

Agenda

August 6, 2021 – 11:00 a.m.

Board Room 2, Perimeter Center

9960 Mayland Drive, Henrico, VA 23233

1. **Call to Order and Introductions** – *Heather Board, Director, Office of Family Health Services, Virginia Department of Health (designee of M. Norman Oliver, MD, MA, Task Force Chair, State Health Commissioner)*
2. **Review of Agenda and Approval of Minutes** – *Alexandra Jansson, Senior Policy Analyst, Governmental and Regulatory Affairs, Virginia Department of Health*
3. **Public Comment**
4. **Presentations and Discussion**
 - 4.1. **Committee Report Outs** – *Committee members*
 - 4.2. **Electronic Meeting Policy Update and Meeting Questions** – *Rebekah E. Allen, Senior Policy Analyst, Office of Licensure and Certification, Virginia Department of Health*
 - 4.3. **Draft 2021 Annual Report of the Task Force** – *Ms. Allen and Ms. Jansson*
5. **Next Steps** – *Ms. Allen and Ms. Jansson*
6. **Other Business** – *Dr. Oliver*
7. **Meeting Adjournment**

Task Force on Services for Survivors of Sexual Assault

August 6, 2021 at 11:00 AM
Board Room 2
Perimeter Center



CALL TO ORDER AND INTRODUCTIONS



Introductions

Named Members in the Code of Virginia

Name	Constituency
Heather Board	Director, Office of Family Health Services (designee of M. Norman Oliver, State Health Commissioner)
Jennifer Boysko	Senate Rules Committee
Kelly Convirs-Fowler	House of Delegates
Karrie Delaney	House of Delegates
Mark Herring	Attorney General
Caren Sterling	Deputy Director, Bureau of Criminal Investigation, Department of State Police (designee of Gary Settle, Director of Department of State Police)
Gena Boyle Berger	Chief Deputy Commissioner, Department of Social Services (designee of Duke Storen, Commissioner)



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



Agenda

Item	Speaker
Introductions and Roll Call	Heather Board, Director Office of Family Health Services
Review of Agenda and Approval of Minutes Public Comment	Alexandra Jansson, MPP, Senior Policy Analyst Governmental and Regulatory Affairs
Committee Report Outs	Committee members
Electronic Meeting Policy Update and Meetings Question	Rebekah E. Allen, JD, Senior Policy Analyst Office of Licensure and Certification
Draft 2021 Annual Report of the Task Force	Ms. Allen and Ms. Jansson
Next Steps	Ms. Allen and Ms. Jansson
Other Business	Ms. Board
Meeting Adjournment	

APPROVAL OF MINUTES FROM 06.11.21 MEETING

PUBLIC COMMENT

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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.

COMMITTEE REPORT OUTS

ELECTRONIC MEETING POLICY UPDATE AND MEETING QUESTIONS

Updates to Electronic Policy

- New statutory changes go into effect July 1st of each year (unless there is an emergency enactment clause or a delayed enactment clause)
- Electronic participation for personal reasons is capped at 2 per calendar year OR 25% of the meetings, whichever is greater
- Meeting count = full Task Force meetings and committee meetings
 - 25% = 4 meetings this calendar year

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Meeting Questions

- Can I send a designee in my place?
 - If you are an executive branch representative, yes; the designee can vote on your behalf and counts toward quorum
 - If you are a citizen member or legislative branch representative, no; you can send someone to observe and contribute to discussion, but they cannot vote for you and do not count towards quorum
- Can I participate electronically?
 - Yes, subject to the limits of our policy and FOIA
 - If it's for personal reasons, you need to generally describe the reason because we have to put it in the minutes

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Meeting Questions

- Is an email or text message a public meeting?
 - It can be! A meeting is when 3 or more members of the Task Force communicate with each other about any business of the Task Force, so group email or group chats can be a public meeting
 - All meetings require at least 3 business days' advance notice to the public, so DO NOT use group emails or group chats because they are public meetings that fail the notice requirement
 - Emailing Ms. Allen and Ms. Jansson together is not a public meeting because they are staff, not members, of the Task Force

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DRAFT 2021 ANNUAL REPORT OF THE TASK FORCE

