAIC clients 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.

e. Please indicate source and date of DMP's training in child abuse medical assessment as described in ORS 418.782(2).

f. 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. What steps did you take since your last grant application? *

D. BARRIERS

9. Please describe any new barriers, other than funding, to implementation of the MDT intervention plan, and your plan to address them. *

E. REGIONAL SERVICE PROVIDER

10. a. Who is your Regional Service Provider?*

b. What services do you anticipate needing/seeking from your Regional Service Provider in the coming grant cycle? *

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

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

Model Goal and one or more of the model objectives.

Create your own goal(s) and Objectives.

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

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 child abuse and neglect

Conduct regular **(insert weekly, every-other-week, monthly)** 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 **(frequency: weekly, every other week, etc.)**

(total number of meetings)

Improved communication and coordination among the agencies and organizations tasked with the

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

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 and/or forensic interview by specially trained providers.

The CAIC will conduct **(number of medical assessments)** medical assessments during the two year grant period.

(total number of medical assessments)

investigation and response to child abuse cases

Children with concerns of child abuse and neglect will be assisted in the healing process by being provided appropriate services

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

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

(number of meeting reminders) during the two year grant period

(total number of training reminders)

es from professional s with child abuse expert ise includi ng appro priate treatm ent, referr als, and collect ion of evide nce. MDT Memb ers will have curren t knowl edge and under

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

<p>Protocols MDT members will have an accurate guide to current MDT practices</p>	<p>The MDT will convene to regularly to discuss procedural and process issues.</p>	<p>The MDT will review and revise MDT protocols (frequency: quarterly, semi-annually, annually etc.)</p>	<p>(total number of reviews)</p>	<p>standing of child abuse intervention related topics applicable to their work. Children will receive a consistent response to reports of abuse or neglect consistent with current MDT</p>
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G. Project Goals, Objectives, Activities, and Performance Measures

protoc
ols.

1. Goal, Objectives, Activities, and Performance Measures #1

a. Goal

b. Objectives

c. Activities

d. Target Outputs

e. Two
Year
Total
Output
Numb
ers

f.
Outco
mes

h. Do you want to add another
goal?

Yes No

2. Goal, Objectives, Activities, and Performance Measures #2

a. Goal

b. Objectives

c. Activities

d. Target Outputs

e. Two
Year
Total
Output
Numb
ers

f.
Outco
mes

h. Do you want to add another
goal?

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

Yes No

3. Goal, Objectives, Activities, and Performance Measures #3

a. Goal

b. Objectives

c. Activities

d. Target Outputs

e. Two
Year
Total
Output
Numb
ers

f.
Outco
mes

H. MOUs and Contracts

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. MEMORANDUMS OF UNDERSTANDING - 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 representative.

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

B. CONTRACTS - A contract is needed when these grant funds will be used to obtain ancillary goods or services from an outside entity (contractor) for the applicant's own use or for project participants at the direction of the applicant (the contractor will not make participant eligibility determination and does not have the authority to make decisions regarding the delivery of services and the types of services provided). If this application will include contracting, please respond to the following questions. for informaiton on state contracting requirements, click [here](#).

1. Proposed Contract #1

- 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 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:
- 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](#).

H. MOUs and Contracts

j. Is there an additional contract to include?

Yes No

2. Proposed Contract #2

a. Name of proposed contractor:

b. Based on CFR 200.330, applicant has determined that the proposed agreement is a contractual relationship (click [here](#) for a subrecipient and contractor determination checklist).

c. Did the applicant follow procurement procedures that meet federal standards? (For clarification of federal requirements regarding procurement standards click [here.](#))

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

3. Proposed Contract #3

a. Name of proposed contractor:

b. Based on CFR 200.330, applicant has determined that the proposed agreement is a contractual relationship (click [here](#) for a subrecipient and contractor determination checklist).

c. Did the applicant follow procurement procedures that meet federal standards? (For clarification of federal requirements regarding procurement standards click [here.](#))

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:

H. MOUs and Contracts

- 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. Based on CFR 200.330, applicant has determined that the proposed agreement is a contractual relationship (click [here](#) for a subrecipient and contractor determination checklist).
- c. Did the applicant follow procurement procedures that meet federal standards? (For clarification of federal requirements regarding procurement standards click [here.](#))
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.](#)

H. MOUs and Contracts

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

5. Proposed Contract #5

- a. Name of proposed contractor:
- b. Based on CFR 200.330, applicant has determined that the proposed agreement is a contractual relationship (click [here](#) for a subrecipient and contractor determination checklist).
- c. Did the applicant follow procurement procedures that meet federal standards? (For clarification of federal requirements regarding procurement standards click [here.](#))
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. Based on CFR 200.330, applicant has determined that the proposed agreement is a contractual relationship (click [here](#) for a subrecipient and contractor determination checklist).
- c. Did the applicant follow procurement procedures that meet federal standards? (For clarification of federal requirements regarding procurement standards click [here.](#))
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:

H. MOUs and Contracts

- 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. Based on CFR 200.330, applicant has determined that the proposed agreement is a contractual relationship (click [here](#) for a subrecipient and contractor determination checklist).
- c. Did the applicant follow procurement procedures that meet federal standards? (For clarification of federal requirements regarding procurement standards click [here.](#))
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.](#)

H. MOUs and Contracts

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

8. Proposed Contract #8

- a. Name of proposed contractor:
- b. Based on CFR 200.330, applicant has determined that the proposed agreement is a contractual relationship (click [here](#) for a subrecipient and contractor determination checklist).
- c. Did the applicant follow procurement procedures that meet federal standards? (For clarification of federal requirements regarding procurement standards click [here.](#))
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. Based on CFR 200.330, applicant has determined that the proposed agreement is a contractual relationship (click [here](#) for a subrecipient and contractor determination checklist).
- c. Did the applicant follow procurement procedures that meet federal standards? (For clarification of federal requirements regarding procurement standards click [here.](#))
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:

H. MOUs and Contracts

- 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. Based on CFR 200.330, applicant has determined that the proposed agreement is a contractual relationship (click [here](#) for a subrecipient and contractor determination checklist).
- c. Did the applicant follow procurement procedures that meet federal standards? (For clarification of federal requirements regarding procurement standards click [here.](#))
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.](#)

I. Attachments to Upload

1. **Multidisciplinary Team Approval and Assurances**

Please upload your MDT Approval and Assurances. This form verifies that the required members of the MDT have reviewed and approve this application.

