

Agenda

June 11, 2021 – 11:00 a.m.

VIA WEBEX

The public may sign up to virtually attend through

<https://covaconf.webex.com/covaconf/j.php?RGID=r23a3094a9dc26ca432675fae8c1a2fb7>

NOTE: Task Force Members should join the meeting using the WebEx link they received by email.

1. **Call to Order and Introductions** – *M. Norman Oliver, MD, MA, Task Force Chair, State Health Commissioner*
2. **Approval of Minutes and Review of Agenda** – *Rebekah E. Allen, Senior Policy Analyst, Office of Licensure and Certification, Virginia Department of Health*
3. **Public Comment**
4. **Presentations and Discussion**
 - 4.1. **Results of Task Force Member Survey** – *Alexandra Jansson, Senior Policy Analyst, Governmental and Regulatory Affairs, Virginia Department of Health*
 - 4.2. **Draft Work Plan Proposal from VDH Staff** – *Ms. Allen and Ms. Jansson*
 - 4.3. **Discussion on Task Force Work Plan** – *Task Force Members, Ms. Allen, and Ms. Jansson*
5. **Next Steps** – *Ms. Allen and Ms. Jansson*
6. **Other Business** – *Dr. Oliver*
7. **Meeting Adjournment**

Sexual Assault Survivor Task Force

June 11, 2021 at 11:00 AM
Virtual Meeting
WebEx



CALL TO ORDER AND INTRODUCTIONS



Introductions

Named Members in the Code of Virginia

Name	Constituency
M. Norman Oliver	Commissioner, Department of Health
Jennifer Boysko	Senate Rules Committee
Kelly Convors-Fowler	House of Delegates
Karrie Delaney	House of Delegates
Mark Herring	Attorney General
Gary Settle	Director, Department of State Police
Gena Berger	Chief Deputy Commissioner, Department of Social Services (designee of Duke Storen, Commissioner)

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Introductions

Appointed by Governor

Name	Constituency
Robin Foster	Representative of a licensed hospital
Lindsey Caley	Licensed pediatrician who is a practitioner of emergency medicine
Patricia Hall	Member of sexual assault survivor advocacy organization
Melissa Harper	Licensed nurse who is a sexual assault nurse examiner
Sara Jennings	Licensed nurse who is a sexual assault nurse examiner
Jeanne Parrish	Member of children's advocacy organization
Bonnie Price	Licensed nurse who is a sexual assault nurse examiner
Dawn Scaff	Representative of a licensed hospital
Scott Sparks	Licensed physician who is a practitioner of emergency medicine
Brooke Thomas	Licensed physician who is a practitioner of emergency medicine
Chatonia Zollicoffer	Member of sexual assault survivor advocacy organization

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Agenda

Item	Speaker
Introductions and Roll Call	M. Norman Oliver, MD, MA, Chair State Health Commissioner
Approval of Minutes and Review of Agenda	Rebekah E. Allen, JD, Senior Policy Analyst Office of Licensure and Certification
Public Comment	
Results of Task Force Member Survey	Alexandra Jansson, MPP, Senior Policy Analyst Governmental and Regulatory Affairs
Draft Work Plan Proposal from VDH Staff	Ms. Allen and Ms. Jansson
Discussion on Task Force Work Plan	Task Force Members, Ms. Allen, and Ms. Jansson
Next Steps	Ms. Allen and Ms. Jansson
Other Business	Dr. Oliver
Meeting Adjournment	

PUBLIC COMMENT

Public Comment Period

There is a two minute time limit for each person to speak.

We will be calling from the list generated through attendee registration.

After the 2 minute public comment limit is reached, we will let you complete the sentence. We will then mute you and move on to the next attendee.

We will call the name of the person on list and also the name of the person is next on the list.