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Timeline

- Monday, August 9th - Draft report will be distributed to Task Force members
- Friday, September 10th - Revisions and feedback due to Ms. Allen and Ms. Jansson
- Friday, September 24th - Revised draft report will be distributed to Task Force members
- Friday, October 1st - Task Force meeting to make any last changes and vote to adopt report
- Friday, October 15th - Deadline for Ms. Allen and Ms. Jansson to submit report

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Layout of the Report

- Preface - includes membership list, so please double check your name and credentials!
- Table of Contents
- Executive Summary
- Introduction - high level summary of report mandate, Task Force activities, and report outline
- One section for each committee - includes committee activities and progress report on deliverables
- One section on legislative recommendations to the General Assembly
- Appendices
 - Acronyms and abbreviations
 - Meeting minutes
 - Summary of written comments

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What Feedback to Provide

- Draft will be a Word document, so please use the 'Track Changes' function to redline the document
 - SPAG errors
 - Content/factual errors
- If you want to suggest additional material/information as an appendix, please provide that as a separate attachment to Ms. Allen and Ms. Jansson

You are **strongly discouraged** from sharing any draft of the report

- If someone wants a copy, direct them to Ms. Allen and Ms. Jansson

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NEXT STEPS

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October Task Force Meeting

- Regional presentations:
 - Central Region and Northern Neck: Dr. Price and Dr. Jennings
 - Far and Near Southwest: Ms. Harper, Ms. Hall, and Dr. Caley
 - Eastern Region and Tidewater: Dr. Thomas and Dr. Sparks
 - Northern Region: Ms. Zollicoffer
 - Southside Region: Dr. Foster
 - Northwest Region: Dr. Parrish
- Adoption of 2021 annual report

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2021 Meetings

- August 20th - Model Documents Committee
- September 3rd - Best Practices and Processes Committee
- September 17th - Workforce and Education Committee
- October 1st - Full Task Force
- October 15th - Model Documents Committee (location TBD)
- October 29th - Best Practices and Processes Committee (location TBD)
- November 12th - Workforce and Education Committee

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2022 Meetings (specific dates TBD)

Jan - NO MEETING	Jul - Model Docs
Feb - NO MEETING	Aug - Best Practices
Mar - Full Task Force	Sep - Workforce
Apr - Model Docs	Oct - Full Task Force
May - Best Practices	Nov - Model Docs
Jun - Workforce	Dec - Best Practices

2023 Meetings (specific dates TBD)

Jan - NO MEETING	Jul - Model Docs
Feb - Workforce	Aug - Best Practices
Mar - Full Task Force	Sep - Workforce
Apr - Model Docs	Oct - Full Task Force
May - Best Practices	Nov - Model Docs
Jun - Workforce	Dec - Best Practices

OTHER BUSINESS

MEETING ADJOURNMENT

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

June 11, 2021 - 11:00am
VIA WEBEX

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

Task Force Members Present: Bonnie Price; Brooke Thomas; Melissa Harper*; Delegate Convirs-Fowler; Senator Jennifer Boysko; Delegate Karrie Delaney; Lindsey Caley; Major Caren Sterling; M. Norman Oliver; Patty Hall; Robin Foster; Sara Jennings; Scott Sparks; Toni Zollicoffer.

*Ms. Harper joined the meeting late due to technical issues.

Task Force Members Absent: Gena Boyle Berger, Mark Herring, Jeanne Parrish, Dawn Scaff

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

Call to Order

Dr. Oliver called the meeting to order at 11:04am.

Introductions

Dr. Oliver welcomed those in attendance to the meeting. Ms. Jansson conducted a roll call of members present.

Review of Agenda

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

Approval of Minutes

Ms. Allen reviewed the minutes that were distributed and the process for approval. Ms. Allen suggested that the minutes be amended so that Ms. Boyle Berger's name is corrected throughout the minutes. Dr. Jennings made a motion to approve the minutes as amended. Delegate Convirs-Fowler seconded the motion. Senator Boysko abstained from the vote since she was not present at the meeting. The motion was approved unanimously by the remaining Task Force membership.

Public Comment

Theresa Mulherin provided written comment to the Task Force regarding considerations for treatment and transfer plans, working with community based providers, and transportation suggestions. Ms. Mulherin also provided oral comment during the public comment period summarizing the written comment. The written comment is attached at the end of these minutes.