[Click here for a pre-populated MDT Approval & Assurance Form.](#) Please print this form and have it signed by each member of the MDT. After all MDT members signs, the form can be scanned and saved back into the computer to be uploaded here.

2. **Certified Assurances**

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

3. **Sample MDT Attendance Sheet**

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.

4. **MDT Protocols**

Please upload the following MDT Protocols. Refer to the RFA for explanation about protocol requirements for this grant application.

- a. Investigation Protocol (Including Sensitive Case Protocol)
- b. Karly's Law Protocol
- c. Drug Endangered Children Protocol
- d. Child Fatality Review Protocol
- e. Compliance Protocol
- f. CSEC Protocol (if your MDT has one)

J. Personnel

- 1. **Staff Name:**
- 2. **Position Title:**

Year 1 Year 2 Total

- 3. **Salary funded by this grant:**
- 4. **Total annual salary for full-time equivalent (1 FTE):**

Please provide details as to how the proposed CAMI funded salary was calculated:

Year 1 Year 2 Total

- 5. **Personnel expenses funded by this grant:**
- 6. **Total annual personnel expenses for full-time equivalent:**

Please provide details as to how the proposed CAMI funded personnel expenses were calculated:

Year 1 Year 2

- 7. **FTE funded by this grant:**
- 8. **Please indicate which CAMI Services Area(s) this staff will address.**
Refer to the RFA 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?**

k. Services & Supplies

1. Contractual Services

A copy of the contract must be uploaded on Form J for any contractual services listed here .

	Year 1	Year 2	Total
Contract Amount:			
Contracted Service:			

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

	Year 1	Year 2	Total
Contract Amount:			
Contracted Service:			

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

	Year 1	Year 2	Total
Contract Amount:			
Contracted Service:			

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

	Year 1	Year 2	Total
Contract Amount:			
Contracted Service:			

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

2. Travel

	Year 1	Year 2	Total
Total travel costs funded by this grant:			

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

Assessment Services Advocacy Services Treatment Services Other

Please describe the travel expenses of project staff (travel to attend meetings, travel for outreach, client transport, and any

k. Services & Supplies

other travel not related to attendance at training), show the basis of the computation (# of miles, cost per mile), and explain how the travel costs are necessary and beneficial to the program:

3. Training (please keep in mind CAMI Program training requirements outlined in Form E when planning and budgeting for training costs)

Government Per Diem Rates

Year One Training	Approximate Date	# of Attendees	Reg. Cost	Travel Cost	Lodging Cost	Total Cost
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Total Year One Training costs:

Year Two Training	Approximate Date	# of Attendees	Reg. Cost	Travel Cost	Lodging Cost	Total Cost
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Total Year Two Training costs:

Total Training costs:

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 provide a brief description of each training, the calculations for how the training costs were determined, and an explanation of how the training is necessary and beneficial to the program:

	Year 1	Year 2	Total
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4. Office Supplies

k. Services & Supplies

	Year 1	Year 2	Total
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8. Equipment

Total equipment costs
funded by this grant:

Type(s) of equipment to be funded by this grant:

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

Assessment Services Advocacy Services Treatment Services Other

Please describe how these costs will benefit the program:

L. Other Costs

	Year 1	Year 2	Total
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1. Rent/b>

Total rent 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:

	Year 1	Year 2	Total
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2. Emergency Services

Total emergency services costs funded by the 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:

	Year 1	Year 2	Total
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3. Capital Outlay (include equipment items that have a useful life of one (1) year or greater OR have a value of \$5,000.00 or more)

Total capital outlay 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:

	Year 1	Year 2	Total:
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4. 5% Administrative

Total administrative costs funded by this grant:

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

Assessment Services Advocacy Services Treatment Services Other

L. Other Costs

Please describe how these costs will benefit the program:

	Year 1	Year 2	Total
5. Other			

Other costs funded by this grant:

Description of other costs to be funded by this grant:

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

Assessment Services Advocacy Services Treatment Services Other

Please describe how these costs will benefit the program:

	Year 1	Year 2	Total
Other costs funded by this grant:			

Description of other costs to be funded by this grant:

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

Assessment Services Advocacy Services Treatment Services Other

Please describe how these costs will benefit the program:

	Year 1	Year 2	Total
Other costs funded by this grant:			

Description of other costs to be funded by this grant:

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

Assessment Services Advocacy Services Treatment Services Other

Please describe how these costs will benefit the program:

M. Budget Summary

	Year One	Year Two	Total
Personnel			
Salary			
Personnel Expenses			
Total Personnel			
Services & Supplies			
Contractual Services			
Travel			
Training			
Office Supplies			
Postage			
Printing & Copying			
Communication			
Equipment Rental			
Total Supplies & Services			
Other Services			
Rent			
Emergency Services			
Capital Outlay			
5% Administrative			
Other			
Total Other Services			
Total Funds			

Attachments

Description:

File name:

Comments:

Fund Coordinator/Grantee Notes

Date & Subject:

Comments: