



CAMI Advisory Council Meeting Minutes

CVSD Conference Room, Suite 150A (Lower Level)
Tuesday May 12th, 2015, 9:00 a.m. – 4:00 p.m.

Committee Members present: Kevin Barton, Carol Chervenak, Staci Heintzman-Yutzie, Elizabeth Heskett-Bouressa, Tina Morgan, Tammy Pitzen, Shelly Smith, and Wendy Steinbronn

CVSD DOJ Staff Present: Robin Reimer, Mike Maryanov, Shannon Sivell, and Sarina Singson

Committee Members absent: Stacey Ayers, Kirstin Heydel, and Matt Shirtcliff

Welcome and Introductions

Robin thanked the AC members for their hard work and thoughtful comments.

The CAMI MDT Grant Review Process included 4 review teams of three AC members. All members were provided copies of all applications. Each team was specifically charged with providing written feedback to CVSD on their 9 applications prior to the meeting. The feedback was compiled into a spreadsheet. Each team was asked to designate one of its members to summarize to the AC the group's comments for each applicant. As this was a non-competitive process, scores were not assigned, but it was noted that per statute, grants could be denied or granted conditionally if an applicant or applicants did not meet the eligibility criteria.

Robin oriented the group to the spreadsheet. The group discussed each application and requests for modifications to the applications were noted for each applicant.

General Recommendations

The Advisory Council noted that themes emerged among the applications, mainly with regard to protocols and budgets. The Advisory Council recommended that in addition to modification requests, that Robin prepare a document containing general guidance for grantees around certain CAMI fund requirements.

Theme 1- Disproportionate allocation of funds. AC members questioned the budgets of several counties with regard to the distribution of funds. Robin said that there is currently no specific guidance regarding what percentages MDTs should budget to different line items. There is no definition of "prioritizing funding to a CAIC" and that this is an ongoing challenge when evaluating budgets. Some interpret "prioritizing" to be a specific percentage of the budget, for example, some counties have stated that this means at least 70% of the budget should be dedicated to the CAIC. CVSD has never adopted a specific percentage or other definition. Kevin suggested providing more funding to a CAIC than to any other category in the budget could be



“prioritizing funding to a CAIC.” The AC agreed. Robin asked the AC for direction regarding implementation of such a definition. The AC recommended that counties where funds would need to be transferred from personnel might need 1-2 years to make an adjustment as this would impact people’s jobs, counties could transfer funds from training to the CAIC immediately. The council recommended that Robin request an immediate change in the current applications of those who assign a disproportionate amount of the budget to training, and notify those who dedicate a disproportionate amount of funds to FTE that they should begin planning for this change, which should be a grant requirement by 2017-19. Counties can begin planning sooner.

Theme 2-Counties should have a contract with a CAIC and should use quarterly payments rather than fee for service contracts with CAICs and should not simply indicate they have emergency funds available to cover uninsured victims.

Theme 3-Any county with no DMP must have a plan in place. (Such a plan is already requested in CAMI MDT progress reports).

Theme 4-Karly’s Law Protocols should state clearly that the 48 hour referral timeline begins when the first responder discovers the child’s suspicious physical injury and timeline for taking photographs is immediate. Karly’s Law Protocols should also include the correct citations.

Theme 5-Drug Endangered Child (DEC) Protocols-many focus on meth labs and are quite out of date. The AC members opined that if a DEC Protocol is not statutorily required, the requirement by CAMI should be removed. MDTs are not updating those policies, but in practice, the MDTs protocols are not followed. It is the drug response teams, not child abuse teams, who have authority in this area, so if MDTs update the policy, it would probably be ignored anyway.

Shelly suggested that with regard to these general themes, the information should be provided to all grantees, then they will be on notice. Robin should offer support in achieving these. If a grantee fails to meet the requirements by the next grant cycle, they should be required to participate in a webinar or other such support.

Kevin asked for an explanation of the next steps in the review process. Robin said that as the AC agreed that all applicants should be provided modification requests, she would provide the requests to the applicants with a deadline for completion of the requests. If an applicant did not satisfactorily complete the modifications, Robin suggested that the awards could be made conditional upon completion of the modification, depending on the particular situation. Members approved of this process.

Members also expressed interest in receiving information regarding past grantee performance and compliance with modification requests. Robin agreed that she would provide this information. Carol also requested that more information on Karly’s Law case handling might be helpful in the next round of applications.

Meeting adjourned at 5 PM.