Presentations and Discussion

Results of Task Force Member Survey

Ms. Jansson presented the results of the member survey, created as a result of a discussion from the prior Task Force's meeting. Ms. Jansson noted that the original slide deck distributed prior to the meeting reflected the responses of only one-third of the membership since response to the survey had been low. After the slide deck was distributed, additional members completed the survey, so the slide deck being presented reflected additional responses.

Ms. Jansson noted that though the survey offered the opportunity for Task Force members to share resources, none had been received to date so she encouraged members to send those resources as soon as possible to her and Ms. Allen. Ms. Jansson also noted that the expertise and resources of the Task Force was lacking in some areas, so the Task Force may need to work with outside partners to bolster those areas. Ms. Jansson noted that in working on the regulations, she and Ms. Allen had pooled some state and national resources to supplement the Task Force's work.

Draft Work Plan Proposal from VDH Staff

Ms. Allen reviewed the proposed structure and schedule for the Task Force. Ms. Allen suggested that the Task Force retain its biweekly meeting schedule, but to instead use those meeting dates to break into smaller committees that have a focused attention on a specific subset of deliverables. Ms. Allen proposed creating three committees--Model Documents, Best Practices and Processes, and Workforce and Education--and the deliverables each would be responsible for developing and bringing back to the full Task Force for approval. Ms. Allen noted that based on the survey results, the Best Practices and Processes Committee would likely need to be supplemented with outside partners' expertise and resources. Ms. Allen also noted that using three committees on a rotating biweekly schedule would result in each committee and the full Task Force meeting once every four weeks.

Ms. Allen proposed that the annual report deliverable not be assigned to a specific committee, but instead that she and Ms. Jansson retain primary responsibility for drafting the report because of their experience in writing these types of reports. She and Ms. Jansson would provide the preliminary draft to the Task Force no later than September for review and feedback so there would be sufficient time to revise the report prior to its submission deadline.

Discussion on Task Force Work Plan

Dr. Oliver opened the discussion to the group. Major Sterling stated that Colonel Settle's response to the survey should have included that law enforcement's perspective should be represented in the transfer and transport for pediatric and adult survivors discussions because of law enforcement's existing involvement in those areas.

Dr. Jennings stated that the work plan looks acceptable conceptually, but as the work begins, there may be more feedback and tweaking. Dr. Caley agreed with Dr. Jennings's comments. Dr. Oliver also agreed, and directed Ms. Allen and Ms. Jansson to proceed with setting up the work plan.

Next Steps

Dr. Thomas clarified that she hasn't yet shared resources because she didn't want to inundate the Task Force with a large volume of information that wasn't responsive to the Task Force's needs, but would be willing to provide them to the committees as needed

Ms. Allen asked if the June 25th meeting should be a full Task Force meeting or a committee meeting. Dr. Caley asked for clarification. Ms. Allen said that it would be for a single meeting, not for all committees to meet on the same day due to limited availability of the Task Force members. Dr. Sparks asked if the full Task Force would meet followed by a committee meeting, so members interested in attending both would have to set aside up to four hours of their day. Dr. Oliver clarified that it would be one group meeting per Friday, so that the full Task Force and each committee would meet once every 4 weeks. Ms. Jansson stated that if the schedule rotation proposed on the slide desk were adopted, then the Model Documents Committee would meet on June 25th, Best Practices and Process Committee would meet on July 8th, the Workforce and Education Committee would meet on July 23rd, and the full Task Force would meet on August 8th. Senator Boysko proposed following the rotation that had been presented. Dr. Oliver stated the Task Force would adopt that rotation if there was no objection. No objection was raised. Ms. Allen stated that at each committee's first meeting, the committee would pick its chair.

In response to a question from Ms. Harper, Ms. Allen explained that the resources and information requested in the survey were intended to help fill in the blanks of what the model documents should include; Ms. Allen gave the example of best practices for other states and the federal government and existing transfer or treatment plans for survivors of sexual assault that Virginia hospitals have. Dr. Price noted that the process as presented wasn't linear and didn't match a patient's experience, which should be discussed further in future meetings. Dr. Price suggested that a future presentation topic should be how each region of Virginia handles survivors of sexual assault and where the gaps are both statewide and in each region. Dr. Oliver asked Ms. Allen and Ms. Jansson

Ms. Zolicoffer asked how each committee would know what the others had done to maintain awareness of next steps for other committees. Ms. Jansson responded that minutes would be kept and circulated for each committee and that there would likely be sufficient overlap in committee membership that a member of both committees could assist in information sharing. Ms. Allen also pointed out that the full Task Force meetings would include report outs from the committees. Delegate Delaney noted that it was helpful to hear from subject matter experts what the best practices are and what the barriers are to those practices. Ms. Allen noted that should be included in the annual report of the Task Force.

