

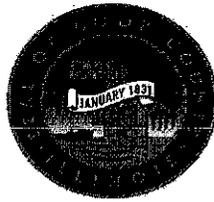
**PROFESSIONAL SERVICES AGREEMENT**

**For**

**VIOLENCE PREVENTION, INTERVENTION AND REDUCTION GRANTS**

**CONTRACT NO. 13-53-090E**

**BETWEEN**



**COOK COUNTY GOVERNMENT**

**COOK COUNTY JUSTICE ADVISORY COUNCIL**

**AND**

**LA RABIDA CHILDREN'S HOSPITAL**

**APPROVED BY THE BOARD OF  
COOK COUNTY COMMISSIONERS**

**JUL 17 2013**

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**Toni Preckwinkle**  
**Cook County Board President**

**Shannon E. Andrews**  
**Chief Procurement Officer**

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# PROFESSIONAL SERVICES AGREEMENT

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- Exhibit 1 Scope of Services
- Exhibit 2 Schedule of Compensation
- Exhibit 3 Evidence of Insurance

**AGREEMENT**

This Agreement is made and entered into by and between the County of Cook, a public body corporate of the State of Illinois, on behalf of Office of the Chief Procurement Officer hereinafter referred to as "County" and La Rabida Children's Hospital, doing business as a Corporation of the State of Illinois, hereinafter referred to as "Contractor.

**BACKGROUND**

The County of Cook issued a Request for Proposals "RFP" for Violence Prevention, Intervention and Reduction Grants. Proposals were evaluated in accordance with the evaluation criteria published in the RFP. The Contractor was selected based on the proposal submitted and evaluated by the County representatives. Contractor represents that it has the professional experience and expertise to provide the necessary services and further warrants that it is ready, willing and able to perform in accordance with the terms and conditions as set forth in this Agreement.

**NOW, THEREFORE**, the County and Contractor agree as follows:

**TERMS AND CONDITIONS**

**ARTICLE 1) INCORPORATION OF BACKGROUND**

The Background information set forth above is incorporated by reference as if fully set forth here.

**ARTICLE 2) DEFINITIONS**

**a) Definitions**

The following words and phrases have the following meanings for purposes of this Agreement:

"**Additional Services**" means those services which are within the general scope of Services of this Agreement, but beyond the description of services required under Article 3, and all services reasonably necessary to complete the Additional Services to the standards of performance required by this Agreement. Any Additional Services requested by the Department require the approval of the Chief Procurement Officer in a written modification to this Agreement before Contractor is obligated to perform those Additional Services and before the County becomes obligated to pay for those Additional Services.

**"Agreement"** means this Professional Services Agreement, including all exhibits attached to it and incorporated in it by reference, and all amendments, modifications or revisions made in accordance with its terms.

**"Chief Procurement Officer"** means the Chief Procurement Officer for the County of Cook and any representative duly authorized in writing to act on his behalf.

**"Department"** means the Cook County Justice Advisory Council.

**"Services"** means, collectively, the services, duties and responsibilities described in Article 3 of this Agreement and any and all work necessary to complete them or carry them out fully and to the standard of performance required in this Agreement.

**"Subcontractor"** means any person or entity with whom Contractor contracts to provide any part of the Services, including subcontractors of any tier, suppliers and materials providers, whether or not in privity with Contractor.

**b) Interpretation**

- i) The term **"include"** (in all its forms) means "include, without limitation" unless the context clearly states otherwise.
- ii) All references in this Agreement to Articles, Sections or Exhibits, unless otherwise expressed or indicated are to the Articles, Sections or Exhibits of this Agreement.
- iii) Words importing persons include firms, associations, partnerships, trusts, corporations and other legal entities, including public bodies, as well as natural persons.
- iv) Any headings preceding the text of the Articles and Sections of this Agreement, and any table of contents or marginal notes appended to it, are solely for convenience or reference and do not constitute a part of this Agreement, nor do they affect the meaning, construction or effect of this Agreement.
- v) Words importing the singular include the plural and vice versa. Words of the masculine gender include the correlative words of the feminine and neuter genders.
- vi) All references to a number of days mean calendar days, unless expressly indicated otherwise.

**c) Incorporation of Exhibits**

The following attached Exhibits are made a part of this Agreement:

- Exhibit 1      Scope of Services
- Exhibit 2      Schedule of Compensation
- Exhibit 3      Evidence of Insurance

**ARTICLE 3)            DUTIES AND RESPONSIBILITIES OF CONTRACTOR**

**a)      Scope of Services**

This description of Services is intended to be general in nature and is neither a complete description of Contractor's Services nor a limitation on the Services that Contractor is to provide under this Agreement. Contractor must provide the Services in accordance with the standards of performance set forth in Section 3c. The Services that Contractor must provide include, but are not limited to, those described in Exhibit 1, Scope of Services and Time Limits for Performance, which is attached to this Agreement and incorporated by reference as if fully set forth here.

**b)      Deliverables**

In carrying out its Services, Contractor must prepare or provide to the County various Deliverables. "**Deliverables**" include work product, such as written reviews, recommendations, reports and analyses, produced by Contractor for the County.

The County may reject Deliverables that do not include relevant information or data, or do not include all documents or other materials specified in this Agreement or reasonably necessary for the purpose for which the County made this Agreement or for which the County intends to use the Deliverables. If the County determines that Contractor has failed to comply with the foregoing standards, it has 30 days from the discovery to notify Contractor of its failure. If Contractor does not correct the failure, if it is possible to do so, within 30 days after receipt of notice from the County specifying the failure, then the County, by written notice, may treat the failure as a default of this Agreement under Article 9.

Partial or incomplete Deliverables may be accepted for review only when required for a specific and well-defined purpose and when consented to in advance by the County. Such Deliverables will not be considered as satisfying the requirements of this Agreement and partial or incomplete Deliverables in no way relieve Contractor of its commitments under this Agreement.

**c) Standard of Performance**

Contractor must perform all Services required of it under this Agreement with that degree of skill, care and diligence normally shown by a Contractor performing services of a scope and purpose and magnitude comparable with the nature of the Services to be provided under this Agreement. Contractor acknowledges that it is entrusted with or has access to valuable and confidential information and records of the County and with respect to that information, Contractor agrees to be held to the standard of care of a fiduciary.

Contractor must assure that all Services that require the exercise of professional skills or judgment are accomplished by professionals qualified and competent in the applicable discipline and appropriately licensed, if required by law. Contractor must provide copies of any such licenses. Contractor remains responsible for the professional and technical accuracy of all Services or Deliverables furnished, whether by Contractor or its Subcontractors or others on its behalf. All Deliverables must be prepared in a form and content satisfactory to the Department and delivered in a timely manner consistent with the requirements of this Agreement.

If Contractor fails to comply with the foregoing standards, Contractor must perform again, at its own expense, all Services required to be re-performed as a direct or indirect result of that failure. Any review, approval, acceptance or payment for any of the Services by the County does not relieve Contractor of its responsibility for the professional skill and care and technical accuracy of its Services and Deliverables. This provision in no way limits the County's rights against Contractor either under this Agreement, at law or in equity.

**d) Personnel**

**i) Adequate Staffing**

Contractor must, upon receiving a fully executed copy of this Agreement, assign and maintain during the term of this Agreement and any extension of it an adequate staff of competent personnel that is fully equipped, licensed as appropriate, available as needed, qualified and assigned exclusively to perform the Services. Contractor must include among its staff the Key Personnel and positions as identified below. The level of staffing may be revised from time to time by notice in writing from Contractor to the County and with written consent of the County, which consent the County will not withhold unreasonably. If the County fails to object to the revision within 14 days after receiving the notice, then the revision will be considered accepted by the County.

ii) **Key Personnel**

Contractor must not reassign or replace Key Personnel without the written consent of the County, which consent the County will not unreasonably withhold. "Key Personnel" means those job titles and the persons assigned to those positions in accordance with the provisions of this Section 3.d(ii). The Department may at any time in writing notify Contractor that the County will no longer accept performance of Services under this Agreement by one or more Key Personnel listed. Upon that notice Contractor must immediately suspend the services of the key person or persons and must replace him or them in accordance with the terms of this Agreement. A list of Key Personnel is found in Exhibit 1, Scope of Services.

iii) **Salaries and Wages**

Contractor and Subcontractors must pay all salaries and wages due all employees performing Services under this Agreement unconditionally and at least once a month without deduction or rebate on any account, except only for those payroll deductions that are mandatory by law or are permitted under applicable law and regulations. If in the performance of this Agreement Contractor underpays any such salaries or wages, the Comptroller for the County may withhold, out of payments due to Contractor, an amount sufficient to pay to employees underpaid the difference between the salaries or wages required to be paid under this Agreement and the salaries or wages actually paid these employees for the total number of hours worked. The amounts withheld may be disbursed by the Comptroller for and on account of Contractor to the respective employees to whom they are due. The parties acknowledge that this Section 3.4(c) is solely for the benefit of the County and that it does not grant any third party beneficiary rights.

e) **Insurance**

Contractor must provide and maintain at Contractor's own expense, during the term of this Agreement and any time period following expiration if Contractor is required to return and perform any of the Services or Additional Services under this Agreement, the insurance coverages and requirements specified below, insuring all operations related to this Agreement.

i) **Insurance To Be Provided**

(1) Workers Compensation and Employers Liability

Workers Compensation Insurance, as prescribed by applicable law, covering all employees who are to provide a service under this Agreement and Employers Liability coverage with limits of not less than \$500,000 each accident or illness.

(2) Commercial General Liability (Primary and Umbrella)

Commercial General Liability Insurance or equivalent with limits of not less than \$2,000,000 per occurrence for bodily injury, personal injury and property damage liability. Coverages must include the following: All premises and operations, products/completed operations, separation of insureds, defense and contractual liability (with no limitation endorsement). Cook County is to be named as an additional insured on a primary, non-contributory basis for any liability arising directly or indirectly from the Services.

Subcontractors performing Services for Contractor must maintain limits of not less than \$1,000,000 with the same terms in this Section 3.6(a)(ii).

(3) Automobile Liability (Primary and Umbrella)

When any motor vehicles (owned, non-owned and hired) are used in connection with Services to be performed, Contractor must provide Automobile Liability Insurance with limits of not less than \$1,000,000 per occurrence limit, for bodily injury and property damage. The County is to be named as an additional insured on a primary, non-contributory basis.

(4) Professional Liability

When any professional Contractors perform Services in connection with this Agreement, Professional Liability Insurance covering acts, errors or omissions must be maintained with limits of not less than \$2,000,000. Coverage must include contractual liability. When policies are renewed or replaced, the policy retroactive date must coincide with, or precede, start of Services on this Agreement. A claims-made policy which is not renewed or replaced must have an extended reporting period of 2 years.

Subcontractors performing Services for Contractor must maintain limits of not less than \$1,000,000 with the same terms in this Section 3.6(a)(iv).

(5) Valuable Papers

When any designs, drawings, specifications and documents are produced or used under this Agreement, Valuable Papers Insurance must be maintained in an amount to insure against any loss whatsoever, and must have limits sufficient to pay for the re-creation and reconstruction of such records.

ii) **Additional Requirements**

(1) Contractor must furnish the County of Cook, Cook County, Office of the Chief Procurement Officer, 118 N, Clark St., Room 1018, Chicago, IL 60602, original Certificates of Insurance, or such similar evidence, to be in force on the date of this Agreement, and Renewal Certificates of Insurance, or such similar evidence, if the coverages have an expiration or renewal date occurring during the term of this Agreement. Contractor must submit evidence of insurance on the County Insurance Certificate Form (copy attached as Exhibit 3) or equivalent prior to Agreement award. The receipt of any certificate does not constitute agreement by the County that the insurance requirements in this Agreement have been fully met or that the insurance policies indicated on the certificate are in compliance with all Agreement requirements. The failure of the County to obtain certificates or other insurance evidence from Contractor is not a waiver by the County of any requirements for Contractor to obtain and maintain the specified coverages. Contractor must advise all insurers of the provisions in this Agreement regarding insurance. Non-conforming insurance does not relieve Contractor of the obligation to provide insurance as specified in this Agreement. Nonfulfillment of the insurance conditions may constitute a violation of this Agreement, and the County retains the right to terminate this Agreement or to suspend this Agreement until proper evidence of insurance is provided.

(1) The insurance must provide for 60 days prior written notice to be given to the County in the event coverage is substantially changed, canceled or non-renewed. All deductibles or self-insured retentions on referenced insurance coverages must be borne by Contractor. Contractor agrees that insurers waive their rights of subrogation against the County of Cook, its employees, elected officials, agents or representatives.

(2) The coverages and limits furnished by Contractor in no way limit Contractor's liabilities and responsibilities specified within this Agreement or by law. Any insurance or self-insurance programs maintained by the County of Cook apply in excess of and do not contribute with insurance provided by Contractor under this Agreement.

(3) The required insurance is not limited by any limitations expressed in the indemnification language in this Agreement or any limitation placed on the indemnity in this Agreement given as a matter of law.

(4) Contractor must require all Subcontractors to provide the insurance required in this Agreement, or Contractor may provide the coverages for Subcontractors. All Subcontractors are subject to the same insurance requirements as Contractor unless otherwise specified in this Agreement. If Contractor or Subcontractor desires additional coverages, the party desiring the additional coverages is responsible for its acquisition and cost.

(5) The County's Risk Management Office maintains the right to modify, delete, alter or change these requirements. "Risk Management Office" means the Risk Management Office, which is under the direction of the Director of Risk Management and is charged with reviewing and analyzing insurance and related liability matters for the County.

**f) Indemnification**

The Contractor covenants and agrees to indemnify and save harmless the County and its commissioners, officials, employees, agents and representatives, and their respective heirs, successors and assigns, from and against any and all costs, expenses, attorney's fees, losses, damages and liabilities incurred or suffered directly or indirectly from or attributable to any claims arising out of or incident to the performance or nonperformance of the Contract by the Contractor, or the acts or omissions of the officers, agents, employees, contractors, subcontractors, licensees or invitees of the Contractor. The Contractor expressly understands and agrees that any Performance Bond or insurance protection required of the Contractor, or otherwise provided by the Contractor, shall in no way limit the responsibility to indemnify the County as hereinabove provided.

**g) Confidentiality and Ownership of Documents**

Contractor acknowledges and agrees that information regarding this Contract is confidential and shall not be disclosed, directly, indirectly or by implication, or be used by Contractor in any way, whether during the term of this Contract or at any time thereafter, except solely as required in the course of Contractor's performance hereunder. Contractor shall comply with the applicable privacy laws and regulations affecting County and will not disclose any of County's records, materials, or other data to any third party. Contractor shall not have the right to compile and distribute statistical analyses and reports utilizing data derived from information or data obtained from County without the prior written approval of County. In the event such approval is given, any such reports published and distributed by Contractor shall be furnished to County without charge.

All documents, data, studies, reports, work product or product created as a result of the performance of the Contract (the "Documents") shall be included in the Deliverables and shall be the property of the County of Cook. It shall be a breach of this Contract for the Contractor to reproduce or use any documents, data, studies, reports, work product or product obtained from the County of Cook or any Documents created hereby, whether such reproduction or use is for Contractor's own purposes or for those of any third party. During the performance of the Contract Contractor shall be responsible of any loss or damage to the Documents while they are in Contractor's possession, and any such loss or damage shall be restored at the expense of the Contractor. The County and its designees shall be afforded full access to the Documents and the work at all times.

**h) Patents, Copyrights and Licenses**

If applicable, Contractor shall furnish the Chief Procurement Officer with all licenses required for the County to utilize any software, including firmware or middleware, provided by Contractor as part of the Deliverables. Such licenses shall be clearly marked with a reference to the number of this County Contract. Contractor shall also furnish a copy of such licenses to the Chief Procurement Officer. Unless otherwise stated in these Contract documents, such licenses shall be perpetual and shall not limit the number of persons who may utilize the software on behalf of the County.

Contractor agrees to hold harmless and indemnify the County, its officers, agents, employees and affiliates from and defend, at its own expense (including reasonable attorneys', accountants' and Contractors' fees), any suit or proceeding brought against County based upon a claim that the ownership and/or use of equipment, hardware and software or any part thereof provided to the County or utilized in performing Contractor's services constitutes an infringement of any patent, copyright or license or any other property right.

In the event the use of any equipment, hardware or software or any part thereof is enjoined, Contractor with all reasonable speed and due diligence shall provide or otherwise secure for County, at the Contractor's election, one of the following: the right to continue use of the equipment, hardware or software; an equivalent system having the Specifications as provided in this Contract; or Contractor shall modify the system or its component parts so that they become non-infringing while performing in a substantially similar manner to the original system, meeting the requirements of this Contract.

**i) Examination of Records and Audits**

The Contractor agrees that the Cook County Auditor or any of its duly authorized representatives shall, until expiration of three (3) years after the final payment under the Contract, have access and the right to examine any books, documents, papers, canceled checks, bank statements, purveyor's and other invoices, and records of the Contractor related to the Contract, or to Contractor's compliance with any term, condition or provision thereof. The Contractor shall be responsible for establishing and maintaining records sufficient to document the costs associated with performance under the terms of this Contract.

The Contractor further agrees that it shall include in all of its subcontracts hereunder a provision to the effect that the subcontractor agrees that the Cook County Auditor or any of its duly authorized representatives shall, until expiration of three (3) years after final payment under the subcontract, have access and the right to examine any books, documents, papers, canceled checks, bank statements, purveyor's and other invoices and records of such subcontractor involving transactions relating to the subcontract, or to such subcontractor's compliance with any term, condition or provision thereunder or under the Contract.

In the event the Contractor receives payment under the Contract, reimbursement for which is later disallowed by the County, the Contractor shall promptly refund the disallowed amount to the County on request, or at the County's option, the County may credit the amount disallowed from the next payment due or to become due to the Contractor under any contract with the County.

To the extent this Contract pertains to Deliverables which may be reimbursable under the Medicaid or Medicare Programs, Contractor shall retain and make available upon request, for a period of four (4) years after furnishing services pursuant to this Agreement, the contract, books, documents and records which are necessary to certify the nature and extent of the costs of such services if requested by the Secretary of Health and Human Services or the Comptroller General of the United States or any of their duly authorized representatives. If Contractor carries out any of its duties under the Agreement through a subcontract with a related organization involving a value of cost of \$10,000.00 or more over a 12 month period, Contractor will cause such subcontract to contain a clause to the effect that, until the expiration of four years after the furnishing of any service pursuant to said subcontract, the related organization will make available upon request of the Secretary of Health and Human Services or the Comptroller General of the United States or any of their duly authorized representatives, copies of said subcontract and any books, documents, records and other data of said related organization that are necessary to certify the nature and extent of such costs. This paragraph relating to the retention and production of documents is included because of possible application of Section 1861(v)(1)(I) of the Social Security Act to this Agreement; if this Section should be found to be inapplicable, then this paragraph shall be deemed inoperative and without force and effect.

**j) Subcontract Subcontracting or Assignment of Contract or Contract Funds**

Once awarded, this Contract shall not be subcontracted or assigned, in whole or in part, without the advance written approval of the Chief Procurement Officer, which approval shall be granted or withheld at the sole discretion of the Chief Procurement Officer. In no case, however, shall such approval relieve the Contractor from its obligations or change the terms of the Contract. The Contractor shall not transfer or assign any Contract funds or any interest therein due or to become due without the advance written approval of the Chief Procurement Officer. The unauthorized subcontracting or assignment of the Contract, in whole or in part, or the unauthorized transfer or assignment of any Contract funds, either in whole or in part, or any interest therein, which shall be due or are to become due the Contractor shall have no effect on the County and are null and void.

Prior to the commencement of the Contract, the Contractor shall identify in writing to the Chief Procurement Officer the names of any and all subcontractors it intends to use in the performance of the Contract. The Chief Procurement Officer shall have the right to disapprove any subcontractor. Identification of subcontractors to the Chief Procurement Officer shall be in addition to any communications with County offices other than the Chief Procurement Officer. All subcontractors shall be subject to the terms of this Contract. Contractor shall incorporate into all subcontracts all of the provisions of the Contract which affect such subcontract. Copies of subcontracts shall be provided to the Chief Procurement Officer upon request.

The Contractor must disclose the name and business address of each subcontractor, attorney, lobbyist, accountant, Contractor and any other person or entity whom the Contractor has retained or expects to retain in connection with the Matter, as well as the nature of the relationship, and the total amount of the fees paid or estimated to be paid. The Contractor is not required to disclose employees who are paid or estimated to be paid. The Contractor is not required to disclose employees who are paid solely through the contractor's regular payroll. "Lobbyist" means any person or entity who undertakes to influence any legislation or administrative action on behalf of any person or entity other than: 1) a not-for-profit entity, on an unpaid basis, or (2), himself. "Lobbyist" also means any person or entity any part of whose duties as an employee of another includes undertaking to influence any legislative or administrative action. If the Contractor is uncertain whether a disclosure is required under this Section, the Contractor must either ask the County, whether disclosure is required or make the disclosure.

The County reserves the right to prohibit any person from entering any County facility for any reason. All contractors and subcontractors of the Contractor shall be accountable to the Chief Procurement Officer or his designee while on any County property and shall abide by all rules and regulations imposed by the County.

#### **ARTICLE 4) TERM OF PERFORMANCE**

##### **a) Term of Performance**

This Agreement takes effect when approved by the Cook County Board and its term shall begin on August 1, 2013 ("**Effective Date**") and continue until June 31, 2014 or until this Agreement is terminated in accordance with its terms, whichever occurs first.

##### **b) Timeliness of Performance**

- i) Contractor must provide the Services and Deliverables within the term and within the time limits required under this Agreement, pursuant to the provisions of Section 4.a and Exhibit 1. Further, Contractor acknowledges that **TIME IS OF THE ESSENCE** and that the failure of Contractor to comply with the time limits described in this Section 4.2 may result in economic or other losses to the County.
- ii) Neither Contractor nor Contractor's agents, employees or Subcontractors are entitled to any damages from the County, nor is any party entitled to be reimbursed by the County, for damages, charges or other losses or expenses incurred by Contractor by reason of delays or hindrances in the performance of the Services, whether or not caused by the County.

## **ARTICLE 5) COMPENSATION**

### **a) Basis of Payment**

The County will pay Contractor \$219,918.00 for the services listed in Exhibit 1, Scope of Services.

### **b) Method of Payment**

Contractor shall submit all invoices to the Justice Advisory Council for payment. The invoices shall contain a detailed description of the Deliverables for which payment is requested. All invoices shall reflect the amounts invoiced by and the amounts paid to the Contractor as of the date of the invoice, and shall be submitted together with a properly completed County Voucher form (29A). Invoices for new charges shall not include "past due" amounts, if any, which amounts must be set forth on a separate invoice. No payments shall be made with respect to invoices which do not include the County Voucher form or which otherwise fail to comply with the requirements of this paragraph. Contractor shall not be entitled to invoice the County for any late fees or other penalties.

### **c) Funding**

Payments under this Agreement must not exceed \$219,918.00 without a written amendment in accordance with Section 10.c.

### **d) Non-Appropriation**

If no funds or insufficient funds are appropriated and budgeted in any fiscal period of the County for payments to be made under this Agreement, then the County will notify Contractor in writing of that occurrence, and this Agreement will terminate on the earlier of the last day of the fiscal period for which sufficient appropriation was made or whenever the funds appropriated for payment under this Agreement are exhausted. Payments for Services completed to the date of notification will be made to Contractor. No payments will be made or due to Contractor and under this Agreement beyond those amounts appropriated and budgeted by the County to fund payments under this Agreement.

### **e) Taxes**

Federal Excise Tax does not apply to materials purchased by the County by virtue of Exemption Certificate No. 36-75-0038K. Illinois Retailers' Occupation Tax, Use Tax and Municipal Retailers' Occupation Tax do not apply to deliverables, materials or services purchased by the County by virtue of statute. The price or prices quoted herein shall include any and all other federal and/or state, direct and/or indirect taxes which apply to this Contract. The County's State of Illinois Sales Tax Exemption Identification No. is E-9998-2013-05.

**f) Price Reduction**

If at any time after the contract award, Contractor makes a general price reduction in the price of any of the Deliverables, the equivalent price reduction based on similar quantities and/or considerations shall apply to this Contract for the duration of the Contract period. For purposes of this Section 5.f., Price Reduction, a general price reduction shall include reductions in the effective price charged by Contractor by reason of rebates, financial incentives, discounts, value points or other benefits with respect to the purchase of the Deliverables. Such price reductions shall be effective at the same time and in the same manner as the reduction Contractor makes in the price of the Deliverables to its prospective customers generally.

**g) Contractor Credits**

To the extent the Contractor gives credits toward future purchases of goods or services, financial incentives, discounts, value points or other benefits based on the purchase of the materials or services provided for under this Contract, such credits belong to the County and not any specific using department. Contractor shall reflect any such credits on its invoices and in the amounts it invoices the County.

**ARTICLE 6) DISPUTES**

Any dispute arising under the Contract between the County and Contractor shall be decided by the Chief Procurement Officer. The complaining party shall submit a written statement detailing the dispute and specifying the specific relevant Contract provision(s) to the Chief Procurement Officer. Upon request of the Chief Procurement Officer, the party complained against shall respond to the complaint in writing within five days of such request. The Chief Procurement Officer will reduce her decision to writing and mail or otherwise furnish a copy thereof to the Contractor. The decision of the Chief Procurement Officer will be final and binding. Dispute resolution as provided herein shall be a condition precedent to any other action at law or in equity. However, unless a notice is issued by the Chief Procurement Officer indicating that additional time is required to review a dispute, the parties may exercise their contractual remedies, if any, if no decision is made within sixty (60) days following notification to the Chief Procurement Officer of a dispute. No inference shall be drawn from the absence of a decision by the Chief Procurement Officer. Notwithstanding a dispute, Contractor shall continue to discharge all its obligations, duties and responsibilities set forth in the Contract during any dispute resolution proceeding unless otherwise agreed to by the County in writing.

## **ARTICLE 7) COMPLIANCE WITH ALL LAWS**

The Contractor shall observe and comply with the laws, ordinances, regulations and codes of the Federal, State, County and other local government agencies which may in any manner affect the performance of the Contract including, but not limited to, those County Ordinances set forth in the Certifications attached hereto and incorporated herein. Assurance of compliance with this requirement by the Contractor's employees, agents or subcontractors shall be the responsibility of the Contractor.

The Contractor shall secure and pay for all federal, state and local licenses, permits and fees required hereunder.

## **ARTICLE 8) SPECIAL CONDITIONS**

### **a) Warranties and Representations**

In connection with signing and carrying out this Agreement, Contractor:

- i) warrants that Contractor is appropriately licensed under Illinois law to perform the Services required under this Agreement and will perform no Services for which a professional license is required by law and for which Contractor is not appropriately licensed;
- ii) warrants it is financially solvent; it and each of its employees, agents and Subcontractors of any tier are competent to perform the Services required under this Agreement; and Contractor is legally authorized to execute and perform or cause to be performed this Agreement under the terms and conditions stated in this Agreement;
- iii) warrants that it will not knowingly use the services of any ineligible Contractor or Subcontractor for any purpose in the performance of its Services under this Agreement;
- iv) warrants that Contractor and its Subcontractors are not in default at the time this Agreement is signed, and have not been considered by the Chief Procurement Officer to have, within 5 years immediately preceding the date of this Agreement, been found to be in default on any contract awarded by the County ;

- v) represents that it has carefully examined and analyzed the provisions and requirements of this Agreement; it understands the nature of the Services required; from its own analysis it has satisfied itself as to the nature of all things needed for the performance of this Agreement; this Agreement is feasible of performance in accordance with all of its provisions and requirements, and Contractor warrants it can and will perform, or cause to be performed, the Services in strict accordance with the provisions and requirements of this Agreement;
- vi) represents that Contractor and, to the best of its knowledge, its Subcontractors are not in violation of the provisions of the Illinois Criminal Code, 720 ILCS 5/33E as amended, and the Illinois Municipal Code, 65 ILCS 5/11-42.1-1; and
- vii) acknowledges that any certification, affidavit or acknowledgment made under oath in connection with this Agreement is made under penalty of perjury and, if false, is also cause for termination under Sections 9.1 and 9.3.

**b) Ethics**

In addition to the foregoing warranties and representations, Contractor warrants:

- i. no officer, agent or employee of the County is employed by Contractor or has a financial interest directly or indirectly in this Agreement or the compensation to be paid under this Agreement except as may be permitted in writing by the Board of Ethics.
- ii. no payment, gratuity or offer of employment will be made in connection with this Agreement by or on behalf of any Subcontractors to the prime Contractor or higher tier Subcontractors or anyone associated with them, as an inducement for the award of a subcontract or order.

**c) Joint and Several Liability**

If Contractor, or its successors or assigns, if any, is comprised of more than one individual or other legal entity (or a combination of them), then under this Agreement, each and without limitation every obligation or undertaking in this Agreement to be fulfilled or performed by Contractor is the joint and several obligation or undertaking of each such individual or other legal entity.

d) Business Documents

At the request of the County, Contractor must provide copies of its latest articles of incorporation, by-laws and resolutions, or partnership or joint venture agreement, as applicable.

e) Conflicts of Interest

- i) No member of the governing body of the County or other unit of government and no other officer, employee or agent of the County or other unit of government who exercises any functions or responsibilities in connection with the Services to which this Agreement pertains is permitted to have any personal interest, direct or indirect, in this Agreement. No member of or delegate to the Congress of the United States or the Illinois General Assembly and no Commissioner of the Cook County Board or County employee is allowed to be admitted to any share or part of this Agreement or to any financial benefit to arise from it.
- ii) Contractor covenants that it, and to the best of its knowledge, its Subcontractors if any (collectively, "**Consulting Parties**"), presently have no direct or indirect interest and will not acquire any interest, direct or indirect, in any project or contract that would conflict in any manner or degree with the performance of its Services under this Agreement.
- iii) Upon the request of the County, Contractor must disclose to the County its past client list and the names of any clients with whom it has an ongoing relationship. Contractor is not permitted to perform any Services for the County on applications or other documents submitted to the County by any of Contractor's past or present clients. If Contractor becomes aware of a conflict, it must immediately stop work on the assignment causing the conflict and notify the County.
- iv) Without limiting the foregoing, if the Consulting Parties assist the County in determining the advisability or feasibility of a project or in recommending, researching, preparing, drafting or issuing a request for proposals or bid specifications for a project, the Consulting Parties must not participate, directly or indirectly, as a prime, subcontractor or joint venturer in that project or in the preparation of a proposal or bid for that project during the term of this Agreement or afterwards. The Consulting Parties may, however, assist the County in reviewing the proposals or bids for the project if none of the Consulting Parties have a relationship with the persons or entities that submitted the proposals or bids for that project.

- v) The Contractor further covenants that, in the performance of this Agreement, no person having any conflicting interest will be assigned to perform any Services or have access to any confidential information, as defined in Section 3.11 of this Agreement. If the County, by the Chief Procurement Officer in his reasonable judgment, determines that any of Contractor's Services for others conflict with the Services Contractor is to render for the County under this Agreement, Contractor must terminate such other services immediately upon request of the County.
- vi) Furthermore, if any federal funds are to be used to compensate or reimburse Contractor under this Agreement, Contractor represents that it is and will remain in compliance with federal restrictions on lobbying set forth in Section 319 of the Department of the Interior and Related Agencies Appropriations Act for Fiscal year 1990, 31 U.S.C. § 1352, and related rules and regulations set forth at 54 Fed. Reg. 52,309 ff. (1989), as amended. If federal funds are to be used, Contractor must execute a Certification Regarding Lobbying, which will be attached as an exhibit and incorporated by reference as if fully set forth here.

**f) Non-Liability of Public Officials**

Contractor and any assignee or Subcontractor of Contractor must not charge any official, employee or agent of the County personally with any liability or expenses of defense or hold any official, employee or agent of the County personally liable to them under any term or provision of this Agreement or because of the County's execution, attempted execution or any breach of this Agreement.

**ARTICLE 9) EVENTS OF DEFAULT, REMEDIES, TERMINATION, SUSPENSION AND RIGHT TO OFFSET**

**a) Events of Default Defined**

The following constitute events of default:

- i) Any material misrepresentation, whether negligent or willful and whether in the inducement or in the performance, made by Contractor to the County.
- ii) Contractor's material failure to perform any of its obligations under this Agreement including the following:
  - (a) Failure due to a reason or circumstances within Contractor's reasonable control to perform the Services with sufficient personnel and equipment or with sufficient material to ensure the performance of the Services;

- (b) Failure to perform the Services in a manner reasonably satisfactory to the Chief Procurement Officer or inability to perform the Services satisfactorily as a result of insolvency, filing for bankruptcy or assignment for the benefit of creditors;
  - (c) Failure to promptly re-perform within a reasonable time Services that were rejected as erroneous or unsatisfactory;
  - (d) Discontinuance of the Services for reasons within Contractor's reasonable control; and
  - (e) Failure to comply with any other material term of this Agreement, including the provisions concerning insurance and nondiscrimination.
- iii) Any change in ownership or control of Contractor without the prior written approval of the Chief Procurement Officer, which approval the Chief Procurement Officer will not unreasonably withhold.
  - iv) Contractor's default under any other agreement it may presently have or may enter into with the County during the life of this Agreement. Contractor acknowledges and agrees that in the event of a default under this Agreement the County may also declare a default under any such other Agreements.
  - (v) Failure to comply with Section 7a. in the performance of the Agreement.
  - (vi) Contractor's repeated or continued violations of County ordinances unrelated to performance under the Agreement that in the opinion of the Chief Procurement Officer indicate a willful or reckless disregard for County laws and regulations.