RESULTS OF TASK FORCE MEMBER SURVEY



Task Force Survey Questions

I am a subject matter expert in... (Check all that apply)

- Treatment or treatment planning for adult survivors of sexual assault
- Treatment or treatment planning for pediatric survivors of sexual assault
- Transfer or transfer planning for adult survivors of sexual assault
- Transfer or transfer planning for pediatric survivors of sexual assault
- Rape crisis centers or other medical advocacy services
- Sexual assault forensic examiners
- Creation, storage, or retention of photographic and other documentation and evidence
- Developing educational materials or training for health care providers and facilities
- Telemedicine generally or the application of telemedicine for survivors of sexual assault

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Task Force Survey Questions

I or the organization(s) I work for or represent have information and resources to share about... (Check all that apply)

- Treatment or treatment planning for adult survivors of sexual assault
- Treatment or treatment planning for pediatric survivors of sexual assault
- Transfer or transfer planning for adult survivors of sexual assault
- Transfer or transfer planning for pediatric survivors of sexual assault
- Rape crisis centers or other medical advocacy services
- Sexual assault forensic examiners
- Creation, storage, or retention of photographic and other documentation and evidence
- Developing educational materials or training for health care providers and facilities
- Telemedicine generally or the application of telemedicine for survivors of sexual assault

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Task Force Survey Questions

If you have information or resources available to share about one or more topics the Task Force is working on, please send these items by email to both alexandra.jansson@vdh.virginia.gov and rebekah.allen@vdh.virginia.gov.

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Task Force Survey Questions

I want to concentrate my efforts and work on the Task Force in the following areas... (Check all that apply)

- Treatment or treatment planning for adult survivors of sexual assault
- Treatment or treatment planning for pediatric survivors of sexual assault
- Transfer or transfer planning for adult survivors of sexual assault
- Transfer or transfer planning for pediatric survivors of sexual assault
- Rape crisis centers or other medical advocacy services
- Sexual assault forensic examiners
- Creation, storage, or retention of photographic and other documentation and evidence
- Developing educational materials or training for health care providers and facilities
- Telemedicine generally or the application of telemedicine for survivors of sexual assault

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Adult Survivors: Treatment

Subject matter expertise	Shareable information and resources	Particular interest areas for members
<ul style="list-style-type: none">• Sarah Burton Jennings• Melissa Harper• Brooke Thomas• Bonnie Price• Lindsey Caley	<ul style="list-style-type: none">• Sarah Burton Jennings• Brooke Thomas• Bonnie Price• Lindsey Caley	<ul style="list-style-type: none">• Sarah Burton Jennings• Brooke Thomas• Bonnie Price• Lindsey Caley

Pediatric Survivors: Treatment

Subject matter expertise	Shareable information and resources	Particular interest areas for members
<ul style="list-style-type: none">• Sarah Burton Jennings• Melissa Harper• Brooke Thomas• Dawn Scaff• Bonnie Price• Lindsey Caley	<ul style="list-style-type: none">• Sarah Burton Jennings• Melissa Harper• Brooke Thomas• Bonnie Price• Lindsey Caley	<ul style="list-style-type: none">• Sarah Burton Jennings• Melissa Harper• Brooke Thomas• Dawn Scaff• Bonnie Price• Lindsey Caley

Adult Survivors: Transfer

Subject matter expertise	Shareable information and resources	Particular interest areas for members
<ul style="list-style-type: none">• Sarah Burton Jennings• Brooke Thomas• Bonnie Price• Lindsey Caley	<ul style="list-style-type: none">• Sarah Burton Jennings• Brooke Thomas• Bonnie Price• Lindsey Caley	<ul style="list-style-type: none">• Brooke Thomas• Bonnie Price• Lindsey Caley


Pediatric Survivors: Transfer

Subject matter expertise	Shareable information and resources	Particular interest areas for members
<ul style="list-style-type: none">• Sarah Burton Jennings• Brooke Thomas• Dawn Scaff• Bonnie Price• Lindsey Caley	<ul style="list-style-type: none">• Sarah Burton Jennings• Bonnie Price• Lindsey Caley	<ul style="list-style-type: none">• Brooke Thomas• Dawn Scaff• Bonnie Price• Lindsey Caley

Rape Crisis Centers and Medical Advocacy Services

Subject matter expertise	Shareable information and resources	Particular interest areas for members
<ul style="list-style-type: none">• Dawn Scaff• Bonnie Price	<ul style="list-style-type: none">• Bonnie Price• Lindsey Caley	<ul style="list-style-type: none">• Jennifer B. Boysko• Dawn Scaff• Bonnie Price

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VDH VIRGINIA DEPARTMENT OF HEALTH
To protect the health and promote the well-being of all people in Virginia.