Dr. Sparks asked whether a Google shared folder could be created to share documents, resources, and minutes between Friday meetings. Ms. Zolicoffer also asked for dependencies to be added in so each committee understood how their work interconnected with the other committee.

Other Business

Dr. Oliver asked for volunteers to prepare regional presentations at a future meeting:

- Central Region and Northern Neck: Dr. Price and Dr. Jennings
- Far and Near Southwest: Ms. Harper, Ms. Hall, and Dr. Caley
- Eastern Region and Tidewater: Dr. Thomas and Dr. Sparks
- Northern Region: Ms. Zollicoffer
- Southside Region: Dr. Foster
- Northwest Region: Dr. Parrish?

Ms. Zollicoffer requested a template for the presentations and Dr. Price agreed to come up with a template at Dr. Oliver's request. Ms. Allen and Ms. Jansson will distribute the template to the presenters.

Ms. Allen stated she was awaiting an announcement from the Governor's office on the reappointments of Dr. Caley and Dr. Thomas to the Task Force. Ms. Allen also announced that Ms. Jansson had recently been promoted to Senior Policy Analyst.

Meeting Adjournment

Dr. Oliver moved to adjourn the meeting. Meeting adjourned at 12:12pm

**Task Force on Services for Survivors of Sexual Assault
Best Practices and Processes Committee
Meeting Minutes**

July 9, 2021 - 11:00am
Board Room 1, Perimeter Center
9960 Mayland Drive, Henrico, VA 23233

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

Task Force Members Present: Delegate Karrie K. Delaney; Major Caren Sterling; Ms. Dawn Scaff; Dr. Scott E. Sparks; Dr. Bonnie Price; Ms. Melissa Harper; Dr. Sara Jennings

**The following members attended virtually for the noted reason:*

Childcare conflict: Dr. Jennings, Delegate Delaney

Work conflict: Dr. Sparks, Ms. Scaff, Ms. Harper

Task Force Members Absent: Senator Jennifer B. Boysko; Delegate Kelly K. Convirs-Fowler; Mr. Mark R. Herring; Dr. M. Norman Oliver; Ms. Gena Boyle Berger; Dr. Robin L. Foster; Dr. Lindsey N. Caley; Dr. Brooke Thomas; Ms. Chatonia "Toni" Zolicoffer; Ms. Patricia Hall; Dr. Jeanne Parrish

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

Call to Order

Ms. Jansson called the meeting to order at 11:08am.

Introductions

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

Election of Chair and Vice Chair

Ms. Jansson suggested the Committee elect a Chair and Vice Chair. Dr. Price nominated herself to serve as Chair. Major Sterling seconded the motion. There was no objection and the motion passed unanimously. Ms. Harper nominated herself for Vice Chair. Dr. Jennings seconded the motion. There was no objection and the motion passed unanimously.

Ms. Jansson informed the committee that she and Ms. Allen would follow up with the elected Chair and Vice Chair regarding future meeting agendas and other committee work as needed between meetings.

Review of Agenda

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

Public Comment

No public comment was offered during the meeting.

Review of Statutory Requirements for Evidence and Documentation

Ms. Allen reviewed the statutory requirements for evidence and documentation. The requirements are based on the current law in Article 8 of Chapter 5 of Title 32.1. This review included relevant definitions from the Code of Virginia, minimum standards for collection, storage, and retention of evidence and documentation.

Discussion on Evidence and Documentation

Ms. Allen briefly described already collected resources for collection, storage, and retention of evidence and documentation to use as a jumping off point.

Dr. Price asked about the definition for a transfer plan. Ms. Allen shared that the Model Documents Committee is working on a specific document; essentially transfer plans contain stabilization and timely transfer that would not be a burden for survivors. Dr. Price clarified she was asking if there was a repository of existing documents for Virginia. Ms. Allen shared that there is not currently a full repository of those, but we can share what we have received from other members of the Task Force. A brief mention of the importance of following chain of custody in these documents followed. Dr. Price then asked if the group is required to establish criteria for the treatment and transfer hospitals, and how that will be applied. Ms. Allen clarified that this is based on what is in the Code of Virginia and enforcement through the agency that oversees.