**b) Remedies**

The occurrence of any event of default permits the County, at the County's sole option, to declare Contractor in default. The Chief Procurement Officer may in his sole discretion give Contractor an opportunity to cure the default within a certain period of time, which period of time must not exceed 30 days, unless extended by the Chief Procurement Officer. Whether to declare Contractor in default is within the sole discretion of the Chief Procurement Officer and neither that decision nor the factual basis for it is subject to review or challenge under the Disputes provision of this Agreement.

The Chief Procurement Officer will give Contractor written notice of the default, either in the form of a cure notice ("**Cure Notice**"), or, if no opportunity to cure will be granted, a default notice ("**Default Notice**"). If the Chief Procurement Officer gives a Default Notice, he will also indicate any present intent he may have to terminate this Agreement, and the decision to terminate (but not the decision not to terminate) is final and effective upon giving the notice. The Chief Procurement Officer may give a Default Notice if Contractor fails to effect a cure within the cure period given in a Cure Notice. When a Default Notice with intent to terminate is given as provided in this Section 9.b and Article 11, Contractor must discontinue any Services, unless otherwise directed in the notice, and deliver all materials accumulated in the performance of this Agreement, whether completed or in the process, to the County. After giving a Default Notice, the County may invoke any or all of the following remedies:

- i) The right to take over and complete the Services, or any part of them, at Contractor's expense and as agent for Contractor, either directly or through others, and bill Contractor for the cost of the Services, and Contractor must pay the difference between the total amount of this bill and the amount the County would have paid Contractor under the terms and conditions of this Agreement for the Services that were assumed by the County as agent for the Contractor under this Section 9.2;
- ii) The right to terminate this Agreement as to any or all of the Services yet to be performed effective at a time specified by the County;
- iii) The right of specific performance, an injunction or any other appropriate equitable remedy;
- iv) The right to money damages;
- v) The right to withhold all or any part of Contractor's compensation under this Agreement;
- vi) The right to consider Contractor non-responsible in future contracts to be awarded by the County.

If the Chief Procurement Officer considers it to be in the County's best interests, he may elect not to declare default or to terminate this Agreement. The parties acknowledge that this provision is solely for the benefit of the County and that if the County permits Contractor to continue to provide the Services despite one or more events of default, Contractor is in no way relieved of any of its responsibilities, duties or obligations under this Agreement, nor does the County waive or relinquish any of its rights.

The remedies under the terms of this Agreement are not intended to be exclusive of any other remedies provided, but each and every such remedy is cumulative and is in addition to any other remedies, existing now or later, at law, in equity or by statute. No delay or omission to exercise any right or power accruing upon any event of default impairs any such right or power, nor is it a waiver of any event of default nor acquiescence in it, and every such right and power may be exercised from time to time and as often as the County considers expedient.

**c) Early Termination**

In addition to termination under Sections 9.1 and 9.2 of this Agreement, the County may terminate this Agreement, or all or any portion of the Services to be performed under it, at any time by a notice in writing from the County to Contractor. The County will give notice to Contractor in accordance with the provisions of Article 11. The effective date of termination will be the date the notice is received by Contractor or the date stated in the notice, whichever is later. If the County elects to terminate this Agreement in full, all Services to be provided under it must cease and all materials that may have been accumulated in performing this Agreement, whether completed or in the process, must be delivered to the County effective 10 days after the date the notice is considered received as provided under Article 11 of this Agreement (if no date is given) or upon the effective date stated in the notice.

After the notice is received, Contractor must restrict its activities, and those of its Subcontractors, to winding down any reports, analyses, or other activities previously begun. No costs incurred after the effective date of the termination are allowed. Payment for any Services actually and satisfactorily performed before the effective date of the termination is on the same basis as set forth in Article 5, but if any compensation is described or provided for on the basis of a period longer than 10 days, then the compensation must be prorated accordingly. No amount of compensation, however, is permitted for anticipated profits on unperformed Services. The County and Contractor must attempt to agree on the amount of compensation to be paid to Contractor, but if not agreed on, the dispute must be settled in accordance with Article 6 of this Agreement. The payment so made to Contractor is in full settlement for all Services satisfactorily performed under this Agreement.

Contractor must include in its contracts with Subcontractors an early termination provision in form and substance equivalent to this early termination provision to prevent claims against the County arising from termination of subcontracts after the early termination. Contractor will not be entitled to make any early termination claims against the County resulting from any Subcontractor's claims against Contractor or the County to the extent inconsistent with this provision.

If the County's election to terminate this Agreement for default under Sections 9.1 and 9.2 is determined in a court of competent jurisdiction to have been wrongful, then in that case the termination is to be considered to be an early termination under this Section 9.3.

**d) Suspension**

The County may at any time request that Contractor suspend its Services, or any part of them, by giving 15 days prior written notice to Contractor or upon informal oral, or even no notice, in the event of emergency. No costs incurred after the effective date of such suspension are allowed. Contractor must promptly resume its performance of the Services under the same terms and conditions as stated in this Agreement upon written notice by the Chief Procurement Officer and such equitable extension of time as may be mutually agreed upon by the Chief Procurement Officer and Contractor when necessary for continuation or completion of Services. Any additional costs or expenses actually incurred by Contractor as a result of recommencing the Services must be treated in accordance with the compensation provisions under Article 5 of this Agreement.

No suspension of this Agreement is permitted in the aggregate to exceed a period of 45 days within any one year of this Agreement. If the total number of days of suspension exceeds 45 days, Contractor by written notice may treat the suspension as an early termination of this Agreement under Section 9.3.

**e) Right to Offset**

i) In connection with performance under this Agreement:

The County may offset any excess costs incurred:

- (i) if the County terminates this Agreement for default or any other reason resulting from Contractor's performance or non-performance;
- (ii) if the County exercises any of its remedies under Section 9.2 of this Agreement; or
- (iii) if the County has any credits due or has made any overpayments under this Agreement.

The County may offset these excess costs by use of any payment due for Services completed before the County terminated this Agreement or before the County exercised any remedies. If the amount offset is insufficient to cover those excess costs, Contractor is liable for and must promptly remit to the County the balance upon written demand for it. This right to offset is in addition to and not a limitation of any other remedies available to the County.

**f.) Delays**

Contractor agrees that no charges or claims for damages shall be made by Contractor for any delays or hindrances from any cause whatsoever during the progress of any portion of this Contract.

**g.) Prepaid Fees**

In the event this Contract is terminated by either party, for cause or otherwise, and the County has prepaid for any Deliverables, Contractor shall refund to the County, on a prorated basis to the effective date of termination, all amounts prepaid for Deliverables not actually provided as of the effective date of the termination. The refund shall be made within fourteen (14) days of the effective date of termination.

**ARTICLE 10) GENERAL CONDITIONS**

**a) Entire Agreement**

**i) General**

This Agreement, and the exhibits attached to it and incorporated in it, constitute the entire agreement between the parties and no other warranties, inducements, considerations, promises or interpretations are implied or impressed upon this Agreement that are not expressly addressed in this Agreement.

**ii) No Collateral Agreements**

Contractor acknowledges that, except only for those representations, statements or promises expressly contained in this Agreement and any exhibits attached to it and incorporated by reference in it, no representation, statement or promise, oral or in writing, of any kind whatsoever, by the County, its officials, agents or employees, has induced Contractor to enter into this Agreement or has been relied upon by Contractor, including any with reference to: (i) the meaning, correctness, suitability or completeness of any provisions or requirements of this Agreement; (ii) the nature of the Services to be performed; (iii) the nature, quantity, quality or volume of any materials, equipment, labor and other facilities needed for the performance of this Agreement; (iv) the general conditions which may in any way affect this Agreement or its performance; (v) the compensation provisions of this Agreement; or (vi) any other matters, whether similar to or different from those referred to in (i) through (vi) immediately above, affecting or having any connection with this Agreement, its negotiation, any discussions of its performance or those employed or connected or concerned with it.

**iii) No Omissions**

Contractor acknowledges that Contractor was given an opportunity to review all documents forming this Agreement before signing this Agreement in order that it might request inclusion in this Agreement of any statement, representation, promise or provision that it desired or on that it wished to place reliance. Contractor did so review those documents, and either every such statement, representation, promise or provision has been included in this Agreement or else, if omitted, Contractor relinquishes the benefit of any such omitted statement, representation, promise or provision and is willing to perform this Agreement in its entirety without claiming reliance on it or making any other claim on account of its omission.

**b) Counterparts**

This Agreement is comprised of several identical counterparts, each to be fully signed by the parties and each to be considered an original having identical legal effect.

**c) Modifications and Amendments**

The parties may during the term of the Contract make modifications and amendments to the Contract but only as provided in this section. Such modifications and amendments shall only be made by mutual agreement in writing.

In the case of Contracts not approved by the Board, the Chief Procurement Officer may amend a contract provided that any such amendment does not extend the Contract by more than one (1) year, and further provided that the total cost of all such amendments does not increase the total amount of the Contract beyond \$150,000. Such action may only be made with the advance written approval of the Chief Procurement Officer. If the amendment extends the Contract beyond one (1) year or increases the total award amount beyond \$150,000, then Board approval will be required.

No County department or employee thereof has authority to make any modifications or amendments to this Contract. Any modifications or amendments to this Contract made without the express written approval of the Chief Procurement Officer is void and unenforceable.

Contractor is hereby notified that, except for modifications and amendments which are made in accordance with this Section 10.c., Modifications and Amendments, no County department or employee thereof has authority to make any modification or amendment to this Contract.

**d) Governing Law and Jurisdiction**

This Contract shall be governed by and construed under the laws of the State of Illinois. The Contractor irrevocably agrees that, subject to the County's sole and absolute election to the contrary, any action or proceeding in any way, manner or respect arising out of the Contract, or arising from any dispute or controversy arising in connection with or related to the Contract, shall be litigated only in courts within the Circuit Court of Cook County, State of Illinois, and the Contractor consents and submits to the jurisdiction thereof. In accordance with these provisions, Contractor waives any right it may have to transfer or change the venue of any litigation brought against it by the County pursuant to this Contract.

**e) Severability**

If any provision of this Agreement is held or considered to be or is in fact invalid, illegal, inoperative or unenforceable as applied in any particular case in any jurisdiction or in all cases because it conflicts with any other provision or provisions of this Agreement or of any constitution, statute, ordinance, rule of law or public policy, or for any other reason, those circumstances do not have the effect of rendering the provision in question invalid, illegal, inoperative or unenforceable in any other case or circumstances, or of rendering any other provision or provisions in this Agreement invalid, illegal, inoperative or unenforceable to any extent whatsoever. The invalidity, illegality, inoperativeness or unenforceability of any one or more phrases, sentences, clauses or sections in this Agreement does not affect the remaining portions of this Agreement or any part of it.

**f) Assigns**

All of the terms and conditions of this Agreement are binding upon and inure to the benefit of the parties and their respective legal representatives, successors and assigns.

**g) Cooperation**

Contractor must at all times cooperate fully with the County and act in the County's best interests. If this Agreement is terminated for any reason, or if it is to expire on its own terms, Contractor must make every effort to assure an orderly transition to another provider of the Services, if any, orderly demobilization of its own operations in connection with the Services, uninterrupted provision of Services during any transition period and must otherwise comply with the reasonable requests and requirements of the Department in connection with the termination or expiration.

**h) Waiver**

Nothing in this Agreement authorizes the waiver of a requirement or condition contrary to law or ordinance or that would result in or promote the violation of any federal, state or local law or ordinance.

Whenever under this Agreement the County by a proper authority waives Contractor's performance in any respect or waives a requirement or condition to either the County's or Contractor's performance, the waiver so granted, whether express or implied, only applies to the particular instance and is not a waiver forever or for subsequent instances of the performance, requirement or condition. No such waiver is a modification of this Agreement regardless of the number of times the County may have waived the performance, requirement or condition. Such waivers must be provided to Contractor in writing.

**i) Independent Contractor**

This Agreement is not intended to and will not constitute, create, give rise to, or otherwise recognize a joint venture, partnership, corporation or other formal business association or organization of any kind between Contractor and the County. The rights and the obligations of the parties are only those expressly set forth in this Agreement. Contractor must perform under this Agreement as an independent contractor and not as a representative, employee, agent, or partner of the County.

This Agreement is between the County and an independent contractor and, if Contractor is an individual, nothing provided for under this Agreement constitutes or implies an employer-employee relationship such that:

- i) The County will not be liable under or by reason of this Agreement for the payment of any compensation award or damages in connection with the Contractor performing the Services required under this Agreement.
- ii) Contractor is not entitled to membership in the County Pension Fund, Group Medical Insurance Program, Group Dental Program, Group Vision Care, Group Life Insurance Program, Deferred Income Program, vacation, sick leave, extended sick leave, or any other benefits ordinarily provided to individuals employed and paid through the regular payrolls of the County.
- iii) The County is not required to deduct or withhold any taxes, FICA or other deductions from any compensation provided to the Contractor.

**j) Governmental Joint Purchasing Agreement**

Pursuant to Section 4 of the Illinois Governmental Joint Purchasing Act (30 ILCS 525) and the Joint Purchase Agreement approved by the Cook County Board of Commissioners (April 9, 1965), other units of government may purchase goods or services under this contract.

**ARTICLE 11) NOTICES**

All notices required pursuant to this Contract shall be in writing and addressed to the parties at their respective addresses set forth below. All such notices shall be deemed duly given if hand delivered or if deposited in the United States mail, postage prepaid, registered or certified, return receipt requested. Notice as provided herein does not waive service of summons or process.

If to the County: Justice Advisory Council  
69 West Washington, Room  
Chicago, Illinois 60602  
Attention: Department Director

and

Cook County Chief Procurement Officer  
118 North Clark Street, Room 1018  
Chicago, Illinois 60602  
(Include County Contract Number on all notices)

If to Contractor: La Rabida Children's Hospital  
6501 South Promontory Drive  
Chicago, IL 60649

Changes in these addresses must be in writing and delivered in accordance with the provisions of this Article 11. Notices delivered by mail are considered received three days after mailing in accordance with this Article 11. Notices delivered personally are considered effective upon receipt. Refusal to accept delivery has the same effect as receipt.

**ARTICLE 12) AUTHORITY**

Execution of this Agreement by Contractor is authorized by a resolution of its Board of Directors, if a corporation, or similar governing document, and the signature(s) of each person signing on behalf of Contractor have been made with complete and full authority to commit Contractor to all terms and conditions of this Agreement, including each and every representation, certification and warranty contained in it, including the representations, certifications and warranties collectively incorporated by reference in it.

**EXHIBIT 1**

**Scope of Services**

Scope of Work

Contractor shall provide services and/or programs in one or more of the targeted areas of behavioral health, education, skill building, community building, balanced and restorative justice, civic engagement, youth engagement, employment, or mentoring. The Contractor shall define the number of individuals that it intends to serve within the proposal.

Program Methodology

Contractor must understand the impact of violence on victims, perpetrators, people who are both victims and perpetrators, families, and the community as whole and the intersection between environment, criminal justice, education, employment, interpersonal and intrapersonal skills, community involvement, and violence and the challenges for obtaining services and meaningful programming in the community.

The model shall be based on an integrated team approach (this may include staff cooperation and communication, community collaboration, multiple service provider collaboration, etc.) and be adaptable and based on current realities. The proposed model shall specifically recognize and assess the roles of: history of trauma and violence; co-occurring disorders; family relationships; parenthood; peer supports; community stability and socialization; connectedness with societal values; education; income and employment; and ancillary services. Programs should utilize a strength and asset-based, motivational approach to treatment and skill building and selection of staff that have embraced this approach.

Programming shall focus on enhancing participants' functioning and behavior, developing skills for living a productive life within the community and engaging in behaviors that contribute to positive outcomes through job training, mentoring, balanced and restorative justice practices or other needed services. All with the overarching goal of reducing factors that put the individual at a higher risk of violence involvement. The goal should be to build off of these individual services to strengthen communities and reduce violence.

The Contractor shall offer a safe, supportive and encouraging environment that encourages trust, bonding, and connection. Staff selection should take into account the population being served with consideration to parity, economic challenges and cultural values. All programs shall work to reduce risk factors for violence and improve outcomes. Strategies may include cognitive-behavioral strategies that shall promote critical thinking and healthy decision-making. The overall focus shall be on enhancing participants' functioning and behavior, developing skills for living a productive life within the community and engaging in behaviors that contribute to positive outcomes in society.

The providers shall offer a safe, supportive and encouraging environment that encourages trust, bonding, and connection. Staff selection should take into account the population being served with consideration to parity, economic challenges and cultural values.

Program needs for clients may include, but are not limited to the following list:

- Homelessness
- Life skills
- Problem-solving skills
- Employment
- Education
- Criminality, criminal thinking, criminal identity, and the criminal code (shared values)
- Participant manipulativeness
- Denial
- Resistance
- Guilt, stigma, and shame
- Anger and hostility
- Domestic violence
- Exposure to violence
- Cultural identity (cultural background and race)
- Immigration Services
- Language needs (translation services, etc.)
- Role as family member and/or parent
- Motivation
- Creating therapeutic alliances
- Striving for counselor credibility
- Striving for cultural competence
- Designing treatment to reflect stages of change
- Self-management skills (relapse prevention)
- Peer support and feedback
- Pro-social activities
- Reentry services
- Healthy Lifestyle issues
- Support Healthy/Pro-social choices
- Early childhood prevention and intervention
- Conflict Resolution skills
- Gang intervention/prevention
- Individualized mentoring
- Community building
- Balanced and Restorative Justice Practices

The above list is provided to show the need for comprehensive, integrated and holistic thinking when designing programs for clients at risk of violence involvement. The Contractor shall address these issues either internally or through linkages in the local human service system. This list does not preclude the Contractor from addressing additional issues and the Contractor is encouraged to expand areas of topical issues in its service delivery.

Contractor's staff shall show equitable treatment by staff towards all participants throughout their course of treatment.

Project Component

The JAC is looking for a creative, but evidence based approach to reducing violence. The expectation is that programs will provide innovative programming in a community friendly manner. The program shall maintain continuous focus on planning and implementation of services that support individuals and communities and shall work collaboratively with the initiatives that support services to reduce violence.

The grant recipient shall be required to ensure confidentiality and shall agree that all information about its work and the work performed by the JAC shall remain confidential. This includes, and is not limited to, all information about the programs supplied to the grant recipient by the JAC and the County.

Record Keeping Procedure

The JAC requires the grant recipient to create and retain participant files service plans and records, when applicable. The participant record information shall include the participants' names, addresses and services provided.

Quarterly Reports and Site Visits

Grant recipients will be required to submit quarterly narrative reports for the duration of the grant. The last quarterly report may be considered a final report and may be used for a summation in the categories requested. The quarterly narrative report for the 2013 Violence Reduction Grants shall indicate the following:

- The grant recipients accomplishments in the quarter,
- The number of people enrolled, admitted or who otherwise entered the program,
- Number of people retained in the program, if applicable,
- Number of people who successfully completed the program, if applicable,
- All other metrics given in the program proposal,
- The challenges faced in the quarter,
- Any other information/data the grant recipient can share with Cook County from the quarter(s) that will help us to better understand the factors contributing to violence and the work being done to reduce violence.

Additionally, the Justice Advisory Council will conduct a site visit with the grant recipient at a mutually agreed upon time and place. At the site visit, the JAC will want to meet anyone working under the grant and/or tasked with overseeing its implementation, meet with and hear from any client(s)/constituency participating in program(s) supported by the grant and see the facilities used in the implementation of the grant (e.g. offices, classrooms, meeting areas etc.)

Upon award of a contract the grant recipient will meet with the JAC to discuss quarterly report forms and procedures.

Key Personnel

Contractor must identify the key personnel/volunteers that will be committed to the project. The Chief Procurement Officer reserves the right to reject any key personnel proposed if it is determined in the County's best interest. The evaluation of proposals includes the qualifications of the personnel proposed; therefore, Contractors will name key personnel as part of their submission. Key Personnel must not be replaced during the project without the approval of the Chief Procurement Officer.

For example years, requirements for specific experience, specific credentials, certifications, background of Contractor and/or Key Personnel.

The selected grant recipient must provide sufficient staff and volunteers to cover project needs. The grant recipient must take into account appropriate staff coverage for vacation days, long-term disabilities, sick days and vacant positions.

Subcontracting or teaming

The Contractor may be comprised of one or more organizations as to assure the overall success of the project. The Contractor shall identify each collaborative member organization and specify their role. The Chief Procurement Officer reserves the right to accept or reject any of the collaborative member organizations if in the Chief Procurement Officer's sole opinion replacement of the organization, based on skills and knowledge, is in the best interest of the County.

## 7.2.2 EXECUTIVE SUMMARY

La Rabida's Chicago Child Trauma Center's (CCTC) **Trauma-Informed Care for Youth Injured by Violence** project will focus on making expert, trauma-informed, evidence-based therapy services available to violently injured youth with the ultimate goal of reducing injury recidivism and mortality. The links between childhood exposure to trauma, youth affiliation with armed groups, and youth violence are well-established. Under this RFP, the CCTC will build upon and develop programs that address youth traumatization as early as possible in situations where children have been violently injured. The CCTC requests funding under this solicitation to:

(1) Enhance and strengthen direct referral relationships between the CCTC and the University of Chicago Comer Children's Hospital and John H. Stroger, Jr. Hospital of Cook County's Pediatric Level I Trauma Center to facilitate timely outreach, identification, and trauma-informed response to violently injured youth (ages 0-16) in order to build a direct pipeline of referrals to the CCTC's trauma-focused therapy services for youth victims of violence. It is anticipated that the project will provide hospital-based outreach to at least 60 violently injured youth and their families.

(2) Enhance and increase the CCTC's capacity to provide outpatient, trauma-focused, evidence-based therapy services to children and youth injured by violence. During the project period, the CCTC will dedicate 20 outpatient therapy slots for direct referrals of injured children from University of Chicago Comer Children's Hospital and John H. Stroger, Jr. Hospital of Cook County. It is anticipated that the CCTC will provide outpatient trauma-focused assessment and therapy services to at least 30 violently injured youth during the project period. Funds under this RFP will support personnel costs associated with developing program capacity to engage and serve violently injured youth and their families. Some services provided under the scope of this project may be eligible for third party payment on a fee-for-service basis. In such cases, the CCTC will seek reimbursement for hours of service provided. To the degree that such fee-for-service revenue can be identified, this will increase the likelihood that the services developed under this RFP can be sustained following the project period.

(3) In collaboration with the Center for Nonviolence and Social Justice at the Drexel University School of Public Health, plan and develop an adaption of Drexel's nationally recognized Healing Hurt People (HHP) trauma-informed hospital-based violence intervention model in emergency pediatric settings in Chicago.

La Rabida Children's Hospital (LRCH) is the only hospital in the United States solely dedicated to caring for children with chronic illnesses, disabilities, or those who have experienced maltreatment or psychological trauma. Located on the South Side of Chicago in one of the most racially and economically segregated areas in the United States (Logan, Oakley, Smith, Stowell, & Stults, 2001; Stuart, 2002), LRCH serves an economically and culturally homogeneous population. The majority of children, youth, and families served by the hospital are African Americans living in urban poverty, with over 85% of patients dependent on Medicaid for their medical care. LRCH's mission is to provide the best available developmentally and culturally appropriate specialty care to children and families regardless of their ability to pay.

The **Trauma-Informed Care for Youth Injured by Violence** project is convened and led by La Rabida's Chicago Child Trauma Center (CCTC), a National Child Traumatic Stress Network affiliate that provides specialized services to hundreds of trauma-exposed children and their families each year. The CCTC has garnered local and national recognition for its innovative, evidence-based, developmentally and culturally appropriate treatment approaches for children exposed to multiple forms of trauma. The CCTC's primary

mission is to ensure that expert trauma-focused psychological services are available to low-income, multiple-battered, minority children and youth on Chicago's South Side and in South Suburban Cook County, where their risk of exposure to traumatic stressors is extremely high. The CCTC is the only program in Chicago that specializes in trauma-focused assessment and therapy for the full range of potentially traumatic events experienced by children, including all forms of violence, complex trauma and medical trauma. CCTC staff clinicians have extensive experience and training in a wide range of evidence-based trauma-focused interventions.

### **Key Project Personnel**

**Bradley C. Stolbach, Ph.D. - Project Director (.15 FTE)** – Dr. Stolbach is Associate Professor of Clinical Pediatrics, University of Chicago Pritzker School of Medicine, Supervisor of Trauma-Related Psychological Services at La Rabida Children's Hospital, and Program Director of La Rabida's Chicago Child Trauma Center. He has been at LRCH for over 17 years and has worked with abused and traumatized children for over 25 years. The Project Director will manage the overall operations of the project and provide oversight, including fiscal and personnel management, community relations, and project implementation and evaluation. Dr. Stolbach will lead the CCTC's planning committee for the adaptation of the HHP model.

**Myra D. West, Psy.D. – Medical Trauma Specialist (.10 FTE):** Dr. West is a licensed clinical psychologist and the Coordinator of La Rabida's Children's Advocacy Center in South Suburban Cook County. She serves on the multidisciplinary teams of the University of Chicago Hospitals Burn Center and Comer Children's Hospital Child Protective Services, attending weekly rounds to provide expertise in child trauma. Dr. West will serve as the lead liaison between CCTC and Comer Children's Hospital in developing the referral relationship and will provide trauma-focused consultation, psychoeducation, and support for violently injured patients and their families. She will serve on the planning committee for the adaptation of the HHP model at Comer Children's Hospital's Pediatric Level I Trauma Center. She will supervise the Intake/Outreach Coordinator and will continue to serve as the Senior Leader/Supervisor for the CCTC's Child and Family Traumatic Stress Intervention (CFTSI) team, having been trained by the model's developers at the Childhood Violent Trauma Center at the Yale Child Study Center.

**Kiae Sung, A.M. – Grants & Program Administrator (.10 FTE):** Ms. Sung will manage and oversee the administrative, programmatic, and fiscal reporting requirements of the grant. She will also assist with program evaluation activities and track outcomes/ data and provide direct project management support to the Project Director. Ms. Sung has over nine years of professional work experience in grants management, program development, and evaluation in the non-profit sector.

**Vacant, MA, LCSW – Intake/ Outreach Coordinator (1.0 FTE):** The Intake/ Outreach Coordinator, in collaboration with key contacts at University of Chicago Comer Children's Hospital and John H. Stroger, Jr. Hospital will plan, develop, and oversee the referral processes and seamless coordination of services between the CCTC and the Pediatric Level I Trauma Centers. The Intake/ Outreach Coordinator will report directly to Dr. West, the Medical Trauma Specialist, who will manage clinical services and will engage in ongoing program monitoring and evaluation processes to ensure that referrals are properly tracked from referral to clinician assignment. The Intake/ Outreach Worker will also provide the Project Director with administrative and project management support of the planning and development of the adaptation of the Healing Hurt People (HHP) model at John H. Stroger, Jr. Hospital of Cook County.

**Licensed Clinicians (1.0 FTE):** Funds from this RFP will support personnel costs for the equivalent of one full-time clinician so that 20 therapy slots can be dedicated to serve violently injured children and youth. The 20 slots will be spread among the CCTC's 15 clinical staff members, all of whom have extensive training and experience in the provision of trauma-focused assessment and therapy services.

**The Drexel University School of Public Health Center for Nonviolence and Social Justice:**

**John Rich, MD, MPH** - Professor & Chair, Health Management and Policy, Director of The Center for Nonviolence and Social Justice, Author – *Wrong Place, Wrong Time: Trauma and Violence in the Lives of Young Black Men*

**Theodore Corbin, MD, MPP** - Co-Director of The Center for Nonviolence and Social Justice, Director, Healing Hurt People

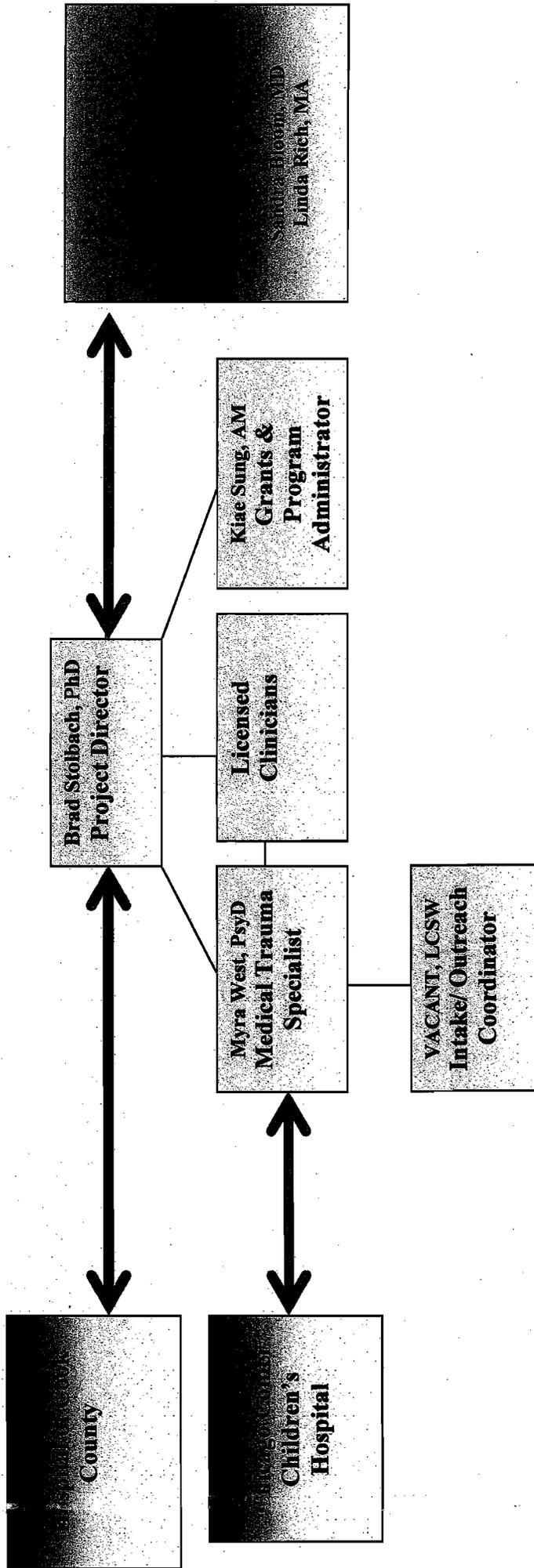
**Sandra L. Bloom, MD** - Co-Director of The Center for Nonviolence and Social Justice, Author/Editor - *Creating Sanctuary: Toward the Evolution of Sane Societies; Violence: A Public Health Epidemic and a Public Health Approach; Loss, Hurt and Hope: The Complex Issues of Bereavement, Trauma and Children; Destroying Sanctuary: The Crisis in Human Service Delivery; Restoring Sanctuary: A New Operating System for Trauma-Informed Organizations*

**Linda Rich, MA** – Research Director, Healing Hurt People

Throughout the project period, the developers of the Healing Hurt People program will provide training and consultation for the planning and development of the Chicago Pediatric Healing Hurt People Program. All are pioneers in trauma-informed hospital-based violence intervention and in the creation of trauma-informed systems.

Please see Organizational Chart on the following page.

# TRAUMA-INFORMED CARE FOR YOUTH INJURED BY VIOLENCE PROJECT PROJECT ORGANIZATIONAL CHART



### 7.2.3 Proposed Plan of Action/ Program Plan

#### Statement of Need:

"Malcolm" was 1 year old when his father was incarcerated. He was exposed to school violence beginning at age 5 and to domestic violence beginning at age 7, when he also became a victim of ongoing physical abuse by his stepfather. At age 9, Malcolm was shot while riding in a car with his stepfather. In all, by the age of 13, Malcolm had been exposed to 9 different types of traumatic stress, including violence in both his home and his neighborhood, and 5 other forms of childhood adversity. Due to his own violent behavior, Malcolm was psychiatrically hospitalized at least once a year between the ages of 6 and 12 and was placed in alternative schools. During that time, he was exposed to 8 different types of traumatic stress, yet his treatment ignored his trauma history and dealt with him as either mentally ill or criminally disturbed, or both. Without trauma-focused treatment at the Chicago Child Trauma Center when he was 16, he could easily have ended up incarcerated or dead. In describing his childhood, Malcolm says, "I'd punch a hole in the wall or something because there was adrenaline in my body that just felt like it had to be released. And when I fought, I felt calmer." In the hospital or at the alternative schools he attended because of his violent behavior, he says, "When you snap or get out of control, they'll throw you down, they put their knee, one knee in your back, one knee in the top of your neck. And then, it'll be at least four dudes on you. And you stay like that until you're calm. Me? It just made me madder." After finally receiving trauma-focused treatment when he was 16, Malcolm had a different perspective on his time in and out of the hospital and alternative schools. "Some people was trying to help me," he says, "but they was trying to cure me. There's like no cure, but there's ways to deal with this. If you think about the things that happened to you, and you stay there in that same position thinking about it, you'll drown. I feel like in life we all are in the water, and we're all trying to swim and make it. Sometimes it do take a light. Maybe you don't see which way to go, maybe you think underneath is somewhere different, but for me, when people helped me heal from the trauma, that was that light above that had me keep swimming."