Creation, Storage, and Retention of Documentation and Evidence

Subject matter expertise	Shareable information and resources	Particular interest areas for members
<ul style="list-style-type: none">• Sarah Burton Jennings• Bonnie Price	<ul style="list-style-type: none">• Sarah Burton Jennings• Bonnie Price	<ul style="list-style-type: none">• Sarah Burton Jennings• Bonnie Price

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Telemedicine

Subject matter expertise

- Brooke Thomas
- Jennifer B. Boysko
- Bonnie Price

Shareable information and resources

- Sarah Burton Jennings
- Brooke Thomas
- Jennifer B. Boysko
- Bonnie Price

Particular interest areas for members

- Brooke Thomas
- Jennifer B. Boysko
- Bonnie Price

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Sexual Assault Forensic Examiners (SAFEs)

Subject matter expertise

- Sarah Burton Jennings
- Melissa Harper
- Dawn Scaff
- Bonnie Price

Shareable information and resources

- Sarah Burton Jennings
- Melissa Harper
- Brooke Thomas
- Bonnie Price
- Lindsey Caley

Particular interest areas for members

- Sarah Burton Jennings
- Melissa Harper
- Dawn Scaff
- Bonnie Price

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Developing Educational Material for Training for Providers

Subject matter expertise

- Sarah Burton Jennings
- Melissa Harper
- Brooke Thomas
- Dawn Scaff
- Bonnie Price

Shareable information and resources

- Sarah Burton Jennings
- Brooke Thomas
- Dawn Scaff
- Bonnie Price
- Lindsey Caley

Particular interest areas for members

- Sarah Burton Jennings
- Melissa Harper
- Brooke Thomas
- Jennifer B. Boysko
- Dawn Scaff
- Bonnie Price
- Lindsey Caley

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Key Takeaways

Low response rate (only 1/3 responded)

Task Force members who have resources to share need to send them ASAP to Ms. Allen and Ms. Jansson so they can be distributed

Areas with fewer subject matter experts may need to be supplemented with outside presenters/resources

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DRAFT WORK PLAN PROPOSAL FROM VDH STAFF

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Committees on Deliverables

Model Documents Committee

- Model transfer plans and treatment plans
- Model written transfer agreements
- Model written agreements with rape crisis centers

Best Practices and Processes Committee

- Creation, storage, and retention processes of documentation and evidence
- Telemedicine recommendations for survivors of sexual assault

Workforce and Education Committee

- Plans to employ or contract with sexual assault forensic examiners (SAFEs), including on-call systems
- Educational materials for hospitals, health care providers, rape crisis centers, children's advocacy centers, and others

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Committees on Deliverables

Have every committee and the full Task Force meet once every four weeks

Rotating schedule

For example...

Model Documents Committee meets Week 1

Best Practices and Processes Committee meets Week 3

Workforce and Education Committee meets Week 5

Task Force meets Week 7

Etc.

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Annual Task Force Report

VDH staff to draft the annual report on behalf of the Task Force

The Task Force's report is due to the...

Office of State Health Commissioner by October 15

Secretary of the Health and Human Resources by
November 1

Governor and General Assembly by December 1

VDH staff to present a draft for the Task Force's
feedback, commentary, and approval in September

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DISCUSSION ON TASK FORCE WORK PLAN

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Reminder on Deliverables

Develop model treatment and transfer plans, written transfer agreements, written agreements with rape crisis centers

Recommend processes and best practices

- Documentation and preservation of evidence
- Use of telemedicine

Increase availability of sexual assault forensic examiners

Create educational materials for providers and advocates

Annual Report - December 1 each year

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NEXT STEPS

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OTHER BUSINESS

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MEETING ADJOURNMENT

**Task Force on Services for Survivors of Sexual Assault
Meeting Minutes**

May 21, 2021 - 8:30am

VIA WEBEX

A full recording of the meeting can be found [here](#).

Task Force Members Present: Dr. M. Norman Oliver*; Delegate Kelly K. Convirs-Fowler; Delegate Karrie K. Delaney; Colonel Gary T. Settle; Ms. Gena Berger; Dr. Robin L. Foster; Dr. Lindsey N. Caley; Ms. Patricia McComas Hall; Ms. Melissa Ratcliff Harper; Dr. Sara Jennings; Dr. Bonnie Price; Ms. Dawn Scaff; Dr. Scott E. Sparks; Dr. Brooke Burkhart Thomas; Ms. Chatonia “Toni” Zollicoffer

**Dr. Oliver joined the meeting at 8:44am.*

Task Force Members Absent: Senator Jennifer B. Boysko; Mr. Mark R. Herring; Dr. Jeanne Parrish

VDH Staff Present: Ms. Rebekah E. Allen; Ms. Alexandra Jansson

Call to Order

Ms. Allen called the meeting to order at 8:35am.