Dr. Price asked about transfer plans for hospitals that send to clinics. Ms. Harper described how transfers of survivors work near her and then recalled from a previous full Task Force meeting that there was discussion about a possible need for legislative changes to clarify. Ms. Allen described the current expectations related to evidentiary best practices for the committee based on current Code language. Ms. Allen shared that if we recommend legislative changes, there may be additional unanticipated changes that are made by General Assembly members not on the Task Force.

Major Sterling asked about the current chain of custody procedures. Dr. Price shared that patients have three options: (1) evidence collection and given to law enforcement; (2) evidence collection and not given to law enforcement (i.e. a "blind kit"); or (3) just have a medical exam. Major Sterling asked about prosecution and evidentiary standards and storage guidance for a survivor who later decides to file. Ms. Harper shared Physical Evidence Recovery Kits (PERK) guidelines.

Ms. Allen asked if only one provider is collecting the evidence or if multiple providers are handling samples. Dr. Price shared that there may be multiple providers involved, but there is a designated lead. The lead is the person who has to wait with the samples.

Ms. Allen asked if it was preferred that a certified nurse perform the exams, but that others could perform the exam if they have had training. Ms. Harper shared that it is preferred that a certified Sexual Assault Nurse Examiner (SANE) perform the exam, but this is not always feasible depending on the population and availability of nurses. She gave the example of far Southwest Virginia where there is only one certified Adult SANE, and a few others who aren't certified but do the work. Ms. Harper added that resources for performing the exams are limited (e.g. not having internal exam equipment, perhaps just a camera). Ms. Harper suggested that any provider performing an exam should have received training as a best practice and also as good patient care.

Ms. Shamika Byars, who was attending as a designee for Dr. Foster shared that their staff have gone through some of the SANE training, but are not SANE certified.

Dr. Price shared she would like the committee to clarify who can collect evidence in these cases; the current standard is any person can collect the samples. Dr. Jennings shared her support for that goal, and suggested a Code change may be needed. Ms. Allen shared that, though it will need to be reviewed through the Office of the Attorney General, that may be within the scope of what VDH has been asked to do to establish that minimum standard for those collecting evidence.

Dr. Price asked if the group was able to bring staff from the Department of Forensic Science to be a member. Ms. Allen and Ms. Jansson shared that this will need to be reviewed as far as membership, but they are certainly welcome to attend and we can be sure to ask a representative to future meetings.

There was also a brief discussion regarding SANE training for nursing staff. Ms. Byars reiterated that she did receive education and training for this area for a lengthy amount of time and through several exams. She added that Dr. Foster has all of the staff go through the relevant training. Ms. Harper shared that she was glad, and without it, patients aren't receiving the best care possible.

Ms. Allen asked about telemedicine being used in this arena, to explore recommendations for the committee to develop. Dr. Jennings shared that there are telemedicine programs and established protocols in Virginia and other states for providing services to survivors of sexual assault. Ms. Harper shared that Dr. Foster may be part of a grant telemedicine program around this topic and might have information to share regarding potential available monies. Dr. Price asked for clarification on if recommendations related to telemedicine were part of the work for this committee. Ms. Allen stated that it was, and described the breakdowns of the committees.

There was a discussion about reimbursements for forensic care. Dr. Price shared that the reimbursement level was a maximum of \$1200. Dr. Jennings added that the cost is easily \$5000. It was also noted that hospitals are required to bill federal insurance prior to starting the process if applicable Victims Fund reimbursements. Ms. Harper shared that one way to help mitigate this was to separate the exam and the medical treatment. She added that doing it that

way, working at a stand alone clinic allows them to bill directly to only the SANE reimbursement funds. Ms. Harper shared that she had reached out to Delegate Rasoul for clarification on reimbursements. Delegate Delaney shared that it would be best if the clarification did not require a Code change and that this could be very helpful.

Ms. Allen asked about telemedicine for a SANE collecting evidence. Major Sterling stated that there may be issues in court that the defense would challenge how it was collected, but would not hinder the legal chain of custody as long as everyone who had access is listed and available to come into court. Dr. Price shared that adding a training component would be good.