Today, Malcolm is a college graduate with a degree in art and photography. He works for UPS, has his own photography business, and devotes part of his free time to helping others to understand trauma, including through the creation of short films. Malcolm is clearly a productive member of society, making contributions to his community and trying to prevent others from having to go through what he did. The exact amount of money spent on all of Malcolm's hospitalizations and alternative schools is unknown; the trauma-focused treatment he credits with helping him to recover cost only a tiny fraction of that amount, and an even smaller fraction of the amount that would have been spent had he ended up in prison like his father, or taken someone's life in his neighborhood. How much money could have been saved and how much pain could Malcolm have been spared if he had received appropriate trauma-informed care when he was shot at age 9? Or the first time he was identified as a witness to or victim of violence?

Youth violence and complex childhood trauma, such as that experienced by Malcolm, are inextricably linked. In an unscientific survey of gang-involved youth aged 13-17, Bocanegra & Stolbach (2012) found that youth reported exposure to an average of 10 different types of traumatic stress and 2.75 other types of childhood adversity. 100% reported exposure to at least one type of chronic traumatic stress and all had been exposed to at least one form of family violence. The average age of first reported trauma exposure was 6 years, 1 month. Youth reported that their first action on behalf of a street organization typically occurred prior to age 12. One 13-year-old, who had witnessed 3 homicides of friends and loved ones, reported that his first such act occurred at age 8 when he held a gun for his older brother. Exposure to ongoing relational trauma and attachment systems that cannot provide safety, care and protection, shapes children's development and the acquisition of a host of developmental capacities, including the ability to modulate, tolerate, or recover from extreme affect states, the capacity to know and to describe emotions or

bodily states, the capacity to perceive threat, including reading of safety and danger cues, and the capacity to regulate empathic arousal. In a study of juveniles convicted of committing violent crimes, Silvern & Griese (2012) found that histories of multiple types of maltreatment positively predicted reactive aggression (fueled by impulsivity, anger, and intolerance for perceived provocation) as opposed to instrumental aggression (motivated by material or social gain).

There are many causes of youth violence and many worthy approaches to violence prevention. The problem of urban violence is so complex that it must be approached with multiple strategies working at multiple levels. There is clearly no single solution. It is clear, however, that any public health approach to violence, if it is to have any chance of success, must include an understanding of the role that trauma plays in shaping behavior (i.e., be trauma-informed) and must promote opportunities for acknowledging, addressing, and healing from trauma. Sadly, in the communities and neighborhoods in Chicago most affected by violence, trauma-informed services, like all services, are scarce.

**Violent Crime, Injury, and Loss through Violent Death in the Chicago Child Trauma Center's Service Area:** The U.S. Centers for Disease Control (2011) reports that the homicide rate for African American males between the ages of 10 and 24 (60.7 per 100,000) is more than double that of Whites (3.5 per 100,000) and Hispanics (20.6 per 100,000) combined. According to the Chicago Police Department's Annual Report 2010 Year in Review (2011), Blacks, who make up 35% of the population of Chicago, made up 62.8% of victims of violent crime in Chicago, as compared to Whites (13.9%) and Hispanics (20.8%); this disparity was even greater for homicides, with Blacks comprising 76.1% of murder victims, Whites 4.4% and Hispanics 19.3%. In a classic 1993 study, Bell and Jenkins found that 75% of elementary school children on the south side of Chicago reported having witnessed a robbery, shooting, stabbing, or killing. Two decades later, in certain areas of Chicago, including much of the CCTC's service area, extreme violence continues to be a part of children's everyday lives. In recent years, the increase in the level and frequency of violence involving children in Chicago has been the subject of local and national media attention. Much of the coverage focuses on homicides, but for every gun-related death, there are an estimated 4 non-fatal shootings. National Public Radio (Schaper & Corley, 2011) reported that nearly 700 children were hit by gunfire in Chicago in 2010, including 66 who were killed. According to Redeye's Homicide Tracker, in 2012, 107 children and youth under age 20 were murdered in Chicago (Redeye, 2013). Within the first quarter of 2013, nearly 18 children and youth under age 20 have been murdered in Chicago (Redeye, 2013).

A recent review of pediatric emergency department admissions at both John H. Stroger, Jr. Hospital of Cook County and University of Chicago Comer Children's Hospital underscores the urgent need to expand access to trauma-focused intervention and treatment for these Near Westside and Southside Chicago hospital service areas. John H. Stroger, Jr. Hospital of Cook County's trauma registry documents that in 2012, the hospital's Pediatric Trauma I Center saw 130 patients (ages 0-17) for violent injuries. One-hundred (77%) were African-American and 30 (23%) were Latino. The average age of the patients treated for violent injuries was 15 years old. The University of Chicago Comer Children's Hospital's emergency department is the only Level 1 Trauma Center on the South Side of Chicago and treats more than 35,000 patients each year, including hundreds of complex trauma injuries. In 2012, University of Chicago Comer Children's Hospital treated 75 patients (0-16) for violent injuries. The majority of these emergency hospital admissions were African-American youth (average age – 14 years old). Seventy-five percent of youth admitted to Comer for violent injuries were assaulted by a handgun; 16% were injured in an unarmed fight or brawl; 10% were assaulted with a cutting or piercing instrument or blunt object. Engaging victims of violence in the hospital setting shortly after a violent crime occurs, takes advantage of the "teachable

moment" that accompanies violent injury. A hospital/ trauma center-based violence intervention program is needed to support the implementation of an integrated, innovative violence reduction strategy in our communities.

There is a great need for developmentally and culturally appropriate trauma-informed services for children and families on the South Side of Chicago and in South Suburban Cook County. As the only provider of trauma-focused services for the full range of traumatic stressors in the Chicago area, the CCTC provides services, at no cost to their families, to hundreds of children per year who have experienced a wide variety of traumas, including many with multiple trauma exposures. The children and families served by the CCTC represent only a fraction of those who could benefit from effective trauma-focused intervention. Although the number of violently injured youth referred to the CCTC increases every year, the number of children who have been victims of community violence served by the program remains very low. The La Rabida CCTC's **Trauma-Informed Care for Youth Injured by Violence** project seeks to respond to the current epidemic of violence by enhancing and expanding its capacity to engage violently injured youth and to provide trauma-focused therapy services to children and youth who have been injured by violence. Working directly with John H. Stroger, Jr. Hospital of Cook County and The University of Chicago Comer Children's Hospital, this project will create hospital-based referral protocols to promote early identification and engagement of youth and families injured by violence. Through evidence-based, trauma-informed, and trauma-specific interventions, this project has the potential to interrupt the cycle of violence by effectively treating the trauma-related emotional and behavioral dysregulation that often drives it.

#### **Healing Hurt People Model:**

Healing Hurt People (HHP) is a trauma-informed hospital-based violence intervention program that provides mental health and intensive case management services to victims of violent crime. These services help individuals understand and recover from the psychological trauma of violent victimization. By engaging victims of violence in health care settings shortly after the violent crime occurred, HHP takes advantage of the "teachable moment" that accompanies violent injury.

HHP was developed at the Center for Nonviolence and Social Justice at the Drexel University School of Public Health by John Rich, MD, Ted Corbin, MD, and Sandra Bloom, MD. The program is currently implemented in Philadelphia with adults at Hahnemann Hospital and with youth ages 8-18 at St. Christopher's Hospital for Children. When a patient is treated in the hospital for violent injury, hospital staff activate a referral to HHP after the patient's wounds are treated and they are medically cleared. If the incident occurs during regular business hours, HHP staff meet with the patient in the hospital to educate them about the program and invite them to participate. If the incident occurs outside this timeframe, HHP staff contact the individual by phone within 48 hours of discharge. HHP services are provided by social workers with specialized training in psychological trauma and acute stress. Principles of trauma-informed care provide the foundation for HHP's organizational culture and underlie all interactions between social workers and clients. HHP practice is guided by the Sanctuary Model—an evidence-supported operational framework for organizations serving populations with histories of, and actively experiencing, psychological trauma (Bloom, 1997). Sanctuary is guided by the principles of S.E.L.F. - Safety – Ensuring physical, psychological and social safety; Emotions – Helping manage emotions associated with traumatic experiences; Loss – Helping victims of violence grieve with multiple losses, including loss of safety and alienation from family and friends; Future – Promoting healing by reconstructing a vision for the future.

HHP is comprised of five major programmatic components: assessment, case management and navigation, mentoring, S.E.L.F. psychoeducation groups, and case review. HHP also offers additional

mental health services and therapeutic strategies to clients, including, for pediatric patients, the Child and Family Traumatic Stress Intervention (CFTSI). CFTSI has been classified by the U.S. Department of Justice as a "Promising Practice" for victims of violent crime. It is a caregiver-child intervention that has demonstrated effectiveness in preventing the development of PTSD (Berkowitz, Stover, & Marans, 2011). Given that CFTSI needs to be provided within 30 days of exposure to a potentially traumatic event (e.g., violent injury), hospital-based programs such as HHP are particularly well-positioned to provide CFTSI. Each component of HHP is evidence supported (Corbin, Rich, Bloom, Delgado, Rich, & Wilson, 2011). Many HHP clients also engage in longer-term interventions, including Trauma-Focused Cognitive Behavioral Therapy.

**Outcomes Currently Achieved at St. Christopher's Hospital for Children:** Since the program's inception at St. Christopher's in 2009, 204 victims of violent crime ages 8-18 have participated. All 204 clients have received direct mental health services—including assessment and behavioral health counseling—and intensive case management/navigation services. Specific services have been provided to the following proportions of HHP clients since the inception of the program: School services 94%; Job readiness 83%; Tutoring 93%; ID/Birth certificate 50%; Medical insurance 50%; Follow-up medical care 98%; Legal support 93%; Public assistance 98%; Housing 96%; Victim's compensation 68%; Mental health services 78%.

**Goals and Objectives of Project:** La Rabida's Trauma-Informed Care for Youth Injured by Violence project is a collaborative service delivery expansion and enhancement project. The project's ultimate goals are: (1) To increase access for Chicago's minority youth and families to evidence-based, trauma-focused intervention and counseling services to treat and reduce symptoms of Posttraumatic Stress Disorder (PTSD) and other trauma-related symptoms, soon after a violent injury, and to reduce injury recidivism; (2) To promote hospital-based violence intervention programs in Cook County as a key element to our community's violence reduction efforts that will promote healthy communities; and (3) To establish a hospital-based violence intervention model in Chicago, that can be replicated throughout Cook County.

In support of these goals the CCTC's Trauma-Informed Care for Youth Injured by Violence project's main objectives are to: (1) Build a direct referral pathway between the Chicago Child Trauma Center and two major pediatric hospital settings in the South and Near Westside of Chicago, including John H. Stroger, Jr. Hospital of Cook County and University of Chicago Comer Children's Hospital to support timely identification and service delivery to youth who have been violently injured; (2) To enhance and expand the availability of trauma-informed services for children, youth, and families who have experienced violent injury and trauma; and (3) To plan and develop an adaptation of the nationally recognized Healing Hurt People (HPP) model in pediatric hospital settings in Chicago.

**Program Activities:** The following activities, outputs, and outcomes have been identified to support overall program goals and objectives for the CCTC's Trauma-Informed Care for Youth Injured by Violence project during the grant period (July 1, 2013-June 30, 2014):

**Objective 1:** Enhance and strengthen direct referral relationships between the CCTC and the University of Chicago Comer Children's Hospital and John H. Stroger, Jr. Hospital of Cook County to coordinate timely identification and trauma-informed response to violently injured youth.

**Activities 1:** (a) Convene planning/ strategy meetings to establish referral/ follow-up protocols between the CCTC, John H. Stroger, Jr. Hospital of Cook County, and The University of Chicago Comer Children's Hospital.

(b) Determine inclusionary and exclusionary screening criteria/ assess appropriateness of service and create community referral resource network. (c) Identify key assessment and referral staff at each institution. (d) Determine semi-monthly meeting schedule and identify training needs.

**Progress Indicators 1:** # of planning meetings; # of youth referred, # of assessments, # of youth enrolled in trauma-focused counseling services, # of completions

**Outcomes 1:** - Written referral procedures reviewed and approved by La Rabida, Stroger, and Comer. — There will be semi-monthly planning meetings for the first quarter of the project and then monthly meetings thereafter among the partnering institutions. Over 60 violently injured pediatric patients and their families will be referred for CCTC outreach.

**Objective 2:** Enhance and increase the CCTC's capacity to provide outpatient, trauma-focused, evidence-based therapy services to children and youth injured by violence.

**Activities 2:** (a) Create 20 dedicated assessment/therapy slots for violently injured youth. Provide trauma-focused services (e.g. assessment, therapy) for violently injured children and their caregivers. (b) Some services provided under the scope of this project may be eligible for third party payment on a fee-for-service basis. In such cases, the CCTC will seek reimbursement for hours of service provided. To the degree that such fee-for-service revenue can be identified, this will increase the likelihood that the services developed under this RFP can be sustained following the project period. Throughout the project period, the CCTC will work to identify fee-for-service revenue and other sources of funding to support and maintain the sustainability of the project.

**Progress Indicators 2:** Tracking # of clients referred, referral and case assignment dates, # of clients seen, types of services provided; track symptom reduction, # of revenue sources identified and funds obtained to support and maintain the sustainability of the project

**Outcomes 2:** - Over the project period, it is anticipated that the CCTC will provide outpatient trauma-focused assessment and/or therapy services to approximately 30 children and youth injured by violence. The majority of children and youth served will engage in ongoing services and will experience reductions in trauma-related symptoms. Obtain funding to support program capacity and services so that the project can be sustained and/or expanded beyond the one-year project period.

**Objective 3:** Plan and develop an adaptation of the nationally recognized Healing Hurt People (HPP) model in pediatric hospital settings in Chicago.

**Activities 3:** Receive training and consultation on the Healing Hurt People Model (HPP) and work with the developers of HPP to adapt the program for pediatric settings in Chicago, as outlined below:

The Center for Nonviolence & Social Justice (CNVSJ) will provide consultation and technical assistance in the development of Healing Hurt People at the identified pediatric sites in Chicago. Consultation and training will be provided by Drs. John Rich, Sandra Bloom and Ted Corbin along with Ms. Linda Rich. The following are suggested by the National Network of Hospital-Based Violence Intervention Programs to ensure robust planning and implementation:

On-site training:

3-day at trainer program site (CNVSJ)

3-day at trainee program site (CCTC)

5 page post-visit program review

Skype/phone call trainings

90 minute training modules

*HBVIP Model Overview-what it is, why it works, hospital-linked vs. based, etc.*

*Developing program goals & objectives*

*"Selling the program"—preparing for a presentation with key stakeholders*

*Identification of the focus population (assistance with data analysis)*

*Drafting Memoranda of Understanding with hospitals and/or service providers*

*Conducting a program evaluation*

*Hiring & training new staff*

*Supporting direct service staff (avoiding burnout, supporting growth)*

*Principles of Trauma Informed Care*

*Practices of Trauma Informed Care*

*Identification & training of a suitable nonprofit partner*

*Identification of funding opportunities & feedback on grant proposals*

*Development of documentation protocol*

*Setting up an electronic database (link with database consultant)*

*Budget development & staffing plan*

*Identifying & building relationships with local resources*

Program consultations for 60 minutes 6 times during project period

Case conferencing for 60 minutes 6 times during project period

**Progress Indicators 3:** # of hours of training received; achievement of steps outlined above

**Outcomes 3:** - Over the project period the CCTC and CNVSJ will develop a document to operationalize a pilot HHP model at Stroger and at Comer. An adaptation of the Healing Hurt People model will be implemented in pediatric settings in Chicago during the one-year project period.

**Plan of Action/ Scheduling:**

**Timeline of Project Activities**

<b>Target Date</b>	<b>Task</b>	<b>Responsible Personnel</b>
Ongoing throughout the project period	Partner with Stroger and Comer to formulate and refine referral and screening protocols of youth who are violently injured. Convene semi-monthly/ monthly meetings with all stakeholders.	Stolbach; West; Sung; Vacant-Intake/ Outreach Coordinator
Ongoing throughout project period	Provide trauma-focused services to children, youth, and families that have experienced violent injury. Ongoing evaluation of progress for all program goals Ongoing data collection, data sharing, and qualitative evaluation Ongoing identification of funding sources (both public and private) to support the sustainability of the project beyond the one-year project period	Stolbach; West; Sung; Licensed Clinicians; Intake/ Outreach Coordinator
<b>Proposed Project: July 1, 2013-June 30, 2014</b>		
July 2013	Contact Comer, Stroger, and Drexel and review grantees and agreements to collaborate and agree on implementation schedule. Create 20 dedicated assessment/ therapy slots for violently injured youth.	Stolbach; West; Sung; Intake/ Outreach Coordinator; Consultants from Drexel CNVSJ

	90-minute training modules via Skype – Hospital-Based Violence Intervention Program Model Overview and Developing Program Goals & Objectives; Identification of the focus population ; Identification of the focus population; Drafting Memoranda of Understanding	
Fall 2013	3-Day Training at Drexel University – HHP Model (6 project staff will attend training) 90-minute training modules via Skype –Conducting a program evaluation; Hiring and Training New Staff; Supporting Direct Services Staff; Principles/ Practices of Trauma Informed Care 3-Day Training at Program Site (CCTC) – HPP Model 5 Page Post-Visit Program Review Develop planning document to operationalize HHP model	Stolbach; West; Sung; Intake Outreach/ Coordinator ; Consultants from Drexel CNVSJ
Winter 2013-2014	Launch HHP Model at Stroger and Comer/ Ongoing revision/ and evaluation 90-minute training modules via Skype – Identification of Funding Opportunities; Development of Documentation Protocol; Setting Up an Electronic Database; Budget Development and Staff Planning; Building Relationships with local resources.	Stolbach; West; Sung; Intake Outreach/ Coordinator ; Licensed Clinicians; Consultants from Drexel (CNVSJ)
Spring 2014	Evaluation and implementation of ongoing program improvements. Program Consultation; Case Consultation – Ongoing	Stolbach; West; Sung; Intake Outreach/ Coordinator ; Consultants from Drexel (CNVSJ)

## 7.2.4 Qualifications of the Proposer

**Organizational History:** Established in 1896, La Rabida Children's Hospital (LRCH) is the only hospital in the United States that is solely dedicated to caring for children with chronic illnesses, disabilities, or those who have experienced abuse or psychological trauma. The hospital has operated continuously for over 115 years. Most of the families served by La Rabida reside in Chicago's south side inner-city communities with high poverty levels and high rates of exposure to violence and other trauma. Over 85% of La Rabida patients are dependent on Medicaid for their medical care. LRCH's mission is to provide the best available developmentally and culturally appropriate specialty care to children and families regardless of their ability to pay. La Rabida houses the Chicago Child Trauma Center (CCTC), a National Child Traumatic Stress Network (NCTSN) affiliate that includes the La Rabida Joli Burrell Children's Advocacy Center (LRJBCAC) in South Suburban Cook County. La Rabida Children's Hospital currently employs 474 full-time and part-time staff members. La Rabida Children's Hospital serves 9,000 children and their families per year.

La Rabida Children's Hospital continues to effectively meet the healthcare service needs of low-income children and families in Chicago. Most recently, La Rabida Children's Hospital was recognized by the National Committee for Quality Assurance (NCQA) for its medical home programs defined by the American Academy of Pediatrics (AAP) as "continuous, comprehensive, accessible, family-centered, coordinated, compassionate, and culturally effective to every child and adolescent." NCQA named the hospital, which serves children with special healthcare needs, as the first independent pediatric facility in Illinois to receive its Physician Practice Connections-Patient-Centered Medical Home (PPC-PCMH) designation. The Level 2 recognition was the highest available for La Rabida Children's Hospital at the time of application. This recent recognition underscores La Rabida's ongoing effectiveness in meeting the specialized treatment needs of Chicago's most vulnerable children and families.

Since 1977, La Rabida's Child Abuse Program has served as a national model in providing expert psychological treatment services for child victims of sexual and physical maltreatment. In 1986, La Rabida pioneered the first hospital-based Children's Advocacy Center in the United States. In the 1990's La Rabida developed short-term sexual abuse-focused therapy interventions for children and established a program for Multiply Traumatized Children in Foster Care in 2004. The program was renamed the Chicago Child Trauma Center (CCTC) in 2005 when it became a funded Community Treatment and Services site in the National Children's Traumatic Stress Network (NCTSN).

**Demonstrated Experience Serving the Proposed Community Areas:** The Chicago Community Areas currently served by La Rabida's CCTC include: Kenwood, Washington Park, Woodlawn, South Shore, Chatham, Avalon Park, South Chicago, Burnside, Calumet Heights, Roseland, West Englewood, Englewood, and Greater Grand Crossing. Among the 77 Community Areas of Chicago, these communities are some of the most underprivileged and medically underserved and suffer from longstanding patterns of disinvestment and disparity on multiple levels. These communities are predominately African American with over 90% of the population identifying themselves as Non-Hispanic Black. La Rabida is located in South Shore and the main CCTC offices are located in Chatham at 1111 E. 87<sup>th</sup> St. The CCTC, with a Children's Advocacy Center in Park Forest for more than 15 years, also has the capacity to serve children and families residing in South Cook County's 6<sup>th</sup> municipal district.

**Demonstrated Experience Serving Trauma-Exposed Urban African American Children & Families Living in Poverty and Program Outcomes:** The La Rabida CCTC is a NCTSN affiliate that provides services, at no cost to families, for children who have experienced any potentially traumatic stressor,

including sexual and physical abuse, domestic and community violence, loss through violent death, and burns and other medical trauma. The primary mission of the CCTC is to ensure that expert trauma-focused therapeutic services are available to urban African American children living in poverty on Chicago's South Side and in South Suburban Cook County, where their risk of exposure to traumatic stress is great. During the last fiscal year, the CCTC provided trauma-focused consultation (121), assessment and therapy (327), and forensic services (182) to an unduplicated 590 children and their families. Eighty-two percent of children who received trauma-focused assessment or therapy services are African American/Black, 5% "multiracial," 7% Hispanic/Latino, and 6% White. Children served by the CCTC have very high rates of trauma exposure; children seen in FY12 had experienced an average of 2.9 types of PTSD Criterion A traumatic events, with over 73% exposed to 2 or more. Traumatic stressors include sexual abuse/assault (experienced by 55% of children), witnessing domestic violence (48%), physical abuse (44%), witnessing physical or sexual abuse (36%), loss through violent death/traumatic loss (26%), witnessing community violence (21%), medical trauma (e.g., shootings, burns, dog attacks, motor vehicle accidents) (15%), victim of community violence (8%), witnessing homicide (6%) and fires (5%). Other trauma types include school violence, abduction, torture, witnessing serious injury, and trafficking. In addition to these stressors, children served by the CCTC had also experienced an average of 3.6 other forms of adversity, including impaired caregiver (63%), placement in foster care (55%), neglect (41%), unresolved trauma history in caregiver (41%), emotional abuse (30%), death of significant other (other than traumatic loss) (26%), incarcerated family member (26%), exposure to prostitution or other developmentally inappropriate sexual behavior in home (24%), exposure to drug use or criminal activity in home (21%), placement in substitute care (not foster care) (18%), and homelessness (12%). Thus, the children served by the CCTC had experienced an average of 6.51 types of traumatic stress and other adversity, with 74% having experienced 4 or more types.

The most significant result of the program has been the symptom reduction experienced by the majority of children participating in therapy services and the CCTC's ongoing success in sustaining a high engagement rate. Despite the many barriers to service utilization for urban poor families, the CCTC has been successful engaging referred families in treatment. Fewer than 14% of children served in FY12 dropped out of services; 86% either successfully completed (26%) or continued to participate (60%) in ongoing services. Of the 181 children served in FY12 who were initially diagnosed with PTSD and participated in services for 4 months or more, 83 (46%) no longer met criteria for PTSD, including 43 who completed services. Fewer than 10% of children diagnosed with PTSD who completed services still met PTSD criteria at the conclusion of services. Eighty-four (86%) of the 98 children still meeting PTSD criteria after at least 4 months in services remain in services. Data analysis revealed reductions on Child Behavior Checklist scores for Internalizing (8% drop), Externalizing (13% drop), and Total Behavior Problems (12%) at 6 months and/or termination of treatment. Research conducted by the Center for Child Trauma Assessment and Service Planning at Northwestern University's Feinberg School of Medicine found statistically significant change in symptoms related to anxiety, depression, attachment, adjustment, re-experiencing, avoidance, and dissociation among CCTC clients at follow-up, as measured by the Child & Adolescent Needs and Strengths (CANS).

**Trauma-Informed and Evidence-Based Interventions Employed at the CCTC:** The CCTC stands apart from other area providers in several important respects. The level of professional training of the staff is exceptional, especially for an institution that serves low-income families and does not charge its clients. All therapeutic services are provided by licensed clinical psychologists, licensed clinical social workers, or advanced trainees under the supervision of licensed clinicians. Staff members all have specialized experience and training in trauma, including formal training in one or more of the following

interventions/models: Attachment, Self-Regulation, and Competency (ARC; Blaustein & Kinniburgh, 2010); Child and Family Traumatic Stress Intervention (CFTSI; Berkowitz, Stover & Marans, 2011); Child-Parent Psychotherapy (Lieberman & Van Horn, 2008); Phase-Oriented Trauma-Focused Therapy (e.g., Cloitre, Koenen, Cohen, & Han, 2002; Herman, 1992); Strengthening Family Coping Resources (Kiser, 2006); and Trauma-Focused Cognitive Behavioral Therapy (e.g., Cohen, Mannarino, Berliner, & Deblinger, 2000). Because most of the children served at the CCTC have experienced "complex trauma" (i.e., multiple forms of trauma in the context of ongoing adversity), many children served by the program, as recommended in the NCTSN Complex Trauma White Paper (2003) participate in longer-term, phase-oriented trauma-focused psychotherapy "that facilitates the integration of discrete traumas and addresses their attachment histories and capacity for emotional and behavioral regulation" (Stolbach, 2007, p. 5). CCTC clinicians will use techniques from a variety of evidence-based, trauma-informed approaches to tailor interventions to best meet the needs of individual children and families that have been affected by violence.

**List of Projects Relevant to RFP:** La Rabida's Chicago Child Trauma Center has successfully implemented, administered, and managed millions of dollars of publicly funded mental health, child advocacy, and crime victim service contracts and grants over the past 3 decades. This includes DCFS Trauma-Focused Treatment and Children with Sexualized Behavioral Problems, DCFS High-Risk Deflection Contract, Substance Abuse Mental Health Services Administration's National Child Traumatic Stress Initiative – Category III Community Treatment & Services Center, DCFS Child Advocacy, and grant funds from the Illinois Criminal Justice Information Authority (ICJIA). Several of the specialized services provided at the CCTC are particularly relevant to this RFP.

**Services for Pediatric Medical Traumatic Stress and Pediatric Burn Patients:** CCTC Psychologists with expertise in Medical Traumatic Stress attend multidisciplinary rounds and provide trauma-focused consultation, screening, family support and psychoeducation for inpatients receiving care from the University of Chicago Hospitals Burn Center (UCBC) and University of Chicago Comer Children's Hospital Pediatric Intensive Care Unit (Comer PICU) and Child Protective Services Team (Comer CPS). Approximately 100 children benefit from these services each year. Some of these children continue to receive outpatient services through the CCTC following discharge from the hospital. The CCTC has a strong existing referral relationship with the UCBC, Comer PICU, and Comer CPS, developed over the last decade. This relationship will provide a strong foundation for achieving the objectives of the project. Dr. Myra D. West, the CCTC's current Medical Trauma Specialist at the University of Chicago is also the supervisor/senior leader of the CCTC's CFTSI team.

**Child and Family Traumatic Stress Intervention:** In 2011, a team of 4 clinicians from the La Rabida Children's Advocacy Center began participation in a Learning Collaborative to obtain CFTSI training through the Childhood Violent Trauma Center at the Yale Child Study Center. A 4-6 session model implemented during the peritraumatic period, CFTSI aims to reduce and prevent the development of trauma-related symptoms and to identify children in need of trauma-focused treatment. This intervention, which is a core component of the pediatric HHP model, gives the CCTC the capacity to respond to the needs of children and families in the immediate aftermath of traumatic events or disclosures without placing them on a waiting list. The team has provided CFTSI services to more than 25 children and their families to date.

**Strengthening Family Coping Resources Groups:** Because of a longstanding interest in developing capacity to provide group interventions, to provide the most culturally appropriate services, and in response to feedback from consumers about the need to more quickly provide services and better address families'

experience of isolation, several members of the CCTC clinical team and CAP obtained training to provide Strengthening Family Coping Resources (SFCR; Kiser, 2006) a multifamily group intervention developed at the University of Maryland Family-Informed Trauma Treatment Center specifically for urban African American families coping with chronic stress. The CCTC's adaptation of SFCR is unique in that groups are co-facilitated by clinicians and family consumers from the communities served by the CCTC.

**Collaboration with Storycatchers Theatre:** For the past several years, Storycatchers and the CCTC have collaborated to explore the process of healing trauma in the Storycatchers approach. This relationship represents a unique collaboration across systems and disciplines, and has included consultation and training in trauma theory and intervention for Storycatchers founder and Artistic Director Meade Palidofsky and other members of the Storycatchers team. It produced a paper "Dramatic Healing: The Evolution of a Trauma-Informed Musical Theatre Program for Incarcerated Girls", recently published in a special issue of the Journal of Child and Adolescent Trauma focused on trauma and juvenile justice (Palidofsky & Stolbach, 2012). In 2012, CCTC Psychologist Catharine Thomann, Ph.D. began working with the Storycatchers team, providing consultation and training in order to support Storycatchers staff and volunteers in being trauma-informed and to support the teaching artists and participants throughout the creative process.

**Chicago Police Department Critical Incident Team:** CCTC staff members co-created a training module titled Youth, Violence and Posttraumatic Stress Disorder for the CPD's Critical Incident Team Youth training. The goal of this training is to provide youth officers with specialized knowledge that will enable them to approach critical incidents involving youth in a trauma-informed manner. In addition to developing the training module, the CCTC's Carole Graybill, LCSW has served as course instructor and trained over 500 CIT youth officers since 2009.

In addition to these interventions services, and projects described above, the CCTC is well positioned to develop a pediatric HHP model in Chicago for several reasons, including:

1. As discussed above, the CCTC has worked collaboratively with the University of Chicago Bum Center and Comer Child Protective Services (CPS) Team and Pediatric Intensive Care Unit over the last decade. CCTC Director Brad Stolbach, PhD, is Associate Professor of Clinical Pediatrics at the University of Chicago Pritzker School of Medicine. The CCTC also has collaborative working relationships with the University of Chicago Department of Child and Adolescent Psychiatry. As reflected in the letters of support in Section 7.3 preliminary discussions with these partners, as well as the Trauma Department at Stroger Hospital, have already taken place and a mutual interest in pursuing this project has been established.
2. CCTC psychologist Myra D. West, PsyD, as detailed above, has longstanding collaborative relationships with and currently serves as a member of the multidisciplinary Bum Team and the Child Protective Services team at UCBC and Comer. Dr. West is also the supervisor of the CCTC's CFTSI team, having been trained by the model's developers at the Childhood Violent Trauma Center at the Yale Child Study Center. CFTSI is a key component of the HHP model in pediatric settings.
3. CCTC Director Brad Stolbach, PhD, has existing collaborative relationships with the developers of HHP at the Drexel in University School of Public Health Center for Nonviolence and Social Justice under the direction of John Rich, MD, Ted Corbin, MD, and Sandra Bloom, MD. As reflected in the letter of support in Section 7.3, Drs. Rich, Corbin, and Bloom are enthusiastic about the possibility

of a pilot program in Chicago utilizing the newly developed HHP manual and have made a commitment to partner with the CCTC under this RFP, if funded.

4. The CCTC is widely recognized as a leader in the development and provision of trauma-focused interventions for children and youth and currently serves over 300 trauma-exposed children each year on an outpatient basis on Chicago's South Side and in South Suburban Cook County. CCTC staff members have extensive experience and training in a range of evidence-based trauma-focused interventions, especially for children exposed to complex trauma. In addition to CFTSI, the planned adaptation of the HHP model will link clients, as appropriate, to a variety of these interventions, including Phase-Oriented Trauma-Focused Therapy; Attachment, Self-Regulation and Competency; Trauma-Focused Cognitive Behavioral Therapy; and Strengthening Family Coping Resources.
5. Dr. Stolbach has an existing collaborative relationship with Eduardo Bocanegra, BSW, a current graduate student at the U. of C. School of Social Service Administration. Mr. Bocanegra's previous work with CeaseFire Chicago (now Cure Violence) was profiled in the acclaimed 2011 documentary *The Interrupters*. The planned adaptation of the HHP model will include Urban Warriors, a group intervention developed by Mr. Bocanegra that combines trauma-focused psychoeducation and mentoring strategies by bringing together Iraq and Afghanistan combat veterans with youth involved or at high-risk for involvement in gang activity.