Introductions

Ms. Allen welcomed those in attendance to the meeting. Ms. Allen then conducted a roll call of members present.

Determination of Quorum

Ms. Allen reviewed what the concept of a quorum is and that since the Task Force’s quorum is not set in statute, its quorum defaults to the majority unless the Task Force chooses another number by vote. Ms. Allen suggested that the Task Force consider setting its quorum to closely mirror that of the State Board of Health (Board), which is 40% of the membership; that would be 7.2 Task Force members, which Ms. Allen suggested rounding up to 8. The Task Force members present voted unanimously to adopt 8 Task Force members as a quorum.

Review of the Agenda

Ms. Allen reviewed the agenda. No changes were made to the previously distributed agenda.

Public Comment

No public comment was offered during the meeting.

Presentations and Discussion

Dr. Oliver joined the meeting. Dr. Oliver offered his comments on the importance of the Task Force and the issues it would be addressing, and that he looked forward to its discussions and work.

Task Force Overview

Ms. Jansson presented on the topic of the Task Force, covering the underlying legislation that created the Task Force and the statutory responsibilities and deliverables of the Task Force. Ms. Jansson mentioned that the Task Force may first want to focus its efforts on model documents, since regulations are in development and the two should mirror each other.

Ms. Jansson mentioned that due to the prior lack of quorum prior to the gubernatorial appointments, VDH staff had drafted the 2020 annual report on behalf of the Task Force. Ms. Jansson also stated that VDH staff would be willing to continue to support the Task Force by drafting the 2021 annual report for its consideration. Ms. Allen mentioned that the draft 2020 annual report had been distributed to the Task Force prior to the meeting and asked that Ms. Jansson confirm that approval had been received to publish the report, which she did. Ms. Allen stated that a copy of the final 2020 annual report and a link to its public posting would be distributed to the Task Force after the meeting.

Regulations

Ms. Allen presented on the topic of the regulatory responsibilities of the State Board of Health in creating regulations addressing the transfer and treatment of survivors of sexual assault by hospitals and pediatric health care facilities. Ms. Allen explained that the legislative act had different enactment dates for different provisions, i.e., the Task Force's existence and the State Board's mandate to promulgate regulations went into effect July 1, 2020, but the requirement that hospitals and pediatric health care facilities have transfer and/or treatment plans did not go into effect until July 1, 2023.

Ms. Allen explained that the regulatory process in Virginia is typically conducted in three stages, and generally described those stages. Ms. Allen further informed the Task Force that the first stage--the Notice of Intended Regulatory Action (NOIRA)--had already taken place on March 1, 2021 and the 30-day public comment period had ended on March 31, 2021; Ms. Allen did clarify that the public can still submit comments though the formal public comment period had ended. Ms. Allen stated that the regulatory text is under development and that she and Ms. Jansson planned on sharing the in-progress draft at a future meeting of the Task Force.

Ms. Allen explained that VDH staff would draft the regulations, present them to the Board for approval, and then the regulations would undergo Executive Branch Review. Ms. Allen stated this review process can be for a variable amount of time, which can be difficult to predict. Ms. Allen stated that once review is complete, the regulatory text would be published as the second stage and be subject to a 60-day public comment period and that she anticipated public comment would be received at that time since the public would have something to react to. Ms. Allen then explained that the third stage is very similar, except that the last stage only has a 30-day public comment period.

Dr. Sparks asked for more specifics about the regulation drafting process. Ms. Allen explained that VDH policy analysts typically wrote the first draft, then shared it with internal subject matter experts for their feedback and revision, and then shared the draft with external stakeholders in advance of the Board meeting to resolve any conflicts or concerns and increase the likelihood the Board would approve the proposal.

Action Items

Ms. Allen explained that the rest of the meeting was devoted to the Task Force planning its activities and how it wanted to address implementation of its statutory responsibilities. Ms. Allen explained that in addition to developing its work plan, draft bylaws and a draft electronic meetings policy had been distributed for the Task Force's consideration. Ms. Allen clarified that the electronic meetings policy would only apply once the COVID-19 state of emergency had lapsed.