Another financial consideration discussed was that forensic nurses and others who collect these samples receive no reimbursement for court. Many hospitals and programs will pay the employee to go, but if the provider is no longer with the facility, the hospital will not reimburse the provider. Dr. Price shared that at her facility, there are instances where the court case has occurred years later, and the practitioner, who is no longer with the hospital, has refused even with a subpoena to appear because there would be no reimbursement.

Ms. Allen asked if the committee, based on the availability and awareness of telemedicine, saw any areas for improvement or more visibility are there, especially in areas with less clinical workforce. Dr. Price stated that this would be a new practice; developing a statewide spoke and hub model hasn't been done in Virginia. She suggested it would be worth reaching out to the Boards of Nursing and Medicine to determine if there are any conflicts. Ms. Harper shared that there was no money left in her grant program for telemedicine. Dr. Price added that she would like to see a review of different models of sexual assault telehealth/telemedicine exams (regarding training or no training of practitioners). Ms. Allen recommended including this into the report to the General Assembly.

There was a brief discussion about Virginia's Joint Commission on Health Care study regarding SANE availability. Dr. Price mentioned that there was a survey sent about what services were offered to all the hospitals, and that it could be useful to revisit or re-survey hospitals to determine rural barriers moving forward.

There was a discussion around specific pediatric considerations for evidence collection. Dr. Jennings shared the guidelines in the National Protocol for Pediatric Patients. Dr. Price shared that she has heard there is a lot of gray area around consent for pediatric populations for the blind kit collection. One concern that was shared was that if collecting, the law still requires that Child Protective Services must be notified and they will call law enforcement even if the patient has specifically stated they do not want law enforcement involvement. Major Sterling shared that law enforcement is required to respond if notified by Child Protective Services for cases involving a minor. Ms. Allen suggested that the committee may want to include a shift in this requirement in the guidance for how to handle the evidence collection (notification to the survivor of what to say or do).

There was a brief discussion around what is a reasonable amount of time for picking up evidence from a healthcare facility. Major Sterling commented that she needs more information before providing a complete response; but that there should not be a need for a memorandum of agreement in order to establish this relationship. She stated she would be reaching out to the Virginia Chiefs of Police for information from their membership on times to pick up evidence kits. Dr. Price shared that hospitals don't have an evidence room and that the nurses aren't allowed to serve another patient until law enforcement has picked up the kit. If going to the Division of Consolidated Laboratory Services, there is a locked box, so there is not the same issue. There may be issues with a defense attorney challenging this, but hasn't been an issue yet.

Action Items

Ms. Allen and Ms. Jansson will check about adding members to committees.

Ms. Allen and Ms. Jansson will check about conflicts with the Boards of Nursing and Medicine regarding telemedicine policies.

Ms. Allen and Ms. Jansson will reach out to Stephen Weiss about the SANE study for survey results and contacts.

Next Steps

Dr. Price will work with any committee members who have information on teleforensics for a future presentation at a meeting.

Ms. Harper and Delegate Delaney will work on clarification from the Attorney General's office.

Major Sterling will reach out to the Virginia Chiefs of Police regarding a reasonable timeframe for evidence pick up and processes.

Other Business

There was no other business.

Meeting Adjournment

Meeting adjourned at 12:52pm.

**Task Force on Services for Survivors of Sexual Assault
Workforce and Education Committee
Meeting Minutes**

July 23, 2021 - 11:00am
Training Room 1, Perimeter Center
9960 Mayland Drive, Henrico, VA 23233

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

Task Force Members Present: Dr. Lindsey N. Caley; Ms. Patricia McComas Hall; Ms. Melissa Ratcliff Harper; Dr. Sara Jennings; Dr. Bonnie Price; Ms. Dawn Scaff; Dr. Brooke Thomas.

NOTE: The following members attended virtually due to work conflicts: Dr. Caley; Ms. Harper; Dr. Price; Ms. Scaff; Dr. Thomas.

**Dr. Price joined at 11:30am. Dr. Jennings joined at 11:35am.*

Task Force Members Absent: Dr. M. Norman Oliver; Delegate Kelly K. Convirs-Fowler; Delegate Karrie K. Delaney; Colonel Gary Settle; Ms. Gena Boyle Berger; Senator Jennifer B. Boysko; Dr. Robin L. Foster; Mr. Mark R. Herring; Dr. Scott E. Sparks; Ms. Chatonia "Toni" Zollicoffer

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

Call to Order

Ms. Jansson called the meeting to order at 11:05am.