**List of References:** The following references can attest to La Rabida Children's Hospital's Chicago Child Trauma Center's strong track record of service provision and administration.

**Project:** National Child Traumatic Stress Initiative – Category III - Community Treatment and Services Center

**Funding Period:** 2005-2009; 2009-2012

**Funding Amount:** \$400,000 per year (2009-2012); \$400,000 per year (2005-2009)

**Reference:** Wendy Davis, Public Health Advisor

Substance Abuse & Mental Health Services Administration (SAMHSA)

Center for Mental Health Services

1 Choke Cherry Road, Room 6-1001

Rockville, Maryland 20857

Phone: 240-276-1853

[Wendy.Davis@samhsa.hhs.gov](mailto:Wendy.Davis@samhsa.hhs.gov)

**Project:** DCFS Trauma-Focused Treatment; DCFS Children with Sexual Behavior Problems

**Funding Period:** Annual Contracts for over 20 years

**Current Funding Amount:** \$510,763

**Reference:** Mark Holzberg, Ph.D., M.P.H.

Illinois Department of Children and Family Services

100 West Randolph- 6th Floor

Chicago, Illinois, 60601

312 814-2409 (Office)

708 280-9495 (Cell)

[mark.holzberg@illinois.gov](mailto:mark.holzberg@illinois.gov)

**Project:** Ongoing consultation and training for Storycatchers Theatre –Trauma-Informed Musical Theatre Program for Youth in the Juvenile Justice System

**Current Project Period:** January 2013 – December 2013

**Funding Amount:** \$10,000

Nancy McCarty, Executive Director

Meade Palidofsky, Founder and Artistic Director

Storycatchers Theatre

PO Box 3674

Chicago, IL 60654

312-280.4772

[nmccarty@storycatcherstheatre.org](mailto:nmccarty@storycatcherstheatre.org)

**Project:** Subcontract with The Trauma Center at Justice Resource Institute for National Child Traumatic Stress Initiative – Category II - Treatment and Services Adaptation Center – Complex Trauma Treatment Network – Midwest Region Complex Trauma Training and Technical Assistance Center

**Funding Period:** 2009 - 2016

**Current Funding Amount:** \$35,000 annually

**Reference:** Joseph Spinazzola, Ph.D.

Executive Director, The Trauma Center

Vice President, Behavioral Health & Trauma Services

Justice Resource Institute

1269 Beacon St.

Brookline, MA 02446

(617) 872-6391 (cell)

(617) 232-1303 ext. 215

(617) 232-1280 (fax)

[jspinazzola@www.traumacenter.org](mailto:jspinazzola@www.traumacenter.org)

**Project:** Subcontract with the Institute for Juvenile Research at University of Illinois at Chicago for National Child Traumatic Stress Initiative – Category II - Treatment and Services Adaptation Center – Urban Youth Trauma Center – Consumer Partnerships and Advocacy

**Funding Period:** 2009 - 2016

**Current Funding Amount:** \$25,000 annually

**Reference:** Jaleel K. Abdul-Adil, Ph.D.

Co-Director of the Urban Youth Trauma Center (UYTC)

Associate Professor of Clinical Psychology in Psychiatry

University of Illinois at Chicago (UIC)

Institute for Juvenile Research (MC 747)

Department of Psychiatry

1747 West Roosevelt Road, Room 155 (personal office room 238)

Chicago, IL 60608-1264

Office phone: (312) 413-1371

Fax number: (312) 413-1063

Email address: [jabdul@psych.uic.edu](mailto:jabdul@psych.uic.edu)

**Evidence of Appropriate Agency Licenses:** La Rabida Children's Hospital is licensed by the Illinois Department of Public Health and is fully accredited by the Joint Commission on Accreditation of Health

Care Organizations. All psychological and therapeutic services are provided by CCTC's licensed clinical psychologists, licensed clinical social workers, or advanced trainees under the supervision of licensed clinicians. La Rabida CCTC's clinical staff all hold advanced or terminal degrees in psychology, social work, and/or therapy. CCTC staff have specialized experience and training in the area of trauma, including formal training in at least one of the following interventions/models: Attachment, Self-Regulation, and Competency; Child and Family Traumatic Stress Intervention; Child-Parent Psychotherapy; Phase-Oriented Trauma-Focused Therapy; Strengthening Family Coping Resources; and Trauma-Focused Cognitive Behavioral Therapy.

**Evidence of Strong Track Record of Service Provision and Administration:** The single most persuasive evidence of the CCTC's strong track record of service provision and administration is that it has met and/or exceeded its goals in all of its publicly funded mental health and child advocacy contracts for more than 3 decades. As reflected in the letters of support in Section 7.3, the CCTC is widely respected for its substantial expertise in the areas of child trauma, and the CCTC personnel are frequently sought out as trainers for law enforcement personnel, child protection and child welfare professionals, foster parents, attorneys, medical practitioners, and mental health service providers. The CCTC's existing collaborative relationships, agreements to build new ones, and strong reputation as a leader in the field of child trauma, place it in position to be an agent of change and progress for systems that care for traumatized children.

The following key personnel will be responsible for the services provided. For a detailed chronological resume of each of the key personnel, please see Section 7.2.5 of the Submission Requirements.

**Bradley C. Stolbach, Ph.D. - Project Director (.15 FTE)** – Dr. Stolbach is Associate Professor of Clinical Pediatrics, University of Chicago Pritzker School of Medicine, Supervisor of Trauma-Related Psychological Services at La Rabida Children's Hospital, and Program Director of La Rabida's Chicago Child Trauma Center. He has been at LRCH for over 17 years and has worked with abused and traumatized children for over 25 years. The Project Director will manage the overall operations of the project and provide oversight, including fiscal and personnel management, community relations, and project implementation and evaluation. Dr. Stolbach will lead the CCTC's planning committee for the adaptation of the HHP model. His areas of expertise include trauma-focused psychotherapy, the effects of complex trauma in childhood, assessment of child dissociation, psychological care of pediatric burn patients, and investigative interviewing. Dr. Stolbach's major accomplishments at LRCH include increasing the number of children receiving abuse- or trauma-related therapeutic services approximately ten fold and expanding the scope of LRCH's psychological services to address a wide range of potentially traumatic experiences. Dr. Stolbach serves on the editorial boards of *The Journal of Aggression, Trauma, and Maltreatment* and *The Journal of Child and Adolescent Trauma*. He is a member of the International Society for Traumatic Stress Studies (ISTSS) Complex Trauma Task Force and served as Program Co-Chair for the 2011 ISTSS Annual Meeting. Within the NCTSN, he has served as a member of the Steering Committee, chaired the Strategic Planning Group, co-chaired the "Race" and Urban Poverty Work Group, and played an active role in the Partnering With Youth and Families Committee and the Developmental Trauma Disorder DSM-5 Task Force. Dr. Stolbach's current research activities focus on Developmental Trauma Disorder in urban children, cumulative trauma in young children, and the role of developmental trauma in the lives of children and youth affiliated with armed groups.

**Myra D. West, Psy.D. – Medical Trauma Specialist (.10 FTE):** Dr. West is a licensed clinical psychologist and the Coordinator of La Rabida's Children's Advocacy Center in South Suburban Cook County. She serves on the multidisciplinary teams of the University of Chicago Hospitals Burn Center and

Comer Children's Hospital Child Protective Services, attending weekly rounds to provide expertise in child trauma. Dr. West will serve as the lead liaison between CCTC and Comer Children's Hospital in developing the referral relationship and will provide trauma-focused consultation, psychoeducation, and support for violently injured patients and their families. She will serve on the planning committee for the adaptation of the HHP model at Comer Children's Hospital's Pediatric Level I Trauma Center. She will supervise the Intake/Outreach Coordinator and will continue to serve as the Senior Leader/Supervisor for the CCTC's Child and Family Traumatic Stress Intervention (CFTSI) team, having been trained by the model's developers at the Childhood Violent Trauma Center at the Yale Child Study Center. Dr. West received her Psy.D. and M.A. in Clinical Psychology from the University of Denver and her M.S. in Child Development from the University of Tennessee. She completed her postdoctoral training in Childhood Trauma at LRCH under the supervision of Dr. Stolbach. Dr. West has been at LRCH since 2002 and has worked with abused and traumatized children for 15 years. She is the primary Investigative Interviewer at the LRJBCAC and has conducted approximately 1,000 forensic interviews. Dr. West provides trainings on childhood trauma to law enforcement, DCFS, and domestic violence agencies. She has served as the Training Coordinator for the Child Witness to Domestic Violence Initiative (CWDVI) and is a member of a multidisciplinary team at the University of Chicago Hospitals Burn Center. She is currently a member of the South Suburban Juvenile Officers Association, Matteson Family-Youth-Initiative (FYI) Task Force, and South Suburban Safe From the Start Coalition.

**Kiae Sung, A.M. – Grants & Program Administrator (.10 FTE):** Ms. Sung will manage and oversee the administrative, programmatic, and fiscal reporting requirements of the grant. She will also assist with program evaluation activities and track outcomes/data and provide direct project management support to the Project Director. Ms. Sung has over nine years of professional work experience in grants management, program development, and evaluation in the non-profit sector. Prior to joining La Rabida Children's Hospital, she worked for five years as the Assistant Director at Greater West Town Community Development Project (GWTP). At GWTP, Ms. Sung served as the Administrative team-lead managing day-to-day business operations including personnel, accounting, and resource development. She also worked closely with Program Managers on ongoing program evaluation, quality improvement, and development for GWTP's youth education and workforce development programming. Prior to working at GWTP, she served as the Volunteer and Donor Relations Coordinator for a Seattle, WA non-profit social service agency. During Ms. Sung's graduate studies she completed field internships in mental health, research, and community development and took extensive coursework in data, policy analysis, and management and evaluation of human service programs and policies. She holds a B.A. from Scripps College and completed her A.M. in Social Service Administration at the University of Chicago where she was selected to participate in the McCormick Tribune Fellowship Program in Community and Urban Leadership.

## Citations

Bell, C.C., & Jenkins, E.J. (1993). Community violence and children on Chicago's Southside. *Psychiatry*, 56, 46-54.

Berkowitz, S.J., Stover, C.S., & Marans, S.J. (2011). The child and family traumatic stress intervention: secondary prevention for youth at risk of developing PTSD. *Journal of Child Psychology and Psychiatry*, 52(6), 676-685.

Blaustein, M.E. & Kinniburgh, K.M. (2010). *Treating Traumatic Stress in Children and Adolescents: How to Foster Resilience through Attachment, Self-Regulation, and Competency*. New York: The Guilford Press.

Bloom, S.L. (2001). *Violence: a public health epidemic and a public health approach*. London: Karnac Press.

Bloom, S.L. & Farragher, B. (2013). *Restoring sanctuary: a new operating system for trauma-informed organizations*. New York: Oxford University Press.

Bloom, S.L. & Farragher, B. (2010). *Destroying sanctuary: the crisis in human service delivery*. New York: Oxford University Press.

Bocanegra, E. & Stolbach, B. (2012). Trauma histories and recruitment of gang-involved youth in Chicago. Panel presentation at the 28th Annual Meeting of the International Society for Traumatic Stress Studies, Los Angeles, CA, November 1, 2012.

Chicago Police Department. (2011). *Chicago police department annual report 2010 a year in review*. Retrieved June, 2012

<https://portal.chicagopolice.org/portal/page/portal/ClearPath/News/Statistical%20Reports/Annual%20Reports/10AR.pdf>

Cloitre, M., Koenen, K., Cohen, L.R., & Han, H. (2002). Skills training in affective and interpersonal regulation followed by exposure: A phase-based treatment for PTSD related to childhood abuse. *Journal of Consulting and Clinical Psychology*, 70, 1067-1074.

Cohen J.A., Mannarino, A.P., & Deblinger, E. (2006). Trauma-focused cognitive behavioral therapy for children and adolescents: an empirical update. *Journal of Interpersonal Violence*, 15, 1202-1223.

Corbin, T.J., Rich, J.A., Bloom, S.L., Delgado, D., Rich, L.J., & Wilson, A.S. (2011). Developing a trauma-informed, emergency department-based intervention for victims of urban violence. *Journal of Trauma and Dissociation*, 12, 510-25.

Herman, J.L. (1992). *Trauma and recovery*. New York: Basic Books.

Kiser, L.J. (2006). Protecting children from the dangers of urban poverty. *Clinical Psychology Review*, 27(2), 211-225.

Lieberman, A.F. & Van Horn, P. (2008). *Psychotherapy with infants and young children: Repairing the effects of stress and trauma on early attachment*. New York: Guilford Press.

Logan, J.R., Oakley, D., Smith, P., Stowell, J., & Stults, B. (2001). Separating the children. In Mumford Center Report, *Metropolitan racial and ethnic change – Census 2000*. Albany, NY: The Lewis Mumford Center for Comparative Urban and Regional Research.

National Child Traumatic Stress Network Complex Trauma Task Force. (2003). Complex trauma in children and adolescents. White paper published by the NCTSN.

Palidofsky, M., & Stolbach, B. C. (2012). Dramatic Healing: The Evolution of a Trauma-Informed Musical Theatre Program for Incarcerated Girls. *Journal of Child & Adolescent Trauma*, 5(3), 239-256.

Redeye. (2013). Redeye homicide tracker. Retrieved March 20, 2013. Available at <http://homicides.redeyechicago.com>.

Rich, J.A. (2009). *Wrong place, wrong time: trauma and violence in the lives of young black men*. Baltimore, MD: Johns Hopkins University Press.

Schaper, D. & Corley, C. (2011). Chicago's schools, police work to stem violence. National Public Radio. Retrieved May 23, 2012 at <http://www.npr.org/2011/03/21/132678405/chicagos-schools-police-work-to-stem-violence>.

Silver, L. & Griese, B. (2012). Multiple types of child maltreatment, posttraumatic stress, dissociative symptoms, and reactive aggression among adolescent criminal offenders. *Journal of Child & Adolescent Trauma*, 5(2), 88-101.

Stolbach, B.C. (2007). Developmental trauma disorder: a new diagnosis for children affected by complex trauma. *International Society for the Study of Trauma and Dissociation News*, 25(6): 4-6.

Stuart, G. (2002). *Integration or resegregation: Metropolitan Chicago at the turn of the new century*. Report for The Civil Rights Project at Harvard University. Cambridge, MA: The Civil Rights Project.

Vargas, L. & Bloom, S.L. (Eds.) (2007). *Loss, hurt and hope: the complex issues of bereavement, trauma and children*. United Kingdom: Cambridge Scholars Publishing.

### 7.2.5 Key Personnel

On the following pages, please find the following chronological resumes for each of the key personnel proposed:

- Bradley C. Stolbach, Ph.D..... Project Director
- Myra D. West, Psy.D..... Medical Trauma Specialist
- Kiae Sung, A.M.....Grants & Program Administrator
- Vacant, LCSW.....Intake/ Outreach Coordinator
- Drexel University School of Public Health Center for Nonviolence and Social Justice Co-Directors  
John Rich, MD, MPH, Ted Corbin, MD, MPP, and Sandra Bloom, MD and Research Director –  
Linda Rich, MA

**Bradley C. Stolbach**  
Licensed Clinical Psychologist  
IL # 071-005731

**Education**

- 1990 Doctor of Philosophy in Clinical Psychology, 1997  
to University of Colorado at Boulder, Colorado  
1997 Dissertation: The Children's Dissociative Experiences Scale and Posttraumatic Symptom  
Inventory: Rationale, Development and Validation of a Self-Report Measure  
Major Professor: Louise Silvern, Ph.D.  
Master of Arts Degree, 1993  
Area of Concentration: Developmental/Child Clinical Psychology
- 1987 Bachelor of Arts with Distinction, Summa Cum Laude, 1989  
to Boston University, Boston, MA  
1989 Major: Psychology  
Honors Thesis Title: Validity of markers of emotional disturbance of the MUG children's  
projective test.  
Honors: Phi Beta Kappa, Psychology Department Scholar Award
- 1982 to 1983 Wesleyan University, Middletown, CT

**Clinical Experience**

- July 2009 Associate Professor of Clinical Pediatrics  
to Present The University of Chicago Pritzker School of Medicine
- April 2003 Assistant Professor of Clinical Pediatrics  
to June 2009 The University of Chicago Pritzker School of Medicine
- October 2005 Project Director, Chicago Child Trauma Center  
to La Rabida Children's Hospital  
Present Chicago, Illinois
- July 1998 Supervisor, Abuse- and Trauma-Related Psychological Services  
to Present La Rabida Children's Hospital
- September 1997 Clinical Staff Member  
to July 1998 La Rabida Children's Hospital and Research Center
- September 1996 Postdoctoral Psychology Fellow  
to August 1997 La Rabida Children's Hospital and Research Center
- July 1995 Predoctoral Psychology Intern  
to June 1996 La Rabida Children's Hospital and Research Center
- September 1993 Mental Health Worker, Level IV  
to Emergency Psychiatric Service  
June 1995 Mental Health Center of Boulder County, Inc., Boulder, CO
- January 1991 Student Therapist  
to June 1995 Raimy Psychology Clinic, University of Colorado at Boulder, Colorado
- September 1993 Child Team Intake Co-Coordinator

to August 1994 Raimy Psychology Clinic, University of Colorado at Boulder, Colorado

August 1989 School Coordinator  
to Italian Home for Children  
June 1990 Jamaica Plain, Massachusetts

August 1987 to Consultant  
August 1989 Italian Home for Children

September 1985 School Coordinator  
to Italian Home for Children  
July 1987 Jamaica Plain, Massachusetts

October 1984 to Child Care Worker  
August 1985 Italian Home for Children

June 1984 Primary Counselor  
to August 1984 Blueberry Treatment Centers, Inc., Burlingham, New York

June 1983 Relief Counselor  
to August 1983 Blueberry Treatment Centers, Inc., Burlingham, New York

#### Teaching Experience

July 2009 Associate Professor of Clinical Pediatrics  
to Present The University of Chicago Pritzker School of Medicine

April 2003 Assistant Professor of Clinical Pediatrics  
to June 2009 The University of Chicago Pritzker School of Medicine

1990 to 1993 Teaching Assistant  
Psychology Department University of Colorado at Boulder  
Boulder, Colorado

Spring 1993 Instructor, Child Psychology Practicum  
Psychology Department University of Colorado at Boulder, Colorado

#### Major Grant Support

September 2009 Project Director  
Substance Abuse and Mental Health Services Administration  
Center for Mental Health Services SM 05-06  
Chicago Child Trauma Center, La Rabida Children's Hospital  
A Community Treatment and Services Center of the National Child Traumatic  
Stress Network (NCTSN)  
\$1.2 million, Project Period: 9/09-9/12

September 2005 Project Director  
Substance Abuse and Mental Health Services Administration  
Center for Mental Health Services SM 05-06  
Chicago Child Trauma Center, La Rabida Children's Hospital  
A Community Treatment and Services Center of the NCTSN  
\$1.6 million, Project Period: 9/05-9/09

#### Research Experience

September 2006  
to Present

Primary Investigator  
The Evaluation and Treatment of Children and Adolescents Exposed to  
Traumatic Events  
La Rabida Children's Hospital Chicago Child Trauma Center

December 2002  
to June 2009

Primary Investigator  
The Experience and Treatment of Posttraumatic Stress Disorder in Pediatric  
Burn Patients  
La Rabida Children's Hospital, University of Chicago Hospitals Burn Center

Supported by grants from the International Association of Fire Fighters, the Jean Allegretti Foundation, the Peter G. Horton Trust, and individual charitable contributions. Co-investigators: Lawrence Gottlieb, M.D., Lisa Libman Mintzer, Ph.D., Courtney Fleisher, Ph.D.

September 1996  
to January 1999

Co-Investigator  
Treatment Outcome of Short-Term Psychotherapy for Sexually  
Abused Children  
La Rabida Children's Hospital and Research Center

Supported by a grant from the Blowitz-Ridgeway Foundation. Primary Investigator: Neil J. Hochstadt, Ph.D.

Spring 1993  
to January 1997

Master's Thesis and Dissertation

These studies involved the development, piloting, and validation of the Children's Dissociative Experiences Scale and Posttraumatic Symptom Inventory, a self-report measure for children between the ages of 7 and 12. Research advisor: Louise Silvern, Ph.D.

Summer 1991  
to 1993

Research Assistant  
University of Colorado Dept. of Psychology in conjunction with the Colorado  
Division of Mental Health under NIMH Child and Adolescent Service System  
Program (CASSP)

This study involved the evaluation of the CO Division of Mental Health's implementation of the national CASSP initiatives, which aim to reduce out-of-home placement, improve interagency cooperation, and improve relations between service providers and consumers. Supervisors: Michael Moynihan, Ph.D. and John Forward, Ph.D.

1989 to 1990

Boston University Resiliency Project

Participated in research group designing a study on resiliency in women survivors of childhood sexual abuse. Primary Investigator: Frances Grossman, Ph.D.

1988 to 1989

Undergraduate Honors Thesis  
Boston University

This study concerned the validation of the Markers of Emotional Disturbance on a new children's projective test (Mueller-Ginsburg; MUG). Research Advisor: Edward Mueller, Ph.D.

Peer-Reviewed Publications

Stolbach, B.C., Minshew, R., Rompala, V., Dominguez, R.Z., Gazibara, T., & Finke, R. Complex trauma exposure and symptoms in urban traumatized children: a preliminary test of proposed criteria for Developmental Trauma Disorder. *Journal of Traumatic Stress* (forthcoming).

- Kisiel, C., Fehrenbach, T., Torgersen, E., McClelland, G., Griffin, G., **Stolbach, B.**, & Burkman, K. Constellations of complex interpersonal trauma and symptom profiles among children in child welfare: implications for a developmental trauma framework. *Journal of Family Violence* (forthcoming).
- Kisiel, C., Fehrenbach, T., Liang, L., Griffin, G., McClelland, G., **Stolbach, B.**, Maj, N., Steinberg, A., Vivrette, R., & Spinazzola, J. Under review, *Psychological Trauma*. Understanding complex patterns of trauma exposure and clinical profiles within the National Child Traumatic Stress Network.
- Spinazzola, J., Hodgdon, H., Liang, L., Kisiel, C., Ford, J., Pynoos, R., **Stolbach, B.**, & Layne, C. Under review, *Psychological Trauma*. Impact of psychological maltreatment on clinical, diagnostic and severity indicators and outcomes.
- Palidofsky, M. & **Stolbach, B.C.** (2012). Dramatic healing: the evolution of a trauma-informed musical theatre program for incarcerated girls. *Journal of Child and Adolescent Trauma*, 5, 239–256.
- D'Andrea, W., Ford, J., **Stolbach, B.**, Spinazzola, J., & van der Kolk, B. (2012). Understanding interpersonal trauma in children: Why we need a developmentally appropriate trauma diagnosis. *American Journal of Orthopsychiatry*, 82, 187-200.
- Griffin, G., McClelland, G., Kisiel, C., Holzberg, M., **Stolbach, B.**, & Maj, N. (2011). Addressing the impact of trauma before diagnosing mental illness in child welfare. *Child Welfare*, 90(6), 69-89.
- Cloitre, M., Courtois, C.A., Charuvastra, A., Carapezza, R., **Stolbach, B.C.**, & Green, B.L. (2011). Treatment of Complex PTSD: results of the ISTSS expert clinician survey on best practices. *Journal of Traumatic Stress*, 24, 615-627.
- Cloitre, M., **Stolbach, B.C.**, Herman, J.L., van der Kolk, B.A., Pynoos, R.S., Wang, J., & Petkova, E. (2009). A developmental approach to complex PTSD: child and adult cumulative trauma as predictors of symptom complexity. *Journal of Traumatic Stress*, 22, 399-408.

#### Non-Peer-Reviewed Publications

- Fleisher, C.L. & **Stolbach, B.C.** (2008). Burns. In G. Reyes, J.D. Elhai, & J.D. Ford (Eds.), *Encyclopedia of psychological trauma*. Hoboken, NJ: John Wiley & Sons.
- Stolbach, B.C.** (2007). Developmental trauma disorder: a new diagnosis for children affected by complex trauma. *International Society for the Study of Trauma and Dissociation News*, 25(6): 4-6.
- Griffin-Stolbach, E. & **Griffin-Stolbach, B.** (2006). Helping children cope. *EOSolutions: A quarterly newsletter of the American Partnership for Eosinophilic Disorders*, 5, 19.
- Stolbach, B.C.** (2005, August). Psychotherapy of a dissociative 8-year-old boy burned at age 3. *Psychiatric Annals*, 35(8): 685-694.
- Stolbach, B.** (1993). Implications of ethnographic research of home-based family intervention projects. In Moynihan, M.H., Forward, J.R. & **Stolbach, B.** *Colorado Child and Adolescent Service System Program Evaluation Final Report*. Prepared for the Colorado Division of Mental Health, supported by NIMH Grant 1H87 MH 50888.

#### Peer-Reviewed Papers, Posters, and Presentations

- Stolbach, B.**, Bocanegra, E., Habib, M., Hidalgo, J., Purtle, J., Gaytan, F., Saclarides, K., & Tandon, D. (2012). Innovative approaches to prevention and intervention with high risk and gang-involved youth. Panel presentation at the 28th Annual Meeting of the International Society for Traumatic Stress Studies, Los Angeles, CA, November 3, 2012.

- Stolbach, B., Bocanegra, E., Wainryb, C., Kohrt, B., Upadhaya, N., Kerig, P., & Chaplo, S. (2012).** Trauma histories and recruitment of gang-involved youth in the U.S. and child soldiers in Colombia and Nepal: parallels and implications for intervention and prevention. Panel presentation at the 28th Annual Meeting of the International Society for Traumatic Stress Studies, Los Angeles, CA, November 1, 2012.
- Ford, J., D'Andrea, W., Spinazzola, J., & Stolbach, B. (2011).** The Developmental Trauma Disorder field trial and the DSM-5: overview, clinician survey results, and structured interview methodology. Panel presentation at the 27th Annual Meeting of the International Society for Traumatic Stress Studies, Baltimore, MD, November 3, 2011.
- van der Kolk, B.A., D'Andrea, W., Black-Pond, C., Ford, J. & Stolbach, B. (2010).** The Developmental Trauma Disorder field trial: quantitative evidence for a child complex trauma diagnosis. Symposium presented at the 26th Annual Meeting of the International Society for Traumatic Stress Studies, Montreal, Quebec, Canada, November 6, 2010.
- Palidofsky, M. & Stolbach, B.C. (2010).** Setting their lives to song: Guiding incarcerated girls to integrate past trauma experience by transforming their stories into musical theatre. Paper presented at the 26th Annual Meeting of the International Society for Traumatic Stress Studies, Montreal, Quebec, Canada, November 5, 2010.
- Ostrowski, S.A., Briggs-King, E., Fairbank, J.A., Pynoos, R., Steinberg, A., & Stolbach, B. (2009).** Developmental trauma disorder: results from the National Child Traumatic Stress Network. Paper presented at the 25th Annual Meeting of the International Society for Traumatic Stress Studies, Atlanta, GA, November 7, 2009.
- Stolbach, B., Dominguez, R.Z., Rompala, V., Gazibara, T., & Finke, R. (2009).** Complex trauma histories, PTSD, and Developmental Trauma Disorder symptoms in traumatized urban children. Paper presented at the 25th Annual Meeting of the International Society for Traumatic Stress Studies, Atlanta, GA, November 7, 2009.
- Stolbach, B., Fehrenbach, T., Silvern, L., van der Kolk, B.A., & Spinazzola, J. (2009).** Developmental Trauma Disorder: criteria, rationale, and implications of a new DSM diagnosis. Symposium presented at the 25<sup>th</sup> Annual Meeting of the International Society for Traumatic Stress Studies, Atlanta, GA, November 7, 2009.
- Yehuda, N., Waters, F., & Stolbach, B. (2008).** When caring hurts: medical trauma and dissociation in children. Workshop presented at the 25th Annual Meeting of the International Society for the Study of Trauma and Dissociation, Chicago, IL, November 17, 2008.
- Stolbach, B., Dominguez, R.Z., Rompala, V., & Gazibara, T. (2008).** Relationships among complex trauma histories, dissociation, and symptom profiles in traumatized urban children. Paper presented at the 25th Annual Meeting of the International Society for the Study of Trauma and Dissociation, Chicago, IL, November 16, 2008.
- Silvern, L., Schulz-Heik, R.J., McClintic, B. & Stolbach, B.C. (2008).** Dissociation and reactive vs. instrumental juvenile offending: a test of developmental trauma disorder. Paper presented at the 25th Annual Meeting of the International Society for the Study of Trauma and Dissociation, Chicago, IL, November 16, 2008.
- Stolbach, B., Putnam, F.W., Fehrenbach, T., Pynoos, R. & van der Kolk, B.A. (2008).** Converging evidence for developmental trauma disorder: empirical support from large databases. Symposium presented at the 24th Annual Meeting of the International Society for Traumatic Stress Studies, Chicago, IL, November 15, 2008.

- Pynoos, R., Fairbank, J.A., Briggs-King, E.C., Steinberg, A., Layne, C., **Stolbach, B.**, & Ostrowski, S. (2008). Trauma exposure, adverse experiences, and diverse symptom profiles in a national sample of traumatized children. Paper presented at the 24th Annual Meeting of the International Society for Traumatic Stress Studies, Chicago, IL, November 15, 2008.
- Silvern, L., McClintic, B., **Stolbach, B.C.**, & Schulz-Heik, R.J. (2008). Life stressors and posttraumatic symptoms in juvenile offenders: implications for developmental trauma disorder. Poster presented at the 24th Annual Meeting of the International Society for Traumatic Stress Studies, Chicago, IL, November 15, 2008.
- Stolbach, B.C.** (2008). Is trauma-focused narrative work an essential component of complex trauma-focused treatment? Paper presented at the 24th Annual Meeting of the International Society for Traumatic Stress Studies, Chicago, IL, November 14, 2008.
- van der Kolk, B. A., Ford, J., **Stolbach, B.**, Spinazzola, J., & D'Andrea, W. (2008). Developmental trauma disorder: towards a rational diagnosis of the sequelae of chronic childhood abuse and neglect. Paper presented at the 24th Annual Meeting of the International Society for Traumatic Stress Studies, Chicago, IL, November 14, 2008.
- van der Kolk, B. A., Spinazzola, J., **Stolbach, B.**, Dekel, R., Kisiel, C., & Pynoos, R. (2008). A study of developmental trauma disorder by the NCTSN DSM-V taskforce. Paper presented at the 24th Annual Meeting of the International Society for Traumatic Stress Studies, Chicago, IL, November 13, 2008
- Stolbach, B.C.**, Fleisher, C.L., Gazibara, T. Gottlieb, L., Mintzer, L.L., & West, M. (2007). Relationship of prior trauma exposure and posttraumatic stress symptoms in pediatric burn patients. Poster presented at the 23rd Annual Meeting of the International Society for Traumatic Stress Studies, Baltimore, MD, November 16, 2007.
- Stolbach, B.C.**, Dominguez, R.Z, Rompala, V., Fleisher, C.L., Gazibara, T., & Gottlieb, L. (2007). Children's dissociative experiences scale and posttraumatic symptom inventory: a replication study. Poster presented at the 23rd Annual Meeting of the International Society for Traumatic Stress Studies, Baltimore, MD, November 17, 2007.
- Stolbach, B.C.** & Waters, F.S. (2006). Treatment of dissociative symptoms in children and adolescents. Workshop presented at the 23<sup>rd</sup> Annual Meeting of the International Society for the Study of Dissociation, Los Angeles, CA, November 11, 2006.
- Stolbach, B.C.** & Waters, F.S. (2006). Assessment of dissociative symptoms in children and adolescents. Workshop presented at the 23<sup>rd</sup> Annual Meeting of the International Society for the Study of Dissociation, Los Angeles, CA, November 19, 2006.
- Stolbach, B.C.** (2006). Services for traumatized urban African American children. Presented at the 22<sup>nd</sup> Annual Meeting of the International Society for Traumatic Stress Studies, Los Angeles, CA, November 6, 2006.
- Stolbach, B.C.**, Mintzer, L.L., West, M.D., Gottlieb, L.J. & Bunn, M. (2005). Self-reported dissociation in pediatric burn patients. Paper presented at the 22<sup>nd</sup> Annual Meeting of the International Society for the Study of Dissociation, Toronto, Ontario, Canada, November 8, 2005.
- Stolbach, B.C.**, Mintzer, L.L., Gottlieb, L.J., West, M.D. & Bunn, M. (2005). Posttraumatic symptoms in pediatric burn patients. Poster presented at the 21<sup>st</sup> Annual Meeting of the International Society for Traumatic Stress Studies, Toronto, Ontario, Canada, November 5, 2005.
- Stolbach, B.C.** (2004). Psychotherapy of a dissociative 8-year-old boy burned at age 3. Paper presented at the 21<sup>st</sup> Annual Meeting of the International Society for the Study of Dissociation, New Orleans, LA, November 20, 2004.