Ms. Berger suggested that the Task Force first discuss the problems it was trying to solve and the underlying problems that prompted the Task Force's creation. Dr. Price agreed with Ms. Berger's suggestion, and further stated that she believed the Task Force should meet more frequently at the beginning and as a full group rather than smaller work groups because of the overlapping issues in the deliverables. Colonel Settle agreed with Ms. Berger and Dr. Price, and was interested in exploring what law enforcement's role would be in regard to the Task Force.

Ms. Berger stated that there are gaps in sexual assault services across Virginia and the uneven availability of sexual assault forensic examiners (SAFEs). Ms. Berger further stated that she recalled law enforcement being quite vocal about the need for medical care facilities to be prepared to receive survivors of sexual assault and collect evidence. Ms. Berger also stated that transportation of survivors was also an issue. Ms. Berger stated that the legislation was aimed at creating comprehensive trauma-informed services wherever a survivor would present in the community. Ms. Berger suggested that Dr. Price could likely speak to the lack of SAFEs in Virginia.

Delegate Delaney, the patron of the legislation that resulted in the Task Force, stated that originally patroned a legislative study that had revealed the deficits of forensic nursing and access of care and justice in Virginia, which in term prompted the creation of the Task Force and placing requirements on hospitals and pediatric health care facilities with regards to services for survivors of sexual assault.

Delegate Convis-Fowler questioned if the Task Force adopted the draft bylaws, whether the current meeting would count as the annual meeting in which the Task Force would need to elect officers. Ms. Allen conceded that because of the timing of the meeting, it would indeed be the annual meeting for State Fiscal Year 2021 and that the very first meeting on or after July 1st would be the annual meeting for State Fiscal Year 2022. Ms. Allen also stated that the draft bylaws were largely modeled on the Board's bylaws and the Task Force could modify the draft bylaws to suit its needs.

Dr. Oliver asked if anyone wanted to make a motion to adopt the bylaws as presented. Delegate Delaney had no objection with moving forward on resolving the procedural issues before the Task Force. Ms. Berger moved that the Task Force adopt the bylaws as presented. Delegate Convirs-Fowler seconded the motion. Delegate Convirs-Fowler also pointed out that the bylaws could be amended at any time if needed. Dr. Sparks asked if the Task Force would need to elect officers first. Ms. Allen responded that the language about officers in the draft bylaws had no binding effect until the bylaws were adopted. There was no opposition to the motion, no abstentions, and it passed unanimously.

Ms. Allen suggested the Task Force elect officers. Delegate Convirs-Fowler asked who could serve as Chair and Ms. Allen responded that Code of Virginia § 32.1-162.15:11 set the State Health Commissioner (Dr. Oliver) as Chair, but Vice Chair could be any Task Force member. Delegate Convirs-Fowler moved that Delegate Delaney be made Vice Chair. Ms. Berger seconded the motion. There was no opposition to the motion, no abstentions, and it passed unanimously.

Ms. Allen explained that the just adopted bylaws designated staff to serve as Secretary of the Task Force since the Secretary's responsibility is to keep meeting minutes.

Dr. Oliver suggested the Task Force address the electronic meetings policy. Ms. Allen reminded the Task Force that this policy would apply only once the COVID-19 state of emergency ended. Delegate Convirs-Fowler asked what process the Task Force should use to accept the policy and Ms. Allen responded that the Freedom of Information Act called for public bodies to "adopt" such a policy, but she would check the statute to see if it required a formal vote. Delegate Convirs-Fowler said it couldn't hurt to hold a vote. Ms. Berger moved that the Task Force adopt the electronic meetings policy as presented. Colonel Settle seconded the motion. Delegate Convirs-Fowler questioned portions of Section 7.1 of the policy, specifically that the Chair should ask for a challenge. Ms. Allen stated that the language could be removed since Code of Virginia § 2.2-3708.2 only discusses whether a request to participate electronically is approved or disapproved, so the Task Force could make approval automatic if the requesting member supplied the Chair with the required information. Delegate Convirs-Fowler moved that the original motion be amended so that the electronic meetings policy be adopted as amended to remove the language about asking for a challenge. Ms. Berger accepted the motion as a friendly amendment. There was no opposition to the motion, no abstentions, and it passed unanimously.

