



CAMI Advisory Council Meeting Minutes

DOJ- Portland Office, Marquam Room (4th Floor)
Tuesday May 23, 2017 8:00 a.m. – 4:30 p.m.

Council Members Present: Carol Chervenak, Elizabeth Heskett, Kirstin Heydel, Tina Morgan, Tammi Pitzen, Kevin Barton, Matt Shirtcliff (phone), Shelly Smith, Marilyn Reilly

CVSD DOJ Staff Present: Alisha Goodwin, Mike Maryanov, Robin Reimer

Guests: Simonne Weyand

Council Members Absent: Stacey Ayers

Welcome/Minutes Approval

The AC approved February 7, 2017 minutes.

Network and RSP Reports

RSP reports were distributed to the AC by email, the Network report will be sent when available.

The Network had their membership meeting and discussed new accreditation standards for the National Children's Alliance, particularly, standards around advocacy, vicarious trauma training, pass fail criteria, and a shift to all criteria being essential. The Network also received an extended grant from the Ford Family Foundation.

Grant Application Review

Robin thanked everyone who participated in reviewing the 2017 CAMI MDT non-competitive applications. The feedback received is very detailed and helpful. Much of the feedback will be useful for Technical Assistance (TA) and site visits. As the application is non-competitive, modification requests will focus on what is minimally necessary.

CVSD has discretion to allow grantees who are compliant with all eligibility and reporting requirements to complete an abbreviated biannual application. Beginning with the next round of MDT applications (2019-21), grantees will be allowed to submit a continuation application rather than a full application at CVSD's discretion. Those who are not in compliance or whom the AC has concerns about could be required to complete a full grant application.

Robin will create a continuation document as an example and send it across to the AC for review and discussion.



Many applications contained protocols that were out of date, contained bad law, were not consistent with best practice or were too general or too long. Creating standard protocols from which grantees could work would be useful. Suggestions from the CAMI AC include creating basic protocols, which reference ORS and OARs instead of quoting them (to help reduce inconsistency), creating a template that minimizes the length of protocols, and making protocols a guide for, rather than a reflection of, practice. A model protocol that allows grantees to customize to their needs and functions would also be useful. MDTs could adopt the model protocols rather than submitting their own protocols in future grant applications. Assistance in drafting the protocols should be elicited, and perhaps a contract would be appropriate, as the AC membership does not have capacity to be involved in drafting the documents. The ChAS section may be able to assist but would need to be compensated.

Robin will share the conversation about model protocols with CVSD management.

Because the MDT applications are non-competitive, application review discussion should focus on major concerns that could make a grantee conditionally eligible and therefore must be modified, such as not prioritizing funding to a center. Most issues can be resolved through technical assistance and site visits. Robin will follow up with applicants who have not met required training guidelines, need to adjust their logic models, need to execute contracts, etc. These would become grant conditions if they are not corrected through modifications.

CAMI AC feedback on grant applications include pediatric SANE and acute vs. non-acute, estimated costs of the Child Abuse Summit (what are the actual costs), differential response, and CSEC response. Currently, each county determines CSEC response based on their needs, while some MDTs have taken initiative others have not. Prioritizing a center has also been a challenge for some counties.

Meeting Adjourned at 4:30pm.