- Stolbach, B.C., Mintzer, L.L., Gottlieb, L. & Hochstadt, N.J. (2003).** Self-reported dissociation in sexually abused children and pediatric burn patients. Paper presented at the 20<sup>th</sup> Annual Meeting of the International Society for the Study of Dissociation, Chicago, IL, November 3, 2003.
- Stolbach, B.C., Stearns, S.D., & Dominguez, R.Z. (2002).** A team approach to the psychological care of pediatric burn patients. Paper presented at the Great Lakes Regional Meeting on Child Health Psychology, Milwaukee, WI, April 19, 2002.
- Stolbach, B.C., Bender, S. & Stearns, S.D. (2001).** The psychological care of a child traumatized by massive burns. Paper presented at the 17<sup>th</sup> Annual Meeting of the International Society for Traumatic Stress Studies, New Orleans, LA, December 7, 2001.
- Hochstadt, N.J. & Stolbach, B.C. (2001).** Healing the abused child: Providing a circle of care. Presentation at the National Association of Children's Hospitals and Related Institutions Child Advocacy Conference, Arlington, VA, November 9, 2001.
- Stolbach, B.C., Hochstadt, N.J. & Mautz, W.T. (1999).** Short-term abuse-focused therapy for sexually abused children: It does work. Paper presented at the San Diego Conference on Responding to Child Maltreatment, San Diego, CA, January 29, 1999.
- Stolbach, B.C., Silvern, L., Williams, W., Reyes, G. & Kaersvang, L. (1997).** The children's dissociative experiences scale and posttraumatic symptom inventory. Poster presented at the 13th Annual Meeting of the International Society for Traumatic Stress Studies, Montreal, Quebec, Canada, November 9, 1997.
- Davies, A. L., Stolbach, B. C. & Resnick, J. (1996).** Rorschach indicators of dissociation in children chronically exposed to violence within their communities. Poster presented at the XVth International Congress on Rorschach and Projective Techniques, Boston, MA, July, 1996.
- Knight, E.T. & Stolbach, B.C. (1996).** Short-term evaluation and treatment of sexually abused children. Presentation at the 20th Annual Convening of Crisis Intervention Personnel, Chicago, IL, April 13, 1996.
- Resnick, J., Davies, A., Cruger, M. & Stolbach, B. (1996).** Assessing PTSD in urban children: the utility of the Rorschach. Paper presented at the Society for Personality Assessment Midwinter Meeting, Denver, CO, March 9, 1996.
- Stolbach, B.C., Silvern, L., Williams, W., Reyes, G. & Kaersvang, L. (1995).** Screening for posttraumatic symptoms in maltreated children. Paper presented at the National Symposium on Child Victimization, Washington, DC, November 10, 1995.
- Reyes, G., Williams, W., Kaersvang, L., Stolbach, B. & Silvern, L. (1995).** The mother/child relationship: Its influence on the school adjustment of maltreated children. Paper presented at the Hartman Conference on Children and their Families, New London, CT, June 15, 1995.
- Williams, W.M., Silvern, L., Reyes, G., Stolbach, B.C. & Kaersvang, L. (1995)** Maternal attention towards maltreated school-aged children: Development of an observational scale. Paper presented at the annual meeting of the Rocky Mountain Psychological Association, Boulder, CO, April 23, 1995.
- Stolbach, B.C. (1995).** Identification of dissociative symptoms and posttraumatic states in emergency psychiatric interviews. Presentation at the 19th Annual Convening of Crisis Intervention Personnel, Chicago, IL, April 7, 1995.
- Reyes, G., Silvern, L., Kaersvang, L., Williams, W., Stolbach, B. & Biringen, Z. (1995)** Maltreated children's involvement with their mothers is associated with their functioning among peers. Poster presented at the biennial meeting of the Society for Research on Child Development, Indianapolis, IN, March, 1995.

- Moynihan, M.H., Forward, J.R. & **Stolbach, B.** (1993). Colorado's parents' satisfaction survey: Findings and policy implications for local systems of care. Paper presented at the 6th Annual Research Conference of the Research and Training Center for Children's Mental Health, Tampa, FL, March, 1993.
- Waelde, L.C., **Stolbach, B.C.**, Silvern, L. & Karyl, J. (1992) Child abuse and family stressors as predictors of adult adjustment. Poster presented at the National Symposium on Child Victimization, Washington DC, May, 1992.
- Moynihan, M.H., Forward, J.R., **Stolbach, B.** & Veneciano, C. (1992) Colorado's interagency cooperation survey: A model for planning and evaluation. Paper presented at the 5th Annual Research Conference of the Research and Training Center for Children's Mental Health, Tampa, FL, March, 1992.

#### Grand Rounds and Other Invited Presentations

- Stolbach, B.C.** (2012). Do no harm: impact of medical trauma and strategies for improved care. Presentation at the 3rd Annual Illinois Chapter of the American Academy of Pediatrics ABC Conference: A Trauma-Informed Approach to Caring for Children and Families with Complex Needs, Park Ridge, IL, November 16, 2012.
- Stolbach, B.C.** (2012). Developmental trauma disorder: a new diagnosis for the effects of toxic stress in childhood. Grand Rounds presented at The University of Chicago Medicine Comer Children's Hospital, Chicago, IL, May 3, 2012.
- Stolbach, B.C.** (2012). Developmental trauma and pediatric psychology. Workshop presented at the Midwest Regional Conference on Pediatric Psychology, Milwaukee, WI, April 26, 2012
- Stolbach, B.C.** (2012). "So what is trauma-informed care anyway and how do I know if I'm providing it?" Workshop presented at La Rabida Children's Hospital Perspectives in Care Symposium: Medical Trauma in Childhood, Tinley Park, IL, April 20, 2012.
- Stolbach, B.** (2009). Children and violence. Presented at Chicago Stories: Violence and the Ethics of Urban Health Care, Northwestern University Feinberg School of Medicine, Chicago, IL, September 25, 2009.
- Pynoos, R., van der Kolk, B., Lieberman, A., & **Stolbach, B.** (2009). Closing plenary: Viewing child trauma through the prism of NCTSN data. Plenary presentation at the National Child Traumatic Stress Network All Network Conference, Orlando, FL, March 19, 2009.
- Ghosh Ippen, C., **Stolbach, B.** Flores, L., & Jackson, V. (2009). When our bridges don't connect: Closing the gap by understanding how culture and context shape perspective. Plenary presentation at the National Child Traumatic Stress Network All Network Conference, Orlando, FL, March 17, 2009.
- Tefera, N.A. & **Stolbach, B.** (2008). The clinical use of the Child Behavior Checklist with traumatized young children. Presentation to Illinois Violence Prevention Authority Safe from the Start Providers. Chicago, IL, July 23, 2008.
- Stolbach, B.** (2008). Trauma-focused psychological intervention for pediatric burn patients. Presentation at La Rabida Children's Hospital's 12<sup>th</sup> Annual Perspectives in Care Symposium: Engaging with Children and Families Around Trauma and Adversity, Chicago, IL, April 4, 2008.
- West, M. & **Stolbach, B.** (2008). Child abuse prevention: What can La Rabida do? Grand Rounds presented at La Rabida Children's Hospital, Chicago, IL, March 28, 2008.
- Stolbach, B.C.** & Fleisher, C.L. (2008). Pediatric medical traumatic stress. Pediatric Grand Rounds presented at the University of Chicago Comer Children's Hospital, Chicago, IL, March 20, 2008.

- Stolbach, B.** (2008). The children's dissociative experiences scale and posttraumatic symptom inventory. Mini-session presentation at the National Child Traumatic Stress Network All Network Meeting, Anaheim, CA, March 5, 2008.
- Stolbach, B.C.** (2008). La Rabida Chicago Child Trauma Center complex trauma database. Presentation at Developmental Trauma Disorder DSM-V task force Illinois Childhood Trauma Coalition collaborative research meeting, Chicago, IL, January 28, 2008.
- Stolbach, B. & Parks, J.** (2007). Child trauma, "race," and urban poverty. Teleconference presentation for the National Child Traumatic Stress Network Culture and Trauma Speaker Series. September, 27, 2007.
- Griffin-Stolbach, E. & Griffin-Stolbach, B.** (2007). Coping as a family. Workshop presented at Eos Connection 2007, the Annual Patient Education Conference of the American Partnership for Eosinophilic Disorders, Snowbird, Utah, July 21, 2007.
- Stolbach, B. & Graybill, C.** (2007). The Chicago Child Trauma Center and trauma-informed services for children in foster care. Presentation to the Office of Cook County Public Guardian Juvenile Division, Chicago, IL, March 20, 2007.
- Stolbach, B.C.** (2007). Helping children heal from the traumatic effects of sexual abuse. Presentation at the 2007 Illinois CASA State Conference: Grow a Healthy Child. Naperville, IL, October 26, 2007.
- Kisiel, C. & Stolbach, B.** (2006). Evidence-based interventions for traumatized foster children in Illinois. Presented at the Illinois Counseling Association 58<sup>th</sup> Annual Conference Professional Development Institute: Working with Trauma, Springfield, IL, October 27, 2006.
- Stolbach, B.C.** (2006). Posttraumatic psychopathology in children. Presentation at Schwab Rehabilitation Hospital Residents Lecture Series, Chicago, IL, September 11, 2006.
- Stolbach, B.C.** (2006). Posttraumatic psychopathology, assessment, and intervention. Full day training at The Children's Advocacy Center of Northwest Cook County Safe From the Start Program, Hoffman Estates, IL, June 30, 2006.
- Stolbach, B.C.** (2006). Assessment and treatment of dissociative symptoms in sexually abused children. Full day training for Chicago Children's Advocacy Center Network of Treatment Providers, Chicago, IL, May 19, 2006.
- Stolbach, B., Parks, J., Forrester, A. & Ley, S.** (2006). Child trauma, "race," and urban poverty. Presentation at the National Child Traumatic Stress Network All-Network Meeting, Chicago, IL, April 20, 2006.
- Stolbach, B.** (2006). Risk factors related to early exposure to violence. Presentation at La Rabida Children's Hospital's 10<sup>th</sup> Annual Perspectives in Care Symposium: Risk Factors for Children, Families, and Professionals, Chicago, IL, April 7, 2006.
- Gabrenya, J. & Stolbach, B.** (2005). Child trauma and working with Children's Advocacy Centers. Presentation at the YWCA of Metropolitan Chicago Clinical Training Institute Trauma and Healing: Introductory Series, Chicago, IL, September 23, 2005.
- Stolbach, B.** (2005). Abuse-related services at La Rabida Children's Hospital. Grand Rounds presented at La Rabida Children's Hospital, Chicago, IL, May 27, 2005.
- Stolbach, B.** (2005). Posttraumatic psychopathology, assessment, and intervention. Lecture series at University of Chicago Department of Child and Adolescent Psychiatry, Chicago, IL, January, 2005.

- Stolbach, B.** (2003). Children's Advocacy Centers and the multidisciplinary response to child sexual abuse allegations. Presentation at the YWCA of Metropolitan Chicago's 6<sup>th</sup> Annual Sexual Assault Conference: Building Alliances to Eradicate Violence, Chicago, IL, May 16, 2003.
- Stolbach, B. & Dominguez, R.Z.** (2003). Children's experience of loss through violent death. Presentation at La Rabida Children's Hospital's 7<sup>th</sup> Annual Perspectives in Care Symposium: Supporting Children and Families in Transition, Chicago, IL, April 4, 2003.
- Stolbach, B.** (2002). Posttraumatic psychopathology, assessment, and intervention. Seminar series at Jewish Children's Bureau, Northbrook, IL, December 2002 - January 2003.
- Stolbach, B.** (2002). Posttraumatic stress disorder in children. Presentation at Prevent Child Abuse Illinois' 8<sup>th</sup> Annual Statewide Conference: Building Strong Families, Diverse Paths \* Common Dreams, Rosemont, IL, October 8, 2002.
- Stolbach, B. & Binder, A.** (2002). Posttraumatic psychopathology, attachment, and intervention. Presentation at Jewish Children's Bureau, Northbrook, IL, May 3, 2002
- Stolbach, B.** (2002). Posttraumatic stress disorder in children. Presentation at La Rabida Children's Hospital's 6<sup>th</sup> Annual Perspectives in Care Symposium: Child and Family Mental Health, Chicago, IL, April 12, 2002.
- Stolbach, B.** (2001). Mandated reporting of child abuse & neglect. Chief of Service Rounds presented at La Rabida Children's Hospital and Research Center, Chicago, IL, April 20, 2001.
- Stolbach, B.** (2001). Dynamics of child maltreatment. Core competency staff training at Chicago Children's Advocacy Center, Chicago, IL, April 16, 2001.
- Stolbach, B.** (2001). Self-care for professionals. Core competency staff training at Chicago Children's Advocacy Center, Chicago, IL, April 16, 2001.
- Stolbach, B.C.** (2001). Sexual abuse, trauma, and short-term abuse-focused psychotherapy. Seminar at Bradley Counseling Center, Allendale Association, Lake Villa, IL, April 6, 2001.
- Stolbach, B. & Binder, A.** (2000). Posttraumatic psychopathology and short-term abuse-focused psychotherapy. Seminar series at Jewish Children's Bureau, Northbrook, IL, November, 2000 - January, 2001.
- Epstein, M., Stolbach, B.C. & Adess, S.** (2000). Child abuse and mandated reporting: When and how to talk to children about abuse. Presentation to the Office of Cook County Public Guardian Juvenile Division, Chicago, IL, August 9, 2000.
- Sweatt, L. & Stolbach, B.C.** (2000). Dispelling myths about child sexual abuse. Presentation to the Office of Cook County Public Guardian Juvenile Division, Chicago, IL, May 10, 2000.
- Stolbach, B.** (2000). Effects of family violence on young children and their families. Presentation at the Eleventh Annual Illinois Association for Infant Mental Health Bridges for Communication Seminar Series: Engaging the Overburdened Family, University Park, IL, April 27, 2000.
- Stolbach, B.C.** (1999). Victim Sensitive Interview Programs. Presentation at the Illinois State Police Conference on Child Abuse/Homicide Investigation Partnerships: The Multidisciplinary Approach, Des Plaines, IL, October 29, 1999.
- Stolbach, B.C.** (1999). Short-term abuse-focused psychotherapy for sexually abused children. Presentation to the Illinois Children's Justice Task Force, Chicago, IL, September 10, 1999.

- Stolbach, B. (1999).** Abuse-related services at La Rabida Children's Hospital. Chief of Service Rounds presented at La Rabida Children's Hospital and Research Center, Chicago, IL, April 30, 1999.
- Stolbach, B. (1997).** The process of disclosure in sexually abused children. Presentation at Chicago-La Rabida Children's Advocacy Center Case Review, Tinley Park, IL, May 30, 1997.
- Stolbach, B. (1997).** Working with traumatized children. Chief of Service Rounds presented at La Rabida Children's Hospital and Research Center, Chicago, IL, February 21, 1997.
- Stolbach, B. (1995).** Posttraumatic effects of abuse and violence on children. Chief of Service Rounds presented at La Rabida Children's Hospital and Research Center, Chicago, IL, November 3, 1995.

### Honors

Illinois Psychological Association Humanitarian of the Year Award, 2007

### Committees, Boards & Offices

La Rabida Children's Hospital Psychology Training Committee, 1996-Present  
 Board of Directors, Children's Advocacy Centers of Illinois, 2002-2010, President Elect, 2004-2006, President 2006-2008, Past President, 2008-2010  
 International Society for the Study of Dissociation, 2005 Annual Conference Program Committee  
 International Society for Traumatic Stress Studies, Annual Meeting Committee Chair, 2011-2012, Annual Conference Program Co-Chair, 2011, Annual Conference Program Committee, 2006, 2007, 2008, Complex Trauma Task Force, 2009-Present  
 Invited Participant, International Society for the Study of Dissociation DSM-V Dissociative Disorders Research Planning Conference, 2005, 2006; Chair, Childhood Dissociative Disorders Work Group, 2006  
 Invited Member, Illinois Childhood Trauma Coalition, 2005-Present, Systems Analysis Committee  
 National Child Traumatic Stress Network, Steering Committee, 2007-2009, 2013-Present; All Network Meeting Planning Committee, 2006, 2008, 2009; Developmental Trauma Disorder DSM-V Task Force 2006-Present; Chair, Strategic Planning Group, 2008

### Other Professional Affiliations & Activities

American Psychological Association (Division 56, Trauma Psychology)  
 International Society for Traumatic Stress Studies (Child Special Interest Group; Diversity Special Interest Group)  
 International Society for the Study of Trauma & Dissociation (Child and Adolescent Task Force)  
 American Burn Association  
 Network of Treatment Providers, Chicago Children's Advocacy Center  
 National Child Traumatic Stress Network (Complex Trauma Work Group; Co-Chair, "Race" and Urban Poverty Work Group)  
 Journal of Aggression, Maltreatment, & Trauma, Editorial Board Member, 2007-Present; Ad Hoc Reviewer, 2005-2007  
 Journal of Child and Adolescent Trauma, Editorial Board Member, 2007-Present  
 Oxford University Press, Ad Hoc Reviewer, 2009  
 Journal of Family Violence, Ad Hoc Reviewer, 2012 - Present  
 Child Abuse and Neglect, Ad Hoc Reviewer, 2012 - Present  
 U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, National Child Traumatic Stress Initiative Grant Reviewer, 2007

**Myra D. West, Psy.D.**  
Licensed Clinical Psychologist  
Illinois License #071-007264

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312.305.8739  
mdwestpsy@gmail.com

**Education**

- 2001  
to  
2003      ***Doctor of Psychology in Clinical Psychology, 2003***  
University of Denver, Graduate School of Professional Psychology  
Denver, Colorado  
**Doctoral Paper:** The Predictive Ability of Two Rorschach Scoring Systems in  
Identifying Relational Aspects of Abused Children  
**Major Professor:** Judith E. Fox, Ph.D.  
**Area of Concentration:** Child Assessment, Therapy, and Research
- 1999  
to  
2001      ***Master of Arts in Clinical Psychology, 2001***  
University of Denver, Graduate School of Professional Psychology  
Denver, Colorado  
**Area of Concentration:** Child Assessment, Therapy, and Research
- 1996  
to  
1999      ***Master of Science in Child and Family Studies, 1999***  
University of Tennessee at Knoxville  
Knoxville, Tennessee  
**Thesis:** Professionals' Perceptions of False Allegations of Child Sexual Abuse  
in the Context of Custody/Visitation Disputes  
**Major Professor:** Vey M. Nordquist, Ph.D.  
**Area of Concentration:** Child Development
- 1994  
to  
1996      ***Bachelor of Arts, 1996***  
University of Tennessee at Knoxville  
Knoxville, Tennessee  
**Major:** Psychology
- 1993  
to 1994      ***Associate of Science, 1994***  
Cleveland State Community College, Cleveland, Tennessee

### Other Education Experiences

- June, 2012      **CAC Management** (28 hrs.)  
National Children's Advocacy Center, Huntsville, Alabama
- September, 2011 to June, 2012      **Child and Family Traumatic Stress Intervention Learning Collaborative (CFTSI)** (10 months)  
Yale Child Study Center, New Haven, Connecticut  
Senior Leader, Clinical Supervisor and CFTSI Clinician for La Rabida CAC Team
- February, 2012      **The Traumas of Law Enforcement** (21 hrs.)  
Concerns of Police Survivors (C.O.P.S.), Oak Lawn Police Department, Oak Lawn, Illinois
- February, 2012      **Combat-Induced Posttraumatic Stress Disorder (PTSD)** (8 hrs)  
Fred Nolen, Ph.D., Webinar
- November, 2011      **The 118<sup>th</sup> Annual International Association of Chiefs of Police Conference and Law Enforcement Education and Technology Exposition – Psychological Services Section**  
Chicago, Illinois
- September, 2011      **When Words Matter: Emerging Issues in Forensic Interviewing** (29 hrs.)  
National Child Protection Training Center, Chicago, Illinois
- May, 2011      **CornerHouse 4 Day Child Sexual Abuse Forensic Interview Training** (32 hrs.)  
CornerHouse, Minneapolis, Minnesota
- March, 2011      **Better Outcomes Through Effective Team Facilitation** (24 hrs.)  
John Alderson, Resources for Change, Inc.  
Cathy Crabtree, Director of State Chapter Development, National Children's Alliance  
Children's Advocacy Centers of Texas, Austin, Texas
- June, 2009      **The Traumas of Law Enforcement** (21 hrs.)  
Concerns of Police Survivors (C.O.P.S.), Chicago Police Department, Oak Brook, Illinois
- February, 2009      **Police Use of Force Training** (4 hrs.)  
Jeffrey Chudwin, JD, Chief of Police  
**Issues Involved in Officer-Involved Shootings** (4 hrs.)  
Laura Scarry, JD  
Illinois State Police Public Integrity Task Force  
South Suburban Emergency Response Team (SSERT), Park Forest, Illinois
- January, 2004      **Forensic Interviewing of Children** (35 hrs.)  
The National Children's Advocacy Center, Huntsville, Alabama
- August, 2001      **Sexually Aggressive Children and Youth (SACY)** (40 hrs.)  
Illinois Department of Children and Family Services (DCFS)  
Requirement for therapists of DCFS wards with sexual behavior problems. Fulfilled DCFS requirement for SACY training.

### Clinical Experience

- May, 2010 to Present      **Consultant/Trainer** – (Part-time on request)  
South Suburban Association of Chiefs of Police  
South Suburban Emergency Response Team (SSERT)  
South Chicago Heights, Illinois

**Duties:** Upon request, conduct trauma assessments of officers and law enforcement personnel exposed to traumatic scenes (i.e., homicide, officer-involved shootings, etc.). Identify trauma symptoms and make appropriate referrals, if necessary. Follow-up with personnel according to the International Association of Chiefs of Police, Police Psychological Services Section - Officer-Involved Shooting Guidelines (October, 2009). Upon request, provide educational trainings to law enforcement personnel (i.e., administrative and patrol divisions) and family members/significant others related to trauma symptoms.

**Clinical Experience (cont'd)**

May, 2007  
to Present      **Coordinator of Investigative, Advocacy and Support Services/CAC Director**  
La Rabida Joli Burrell Children's Advocacy Center  
La Rabida Chicago Child Trauma Center  
La Rabida Children's Hospital  
Chicago, Illinois  
Supervisor: Bradley C. Stolbach, Ph.D.

**Duties:** Conduct forensic interviews (FIs) with alleged victims of sexual abuse, severe physical abuse, or child witnesses in major crime investigations (i.e., homicide, stabbings, shootings, etc). Forensic interview responsibilities include: coordinating multidisciplinary investigative team (36 Law Enforcement agencies; Illinois Department of Children & Family Services; Cook County State's Attorney's Office) to schedule interview; interviewing the child victim/witness while being observed by professionals from other multidisciplinary agencies; coordinating pre- and post-interview conference with guardian of alleged victim and multidisciplinary team members; writing a report of the interview and keeping appropriate records and documentation; and testifying in court. Center responsibilities include: Act as liaison to multidisciplinary team members such as IDCFS, 36 municipal, county, and state law enforcement agencies, and the Cook County State's Attorney's office. Supervise investigative interviewers, legal advocate, and support staff personnel at the Children's Advocacy Center. Complete accreditation process every five years (most recent during October, 2009) through the National Children's Alliance for certification as an Accredited Children's Advocacy Center. Participate on various committees and boards throughout the community with multidisciplinary agencies (i.e., South Suburban Association of Chiefs of Police, Cook County Children's Advocacy Center Advisory Board, and South Suburban Hospital's Sexual Assault Nurse Examiner (SANE) Program Advisory Board). Coordinate and host annual Champions for Children Walk 5K fundraiser for our center (20+ CACs within the state participate) to raise awareness of CACs and the services they provide. Conduct trauma/abuse-focused evaluations and provide long- and short-term trauma/abuse-focused psychological consultation and psychotherapy to children between the ages of 2 and 17 who have experienced a variety of potentially traumatic events including: being physically and/or sexually abused, neglected, burned, witnessed domestic and/or community violence, witnessed homicide, and children who have witnessed or experienced the violent death of a loved one. Beginning in February, 2010, I returned to the Burn Unit at The University of Chicago to participate as a member of the University of Chicago (U of C) Hospitals Burn Center Pediatric Burn Rehabilitation Team. Duties include: attending weekly Multidisciplinary Burn Rounds at the University of Chicago Hospitals. Also, to offer trauma-focused therapeutic and assessment services to children and adolescents admitted to the University of Chicago Hospitals. Attend bi-monthly Burn Clinic to follow-up with previously seen children following discharge and with children attending burn clinic who had not been seen or referred for trauma-focused services.

June,  
2006, to      **Child Witness to Domestic Violence Initiative (CWDVI) Training Coordinator**  
April,  
2007      La Rabida Joli Burrell Children's Advocacy Center  
La Rabida Children's Hospital  
Chicago, Illinois  
Project Supervisor: Jennifer Gabrenya, M.S.

**Duties:** Develop curriculum and implement training of trauma-focused child therapy interventions at South Suburban Cook County domestic violence agencies collaborating on project. Coordinate consultation and clinical assistance to collaborating domestic violence agencies. Conduct and participate in monthly project meetings, staffings, trainings, etc. Facilitate and participate in training of CWDVI staff to administer, score and interpret trauma-focused assessments and conduct trauma-focused therapy interventions. Consultation/Supervision of CWDVI therapists in their training activities, curriculum development and program implementation of traumatized children. Supervise CWDVI therapists in provision of training and clinical assistance to collaborating agencies.

### Clinical Training Experience

September, 2002 to March, 2004     **Postdoctoral Fellow in Child Sexual Abuse and Childhood Trauma**  
La Rabida Children's Hospital  
Chicago, Illinois  
Supervisors: Bradley C. Stolbach, Ph.D. and Cathy M. Mavrolas, Ph.D.

**Duties:** Conduct trauma/abuse-focused evaluations and provide long- and short-term trauma/abuse-focused psychological consultation and psychotherapy to children between the ages of 2 and 17 who have experienced a variety of potentially traumatic events including: being physically and/or sexually abused, neglected, burned – either in a fire or by scalding water, witnessed domestic and/or community violence, witnessed homicide, and children who have witnessed or experienced the death of a loved one. Conduct ongoing parent counseling for parents of child clients. Participate as member of the Behavioral Sciences Department's Training Team which involves individual supervision of predoctoral interns while on rotation at the La Rabida Children's Advocacy Center. Also involved in the selection of incoming psychology predoctoral interns. Participate as a member of the University of Chicago (U of C) Hospitals Burn Center Pediatric Burn Rehabilitation Team. Attend Burn Rounds at La Rabida Children's Hospital and the University of Chicago Hospitals. Also offer trauma-focused therapeutic and assessment services to children and adolescents admitted to the University of Chicago Hospitals. Attend bi-monthly Burn Clinic to follow-up with previously seen children following discharge and with children attending burn clinic who had not been seen for trauma-focused services. Conduct investigative interviews of children who have disclosed alleged sexual and/or physical abuse. Interviews are observed by police detectives, state's attorneys, and Department of Child and Family Services (DCFS) child protection investigators.

July, 2001 to July, 2002     **Predoxal Psychology Intern**  
Advocate Family Care Network  
Oak Lawn, Illinois

**Primary Rotation:** Childhood Trauma Treatment Program

**Duties:** Provide therapy services to abused and neglected children. Complete psychological assessments including specialized assessments on sexually aggressive children and adolescents. Participation in bi-monthly training sessions on children and trauma, substance abuse, family treatment, sexually aggressive youth, and other areas associated with the population served. (45 hours/week)

October, 2001 to January, 2002     **Minor Rotation:** Advocate Hope Children's Hospital  
Employee Assistance Program (EAP) Counselor/  
Pediatric Intensive Care Unit (PICU) and  
Pediatric Surgical Heart Unit (PSHU)

**Duties:** Provide crisis management and short-term therapeutic services to staff members on the Pediatric Intensive Care Unit and Pediatric Surgical Heart Unit units. Refer for extended therapeutic services if necessary. Provide monthly seminars on stress management and other useful topics. (4 hours/week)

January, 2002 to March, 2002     **Minor Rotation:** Advocate Christ Medical Center (ACMC)  
Neuropsychology Intern - Rehabilitative Services

**Duties:** Conduct neuropsychological assessments on ACMC patients to determine level of cognitive functioning. Participate in multidisciplinary case conferences for patients served. (4 hours/week)

**Clinical Training Experience (cont'd)**

February, 2002      **Minor Rotation:** Advocate Hope Children's Hospital Child  
to April, 2002      Life and Family Psychosocial Support Services Mireles Academy  
**Duties:** Conduct psychological testing, consultation, and interventions with a culturally diverse  
and economically impoverished public school population. (4 hours/week)

September,      **Psychology Trainee**  
2000 to      Families First – Children's Center  
June, 2001      Denver, Colorado

**Duties:** Provide therapy services to abused and neglected children. Complete psychological  
assessments as necessary on incoming residents. Co-facilitate groups with children to address abuse  
issues (i.e., social skills, personal boundaries, etc).

October,      **Psychology Trainee**  
1999 to      Moody Elementary School  
May, 2000      Littleton, Colorado

**Duties:** Provide therapy services to elementary school children. Conduct social skills groups, play  
therapy, and psychological testing with children in grades K-5. Participate in Individual Education Plans  
(IEP) reviews, annuals, etc. with resource team and parents.

September,      **Psychology Trainee**  
1999 to      Professional Psychology Center  
July, 2001      University of Denver, Denver, Colorado

**Duties:** Conduct intake interviews with potential clients. Provide individual and family psychotherapy to  
a variety of clients, utilizing primarily psychodynamic and family systems treatment intervention models.  
Maintain charts for on-going clients. Conduct group psychotherapy focusing on teaching child  
discipline techniques to parents.

**Related Experience**

June, 2012      **Instructor/Trainer**  
to Present      Illinois Law Enforcement Training and Standards Board  
State of Illinois

**Duties:** Provide trainings on trauma symptoms and reactions in law enforcement personnel serving on  
emergency response teams. This includes presentations during the "BASIC SWAT SCHOOL."

June, 2012      **Instructor/Trainer**  
to Present      North East Multi-Regional Training, Inc.  
North Aurora, Illinois

**Duties:** Provide trainings on trauma symptoms and reactions in law enforcement personnel serving on  
emergency response teams. This includes presentations during the "BASIC SWAT SCHOOL."

**Related Experience (cont'd)**

May 2012     **Scholarship Application Reviewer**  
South Suburban Association of Chiefs of Police  
Police and Support Staff Dependent College Scholarship Committee  
Chief Thomas Fleming, Committee Chair  
Park Forest, Illinois

**Duties:** Read and reviewed dependent scholarship applications and made recommendations regarding top applicants. Applicants consist of high school seniors or current college student dependants of any Police Officer or Support Staff member working for a Law Enforcement Agency that is represented by a SSACOP member Chief (in good standing). Applicants selected for scholarships receive \$1,000 towards their educational expenses.

January,  
2012 to  
Present     **Illinois Child Death Review – Aurora Team – Psychologist**  
Illinois Department of Children and Family Services  
Eglin, Illinois

**Duties:** Working as a member of a multidisciplinary team to conduct a comprehensive, multidisciplinary review of child deaths, to better understand how and why children die, and use the findings to take action that can prevent other deaths and improve the health and safety of children.

May 2011     **Scholarship Application Reviewer**  
South Suburban Association of Chiefs of Police  
Police and Support Staff Dependent College Scholarship Committee  
Chief Thomas Fleming, Committee Chair  
Park Forest, Illinois

**Duties:** Read and reviewed dependent scholarship applications and made recommendations regarding top applicants. Applicants consist of high school seniors or current college student dependants of any Police Officer or Support Staff member working for a Law Enforcement Agency that is represented by a SSACOP member Chief (in good standing). Applicants selected for scholarships receive \$1,000 towards their educational expenses.

August, 2010 to Present     **Line of Duty Death Committee – Mental Health/Trauma Advisor**  
Illinois Association of Chiefs of Police  
Chief Patrick O'Connor, President  
Springfield, Illinois

**Duties:** Serve as the mental health advisor for a statewide Line of Duty Death Committee. Focus on the impact of traumatic death and loss on family, co-workers, witnesses, etc., and the mental health services available to these individuals following the death of an officer.

May 2010     **Scholarship Application Reviewer**  
South Suburban Association of Chiefs of Police  
Police and Support Staff Dependent College Scholarship Committee  
Chief Thomas Fleming, Committee Chair  
Park Forest, Illinois

**Duties:** Read and reviewed dependent scholarship applications and made recommendations regarding top applicants. Applicants consist of high school seniors or current college student dependants of any Police Officer or Support Staff member working for a Law Enforcement Agency that is represented by a SSACOP member Chief (in good standing). Applicants selected for scholarships receive \$1,000 towards their educational expenses.