Ms. Berger asked what had been decided with regard to the frequency of the meetings. Dr. Oliver responded that had not been settled yet and that Dr. Price had suggested more frequent meetings. Dr. Sparks said that since there is approximately 18 months before the requirements go into effect, the Task Force should spend the first 6 months meeting more frequently before potentially moving to a less frequent full-group meeting schedule to utilize work groups instead. Dr. Sparks also suggested allowing for a 6 month information campaign. Ms. Berger suggested breaking into work groups, who could in turn present work to the full group for approval. Ms. Scaff stated she supported more frequent meetings at the outset. Ms. Berger suggested looking at other states and localized practices to model from. Ms. Scaff said that for her constituency in Hampton

Roads, transfer was a large concern because the Children's Hospital of The King's Daughter served as a major hub for sexual assault services. Ms. Hall stated that southwest Virginia had very few resources and extremely limited SAFE availability.

Dr. Oliver questioned whether there was a way to both meet more frequently and have subject matter experts working between full meetings of the Task Force to pull information, resources, and deliverables together. Dr. Thomas stated she was not familiar with the subject matter expertise and resources of each member and suggested that the Task Force be surveyed before the next meeting so everyone would have a better understanding of what each can contribute, and build work groups from that information. Ms. Berger agreed and suggested that the survey should ask Task Force members to share existing transfer plans, treatment plans, and rape crisis center agreements, if available. Dr. Caley stated that geographic differences should be taken into consideration when discussing transfer planning and potentially regionalizing some of the deliverables. Dr. Thomas responded that she preferred standardized approaches based on her experiences, though she recognized differentiating based on specialties and services should be considered. Dr. Caley agreed, though she did have concerns about available resources in some geographic areas. Dr. Oliver agreed that a survey should be conducted as suggested, and for VDH staff to collect materials from individual Task Force members.

Dr. Oliver asked whether meeting every 2 to 3 months would be helpful. Dr. Price responded that she felt it should be more frequent and that the survey should distinguish between adult and pediatric survivors. Ms. Scaff said that persons age 0 to 17 should be considered pediatric. Dr. Thomas said that may be a discussion for another time since there was some debate about the pediatric cut-off. Dr. Jennings agreed with Dr. Thomas. Dr. Oliver asked if for the next 6 months, whether the Task Force should meet every month or every 2 months. Dr. Jennings stated that the Task Force should meet bimonthly. Ms. Hall agreed with Dr. Jennings. Dr. Oliver asked if there were any other suggestions, to which no one responded. Delegate Convirs-Fowler asked whether "bimonthly" was intended to mean once every 2 months or twice monthly. Dr. Jennings clarified that she meant twice monthly. Delegate Convirs-Fowler moved that the Task Force meet twice monthly. Dr. Jennings seconded the motion. There was no opposition to the motion, no abstentions, and it passed unanimously.

Ms. Allen suggested that the Task Force pick the next date and time of its meeting before adjourning. Dr. Oliver suggested that the Task Force meet the same time (8:30AM) on June 4th. Delegate Convirs-Fowler suggested that it may be worth moving it to later in the day on June 7th. Dr. Oliver asked if the Task Force would like to schedule its next meeting at 11:00AM on June 7th. Ms. Scaff wanted to know whether the next meeting would be in-person or virtual. Ms. Allen responded that it depended on whether the COVID-19 state of emergency was still in effect on the selected meeting date; if yes, then it would be wholly remote but if no, then a physical quorum would be required at a single meeting location. Ms. Berger asked if the electronic meeting policy would allow non-Richmond-based Task Force members to participate remotely. Dr. Oliver said that was his understanding, which Ms. Allen confirmed but clarified there would have to be a physical quorum assembled in one place. Delegate Convirs-Fowler asked whether the Task Force members participating remotely would count towards quorum, to which Ms. Allen stated they

would not. Ms. Allen stated the Task Force could plan its next meeting as a virtual one, but needed to be aware that if the state of emergency ended before the meeting date, at least 8 members would have to assemble physically to meet the quorum requirement. Dr. Oliver and Ms. Berger stated they understood the Governor was planning on the state of emergency to end June 30, 2021. Dr. Thomas stated she preferred that a set date and time be selected to occur every other week. Dr. Jennings suggested that instead of settling the date now, a poll should be sent. Dr. Oliver asked Ms. Allen and Ms. Jansson send a meeting date and time poll after the meeting. Colonel Settle stated he may need to send a proxy, depending on the date and time selected.