**Related Experience (cont'd)**

Spring, 2009 **Line of Duty Death Committee – Mental Health/Trauma Representative**

to Present South Suburban Association of Chiefs of Police  
Protocol Committee  
Chief Thomas Folliard, Committee Chair  
Hazel Crest, Illinois

**Duties:** Assisted in developing a protocol for responding to Line of Duty Death of law enforcement personnel throughout the 5<sup>th</sup> and 6<sup>th</sup> Districts of Cook County, Illinois. Focused on the impact of traumatic death and loss on family, co-workers, witnesses, etc., and the mental health services available to these individuals following the death of an officer.

Fall, 2008 **Reaccreditation Application for National Children's Alliance**

to April 2010 La Rabida Joli Burrell Children's Advocacy Center  
La Rabida Chicago Child Trauma Center  
La Rabida Children's Hospital  
Chicago, Illinois

**Duties:** Completed written application for Reaccreditation as a Children's Advocacy Center with the National Children's Alliance by providing written policies and procedures, signed agreements with multidisciplinary agencies, demographic information regarding population served, and center information regarding the 10 accreditation standards (i.e., child-friendly facility, multidisciplinary team, organizational capacity, forensic interviewing, medical evaluations, therapeutic intervention, victim support/advocacy, case review, and case tracking) required for accreditation. Coordinated all CAC staff into process and reported to supervisor and department head on application process. Also planned and facilitated site review by National Children's Alliance site reviewers including tour of the center, individual/group meetings with CAC staff (including direct supervisor, hospital department head, and myself) and multidisciplinary team members, facility preparation, etc. Reaccreditation application and site visit results anticipated in June, 2010.

May, 2007 **Children's Advocacy Center Cook County Protocol Committee –**  
to Present **6<sup>th</sup> District Representative**

Multidisciplinary Team Response to Child and Adolescent Reported Sexual Abuse Cases - Children's Advocacy Center Advisory Board  
Cook County State's Attorney's Office, Shauna Boliker, Bureau Chief  
Chicago, Illinois

**Duties:** Assisted in updating the Cook County Protocol for Children's Advocacy Centers Multidisciplinary Team Response to Child and Adolescent Reported Sexual Abuse Cases to implement digital recording of Victim Sensitive Interviews of alleged sexual abuse victims.

May, 2007 **Family Youth Initiative Task Force – Mental Health Representative**

to Present Matteson Police Department  
Matteson, Illinois

**Duties:** Participated in task force throughout Rich Township to provide services and activities for parents and families, including parent educational presentations, summer camp for children, peer jury, and educational presentations to school, community, and social service personnel. Provided presentations and information related to exposure to traumatic events.

**Related Experience (cont'd)**

Spring, 2000 **Admissions Committee – Student Interviewer**  
and Spring, Graduate School of Professional Psychology  
University of Denver, Denver, Colorado

**Duties:** Assisted in selection process for students applying for the Doctor of Psychology program, including review of applications, greeting students, and leading tours of the University of Denver.

September, **Visitation Therapist**  
1999 to The Visiting Place  
February, Adams Community Mental Health Center  
2000 Northglenn, Colorado

**Duties:** Provide therapeutic supervision of visits between children in out of home placements and their non-custodial caretakers. Also included assisting parents in achieving goals in order to determine whether reunification will occur.

August, 1998 **Counselor**  
to August, Educational Talent Search, University of Tennessee  
1999 Knoxville, Tennessee

**Duties:** Counsel 9<sup>th</sup> and 10<sup>th</sup> grade high school students for career exploration, college preparation, and other personal and academic issues. Facilitated job-shadowing experiences for high-school students in program and took students on various college tours throughout Tennessee, Georgia, North Carolina, and Kentucky.

September, **Counselor**  
1998 Katerpillar Kids Camp  
Knoxville, Tennessee

**Duties:** Provide therapeutic bereavement interventions for children in Kindergarten to 2<sup>nd</sup> grade and also participated in therapeutic interventions with children in 3<sup>rd</sup> through 12<sup>th</sup> grade for children attending a camp following the loss of a loved one.

May, 1997 **Administrative Graduate Assistant**  
to August, Child Development Laboratories  
1998 University of Tennessee at Knoxville, Tennessee

**Duties:** Assisted director and coordinator in facilitating parent meetings, class field trips, ordering children's books, supervising undergraduate early childhood education students' assessment of children, and updating children's files and immunization records.

August, **Classroom Graduate Assistant**  
1996 to Child Development Laboratories  
May, 1997 University of Tennessee at Knoxville, Tennessee

**Duties:** Preschool classroom teacher. Supervised children, helped with the development of social skills, personal care, and hygiene. Accompanied classes on field trips, attended parent meetings, assessed children's development, and had conferences with parents of children I personally assessed. Also, supervised and assessed participating undergraduate students with the children throughout each semester.

### **Supervisory Experience**

August, 2012 **Clinical Supervisor/Consultant**  
to Present Rainbow House  
Chicago, Illinois  
Executive Director: Kathleen Higgins

**Duties:** Supervise practicum students/interns and staff clinicians at a domestic violence agency providing services to children and families in an agency serving an impoverished area on the southwest side of Chicago exposed to continuous gang activity. Provide consultation on training and program development working closely with the Program and Executive Directors.

September, **CFTSI Clinical Supervisor**  
2011 to La Rabida Joli Burrell Children's Advocacy Center  
Present Park Forest, Illinois  
Supervisor: Bradley C. Stolbach, Ph.D.

**Duties:** Supervise CAC clinicians participating in the CFTSI Learning Collaborative through the Yale Child Study Center, providing assessment and therapeutic interventions for child and their caregivers during the peritraumatic phase of trauma exposure/disclosure. Participate in monthly collaborative calls with supervisors from other Learning Collaborative sites throughout the nation. Oversee data collection and reporting of all clinicians and data manager.

May, 2007 **Coordinator of Investigative, Advocacy and Support Services/CAC Director**  
to Present La Rabida Joli Burrell Children's Advocacy Center  
La Rabida Chicago Child Trauma Center  
La Rabida Children's Hospital  
Chicago, Illinois  
Supervisor: Bradley C. Stolbach, Ph.D.

**Duties:** Supervise CAC staff conducting FI's, providing legal/court advocacy, case management, and administrative support to clients, families, and clinical staff utilizing the center. Provide consultation to clinicians on an as needed basis.

June, 2006 **Child Witness to Domestic Violence Initiative (CWDVI) Training Coordinator**  
to April 2007 La Rabida Joli Burrell Children's Advocacy Center  
La Rabida Children's Hospital  
Chicago, Illinois  
Project Supervisor: Jennifer Gabrenya, M.S.

**Duties:** Consultation/Supervision of CWDVI therapists in their training activities, curriculum development and program implementation of traumatized children. Supervise CWDVI therapists in provision of training and clinical assistance to collaborating agencies.

September, **Postdoctoral Fellow in Childhood Trauma**  
2002 to La Rabida Children's Hospital  
March, 2003 Chicago, IL

**Duties:** Provide individual supervision to predoctoral psychology interns on sexual abuse assessment and treatment cases while on four-month rotation at the La Rabida Children's Advocacy Center.

### **Supervisory Experience (cont'd)**

September, **Supervisor**  
2000 to Professional Psychology Center  
June, 2001 University of Denver, Denver, Colorado

**Duties:** Provided weekly individual clinical supervision to predoctoral psychology students, while being supervised by a licensed clinical psychologist. Assist students in identifying their strengths and weaknesses, identifying appropriate clinical interventions for clients, applying theory in the conceptualization of cases, and oversee quality of report writing.

May, 1997 **Administrative Graduate Student**  
to August, Child Development Laboratory  
1998 University of Tennessee at Knoxville, Tennessee

**Duties:** Provided supervision to undergraduate early childhood education students' developmental assessments of children throughout each semester.

August, **Classroom Graduate Assistant**  
1996 to Child Development Laboratories  
May, 1997 University of Tennessee at Knoxville, Tennessee

**Duties:** Supervised and assessed participating undergraduate early childhood education students' classroom activities with the children throughout each semester.

### **Research Experience**

November, **The Experience and Treatment of Posttraumatic Stress Disorder in**  
2003 to **Pediatric Burn Patients**  
September, La Rabida Children's Hospital/The University of Chicago Hospitals  
2005 Chicago, IL

**Duties:** Provided coverage for Co-Investigator, Dr. Lisa Libman Mintzer, during her leave of absence (November, 2003 – March, 2004). Became Co-Investigator in March 2004. Conducted trauma-focused assessments with pediatric patients admitted to the University of Chicago Hospitals Burn Unit. Attended weekly Burn Rounds with multidisciplinary team. Met with research assistant weekly to discuss data scoring and entry. Principal Investigator: Bradley C. Stolbach, Ph.D.

Fall, 2000 to **Doctoral Paper**  
Winter, 2003 University of Denver, Graduate School of Professional Psychology  
Denver, Colorado

**Duties:** Conducted research using 55 Rorschach protocols of physically abused, sexually abused, and/or neglected children aged 6 to 10 years old. Scored each protocol with Exner's Comprehensive Scoring System and Urist's Mutuality of Autonomy (MOA) Scale. Once each protocol was scored with both systems, 11 variables from Exner's interpersonal construct were used to create a comprehensive variable that could be compared to Urist's average MOA score. The scores were then used to determine the ability of the two scoring systems to assess object relations similarly in this population. Supervisors: Judith E. Fox, Ph.D. (Chair), E. Robert LaCrosse, Ph.D., and Claire C. Poole, Psy.D.

**Research Experience (cont'd)**

Spring, 1997 **Masters Thesis**  
to Fall, 1999 University of Tennessee, Department of Child and Family Studies  
Knoxville, Tennessee

**Duties:** Surveyed professionals (i.e., psychologists, attorneys, and judges) to obtain their perceptions of false allegations of child sexual abuse in the context of custody disputes. Co-created the questionnaires that were distributed to 600 professionals in the community. Supervisors: Jan Allen, Ph.D., Ann McIntyre, Ph.D., and Vey M. Nordquist, Ph.D. (Chair).

January, **Research Assistant**  
1996 to University of Tennessee, Department of Psychology  
May, 1996 Knoxville, Tennessee

**Duties:** Conducted research investigating community relationships and work environments. Questionnaire administration, data collection and entry, and word processing.

August, 1995 **Research Assistant**  
to December, University of Tennessee, Department of Psychology  
1995 Knoxville, Tennessee

**Duties:** Conducted research investigating social dating styles of adolescents. Research involved telephone interviewing and screening, data entry, word processing, survey construction, and questionnaire administration.

**Professional Affiliations**

American Professional Society of the Abuse of Children (APSAC)  
American Counseling Association (ACA)  
American Psychological Association (APA)  
Children's Advocacy Centers of Illinois (CACI)  
Cook County Children's Advocacy Center Advisory Board, Cook County State's Attorney's Office  
Family Youth Initiative Task Force (FYI)  
International Association of Chiefs of Police (IACP), Associate Member  
International Society for Prevention of Child Abuse and Neglect (ISPCAN)  
Line of Duty Death Committee Member, Protocol Committee (SSACOP)  
National Children's Alliance (NCA)  
South Suburban Association of Chiefs of Police (SSACOP)  
South Suburban Emergency Response Team (SSERT)  
South Suburban Juvenile Officer's Association (SSJOA)

### **Publications and Presentations**

Folliard, T., Shaughnessy, M., Touhy, J., West, M.D., Knapp, G., White, R, Fox, R., Dorough, H., & Palmer, D. (2009). Line of Duty Death/Murder, Catastrophic Injury, Motor Vehicle Death, or Injury to a Police Officer. Presentation to South Suburban Association of Chiefs of Police, Oak Forest, Illinois, April 23, 2009.

Jarnigan, M. B. & West, M. D. (1997). Computers in the early childhood classroom. Paper presented at the Tennessee Association for the Education of Young Children, Gatlinburg, TN.

Stolbach, B.C., Mintzer, L.L., West, M.D., Gottlieb, L.J. & Bunn, M. (2005). Self-reported dissociation in pediatric burn patients. Paper presented at the 22nd Annual Conference of the International Society for the Study of Dissociation, Toronto, Ontario, November 8, 2005.

Stolbach, B.C., Mintzer, L.L., West, M.D., Gottlieb, L.J. & Bunn, M. (2005). Posttraumatic symptoms in pediatric burn patients. Poster presented at the 21st Annual Conference of the International Society for Traumatic Stress Studies, Toronto, Ontario, November 5, 2005.

Stolbach, B.C. & West, M.D. (2008). Child Abuse Prevention – What Can La Rabida Do to Help? Presented to La Rabida Children's Hospital Staff, Grand Rounds, Chicago, Illinois. March 28, 2008.

West, M. D. (2012). Trauma Reactions in Law Enforcement Personnel: Basic SWAT School. Presented for North East Multi-Regional Training, Inc., Bridgeview, Illinois, May 14, 2012.

West, M. D. (2012). Trauma Reactions in Law Enforcement Personnel. Presented at Glenwood Police Department to Patrol Staff, Glenwood, Illinois, January 12, 2012.

West, M.D. (2011). Officer-Involved Shooting Guidelines. Adapted from the International Association of Chiefs of Police, Psychological Services Section. Presentation to South Suburban Association of Chief's of Police, February 24, 2011.

West, M. D. (2011). Trauma Reactions in Law Enforcement Personnel. Presented at Oak Lawn Police Department to Administrative and Supervisory Staff, Oak Lawn, Illinois, February 28, 2011.

West, M. D. (2011). Trauma Reactions in Law Enforcement Personnel. Presented at Burbank Police Department to Administrative and Supervisory Staff, Burbank, Illinois, March 22, 2010, February 22, 2011, and March 22, 2011.

West, M.D. (2011). Services for Child Victims and Witnesses of Crime. Presented at South Suburban College, Policing and Domestic Violence Issues, South Holland, Illinois. April 20, 2011.

West, M.D. (2011). Services for Child Victims and Witnesses of Crime. Presented at Governor's State University, Policing and the Community Students, University Park, Illinois. April 19, 2011.

West, M.D. (2010, Winter). Officer-Involved Shooting Guidelines. Adapted from the International Association of Chiefs of Police, Psychological Services Section. Command: The Official Publication of the Illinois Association of Chiefs of Police. 19 (3), pp. 31-34.

West, M.D. (2010, Summer). Line of Duty Death Protocols. Command: The Official Publication of the Illinois Association of Chiefs of Police. 19 (2), pp. 44-45.

West, M.D. (2009). Services for Child Victims and Witnesses of Crime. Presented at Governor's State University, Policing and the Community Students, University Park, Illinois. February 17, 2009.

**Publications and Presentations (cont'd)**

West, M.D. (2008). Childhood Trauma – Identification, Assessment & Treatment. Presented at Rich Township Luncheon for the Family Youth Initiative (FYI) Task Force, Matteson, Illinois. April 8, 2008.

West, M.D. (2006). Trauma-focused Assessment of Child Witnesses to Domestic Violence. Presented to Collaborative Partners of the Child Witness to Domestic Violence Initiative, Cook County, Illinois. June 13, 2006.

West, M. D. (1999). Child Maltreatment: Emotional, Physical, and Sexual Abuse and Neglect. Presented at The University of Tennessee to childcare providers throughout the Knoxville community.

West, M. D. (1997). True and false sexual abuse allegations in custody cases. Presented at the Southeastern Symposium on Child and Family Studies, Blacksburg, VA.

West, M.D. (2007). Trauma-focused Psychotherapy with Child Witnesses to Domestic Violence. Presented at Chicago Metropolitan Battered Women's Network, Chicago, Illinois. September 6, 2007.

West, M. D., Gabrenya, J., Sittig, J., & Goetz, K. (2006). Trauma Symptoms in Children who Witness Domestic Violence. Presented at State of Illinois, Circuit Court of Cook County, Family Violence Coordinating Council Conference, Alsip, Illinois, October 4, 2006.

West, M.D. & Sittig, J. (2008). The Traumatic Impact of Domestic Violence: Special Considerations When Working with Children and Families. Presented at The 12<sup>th</sup> Annual Perspectives in Care Symposium: Engaging with Children and Families Around Trauma and Diversity, Chicago, Illinois. April 4, 2008.

West, M.D., Sittig, J., Goetz, K. & M. O'Connor. (2006). Dissociation and Trauma-focused Assessment of Young Children. Presented to Collaborative Partners of the Child Witness to Domestic Violence Initiative, Chicago, Illinois. July 20, 2006.

West, M.D., Sittig, J., Goetz, K. & M. O'Connor. (2006). Assessment of Dissociation and Posttraumatic Symptomatology in Children and Adolescents. Presented to Collaborative Partners of the Child Witness to Domestic Violence Initiative, Cook County, Illinois. August 15, 2006.

West, M.D., Sittig, J., Goetz, K. & M. O'Connor. (2006). Short-term Trauma-focused Treatment of Child Witnesses to Domestic Violence. Presented to Collaborative Partners of the Child Witness to Domestic Violence Initiative, Cook County, Illinois. September 14, 2006.

West, M.D., Sittig, J., Goetz, K. & M. O'Connor. (2006). Assessment Measures (TSCC, RCMAS, CDI) & Diagnostic Issues w/ Traumatized Children. Presented to Collaborative Partners of the Child Witness to Domestic Violence Initiative, Cook County, Illinois. October 19, 2006.

West, M.D., Sittig, J., Goetz, K. & M. O'Connor. (2006). Helping Children Cope with Domestic Violence: Education and Intervention for the non-Offending Parent. Presented to Collaborative Partners of the Child Witness to Domestic Violence Initiative, Cook County, Illinois. December 14, 2006.

West, M.D., Sittig, J., Goetz, K. & M. O'Connor. (2006). Treatment Models for Therapy with Traumatized Children. Presented to Collaborative Partners of the Child Witness to Domestic Violence Initiative, Cook County, Illinois. January 25, 2007.

**Publications and Presentations (cont'd)**

West, M.D., Sittig, J., Goetz, K. & M. O'Connor. (2006). TF-CBT and Interventions with Traumatized Children & Adolescents. Presented to Collaborative Partners of the Child Witness to Domestic Violence Initiative, Cook County, Illinois. February 15, 2007

West, M.D., Sittig, J., Goetz, K. & M. O'Connor. (2006). Identifying & Addressing Vicarious Trauma in Domestic Violence Staff. Presented to Collaborative Partners of the Child Witness to Domestic Violence Initiative, Cook County, Illinois. March 15, 2007.

West, S. L., Graham, C. W., O'Neal, K. K., & West, M. D. (2003). Institutional rankings in family science based on faculty publication productivity – Methods, issues, and implications. Presented at the 65th Annual Meeting of the National Council on Family Relations, Vancouver, Canada.

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kiae.sung@gmail.com

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### EDUCATION

**The University of Chicago, School of Social Service Administration (SSA),** Sept. 2005 – June 2007

Chicago, IL

**A.M. Social Service Administration**

*Community Organizing, Planning, and Development Concentration*

McCormick-Tribune Fellow in Urban & Community Leadership

McCormick-Tribune Full-Tuition Scholarship Award Recipient: 2005-2006; 2006-2007

**Scripps College,** Aug. 1997 – May 2001

Claremont, CA

**B.A. Dual Major in English and Religious Studies (May 2001)**

Member of Theta Alpha Kappa – Religious Studies & Theology National Honor Society

### PROFESSIONAL EXPERIENCE

**La Rabida Children's Hospital,** Sept. 2012- Present

Chicago, IL

*Grants & Program Administrator*

- Manage all grants, contracts, and budgets for the Chicago Child Trauma Center, the Children's Advocacy Center (CAC), and other grant funded programs at La Rabida Children's Hospital.
- Identify and develop new sources of public and private foundation revenue for current or new clinical programs, draft proposals and respond to Request for Proposals (RFP), develop and maintain statistical and program data reports, submit reports as needed to funders.
- Work closely with the Grants Accountant and Finance office to ensure appropriate financial management of grants and ensure compliance with all applicable OMB A-133, OMB A-110, and OMB A-122 requirements.
- Prepare, submit, and track monthly billings as prescribed in contract. Work with Program Staff to implement new data management systems and tracking systems to comply with reporting requirements of grants and contracts. Ensure that administrative components and systems function smoothly.

**Greater West Town Community Development Project,** June 2007- Sept. 2012

Chicago, IL

*Assistant Director*

- Supported and assisted Program Managers in the implementation of public grants and contracts and responded to ongoing and emerging client needs. Provided program monitoring, evaluation, and continuous improvement support for workforce development and education programming.
- Provided direct support to Executive Director in areas of operations, fiscal, personnel, resource development, communications, and contract management that fulfill the agency mission of expanding employment and educational opportunities for low-income, multiple-barriered residents of Humboldt Park, East and West Garfield Park, Austin, and North Lawndale communities. Oversaw and managed the day-to-day functions of the Administrative Unit.
- Assisted with grant writing, foundation relations, and program development activities; maintained and expanded funding sources. Coordinated, wrote, and oversaw the preparation of over 25 responses to Request for Proposals (RFP) for Federal, State, and City grants annually. Prepared and submitted private foundation grants. Interfaced with Program Managers to develop grant support for youth and adult programming. Monitored, tracked, and fulfilled contract related program and fiscal reporting requirements working closely with Program Managers/ Coordinators. Coordinate with Accountant to submit all required close-outs and expenditure reports.
- Managed the preparation and submission of all required documents for annual OMB A-133 federal audit.
- Oversaw Accountant workflow; prepared contract and budget documents for Federal, State, and City workforce development and education grants. Coordinated the preparation of fiscal audits; responded to and resolved any findings.
- Supervised, trained, and evaluated one Administrative Services Manager and two Administrative Coordinators.
- Coordinated agency communications and public relations activities including developing and distributing advocacy, research, and communication materials. Managed the planning and execution of advocacy events and facilitated outreach to public officials and local community based organization partners.

**The University of Chicago, Office of Career Advising & Planning Services (CAPS),** Sept. 2005 – Jan. 2006

Chicago, IL

*Marketing Assistant*

- Participated in strategic planning regarding effective marketing techniques; measured and reported results of effort.
- Publicized and built awareness of CAPS services and programs to students, faculty, staff and alumni.

- Created marketing materials, wrote press releases and worked with staff members to promote career-related workshops, career fairs, internship programs and job opportunities.

**Atlantic Street Center (ASC), Nov. 2002 – Aug. 2005**

Seattle, WA

**Resource Development Department**

*Volunteer & Donor Relations Coordinator*

- Recruited and coordinated over 500 volunteers annually for youth development, education, family support programming and special events; Worked with members of the Board of Directors and external constituents including key university, business, religious organization partners to secure donations for annual holiday gift program serving over 350 families and 1200 children and youth.
- As a key member of the Resource Development Department provided project management support in the planning and execution of annual fundraising events including Big League Dreams and Annual Dinner. Prepared and wrote grant proposals, public relations documents, and articles; facilitated orientations and trainings for all agency volunteers.
- Supervised and evaluated university service learning students from the University of Washington and Seattle University.
- Conducted outreach and public speaking engagements representing ASC & United Way of King County.

**Olive Crest Residential Treatment Center, July 2001 – Sept. 2002**

Santa Ana, CA

*Mental Health Worker*

- Facilitated day treatment groups for abused and neglected children in an in-patient unit. Developed and maintained trusting and caring relationships with patients who had complex social and emotional needs.
- Interfaced with social workers, psychiatrists, nurses, clinicians, and families to identify developmental needs, psychosocial and cultural needs.
- Provided crisis intervention and responded to center-wide emergency/ crisis situations.
- Charted daily case notes and monitored treatment goals and progress. Implemented treatment plans.
- Interfaced with social workers, psychiatrists, nurses, clinicians, and families to identify developmental needs, psychosocial and cultural needs.
- Monitored visitations and oriented family visitors, social workers, and licensing to Olive Crest facilities.
- Participated in weekly treatment team meetings to discuss patient progress and care.

### **MASTER'S LEVEL PRACTICUM & VOLUNTEER EXPERIENCE**

**Mandel Legal Aid Clinic, The University of Chicago Law School, Feb. 2007 – June 2007**

Chicago, IL

*Housing Initiative Intern*

- Facilitated needs assessment regarding affordable housing for identified communities in South and West Chicago.
- Identified special needs populations and researched best practice models for the provision of supportive housing.
- Developed and implemented interview protocols for needs assessments and other community development initiatives.
- Communicated with local non-profit community leaders and organized ex-offender service providers focus groups

**Neighborhood Capital Budget Group (NCBG), Oct. 2006 – Jan. 2007**

Chicago, IL

*Community Outreach & Research Intern*

- Executed community outreach to involve grassroots community groups in NCBG's school reform advocacy efforts.
- Researched and updated NCBG's database on Chicago Public Schools.
- Reviewed model policy proposals and composed briefing memos for community leaders and policy makers.

**Pilsen-Little Village Community Mental Health Center, Oct. 2005 – June 2006**

Chicago, IL

*Clinical Therapist at Pilsen Inn Residential Treatment Center*

- Provided on-site individual counseling services to residents; Charted progress notes and completed client service plans.
- Created and implemented group curriculum for residents and facilitated weekly groups.

**King County Court Appointed Special Advocate, 2002-2004**

Seattle, WA

*(CASA) Worker*

- Reviewed relevant documentation, investigated case and submitted written reports and recommendations to the court.
- Interfaced with family members, social workers, school personnel, health care providers, and foster parents to investigate child's situation; Helped to identify resources to address child's special needs.
- Recommended temporary and permanent plans for child.

### **SKILLS**

- Bi-Lingual in English and Korean, Proficient in Spanish
- Proficient in Microsoft Word, Excel, Access, Publisher, Powerpoint, Macromedia Dreamweaver, Raise'r's Edge, SPSS

## CURRICULUM VITAE

**NAME:** John Armand Rich, MD, MPH

### **EMPLOYMENT:**

7/05 – Present	Professor & Chair, Health Management and Policy Drexel University School of Public Health
10/07 – Present	Director, Center for Nonviolence and Social Justice Drexel University School of Public Health
7/98 – 6/05	Medical Director Boston Public Health Commission
6/97 – 6/05	Associate Professor of Public Health Boston University School of Public Health
1/97 – 6/05	Associate Professor of Medicine, Boston University School of Medicine
2/93 – 6/05	Director, Young Men's Health Clinic Boston Medical Center
8/89 – 1/97	Assistant Professor of Medicine, Boston University School of Medicine

### **EDUCATION AND TRAINING**

#### **Post-Graduate:**

1987 – 89	Fellowship - Faculty Development in General Internal Medicine, Harvard Medical School
1984 – 87	Internship and Residency - Internal Medicine Massachusetts General Hospital Boston, MA

#### **Graduate:**

1987 – 90	Harvard School of Public Health, Boston, MA Degree: M.P.H.
1980 – 84	Duke Medical School, Durham, NC Degree: M.D.

#### **Undergraduate:**

1976 – 80	Dartmouth College, Hanover, NH Degree: B.A., English Literature
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## **ACCOMPLISHMENTS**

### **Academic Public Health**

**6/05 – Present      Professor and Chair, Health Management and Policy, Drexel University School of Public Health  
Founder and Director, Center for Nonviolence and Social Justice**

- Named 2006 MacArthur Foundation Fellow
- Leads academic department with twelve full time equivalent faculty, 5 full-time staff
- Manages departmental budget of almost \$2 million
- Develops and oversees teaching and research program for MPH students
- Implemented new doctoral degree program in Health Policy and Social Justice
- As Director of Center for Nonviolence and Social Justice, directs program, policy, research and training initiatives around trauma and violence.
- Received 5-year, \$750,000 grant from Scattergood Behavioral Health Foundation to create the Center.
- With funding from The California Endowment developed report “Trauma-informed Approaches to the Health of Boys and Young men of Color” for release August 2009.

### **Government Service – Public Health**

**6/98 –6/05      Medical Director, Boston Public Health Commission**

- Sole physician member of the three-person executive team consisting of Executive Director, Medical Director and Deputy Director.
- Managed a budget of over \$120 million and a staff of 1200 employees.
- Responsible for overseeing the clinical programs, analyzing key public health data, and implementing quality improvement programs at the Commission.

### ***Public Health Leadership Accomplishments***

- Oversaw Boston's efforts to reduce racial at the disparities in health, including:
  - coordinating the task force chaired by the Mayor,
  - development of a disparities data report,
  - development and implementation of Mayors Task Force recommendations,
  - implementation of the Hospital Working Group Recommendations
  - conceptualize and issue Request for Proposals funded with \$1 million dollars raised from public and private entities
- Directed major health campaigns including Mayors Crusade Against Cancer and Cardiovascular Health Campaign including:
  - conceptualizing, designing and distributing cancer information brochure to every household in Boston.
  - creation of a cardiovascular health program at BPHC

- funding of community-based screening and educational initiatives
- Directed the implementation of Boston's workplace smoking ban including promulgating regulation, public hearing process, public education and enforcement.
- Developed Men's Health Initiative at the BPHC. The initiative consists of:
  - Training program for young men of color to allow them to enter health professions
  - Case management and outreach programs for incarcerated men and victims of violence
  - Coalition building campaign
- Successfully applied for and received
  - CDC REACH 2010 grant to decrease racial disparities among African-American elders in Boston.
  - CDC Steps to a Healthy Boston grant to address obesity, smoking, and asthma in Boston.
  - SAMHSA funding to address the substance abuse needs of incarcerated African-American men.
- Authored key health reports:
  - Crusade Against Cancer Report, Boston Public Health Commission, 1998.
  - Elder Health Report, Boston Public Health Commission, 1999.
  - Cardiovascular Health Report, Boston Public Health Commission, 2000.
  - Young Men's Health Report, Boston Public Health Commission, 2001.
  - Report of the Mayor's Task Force to Eliminate Racial and Ethnic Disparities in Health, Boston Public Health Commission, 2005.
  - Report of the Hospital Working Group on Racial and Ethnic Disparities in Health, Boston Public Health Commission, 2005.
  - Racial and Ethnic Health Disparities in Boston: A Data Report, Boston Public Health Commission, 2005.
- Convened key city agencies to address violence and trauma response in Boston. Developed trauma-informed educational materials for victims and their families.
- Lead implementation of environmental justice regulation to decrease waste disposal facilities Roxbury and Dorchester (communities of color disproportionately affected by such facilities.)
- Invited member of South Africa Task Force Delegation of the Massachusetts Department of Public Health to Eastern Cape Province, South Africa, 2000.

**MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS:**

Society of General Internal Medicine

American Public Health Association

American College of Physicians

Academy Health

**AWARD AND HONORS:**

- |           |   |
|-----------|---|
| 2008      | Inducted into Institute of Medicine   |
| 2007      | Doctor of Science (Hon.), Dartmouth College   |
| 2007      | National Medical Fellowship Lifetime Achievement Award  |
| 2006      | MacArthur Foundation Fellowship   |
| 2005 - 07 | Listed in <i>Best Doctors in America</i>  |
| 2004      | President's Award, Whittier Street Health Center  |
| 2004      | Listed in <i>Best Doctors in America</i>  |
| 2003      | Healthy Hero Award, HELP for Black Males, Roxbury Community College, Roxbury, MA                                |
| 2000      | William A. Hinton Award, Massachusetts Department of Public Health.   |
| 2000      | Healthy Lifestyles Award, Roxbury Comprehensive Community Health Center.  |
| 1999      | Leadership Award for Crusade Against Cancer, Boston Management Consortium.                                      |
| 1998      | Excellence in Teaching Award, Boston University School of Public Health for course "Race, Ethnicity and Health" |
| 1996      | Commissioner's Award for Service to Boston City Hospital.   |
| 1994      | Invitee, White House Conference on Health Care Reform Washington, D.C.  |

1992-1993	Fellow, Association of American Medical College Health Services Research Institute for Minority Faculty.
1991	Boston Black Achiever, Greater Boston YMCA.
1990-1993	Kellogg National Leadership Program, W. K. Kellogg Foundation
1984	NMF/Kaiser Medical Student Award, Duke University Medical School.
1984	Davison Council Ideal Physician Award, Duke University Medical School.
1983	Alpha Omega Alpha Medical Honor Society, Duke University Medical School.
1981-1983	Class President, Duke University Medical School.

**BOARD CERTIFICATIONS:**

1987 Diplomate - American Board of Internal Medicine, Certificate #114801

**COURSES TAUGHT:**

Health Disparities in Health Care and Public Health  
 Violence, Trauma and Adversity in Public Health  
 Race Ethnicity and Health

**SERVICE ACTIVITIES:**

2008 – Present	Trustee, Dartmouth College, Hanover, NH
2009 – Present	Member, Aetna Racial and Ethnic Disparities Advisory Committee
2007 - 2008	Member, Search Committee, Philadelphia Commissioner of Public Health
2007 – 2008	Health Department Transition Team, Philadelphia Mayor's Office
2007 – Present	Member, Disparities Committee, Aetna

2003 – 2004	Member, Sullivan Commission, Chair, Report Committee “Missing Persons: Minorities in the Health Professions.”
2003 – Present	President, Board of Directors, South Africa Partners
2004 – Present	Board of Directors, Massachusetts Health Council
2004 – Present	Board of Directors, Harvard Pilgrim Health Care Foundation
1999 – 2003	Board of Directors, Kenneth B. Schwartz Center for Compassionate Care
1997	United Negro College Fund (UNCF), Advisory Committee Fairfax, VA
1995 – 2000	Board of Directors, Big Brother Association of Greater Boston
1991 – 2000	Board of Directors, Health Care for All
1990 – 96	Member, Public Health Council, Department of Public Health, Commonwealth of Massachusetts (6 year term).
1990 – 98	Mentor - ABCD CLUB (Community and Life United in Boston) Mentorship Program

**REVIEW COMMITTEES:**

2011 – 2013	Institute of Medicine Committee on Commercial Sexual Exploitation of Children
2000 - 2001	Institute of Medicine Committee on Identifying Effective Treatments for Gulf War Veterans' Health Problems.
1997 - 2001	Agency for Healthcare Research and Quality (AHRQ), Health Systems Review Committee
1995 - 96	AHCPR Special Emphasis Review Committee
1995	Boston City Hospital, Fund for Excellence Review Grant Committee

**GRANT SUPPORT:**

2012 – 2013	Public Health Fund, Establishment of a Citywide Youth Injury Review Panel, \$50,000
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2011 – 2013	DOJ/OJP/OVC Improving intervention services for violently injured victims. \$500,000
2008 – Present	Thomas Scattergood Foundation (Rich) Center for Nonviolence and Social Justice, \$750,000
2009 – 2010	PI, NIAAA R01 Quality Substitution Among Heavy and AUD Drinkers and Alcohol Tax Policy
2006 - 2011	Centers for Disease Control and Prevention, Communication and Dissemination Core, Center of Excellence in Youth Violence, \$250,000
2004	Young Offender Reentry and Recovery Network, Substance Abuse and Mental Health Services Administration, \$500,000 per year for 5 years
2004	Steps to a Healthy Boston, Centers for Disease Control, \$9,218,040 over 5 years.
2000	REACH Elders, Centers for Disease Control, \$1,099,795 over 5 years
2000	REACH 2010, Breast and Cervical Cancer, Centers for Disease Control, \$999,692 over 5 years.
2000	Men of Color Domestic Violence Demonstration Grant, Centers for Disease Control, \$2,088,515 over 5 years.
1997	National Institute of Mental Health - Understanding violent injury in young black men. 2/1/97- 1/31/04, Total support \$733,057

**PUBLICATIONS:**

**Refereed Publications:**

1. Corbin TJ, Rich JA et al. Developing a Trauma-Informed, Emergency Department-Based Intervention for Victims of Urban Violence. *Journal of Trauma and Dissociation*, 12:5, 510-25, 2011.
2. Corbin TJ, Welles S, Rich JA et. al. Intimate Partner Violence Among Men Having Sex with Men, Women, or Both: Early Life Sexual and Physical Abuse As Antecedents. *Journal of Community Health*, 36 (3): 477-85, 2011.

3. Rich, JA. Viewing the future through the lens of the past: a personal reflection on disparities education in medicine and public health. *J Gen Intern Med*. 2010 May; 25 Suppl 2:S202-3.
4. Rich J, Grey C. Pathways to recurrent trauma for young black men: traumatic stress, substance use and the "code of the street." *American Journal of Public Health* 95: 816-824, 2005.
5. Rich J, Grey C. Qualitative research in trauma surgery: Getting beyond the numbers. *World Journal of Surgery* 27, 957-961, 2003
6. Rich, JA Primary care for young African American men. *Journal of American College Health* 49(4): 183-6, 2001
7. Rich, JA, Sullivan LM. Correlates of violent assault among young male primary care patients. *Journal of Health Care for the Poor & Underserved* 12(1): 103-12. 2001
8. Rich JA. The health of African American men. *Annals of the Academy of Political and Social Science*, Vol. 569, May 2000.
9. Rich JA. The health crisis of young black men in the inner city. In *The Crisis of the Young African American Male in the Inner Cities: A Consultation of the United States Commission on Civil Rights, Volume 1*.
10. Rich JA, Stone DA. The experience of violent injury for young African American men: the meaning of being a sucker. *J Gen Intern Med*, 1996;11:77-82.
11. Rich JA, Stone DA. The experience of violent injury for young African American men: the meaning of being a sucker. [Letter] *J Gen Intern Med*, June 1996;11 (6) 381-2.
12. Rich JA, Holmes MD, Hodges DM. Preferred Sources of AIDS Information, Risk Perception and Risk Behaviors Among Inner City Community College Students. *J Natl Med Assoc.*, 1996;88:87-93.
13. Rich JA, Singer DE. Cocaine-related symptoms in patients presenting to an urban emergency room. *Ann Emerg Med*, June 1991; 20:616-621.

**Books:**

14. Wrong Place, Wrong Time: Trauma and Violence in the Lives of Young Black Men, Johns Hopkins University Press, Baltimore, MD. November 2009.

**Monographs**

15. Rich JA, Corbin TJ, Bloom SL, Rich LJ, Wilson A, Evans S. *Healing the Hurt: Trauma-Informed Approaches to the Health of Boys and Young Men of Color*
16. Rich, J. A. and M. Ro (2002). *A poor man's plight: uncovering the disparity in men's health*. Battle Creek, MI, W. K. Kellogg Foundation: 30 pp.

### **Chapters and Book Reviews**

17. Theodore Corbin, Sandra L. Bloom, Ann Wilson, Linda Rich, and John A. Rich. *Approaching the Health and Well-being of Boys and Men of Color through Trauma-informed Practice* In: Changing Places: How Communities Will Improve the Health of Boys of Color, Edited by Christopher Edley Jr. and Jorge Ruiz de Velasco. University of California Press, Los Angeles, CA. 2010.
18. Rich JA, Corbin TJ, et. al. *Faith-Based Approach to Care of Violent Youth in the Emergency Department*. *Youth Violence: Interventions for Health Care Providers*. In Violently Injured Youth: An Emergency Department Perspective. Edited by Ketterlinus RD, Library of Medicine, Washington, DC. 2008.
19. Corbin TJ, Rich JA. *Responding to Trauma, Violence and Bereavement Overload in the lives of Young African American Men: Trauma-Informed Approaches to Health Care*, In: Loss, Hurt and Hope: The Complex Issues of Bereavement and Trauma in Children. Cambridge Scholars Press, Newcastle, UK. 2007.
20. Rich JA. *Health Care in the 1990's: the challenge of diversity*. *Focus: newsletter of the Kellogg National Fellowship Program*, 11:2, Spring 1997.
21. Rich JA. *Interpersonal Violence in: Primary Care and General Medicine*, J Noble, editor. Mosby Publishing, St. Louis, MD.1996.
22. Rich JA. *AIDS, Substance Abuse and Communities of Color in Clinical Manual for Care of the Adult Patient with HIV Infection*, H Libman, RA Witzburg, Editors. Little Brown Publishers, Boston, MA. 1995.
23. Rich JA. *Book Review: Health Care Issues in Black America: Policies, Problems and Prospects*, edited by Woodrow Jones, Jr. and Mitchell F. Rice. Greenwood Press, Westport, Conn. 1987. 225. In: *Social Science and Medicine* 26(7): 770, 1988.

### **Reports published**

24. *Crusade Against Cancer Report*, Boston Public Health Commission, 1998
25. *Elder Health Report*, Boston Public Health Commission, 1999.
26. *Cardiovascular Health Report*, Boston Public Health Commission, 2000.
27. *Young Men's Health Report*, Boston Public Health Commission, 2001.

28. Report of the Mayor's Task Force to Eliminate Racial and Ethnic Disparities in Health, Boston Public Health Commission, 2005.
29. Report of the Hospital Working Group on Racial and Ethnic Disparities in Health, Boston Public Health Commission, 2005.
30. Racial and Ethnic Health Disparities in Boston: A Data Report, Boston Public Health Commission, 2005.

#### **LETTERS**

31. Rich JA, Bigby J. The self-reporting of cocaine use. [Letter] *JAMA*, November 4, 1992, 268:17, p. 2375.
32. Holmes MD, Hodges D, Rich JA. Racial inequalities in the use of procedures for ischemic heart disease. [Letter] *JAMA*, June 9, 1989, 261:22, 3242.

#### **SELECTED ABSTRACTS:**

1. Rich JA, Corbin TJ, Delgado DA, Rich LJ, Adams EJ. Developing a Trauma Informed Emergency Department Based Intervention for Victims of Urban Violence, National Summit of Clinicians for Healthcare Justice Sep 2010.
2. Rich JA, Grey CM. "I think my heart got a little stone in it now": Consequences of violent victimization among young African American men. Presented at Twenty-Fourth Annual Meeting of the Society of General Internal Medicine, San Diego, CA, May 2001.
3. Rich JA, Singer DE, Evans CA. Cocaine related symptoms in patients presenting to an inner city emergency room. *Clinical Research*, 37:2, 821A.
4. Rich JA, Holmes MD, Hodges D. AIDS risk behaviors, risk perception, attitudes and self esteem among students in urban community colleges. *Clinical Research*. *Clinical Research*, 1990.
5. Rich JA, Stone DA. Interviews with African American Male Victims of Violence. Presented at Seventeenth Annual Meeting of the Society of General Internal Medicine, Washington, DC, April 29, 1994. In *Journal of General Internal Medicine*, Suppl 9(4):101.
6. Rich JA. Prevalence of violent assault among patients visiting a young men's health clinic. *J Gen Intern Med*, Suppl. April, 1996.

## SELECTED REGIONAL AND NATIONAL PRESENTATIONS

- 2012 Challenges in Integrating Qualitative and Quantitative Data at the conference *Using Mixed Methods to Optimize Dissemination and Implementation of Health Interventions*, Office of Behavioral and Social Science Research, NIH
- 2011 Nathan Mossell Memorial Lecture, Perelman School of Medicine, University of Pennsylvania, Philadelphia, PA
- Homer G. Phillips Lecture, Washington University School of Medicine. "Wrong Place, Wrong Time: Violence, Trauma and Health Equity"
- 2010 Zocalo Public Square, Los Angeles, CA. "The Psychological Wounds of Urban Violence.
- Health Disparities in Boys & Men: Innovative Research to Reduce Addiction, Trauma and Related Co-Morbidities, National Institute on Drug Abuse, Washington, DC. "Trauma-informed Approaches to the Health of Boys and Men of Color."
- Walters Art Museum, Baltimore, MD. "Wrong Place, Wrong Time: Trauma and Violence in the Lives of Young Black Men."
- Enoch Pratt Library, Baltimore, MD, "Wrong Place, Wrong Time: Trauma and Violence in the Lives of Young Black Men."
- NIH Wednesday Afternoon Seminar Series, "Wrong Place, Wrong Time: Understanding Trauma and Violence in the Lives of Young Black Men," January 2010.
- 2009 "Gun Violence and Public Health," The National Physicians Alliance 4<sup>th</sup> Annual Conference, Washington, DC
- "Viewing the future through the lens of the past: Disparities education in medicine and public health", Association of American Medical Colleges Annual Meeting, Boston, MA
- 2008 "Trauma, Urban Violence and African American Men: Envisioning New Pathways to Healing," The National Summit of Clinicians for Healthcare Justice, Washington, DC
- 2007 "Trauma-informed public health practice," Pennsylvania Public Health Association, College of Physicians, Philadelphia, PA

- “War & Peace: Examining the Culture of Violence through a Non-Violent Lens.” Congressional Black Caucus 37th Annual Legislative Conference (ALC) – Unleashing Our Power, Washington, DC**
- “Trauma-Informed Approach to Urban Violence,” Plenary Speaker at 47<sup>th</sup> Annual Forum Assn. For Institutional Research, Kansas City**
- “Trauma, Urban Violence and African American Men: Envisioning New Pathways to Healing,” Malcolm Peterson Honor Lecture, Society of General Internal Medicine Annual Meeting, Toronto, Canada**
- 2006**      **Panelist 5<sup>th</sup> National Conference on Quality Health for Culturally Diverse populations: Building the Essential Link between Quality Cultural Competence & Disparities Reduction, Seattle, WA**
- 2005**      **Emerging Black Leaders Summit, Fletcher School of Government, Tufts University, Medford, MA.**
- 2004**      **Public Health as a Safety Net in the 21<sup>st</sup> Century, 50<sup>th</sup> Anniversary of Lemuel Shattuck Hospital, Landmark Center, Boston, MA.**
- “Addressing Health Disparities in Boston,” National Association of City and County Health Officers Annual Meeting (NACCHO), St. Paul, MN.**
- Roadmap to Coverage: A Summit on Access, Blue Cross Blue Shield Foundation of Massachusetts, John F. Kennedy Library, Boston, MA.**
- Voices of Inclusion: Disparities in Health Care Summit, National Conference for Community and Justice, John F. Kennedy Library, Boston, MA.**
- Beyond the Clinic Walls: Expanding Mental Health, Drug and Alcohol Services Research Outside the Specialty Care System, Washington, D.C. Sponsor(s): NIMH, National Institute on Drug Abuse (NIDA), and National Institute on Alcohol Abuse and Alcoholism (NIAAA).**
- 2003**      **“Violence and Trauma: Hearing the Voices of Young Black Men”, The Consultation Center, Department of Psychiatry, Yale Medical School, New Haven, CT**

## **SELECTED MEDIA APPEARANCES**

- 2010                    Mark Steiner Show, WEAA Baltimore, discussing book Wrong Place, Wrong Time: Trauma and Violence in the Lives of Young Black Men
- 2007                    Charlie Rose Show, January 18, 2007
- 2006                    Radio Times w/Mary Moss-Coane, WHYI, October 2006
- 2001                    Featured in documentary film "The Angry Heart," Producer Jay Fedigan.

**A. THEODORE J. CORBIN, MD, MPP**

**B.** 6375 Church Road, Philadelphia, PA 19151 215-307-3949 (home) 215-906-7877 (cell)  
245 N. 15<sup>th</sup> Street, 2<sup>nd</sup> Floor NCB, Suite 2108, Philadelphia, PA 19102 215-762 3431  
(office) 215-762-1307 (fax) [tcorbin@drexelmed.edu](mailto:tcorbin@drexelmed.edu) (email)

**C. Education**

Woodrow Wilson School of Public Policy at Princeton University, Princeton, NJ  
**Master of Public Policy.** June 2008

Drexel University College of Medicine, Philadelphia, PA  
**Doctor of Medicine.** October 1997

Lincoln University, Lincoln University, PA  
**Bachelor of Science (Cum Laude) - Biology.** May 1990

**D. Postgraduate Training:**

Emergency Medicine Residency Program, Howard University Hospital, Washington,  
D.C. June 24, 1998-June 24, 2001

Interim Chief Resident, Emergency Medicine Residency Program, Howard University  
Hospital, Washington, D.C. April 1, 2001 and June 24, 2001

**E. Employment History and Faculty Appointments:**

**Director Combined MD-MPH Degree Program- Drexel University School of Public  
Health, Philadelphia, PA. January 1, 2010- present**

**Co-Director Center for Nonviolence and Social Justice- Drexel University School of  
Public Health, Philadelphia, PA. November 1, 2008- present**

**Assistant Professor- Department of Health Management and Policy, Drexel  
University School of Public Health, Philadelphia, PA. November 1, 2008- present**

**Attending Physician/Assistant Professor- Department of Emergency Medicine,  
Drexel University College of Medicine, Philadelphia, PA, July 1, 2007- present.**

**Director Violence Intervention Program- Department of Emergency Medicine,  
Drexel University College of Medicine, Philadelphia, PA, July 1, 2007- present**

Attending Physician/Clinical Instructor- Department of Emergency Medicine, Thomas  
Jefferson University Hospital, Philadelphia, PA July 8, 2001- June 30, 2007

Medical Director Violence Prevention Program- Department of Emergency Medicine,

Thomas Jefferson University Hospital, Philadelphia, PA July 8, 2001 – June 30, 2007

Assistant Emergency Medicine Residency Program Director- Department of Emergency Medicine, Thomas Jefferson University Hospital, Philadelphia, PA June 1, 2003-June 30, 2004

Program Specialist/Phlebotomist- National Marrow Donor Program-New York Blood Center, New York, New York June 1, 1991-July 24, 1992

Teacher- Physical Science/Biological Science- Jane Addams Vocational High School, Bronx, New York. September 1, 1990-June 30, 1992

#### **F. Certification and Licensure**

Board Certified- Emergency Medicine 00210272  
Pennsylvania State Medical License MD416995

#### **G. Military Service**

United States Army Reserve November 14, 1998-November 14, 2007

#### **H. Honors and Awards**

Stoneleigh Foundation Fellowship, 2011

Drexel University President's Award, Center for Nonviolence and Social Justice 2010

Quaker City Alumnae Chapter Delta Sigma Theta Social Action Award, 2009

Jefferson Emergency Medicine Residency, Grace Community Service Award 2009

Philadelphia Business Journal, 40 under 40 Leadership Award 2006

Jefferson Emergency Medicine Residency, Clinician of the Year Award 2006

Soros Physician Advocacy Fellowship 2005

Pennsylvania American College of Emergency Physicians, Young Physician Leadership and Advocacy Award 2004

Doherty Teaching Fellowship Award 2003

Emergency Medicine Residency Program, Howard University Hospital  
Senior Resident of the Year Award

Medical College of Pennsylvania/Hahnemann School of Medicine  
National Association of Minority Medical Educator's Scholarship

**Lincoln University**

Cum Laude Graduate  
Dean's Honor List  
S. Leroy Morris Memorial Prize in Biology  
Laverte T. Warren Natural Sciences Scholarship Medal  
Harold F. Grim Scholarship  
David Pinckney M.D., '44 Pre-Medical Scholarship  
Harry Russell Carter Jr. Memorial Scholarship  
Alpha Chi Honor Society  
Biology Club Trophy Award

**I. Memberships and Offices in Professional Societies**

Society for Academic Emergency Medicine  
American College of Emergency Physicians  
Violence Prevention Committee Member, American College of Emergency Physicians  
American Association of Emergency Medicine  
American Public Health Association  
National Medical Association

**J. Professional Committees and Administrative Service**

**1. Institutional**

- a. Board member, Drexel University Physicians, Drexel University College of Medicine, Philadelphia, PA
- b. Member, Finance Committee, Drexel University College of Medicine, Philadelphia, PA
- c. Member, Credentialing Committee, Drexel University College of Medicine, Philadelphia, PA
- d. Member, Admissions Committee, Drexel University College of Medicine, Philadelphia, PA
- e. Member, Admissions Committee, Drexel University College of Medicine, Philadelphia, PA

**2. Extramural**

- a. Member, National Network of Hospital Based Violence Intervention Programs, Oakland, CA
- b. Board Member, Philadelphia County Medical Society, Philadelphia, PA
- c. Committee Member, Public Health and Injury Prevention Committee, American College of Emergency Physicians

**K. Community Service**

Board member, Every Murder Is Real, Philadelphia, PA  
Board Member, National Organization for Teen Fitness and Exercise, Washington, D.C.  
Associate, Firearm and Injury Center at Penn, Philadelphia, PA  
Kappa Alpha Psi Fraternity, Inc.

## L. Educational Activities

1. Courses/Clerkships/Programs
  - a. Community Educational Experience-Drexel University College of Medicine-  
*"Healing Hurt People: Practice to Policy"* Sep 2009
  - b. Community and Preventive Medicine-Drexel University College of Medicine-  
*"Healing Hurt People: Practice to Policy"* Oct 2009
  - c. Forensic Science Program-Drexel University College of Medicine-*"Healing  
Hurt People: Practice to Policy"* Oct 2009
  - d. Emergency Medicine Clerkship for 4<sup>th</sup> year medical students  
Taught: Gastrointestinal Emergencies October 10, 2006  
Nasogastric Tube Placement October 10, 2006
  - e. Developed: *Approach to Obstetrics and Gynecology in Emergency Medicine*  
Small Group Leader, Jefferson Medical College, Introduction to Clinical  
Medicine-I, August 1, 2006-May 31, 2007.
2. Advising/Mentoring/Tutoring
  - a. Drexel University School of Public Health Student: Informing Systems  
Utilizing a Trauma-informed Approach to Youth Violence. Linda Nwachuchu,  
2<sup>nd</sup> year, March 1, 2006-June 30, 2006
  - b. Jefferson Medical College Student: Advisor: Christian Coletti, PGY IV  
Christiana Care Emergency/Internal Medicine Residency Program, September  
2001- March 2005
  - c. Drexel University College of Medicine, Emergency Medicine Rotation and  
Residency Application. Christopher Smith MS IV November 2009.
  - d. Drexel University College of Medicine, Emergency Medicine Residency  
Application. Kathryn Hawk MS IV February 2010.
  - e. Drexel University School of Public Health, Health Management and Policy,  
Community Based Masters Project: Tita Atte, Doctoral Student, Temple  
University.

- f. Drexel University School of Public Health, Health Management and Policy, Community Based Masters Project: LaVelle King, 2<sup>nd</sup> year September 2009-June 2010.
- g. Drexel University College of Medicine, Community Educational Experience: Daran Cohn MS I April 2010-June 2010.
- h. Drexel University College of Medicine, Community Educational Experience: Emily West MS I April 2010-June 2010.
- i. Drexel University College of Medicine, Bridging the Gaps: Amadou N'Dow MS I Summer 2010.
- j. Drexel University Law School, Bridging the Gaps: Megn Strobel 2<sup>nd</sup> year Combined JD/PhD Summer 2010.
- k. University of Pennsylvania School of Social Policy, Social Work Internship: Rebecca Newman MSW candidate September 2010-May 2011.
- l. University of Pennsylvania School of Social Policy, Social Work Internship: Rachel Compton MSW candidate September 2010-May 2011.
- m. Bryn Mawr College School of Social Work, Social Work Internship: Richard Baccare MSW candidate September 2010-May 2011.
- n. Drexel University College of Medicine and School of Public Health, Combined Degree Program, Alicia Howard.
- o. Drexel University College of Medicine and School of Public Health, Combined Degree Program, Candice Lee.
- p. Drexel University College of Medicine and School of Public Health, Combined Degree Program, Sherin Thumpayil.

### 3. Educational Materials

- a. Lectures for Emergency Medicine Residents:
  - Emergency Medicine QA*
  - The "Ouch" of Aching Joints*
  - Congestive Heart Failure*
  - Cardiothoracic Trauma*
  - Death and Dying*
  - Altered Mental Status*
  - Pediatric Exanthems*

## *Youth Violence Prevention*

### **M. Clinical Activities**

Healing Hurt People: Emergency Department Violence Intervention Program at Drexel University College of Medicine/St. Christopher Hospital for Children

Healing Hurt People: Emergency Department Violence Intervention Program at Drexel University College of Medicine/ Hahnemann Hospital

Jefferson Community Violence Prevention Program

Health care education of the lay community

#### Presentations

“For Men Only Conference”: *Men’s Health: the Impact of Violence and Trauma*, Jefferson University Hospital, Philadelphia, PA April 10, 2007

“Juvenile Justice Alliance”: *Physicians’ Role Regarding Youth Violence and Trauma*, Pepper Hamilton Law Firm, Philadelphia, PA March 5, 2007

“California Endowment Foundation”: *A Trauma-Informed Approach to Violence*, San Francisco, CA March 9, 2007

“Block Captain Health Care Advisory Council ”: *Physicians’ Role Regarding Youth Violence and Trauma*, Philadelphia Medical Society, Philadelphia, PA October 12, 2006

“House of Umoja Contract Against Violence”: *Violence Prevention*, Philadelphia, PA January 1, 2006

### **N. Grant Support**

1. California Endowment. Researching the Impact of Trauma on Boys, Youth and Men of Color. Mar 1, 2008
2. Scattergood Foundation, Training and Implementing Trauma Informed Systems. Jan 1, 2008
3. Blueprint for Safer Philadelphia: Healing Hurt People: Emergency Department Violence Intervention Jul 1, 2007
4. Department of Behavioral Health of Philadelphia. Healing Hurt People: Emergency Department Violence Intervention. Jul 1, 2007
5. Soros Physician Advocacy Fellowship Sep 1, 2005

## **O. Graduate Students**

1. Linda Nwachuchu, March 2006-June 2006, "Informing Systems Utilizing a Trauma-informed Approach to Youth Violence", June 2007, Department of Health Management and Policy, Drexel University School of Public Health.
2. Tita Atte, September 2007-June 2008, "Implementing a Trauma-informed Violence Intervention Program in an Urban Emergency Department", June 2008, Department of Health Management and Policy, Drexel University School of Public Health.
3. LaVelle King, September 2009-present, "Designing a Database for a Trauma-informed Violence Intervention Program", June 2010, Department of Health Management and Policy, Drexel University School of Public Health.

## **P. Bibliography**

### **1. Peer-review papers**

Corbin TJ, Rich JA et al. Developing a Trauma-Informed, Emergency Department-Based Intervention for Victims of Urban Violence. "IN PRESS." *Journal of Trauma and Dissociation*

Corbin TJ, Welles S, Rich JA et. al. Intimate Partner Violence Among Men Having Sex with Men, Women, or Both: Early Life Sexual and Physical Abuse As Antecedents. *Journal of Community Health*, 36 (3): 477-85.

Corbin TJ, Lopez B, Cogen J, Kerkula L, Flenders P. Pulse oximetry in the adult ED patient with sickle cell, *The American Journal of Emergency Medicine*, 23 (4): 429-32.

### **2. Books and chapters in books**

Corbin TJ, Rich JA, et. al. Faith-Based Approach to Care of Violent Youth in the Emergency Department. *Youth Violence: Interventions for Health Care Providers*. In Ketterlinus RD, ed. *Violently Injured Youth: An Emergency Department Perspective*. Washington, DC; Library of Medicine; 2008: 123-134.

Corbin, TJ, Rich JA, et. al. Approaching the Health and Well-being of Boys and Men of Color through Trauma-informed Practice. In Edley C, Ruiz de Velasco J, eds. *Changing Places: How Communities Will Improve the Health of Boys of Color*. Los Angeles, CA; University of California Press; 2010: 407-428.

Corbin TJ, Becerra N. Trauma. In Roppollo L, Kelly S, Davis D, Rosen P, eds. Emergency Medicine Handbook Critical Concepts for Clinical Practice: Philadelphia, PA; Mosby Inc. 2007: 70-82.

Corbin TJ, Lavelle KG. In-custody Death. In Riviello RJ, ed. Manual of Forensic Emergency Medicine: A Guide for Clinicians: Sudbury, MA; Jones and Bartlett Publishing; 2008: 214-218.

Corbin TJ, Rich JA. Responding to Trauma, Violence and Bereavement Overload in the lives of Young African-American Men: Trauma-Informed Approached to Health Care. In Bloom SL, Vargas LA, eds. Loss, Hurt and Hope: The Complex Issues of Bereavement and Trauma and Children. Newcastle, UK; Cambridge Scholars Publishing; 2007: 85-114.

### 3. Editorials

Corbin, T. "Some Wounds Can't Be Healed By Stitches." The Philadelphia Inquirer: 18 Feb 2007.

### 4. Other Communications: video tapes, discs, slide atlases, computer programs, etc. used outside the institution

Radio: Program offers resources and support to young victims, Maiken Scott, WHYY-FM, Jun 2010

Radio: Violence and Trauma in the Lives of Young Black Men, Maiken Scott, WHYY-FM, Mar 2010

Video: Dwight Evans and Emergency Care Doctors Discuss Violence in the City: Jan 17, 2007

Video: Pennsylvania Representative Dwight Evans Distinguished Lecture Award Ceremony at Jefferson: Mar 2006

Video: Hyperthermia, CN 8: Aug 2005

Radio: Heat Wave, WHYY-FM: Aug 2006

Radio: The Impact of Youth Violence, WURD-AM: Jul 2006

### 5. Abstracts

Corbin TJ, Rich JA, Delgado DA, Rich LJ, Adams EJ. Developing a Trauma Informed Emergency Department Based Intervention for Victims of Urban Violence, National Summit of Clinicians for Healthcare Justice Sep 2010.

Corbin TJ, Ketterlinus R. Screening Violently Injured Youth for Further Risk of Violence: Development of the Critical Risk Screen, American Public Health Association Annual Meeting 2004.

Corbin TJ, Ketterlinus R. Risk, Protective and Demographic Characteristics of Violently injured Youth: Implications for Interventions and Referrals, American Public Health Association Annual Meeting 2004.

Corbin TJ, Davis-Moon L. Injured Youth: Rates of Compliance with Follow Up, Society for Academic Emergency Medicine National Conference 2004.

Corbin TJ, Davis-Moon L. Women's Reported Experience as Victims of Violence Presenting to the Emergency Department, Society for Academic Emergency Medicine Mid-Atlantic Regional Conference 2003.

Corbin TJ, Davis-Moon L. A Look Back: Analysis of Risk Factors for Youth Violence Presenting in the Emergency Department, Society for Academic Emergency Medicine National Conference 2002.

## **Q. Presentations**

### **1. By invitation**

#### **Local**

*"Healing Hurt People: Practice to Policy"* Philadelphia Department of Behavioral Health Feb 2009

*"Healing Hurt People: Practice to Policy"* Pennsylvania Injury and Reporting and Intervention System (PA Secretary of Health) Feb 2008

*"Healing Hurt People: Practice to Policy"*

Drexel University College of Medicine Sep 2009

Philadelphia Health Management Corporation Mar 2007

Drexel University School of Public Health Mar 2006

Jefferson Family Medicine Residency Grand Rounds Dec 2005

Jefferson Community and Family Medicine Population Health Nov 2005

#### **National**

Office of Minority Health, Commission on Health and Wellbeing of Boys and Men of Color, Jun 2010

Contract No. 13-53-090E

**EXHIBIT 2**

**Schedule of Compensation**

**BUDGET DETAIL**

**Grant Proposal Amount Requested: \$219,968**

The Proposer declares that it has carefully examined the Request for Proposal documents, the Proposal Forms, General and Special Conditions and Specifications identified as Document Number 13-53-090 for the Violence Prevention, Intervention And Reduction Grants, as prepared by Cook County and has become familiar with all of the conditions under which it must be carried out and understands that by submitting proposed pricing on these pages, Proposer waives all right to plead any misunderstanding regarding the same. Any category of expense not applicable to the budget may be deleted. Indirect costs are not allowable

**Budget Detail**

**A. Personnel**

List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization.

<b>Name/Position</b>	<b>Computation</b>	<b>Cost</b>
Brad Stolbach, Ph.D. / Project Director	\$97,412/yr. x 15 % FTE	\$14,612
Myra West, Psy.D./ Medical Trauma Specialist	\$63,707/yr. x 10% FTE	\$6,371
Kiae Sung, A.M./ Grants & Program Administrator	\$52,000/yr. x 10% FTE	\$5,200
Vacant, LCSW / Intake/ Outreach Coordinator	\$55,000/yr. x 100% FTE	\$55,000
Licensed Clinicians	\$55,800/yr. x 100% FTE	\$55,800

**SUB-TOTAL \$ 136,983**

**B. Fringe Benefits**

Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the personnel listed in budget category (A) and only for the percentage of time devoted to the project. Fringe benefits on overtime hours are limited to FICA, Workman's Compensation, and Unemployment Compensation.

<b>Name/Position</b>	<b>Computation</b>	<b>Cost</b>
Brad Stolbach, Ph.D. / Project Director	\$14,612 x 26 % (FICA 7.65%, W.C. 2.70%, Health, 8.85%; Pension, 6.80%)	\$3,799
Myra West, Psy.D./ Medical Trauma Specialist	\$6,371 x 26 % (FICA 7.65%, W.C. 2.70%, Health, 8.85%; Pension, 6.80%)	\$1,656
Kiae Sung, A.M./ Grants & Program Administrator	\$5,200 x 26 % (FICA 7.65%, W.C. 2.70%, Health, 8.85%; Pension, 6.80%)	\$1,352
Vacant, LCSW / Intake/ Outreach Coordinator	\$55,000 x 26 % (FICA 7.65%, W.C. 2.70%, Health, 8.85%; Pension, 6.80%)	\$14,300
Licensed Clinicians	\$55,800 x 26 % (FICA 7.65%, W.C. 2.70%, Health, 8.85%; Pension, 6.80%)	\$14,508

**SUB-TOTAL \$35,615**

**TOTAL PERSONNEL AND FRINGE BENEFITS \$172,598**

**C. Travel**

Itemize travel expense of project personnel by purpose. Show the basis of computation (e.g. six people to 3-day training at \$X airfare, \$X lodging, \$X subsistence). In training projects, travel and meals for trainees should be listed separately. Show the number of trainees and the unit costs involved.

Identify the location of travel, if know. Travel for consultants will only be reimbursed for resources traveling from more than 50 miles outside of Cook County and shall be consistent with Cook County travel reimbursement policies. All travel shall be pre-approved by the Justice Advisory Council.