Next Steps

Ms. Allen and Ms. Jansson will send Task Force members:

- a poll to establish which date and time has the maximum availability of Task Force members for the next meeting; and
- a survey to determine what Task Force members' subject matter expertise is; what information and resources Task Force members have access to and can share with the group; and what deliverables each Task Force member is interested in contributing to.

Other Business

No other business was discussed.

Adjourn

Ms. Berger moved to adjourn the meeting. Meeting adjourned at 9:57am.

Work Plan Proposal for Task Force on Services for Survivors of Sexual Assault

Deliverables

Pursuant to Va. Code § 32.1-162.15:11(B), the Task Force on Services for Survivors of Sexual Assault (Task Force) has responsibility for:

- Developing model treatment and transfer plans, model written transfer agreements, and model written agreements with rape crisis centers for use by transfer hospitals, treatment hospitals, and pediatric health care facilities;
- Working with treatment hospitals and approved pediatric health care facilities to develop plans to employ or contract with sexual assault forensic examiners (SAFEs), including plans for implementation of on-call systems to ensure availability of SAFEs;
- Developing and distributing educational materials regarding implementation of transfer and treatment of survivors of sexual assault to hospitals, health care providers, rape crisis centers, children's advocacy centers, and others;
- Identifying and recommending processes related to creation, storage, and retention of photographic and other documentation and evidence;
- Studying and providing recommendations for the use of telemedicine in services for survivors of sexual assault; and
- Reporting to the Governor and the General Assembly by December 1 of each year regarding its activities and the status of implementation.

Committees for Deliverables

VDH staff recommend that the Task Force divide into three committees that are focused on a set of related deliverables:

- Model Documents Committee
- Best Practices and Processes Committee
- Workforce and Education Committee

The committees can develop the actual deliverables for presentation, discussion, and potential adoption at the full Task Force meetings. VDH staff further recommends that the full Task Force and the recommended committees be placed on a rotating meeting schedule, e.g.,:

- Model Documents Committee meets Week 1
- Best Practices and Processes Committee meets Week 3
- Workforce and Education Committee meets Week 5
- Task Force meets Week 7
- Etc.

Allowing a gap week between each scheduled meeting with give VDH staff sufficient time to both wrap up a just-held meeting and prepare for the upcoming meeting, especially since VDH staff for the Task Force have job responsibilities in addition to supporting the Task Force.

Model Documents Committee

The Model Documents Committee would be responsible for developing:

- Model treatment plans;
- Model transfer plans;
- Model written transfer agreements; and
- Model written agreements with rape crisis centers.

Additionally, it should be noted that two sets of treatment plans and transfer plans will have to be developed to address adult (13 years of age and older) and pediatric (12 years of age and younger) patient populations. To the extent model transfer plans and treatment plans touch upon evidentiary issues, this committee should incorporate the work of the Best Practices and Processes Committee.

Best Practices and Processes Committee

The Best Practices and Processes Committee would be responsible for:

- Identifying and recommending processes related to creation, storage, and retention of photographic and other documentation and evidence; and
- Studying and providing recommendations for the use of telemedicine in services for survivors of sexual assault.

Given the need for treatment hospitals, transfer hospitals, and pediatric health care facilities to come into compliance by July 1, 2023, this committee should first focus on developing recommended evidentiary processes.

Workforce and Education Committee

The Workforce and Education Committee would be responsible for:

- Working with treatment hospitals and approved pediatric health care facilities to develop plans to employ or contract with sexual assault forensic examiners (SAFEs), including plans for implementation of on-call systems to ensure availability of SAFEs; and
- Developing and distributing educational materials regarding implementation of transfer and treatment of survivors of sexual assault to hospitals, health care providers, rape crisis centers, children's advocacy centers, and others.

The education materials developed by this committee should be informed by the work of the Model Documents Committee and the recommended evidentiary process work of the Best Practices and Processes Committee. Given that these documents and processes are in development, this committee should first focus on increasing the SAFE workforce and its availability.

VDH Staff to Draft Annual Report

VDH staff recommends that it draft the annual report on behalf of the Task Force, given VDH staff's familiarity with the guidelines that the reports must comply with and the experience they have with writing these reports. Though the report is due December 1 each year, there is an internal approval process that these types of reports go through in advance of that deadline. The Task Force's report is therefore due to the Office of State Health Commissioner by October 15 and to the Secretary of the Health and Human Resources by November 1. VDH staff will present a draft for the Task Force's feedback, commentary, and approval in September.

DRAFT