Purpose of Travel	Location	Item	Computation	Cost
Local Travel – Staff for Meetings, Trainings, and Field Work	Cook County	Mileage	0.565/ per miles x 4425 miles	\$2,500
Six Project staff to attend 3 days of training at – Drexel University	Philadelphia	\$400 Airfare/ pp; \$400 lodging/pp; \$400 subsistence/pp=\$1,200	\$1,200 x 6	\$7,200
Three Drexel University Consultants to conduct 3 days of trainings in Chicago	Chicago	\$400 Airfare/ pp (2 roundtrip tickets pp); \$635 lodging, \$635 subsistence=\$1,670	\$1,670 x 3	\$5,010

**TOTAL \$14,710**

**D. Supplies**

List items by type. Generally, supplies include any materials that are expendable or consumed during the course of the project.

Supply Items	Computation	Cost
Office Consumables	\$250/ month x 12 months	\$3,600

**TOTAL \$3,600**

**E. Other Costs**

List items (e.g. rent, reproduction, telephone, janitorial or security services, and investigative or Confidential funds) by major type and the basis of computation. For example, provide the square footage and the cost per square foot for rent, or provide a monthly rental cost and how many months to rent

Description	Computation	Cost
Technical Assistance/ Consulting Services – Drexel University Center for Non Violence and Social Justice – 3 Day Training On-Site - Philadelphia	1 Day of Training @ \$1,366.67 x 3 Days	\$4,100
3 Day Training On-Site- Chicago	1 Day of Training @ \$1,633.33 x 3 Days	\$4,900
Post-Visit Program Review	5 Page Review @ \$1,500	\$1,500
90 Min. Training Modules Via Skype/ Phone	90 minutes @ \$250 x 16 training modules	\$4,000
Program consultation and case conferencing for 60 minutes	1 Hour @ \$80/Hr. x 12 hours	\$960
Equipment - 1 Laptop + 1 Printer for Outreach Coordinator	1 Laptop @ \$800; 1 Printer @ \$400	\$1,200
Client Travel Assistance	Single Ride \$2.25 x approx. 889 rides	\$2,000
Rent at CCTC - 1111 W. 87 <sup>th</sup> Street, Chicago, IL 60619 – 4,400 sq ft/ 0.98 cents per square foot/ month	Cost of Rent at CCTC -87 <sup>th</sup> Street is \$52,000/ yr./ \$4,333/ month. Cost to provide rental space – 2 FTE for this project at site/10 total FTE at 87 <sup>th</sup> Street)= 20%*52,000=\$10,400	\$10,400

**TOTAL \$29,060**

**Budget Summary-** When you have completed the budget worksheet, transfer the totals for each Category to the spaces below. Compute the total direct costs and the total project costs. Indicate the amount of Federal funds requested and the amount of non-Federal funds that will support the project.

	Budget Category	Amount
A	Personnel	\$136,983
B	Fringe Benefits	\$35,615
C	Travel	\$14,710
D	Supplies	\$3,600
E	Other Costs	\$29,060
	Grand Total	\$219,968

**If your organization has a lengthier or more detailed budget due to the size of the organization or project or any other factor, attach additional budget documents to this proposal.**

Contract No. 13-53-090E

**EXHIBIT 3**

**Evidence of Insurance**

Client#: 82798

LARACHI2

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/25/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). If Waiver of Subrogation is applicable, it only applies to the extent allowed by law.

PRODUCER: Kelly Team, Mesirow Insurance Services, 353 N. Clark Street Suite 1200, Chicago, IL 60654. CONTACT NAME: N Karmi, PHONE: 312 595-6872, FAX: 312-595-4249, E-MAIL ADDRESS: nkarmi@mesirowfinancial.com. INSURER(S) AFFORDING COVERAGE: Lexington Insurance Company, NAIC #: 19437. INSURED: LaRabida Children's Hospital, 6501 S. Promontary Drive, Chicago, IL 60649.

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include General Liability, Automobile Liability, Umbrella Liability, Workers Compensation and Employers' Liability, and Professional Liability Claims Made.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Retroactive Date: January 1, 2003

Cook County, its officials, employees, and agents are additionally insured in the event that La Rabida receives funding under RFP No. 13-53-090 for Violence Prevention, Intervention, and Reduction Grants for the Justice Advisory Council.

CERTIFICATE HOLDER: County of Cook, Cook County, Office of the Chief Procurement Officer, 118 N. Clark St., Room 1018, Chicago, IL 60602. CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE: [Signature]

**ECONOMIC DISCLOSURE STATEMENT  
AND EXECUTION DOCUMENT  
INDEX**

Section	Description	Pages
Instructions	Instructions for Completion of EDS	EDS i - ii
1	Certifications	EDS 1, 2
2	Economic and Other Disclosures, Affidavit of Child Support Obligations and Disclosure of Ownership Interest	EDS 3 – 9
3	Sole Proprietor Signature Page	EDS 10a/b/c
4	Partnership Signature Page	EDS 11/a/b/c
5	Limited Liability Corporation Signature Page	EDS 12a/b/c
6	Corporation Signature Page	EDS 13a/b/c
7	Cook County Signature Page	EDS 14

## INSTRUCTIONS FOR COMPLETION OF ECONOMIC DISCLOSURE STATEMENT AND EXECUTION DOCUMENT

This Economic Disclosure Statement and Execution Document ("EDS") is to be completed and executed by every Bidder on a County contract, every party responding to a Request for Proposals or Request for Qualifications ("Proposer"), and others as required by the Chief Procurement Officer. If the Undersigned is awarded a contract pursuant to the procurement process for which this EDS was submitted (the "Contract"), this Economic Disclosure Statement and Execution Document shall stand as the Undersigned's execution of the Contract.

**Definitions.** Capitalized terms used in this EDS and not otherwise defined herein shall have the meanings given to such terms in the Instructions to Bidders, General Conditions, Request for Proposals, Request for Qualifications, or other documents, as applicable.

**"Affiliated Entity"** means a person or entity that, directly or indirectly: controls the Bidder, is controlled by the Bidder, or is, with the Bidder, under common control of another person or entity. Indicia of control include, without limitation, interlocking management or ownership; identity of interests among family members; shared facilities and equipment; common use of employees; and organization of a business entity following the ineligibility of a business entity to do business with the County under the standards set forth in the Certifications included in this EDS, using substantially the same management, ownership or principals as the ineligible entity.

**"Bidder," "Proposer," "Undersigned," or "Applicant,"** is the person or entity executing this EDS. Upon award and execution of a Contract by the County, the Bidder, Proposer, Undersigned or Applicant, as the case may be, shall become the Contractor or Contracting Party.

**"Proposal,"** for purposes of this EDS, is the Undersigned's complete response to an RFP/RFQ, or if no RFQ/RFP was issued by the County, the "Proposal" is such other proposal, quote or offer submitted by the Undersigned, and in any event a "Proposal" includes this EDS.

**"Code"** means the Code of Ordinances, Cook County, Illinois available through the Cook County Clerk's Office website (<http://www.cookctyclerk.com/sub/ordinances.asp>). This page can also be accessed by going to [www.cookctyclerk.com](http://www.cookctyclerk.com), clicking on the tab labeled "County Board Proceedings," and then clicking on the link to "Cook County Ordinances."

**"Contractor" or "Contracting Party"** means the Bidder, Proposer or Applicant with whom the County has entered into a Contract.

**"EDS"** means this complete Economic Disclosure Statement and Execution Document, including all sections listed in the Index and any attachments.

**"Lobby" or "lobbying"** means to, for compensation, attempt to influence a County official or County employee with respect to any County matter.

**"Lobbyist"** means any person or entity who lobbies.

**"Prohibited Acts"** means any of the actions or occurrences which form the basis for disqualification under the Code, or under the Certifications hereinafter set forth.

**Section 1: Certifications.** Section 1 sets forth certifications that are required for contracting parties under the Code. Execution of this EDS constitutes a warranty that all the statements and certifications contained, and all the facts stated, in the Certifications are true, correct and complete as of the date of execution.

**Section 2: Economic and Other Disclosures Statement.** Section 2 is the County's required Economic and Other Disclosures Statement form. Execution of this EDS constitutes a warranty that all the information provided in the EDS is true, correct and complete as of the date of execution, and binds the Undersigned to the warranties, representations, agreements and acknowledgements contained therein.

**Sections 3, 4, 5, 6: Execution Forms.** The Bidder executes this EDS, and the Contract, by completing and signing three copies of the appropriate Signature Page. Section 3 is the form for a sole proprietor; Section 4 is the form for a partnership or joint venture; Section 5 is the form for a Limited Liability Corporation, and Section 6 is the form for a Corporation. Proper execution requires **THREE ORIGINALS**; therefore, the appropriate Signature Page must be filled in, three copies made, and all three copies must be properly signed, notarized and submitted. The forms may be printed and completed by typing or hand writing the information required.

**INSTRUCTIONS FOR COMPLETION OF  
ECONOMIC DISCLOSURE STATEMENT AND EXECUTION DOCUMENT**

**Required Updates.** The information provided in this EDS will be kept current. In the event of any change in any information provided, including but not limited to any change which would render inaccurate or incomplete any certification or statement made in this EDS, the Undersigned will supplement this EDS up to the time the County takes action, by filing an amended EDS or such other documentation as is requested.

**Additional Information.** The County's Governmental Ethics and Campaign Financing Ordinances, impose certain duties and obligations on persons or entities seeking County contracts, work, business, or transactions. For further information please contact the Director of Ethics at (312) 603-4304 (69 W. Washington St. Suite 3040, Chicago, IL 60602) or visit our web-site at [www.cookcountygov.com](http://www.cookcountygov.com) and go to the Ethics Department link. The Bidder must comply fully with the applicable ordinances.

EDS-ii

1.10.13

## CERTIFICATIONS (SECTION 1)

THE FOLLOWING CERTIFICATIONS ARE MADE PURSUANT TO STATE LAW AND THE CODE. THE UNDERSIGNED IS CAUTIONED TO CAREFULLY READ THESE CERTIFICATIONS PRIOR TO SIGNING THE SIGNATURE PAGE. SIGNING THE SIGNATURE PAGE SHALL CONSTITUTE A WARRANTY BY THE UNDERSIGNED THAT ALL THE STATEMENTS, CERTIFICATIONS AND INFORMATION SET FORTH WITHIN THESE CERTIFICATIONS ARE TRUE, COMPLETE AND CORRECT AS OF THE DATE THE SIGNATURE PAGE IS SIGNED. THE UNDERSIGNED IS NOTIFIED THAT IF THE COUNTY LEARNS THAT ANY OF THE FOLLOWING CERTIFICATIONS WERE FALSELY MADE, THAT ANY CONTRACT ENTERED INTO WITH THE UNDERSIGNED SHALL BE SUBJECT TO TERMINATION.

### A. PERSONS AND ENTITIES SUBJECT TO DISQUALIFICATION

No person or business entity shall be awarded a contract or sub-contract, for a period of five (5) years from the date of conviction or entry of a plea or admission of guilt, civil or criminal, if that person or business entity:

- 1) Has been convicted of an act committed, within the State of Illinois, of bribery or attempting to bribe an officer or employee of a unit of state, federal or local government or school district in the State of Illinois in that officer's or employee's official capacity;
- 2) Has been convicted by federal, state or local government of an act of bid-rigging or attempting to rig bids as defined in the Sherman Anti-Trust Act and Clayton Act. Act. 15 U.S.C. Section 1 *et seq.*;
- 3) Has been convicted of bid-rigging or attempting to rig bids under the laws of federal, state or local government;
- 4) Has been convicted of an act committed, within the State, of price-fixing or attempting to fix prices as defined by the Sherman Anti-Trust Act and the Clayton Act. 15 U.S.C. Section 1, *et seq.*;
- 5) Has been convicted of price-fixing or attempting to fix prices under the laws the State;
- 6) Has been convicted of defrauding or attempting to defraud any unit of state or local government or school district within the State of Illinois;
- 7) Has made an admission of guilt of such conduct as set forth in subsections (1) through (6) above which admission is a matter of record, whether or not such person or business entity was subject to prosecution for the offense or offenses admitted to; or
- 8) Has entered a plea of *nolo contendere* to charge of bribery, price-fixing, bid-rigging, or fraud, as set forth in sub-paragraphs (1) through (6) above.

In the case of bribery or attempting to bribe, a business entity may not be awarded a contract if an official, agent or employee of such business entity committed the Prohibited Act on behalf of the business entity and pursuant to the direction or authorization of an officer, director or other responsible official of the business entity, and such Prohibited Act occurred within three years prior to the award of the contract. In addition, a business entity shall be disqualified if an owner, partner or shareholder controlling, directly or indirectly, 20 % or more of the business entity, or an officer of the business entity has performed any Prohibited Act within five years prior to the award of the Contract.

**THE UNDERSIGNED HEREBY CERTIFIES THAT:** The Undersigned has read the provisions of Section A, Persons and Entities Subject to Disqualification, that the Undersigned has not committed any Prohibited Act set forth in Section A, and that award of the Contract to the Undersigned would not violate the provisions of such Section or of the Code.

### B. BID-RIGGING OR BID ROTATING

**THE UNDERSIGNED HEREBY CERTIFIES THAT:** *In accordance with 720 ILCS 5/33 E-11, neither the Undersigned nor any Affiliated Entity is barred from award of this Contract as a result of a conviction for the violation of State laws prohibiting bid-rigging or bid rotating.*

### C. DRUG FREE WORKPLACE ACT

**THE UNDERSIGNED HEREBY CERTIFIES THAT:** The Undersigned will provide a drug free workplace, as required by Public Act 86-1459 (30 ILCS 580/2-11).

**D. DELINQUENCY IN PAYMENT OF TAXES**

**THE UNDERSIGNED HEREBY CERTIFIES THAT:** *The Undersigned is not an owner or a party responsible for the payment of any tax or fee administered by Cook County, by a local municipality, or by the Illinois Department of Revenue, which such tax or fee is delinquent, such as bar award of a contract or subcontract pursuant to the Code, Chapter 34, Section 34-129.*

**E. HUMAN RIGHTS ORDINANCE**

No person who is a party to a contract with Cook County ("County") shall engage in unlawful discrimination or sexual harassment against any individual in the terms or conditions of employment, credit, public accommodations, housing, or provision of County facilities, services or programs (Code Chapter 42, Section 42-30 *et seq*).

**F. ILLINOIS HUMAN RIGHTS ACT**

**THE UNDERSIGNED HEREBY CERTIFIES THAT:** *It is in compliance with the the Illinois Human Rights Act (775 ILCS 5/2-105), and agrees to abide by the requirements of the Act as part of its contractual obligations.*

**G. MACBRIDE PRINCIPLES, CODE CHAPTER 34, SECTION 34-132**

If the primary contractor currently conducts business operations in Northern Ireland, or will conduct business during the projected duration of a County contract, the primary contractor shall make all reasonable and good faith efforts to conduct any such business operations in Northern Ireland in accordance with the MacBride Principles for Northern Ireland as defined in Illinois Public Act 85-1390.

**H. LIVING WAGE ORDINANCE PREFERENCE (COOK COUNTY CODE, CHAPTER 34, SECTION 34-127;**

The Code requires that a living wage must be paid to individuals employed by a Contractor which has a County Contract and by all subcontractors of such Contractor under a County Contract, throughout the duration of such County Contract. The amount of such living wage is determined from time to time by, and is available from, the Chief Financial Officer of the County.

For purposes of this EDS Section 4, H, "Contract" means any written agreement whereby the County is committed to or does expend funds in connection with the agreement or subcontract thereof. The term "Contract" as used in this EDS, Section 4, I, specifically excludes contracts with the following:

- 1) Not-For Profit Organizations (defined as a corporation having tax exempt status under Section 501(C)(3) of the United State Internal Revenue Code and recognized under the Illinois State not-for -profit law);
- 2) Community Development Block Grants;
- 3) Cook County Works Department;
- 4) Sheriff's Work Alternative Program; and
- 5) Department of Correction inmates.

**REQUIRED DISCLOSURES (SECTION 2)**

**1. DISCLOSURE OF LOBBYIST CONTACTS**

List all persons or entities that have made lobbying contacts on your behalf with respect to this contract:

Name	Address
<i>None.</i>	

**2. LOCAL BUSINESS PREFERENCE DISCLOSURE; CODE, CHAPTER 34, SECTION 34-151(p);**

"Local Business" shall mean a person authorized to transact business in this State and having a bona fide establishment for transacting business located within Cook County at which it was actually transacting business on the date when any competitive solicitation for a public contract is first advertised or announced and further which employs the majority of its regular, full time work force within Cook County, including a foreign corporation duly authorized to transact business in this State and which has a bona fide establishment for transacting business located within Cook County at which it was actually transacting business on the date when any competitive solicitation for a public contract is first advertised or announced and further which employs the majority of its regular, full time work force within Cook County.

a) Is Bidder a "Local Business" as defined above?  
Yes:  No:

b) If yes, list business addresses within Cook County:

6501 S. PROMONTORY DRIVE  
CHICAGO, IL 60649

c) Does Bidder employ the majority of its regular full-time workforce within Cook County?  
Yes:  No:

**3. THE CHILD SUPPORT ENFORCEMENT ORDINANCE (PREFERENCE (CODE, CHAPTER 34, SECTION 34-366)**

Every Applicant for a County Privilege shall be in full compliance with any child support order before such Applicant is entitled to receive or renew a County Privilege. When delinquent child support exists, the County shall not issue or renew any County Privilege, and may revoke any County Privilege.

**All Applicants are required to review the Cook County Affidavit of Child Support Obligations attached to this EDS (EDS-8) and complete the following, based upon the definitions and other information included in such Affidavit.**

**4. REAL ESTATE OWNERSHIP DISCLOSURES.**

The Undersigned must indicate by checking the appropriate provision below and providing all required information that either:

- a) The following is a complete list of all real estate owned by the Undersigned in Cook County:

PERMANENT INDEX NUMBER(S): \_\_\_\_\_  
\_\_\_\_\_

(ATTACH SHEET IF NECESSARY TO LIST ADDITIONAL INDEX NUMBERS)

OR:

- b)  The Undersigned owns no real estate in Cook County.

**5. EXCEPTIONS TO CERTIFICATIONS OR DISCLOSURES.**

If the Undersigned is unable to certify to any of the Certifications or any other statements contained in this EDS and not explained elsewhere in this EDS, the Undersigned must explain below:

\_\_\_\_\_  
\_\_\_\_\_

If the letters, "NA", the word "None" or "No Response" appears above, or if the space is left blank, it will be conclusively presumed that the Undersigned certified to all Certifications and other statements contained in this EDS.

# COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

The Cook County Code of Ordinances (§2-610 *et seq.*) requires that any Applicant for any County Action must disclose information concerning ownership interests in the Applicant. This Disclosure of Ownership Interest Statement must be completed with all information current as of the date this Statement is signed. Furthermore, this Statement must be kept current, by filing an amended Statement, until such time as the County Board or County Agency shall take action on the application. The information contained in this Statement will be maintained in a database and made available for public viewing.

If you are asked to list names, but there are no applicable names to list, you must state NONE. An incomplete Statement will be returned and any action regarding this contract will be delayed. A failure to fully comply with the ordinance may result in the action taken by the County Board or County Agency being voided.

"Applicant" means any Entity or person making an application to the County for any County Action.

"County Action" means any action by a County Agency, a County Department, or the County Board regarding an ordinance or ordinance amendment, a County Board approval, or other County agency approval, with respect to contracts, leases, or sale or purchase of real estate.

"Entity" or "Legal Entity" means a sole proprietorship, corporation, partnership, association, business trust, estate, two or more persons having a joint or common interest, trustee of a land trust, other commercial or legal entity or any beneficiary or beneficiaries thereof.

This Disclosure of Ownership Interest Statement must be submitted by :

1. An Applicant for County Action and
2. An individual or Legal Entity that holds stock or a beneficial interest in the Applicant and is listed on the Applicant's Statement (a "Holder") must file a Statement and complete #1 only under **Ownership Interest Declaration**.

Please print or type responses clearly and legibly. Add additional pages if needed, being careful to identify each portion of the form to which each additional page refers.

This Statement is being made by the  Applicant or  Stock/Beneficial Interest Holder

This Statement is an:  Original Statement or  Amended Statement

Not Applicable - NOT FOR PROFIT CORPORATION

**Identifying Information:**

Name La Rabida Children's Hospital D/B/A: N/A EIN NO.: 36-2170143

Street Address: 6501 S. PROMONTORY DRIVE

City: CHICAGO State: IL Zip Code: 60649

Phone No.: 773-363-6700

**Form of Legal Entity:**

Sole Proprietor  Partnership  Corporation  Trustee of Land Trust

Business Trust  Estate  Association  Joint Venture

Other (describe) \_\_\_\_\_

**Ownership Interest Declaration:**

1. List the name(s), address, and percent ownership of each individual and each Entity having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder

2. If the interest of any individual or any Entity listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee	Name of Principal	Principal's Address

3. Is the Applicant constructively controlled by another person or Legal Entity? [ ] Yes [ ] No  
 If yes, state the name, address and percentage of beneficial interest of such person or legal entity, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship

**Declaration (check the applicable box):**

- I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.
- I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

Mark Renfree  
 Name of Authorized Applicant/Holder Representative (please print or type)  
Mark Renf  
 Signature  
MRENFREE@LAPABIDA.ORG  
 E-mail address

CFO & VP of Administration  
 Title  
6-26-13  
 Date  
773-753-8630  
 Phone Number

Subscribed to and sworn before me this 26th day of June 2013

My commission expires: 12/07/2014

x Mary G...  
 Notary Public Signature





## COOK COUNTY BOARD OF ETHICS

69 W. WASHINGTON STREET, SUITE 3040

CHICAGO, ILLINOIS 60602

312/603-4304

312/603-9988 FAX 312/603-1011 TT/TDD

### **FAMILIAL RELATIONSHIP DISCLOSURE PROVISION:**

Section 2-582 of the Cook County Ethics Ordinance requires any person or persons doing business with Cook County, upon execution of a contract with Cook County, to disclose to the Cook County Board of Ethics the existence of familial relationships they may have with all persons holding elective office in the State of Illinois, the County of Cook, or in any municipality within the County of Cook.

The disclosure required by this section shall be filed by January 1 of each calendar year or within thirty (30) days of the execution of any contract or lease. Any person filing a late disclosure statement after January 31 shall be assessed a late filing fee of \$100.00 per day that the disclosure is late. Any person found guilty of violating any provision of this section or knowingly filing a false, misleading, or incomplete disclosure to the Cook County Board of Ethics shall be prohibited, for a period of three (3) years, from engaging, directly or indirectly, in any business with Cook County. *Note:* Please see Chapter 2 Administration, Article VII Ethics, Section 2-582 of the Cook County Code to view the full provisions of this section.

If you have questions concerning this disclosure requirement, please call the Cook County Board of Ethics at (312) 603-4304.

*Note:* A current list of contractors doing business with Cook County is available via the Cook County Board of Ethics' website at:

[http://www.cookcountygov.com/taxonomy/ethics/Listings/cc\\_ethics\\_VendorList\\_.pdf](http://www.cookcountygov.com/taxonomy/ethics/Listings/cc_ethics_VendorList_.pdf)

### **DEFINITIONS:**

*"Calendar year"* means January 1 to December 31 of each year.

*"Doing business"* for this Ordinance provision means any one or any combination of leases, contracts, or purchases to or with Cook County or any Cook County agency in excess of \$25,000 in any calendar year.

*"Familial relationship"* means a person who is related to an official or employee as spouse or any of the following, whether by blood, marriage or adoption:

- |           |                   |                |
|-----------|-------------------|----------------|
| ▪ Parent  | ▪ Grandparent     | ▪ Stepfather   |
| ▪ Child   | ▪ Grandchild      | ▪ Stepmother   |
| ▪ Brother | ▪ Father-in-law   | ▪ Stepson      |
| ▪ Sister  | ▪ Mother-in-law   | ▪ Stepdaughter |
| ▪ Aunt    | ▪ Son-in-law      | ▪ Stepbrother  |
| ▪ Uncle   | ▪ Daughter-in-law | ▪ Stepsister   |
| ▪ Niece   | ▪ Brother-in-law  | ▪ Half-brother |
| ▪ Nephew  | ▪ Sister-in-law   | ▪ Half-sister  |

*"Person"* means any individual, entity, corporation, partnership, firm, association, union, trust, estate, as well as any parent or subsidiary of any of the foregoing, and whether or not operated for profit.

**SWORN FAMILIAL RELATIONSHIP DISCLOSURE FORM**

Pursuant to Section 2-582 of the Cook County Ethics Ordinance, any person\* doing business\* with Cook County must disclose, to the Cook County Board of Ethics, the existence of familial relationships\* to any person holding elective office in the State of Illinois, Cook County, or in any municipality within Cook County. Please print your responses.

Name of Owner/Employee: Bradley Stolbach Title: Program Director, Chicago Child Trauma Center

Business Entity Name: La Rabida Children's Hospital Phone: 773 256 5735

Business Entity Address: 6501 S. Promontory Dr., Chicago, IL 60649

\_\_\_\_\_ The following familial relationship exists between the owner or any employee of the business entity contracted to do business with Cook County and any person holding elective office in the State of Illinois, Cook County, or in any municipality within Cook County.

Owner/Employee Name:	Related to:	Relationship:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

If more space is needed, attach an additional sheet following the above format.

There is **no** familial relationship that exists between the owner or any employee of the business entity contracted to do business with Cook County and any person holding elective office in the State of Illinois, Cook County, or in any municipality within Cook County.

To the best of my knowledge and belief, the information provided above is true and complete.

Bradley Stolbach \_\_\_\_\_ Date 3/18/2013  
Owner/Employee's Signature

Subscribe and sworn before me this 18th Day of March, 2013

a Notary Public in and for Cook County



Tracy Gonzales  
(Signature)

NOTARY PUBLIC  
SEAL

My Commission expires 12-07-14

Completed forms must be filed within 30 days of the execution of any contract or lease with Cook County and should be mailed to:

Cook County Board of Ethics  
69 West Washington Street,  
Suite 3040  
Chicago, Illinois 60602

**SIGNATURE BY A SOLE PROPRIETOR**  
**(SECTION 3)**

The Undersigned hereby certifies and warrants: that all of the statements, certifications and representations set forth in this EDS are true, complete and correct; that the Undersigned is in full compliance and will continue to be in compliance throughout the term of the Contract or County Privilege issued to the Undersigned with all the policies and requirements set forth in this EDS; and that all facts and information provided by the Undersigned in this EDS are true, complete and correct. The Undersigned agrees to inform the Chief Procurement Officer in writing if any of such statements, certifications, representations, facts or information becomes or is found to be untrue, incomplete or incorrect during the term of the Contract or County Privilege.

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

BUSINESS TELEPHONE: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

FEIN/SSN: \_\_\_\_\_

COOK COUNTY BUSINESS REGISTRATION NUMBER: \_\_\_\_\_

SOLE PROPRIETOR'S SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Subscribed to and sworn before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires:

X \_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Seal

**SIGNATURE BY A PARTNERSHIP (AND/OR A JOINT VENTURE)**  
**(SECTION 4)**

The Undersigned hereby certifies and warrants: that all of the statements, certifications, and representations set forth in this EDS are true, complete and correct; that the Undersigned is in full compliance and will continue to be in compliance throughout the term of the Contract or County Privilege issued to the Undersigned with all the policies and requirements set forth in this EDS; and that all of the facts and information provided by the Undersigned in this EDS are true, complete and correct. The Undersigned agrees to inform the Chief Procurement Officer in writing if any of such statements, certifications, representations, facts or information becomes or is found to be untrue, incomplete or incorrect during the term of the Contract or County Privilege.

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

\_\_\_\_\_

BUSINESS TELEPHONE: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ FEIN/SSN: \_\_\_\_\_

\*COOK COUNTY BUSINESS REGISTRATION NUMBER: \_\_\_\_\_

**SIGNATURE OF PARTNER AUTHORIZED TO EXECUTE CONTRACTS ON BEHALF OF PARTNERSHIP:**

\*BY: \_\_\_\_\_

Date: \_\_\_\_\_

Subscribed to and sworn before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

My commission expires:

X \_\_\_\_\_

Notary Public Signature

\_\_\_\_\_

Notary Seal

\* **Attach hereto a partnership resolution or other document authorizing the individual signing this Signature Page to so sign on behalf of the Partnership.**

**SIGNATURE BY A LIMITED LIABILITY CORPORATION**  
**(SECTION 5)**

The Undersigned hereby certifies and warrants: that all of the statements, certifications, and representations set forth in this EDS are true, complete and correct; that the Undersigned is in full compliance and will continue to be in compliance throughout the term of the Contract or County Privilege issued to the Undersigned with all the policies and requirements set forth in this EDS; and that all of the facts and information provided by the Undersigned in this EDS are true, complete and correct. The Undersigned agrees to inform the Procurement Director in writing if any of such statements, certifications, representations, facts or information becomes or is found to be untrue, incomplete or incorrect during the term of the Contract or County Privilege.

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS TELEPHONE: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

FEIN: \_\_\_\_\_ \* CORPORATE FILE NUMBER: \_\_\_\_\_

MANAGING MEMBER: \_\_\_\_\_ MANAGING MEMBER: \_\_\_\_\_

\*\*SIGNATURE OF MANAGER: \_\_\_\_\_

ATTEST: \_\_\_\_\_

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

X \_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Seal

\* **If the LLC is not registered in the State of Illinois, a copy of a current Certificate of Good Standing from the state of incorporation must be submitted with this Signature Page.**

\*\* **Attach either a certified copy of the by-laws, articles, resolution or other authorization demonstrating such persons to sign the Signature Page on behalf of the LLC.**

**SIGNATURE BY A CORPORATION  
(SECTION 6)**

The Undersigned hereby certifies and warrants: that all of the statements, certifications, and representations set forth in this EDS are true, complete and correct; that the Undersigned is in full compliance and will continue to be in compliance throughout the term of the Contract or County Privilege issued to the Undersigned with all the policies and requirements set forth in this EDS; and that all of the facts and information provided by the Undersigned in this EDS are true, complete and correct. The Undersigned agrees to inform the Chief Procurement Officer in writing if any of such statements, certifications, representations, facts or information becomes or is found to be untrue, incomplete or incorrect during the term of the Contract or County Privilege.

BUSINESS NAME: La Rabida children's Hospital

BUSINESS ADDRESS: 6501 S. Promontory Drive, Chicago, IL 60649

BUSINESS TELEPHONE: 773-363-6700 FAX NUMBER: 773-363-7064

CONTACT PERSON: Kiae Jung, Grants and program Administrator

FEIN: 36-2170143 \*IL CORPORATE FILE NUMBER: 1078-760-2

LIST THE FOLLOWING CORPORATE OFFICERS:

PRESIDENT: Brenda Wolf

VICE PRESIDENT: Aden Henry

SECRETARY: vacant

VICE PRESIDENT & TREASURER: Mark Renfree

\*\*SIGNATURE OF PRESIDENT: Brenda Wolf

ATTEST: Mark Renfree (CORPORATE SECRETARY)  
VICE PRESIDENT & TREASURER  
(SEE BY-LAWS)

Subscribed and sworn to before me this  
21<sup>st</sup> day of March, 2013

My commission expires:

12/07/2014

x Tracy Gonzales  
Notary Public Signature

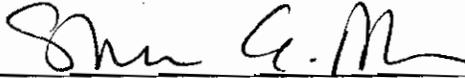


\* If the corporation is not registered in the State of Illinois, a copy of the Certificate of Good Standing from the state of incorporation must be submitted with this Signature Page.

\*\* In the event that this Signature Page is signed by any persons than the President and Secretary, attach either a certified copy of the corporate by-laws, resolution or other authorization by the corporation, authorizing such persons to sign the Signature Page on behalf of the corporation.

COOK COUNTY SIGNATURE PAGE  
(SECTION 10)

ON BEHALF OF THE COUNTY OF COOK, A BODY POLITIC AND CORPORATE OF THE STATE OF ILLINOIS, THIS CONTRACT IS HEREBY EXECUTED BY:



COOK COUNTY CHIEF PROCUREMENT OFFICER

DATED AT CHICAGO, ILLINOIS THIS 18 DAY OF July, 2013.

IN THE CASE OF A BID PROPOSAL, THE COUNTY HEREBY ACCEPTS:

THE FOREGOING BID/PROPOSAL AS IDENTIFIED IN THE CONTRACT DOCUMENTS FOR CONTRACT NUMBER

13-53-0906

OR

ITEM(S), SECTION(S), PART(S): \_\_\_\_\_

TOTAL AMOUNT OF CONTRACT: \$ 219,918<sup>00</sup>  
(DOLLARS AND CENTS)

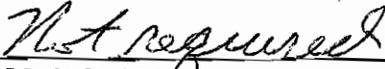
FUND CHARGEABLE: \_\_\_\_\_

APPROVED BY THE BOARD OF  
COOK COUNTY COMMISSIONERS

JUL 17 2013

APPROVED AS TO FORM:

COM \_\_\_\_\_



ASSISTANT STATE'S ATTORNEY  
(Required on contracts over \$1,000,000.00)