Introductions

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

Election of Chair and Vice Chair

Ms. Jansson suggested the Committee elect a Chair and Vice Chair. Dr. Thomas nominated herself as Chair. There was no opposition and the motion passed unanimously. Ms. Hall nominated herself as Vice Chair. There was no opposition and passed unanimously.

Ms. Jansson informed the committee that she and Ms. Allen would follow up with the elected Chair and Vice Chair regarding future meeting agendas and other committee work as needed between meetings.

Review of Agenda

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

Public Comment

Kristina Vadas with the Department of Criminal Justice Services (DCJS) introduced new staff Gleibys Gonzalez, the Sexual Assault Forensic Services Coordinator. They are looking forward to the work of the Task Force and will be reaching out to many of the members.

Review of Statutory Requirements for Workforce and Education

Ms. Allen reviewed the statutory requirements for workforce and education. The requirements are based on the current law in Article 8 of Chapter 5 of Title 32.1. This review included relevant definitions from the Code of Virginia, minimum standards for this committee.

Regarding workforce, that statute requires that the Task Force works with treatment facilities to develop plans or contract to make available Sexual Assault Forensic Examiners, including on-call services. Additionally, the Task Force shall develop educational materials regarding treatment and transfer of survivors to be distributed to all hospitals, health care providers, rape crisis centers, children's advocacy centers, and others determined by the Task Force.

The statute requires several parallel items that the Task Force is not responsible for, but will be useful context for the work. One such requirement is that treatment hospitals must require appropriate health care providers who provide services in its ED to annually complete training--consistent with best practices outlined by the IAFN--developed and made available by VDH on the topic of sexual assault and detection, provision of services to survivors of sexual assault, and evidence collection. Additionally, each licensed hospital must report quarterly the total number of certified sexual assault nurse practitioners employed, their location and contact. VDH is currently working on a regulatory action regarding this quarterly reporting.

Discussion on Workforce and Education

Ms. Allen briefly reviewed a few questions for the committee to use as a jumping off point.

Ms. Harper asked for clarification if perhaps the language that used practitioners instead of examiners may be a typo in the legislation. Dr. Caley asked if the legislators meant "a practitioner, who is certified as a sexual assault nurse" and not an actual nurse practitioner. Ms. Allen shared that when working on the regulations, it did seem odd that the terminology shifted and it is possible that it was an inadvertent error, but we can correct this through the regulations.

Ms. Harper also asked if on-call systems included facilities outside a hospital as most do not have an on-call system. In response to the second question about on-call systems, Ms. Allen clarified that it includes only treatment hospitals and pediatric healthcare facilities. If not a treatment facility, there is no requirement for on-call systems or even to contract a SANE. Ms. Harper shared that VCU does not have an after-hours call system. In far southwest Virginia has staffing, financial and geographic factors that make a 24/7 on-call system unfeasible. There needs to be consideration for defining pediatric clinics and what does a pediatric facility and facilities run outside of a hospital setting. Ms. Allen shared that the current definitions do include those in financial and staff precarious places. The easier place to look might be treatment

hospitals and then move on to pediatric healthcare facilities because there are timing considerations for Task Force deliverables such as hospital requirements for model documents by July 1, 2023. Working with facilities on these plans and contracts to increase availability of sexual assault forensic examiners do not have firm deadlines so there is more flexibility.

Dr. Thomas agreed, adding that treating facilities are a problem as there are so many different types (e.g. emergency rooms, clinics, private practice, community based, etc.). We may want to drill down further to inpatient versus outpatient. It may be useful to how trauma designations are divided and patient loads for guidance on coverage. Ms. Allen asked for more detail regarding trauma designations. Dr. Thomas shared that she meant to use them as examples or models for developing the different levels of designations. For example, Trauma level 1 hospitals have to have x level of service, on-call coverage and follow up planning, and community education. This breakdown has made it easier for hospitals to understand the expectations and it could be beneficial to provide similar breakdowns related to services for sexual assault survivors as a scaffolding.

Ms. Allen asked providers if it is their experience that it is a training pipeline issue for staffing shortage. Dr. Jennings stated that it is not a training issue, but a root issue of sustainability and funding once persons are in the programs. There is a national registered nurse shortage, but there is not necessarily a forensic nurse shortage. Dr. Price added that in a recent meeting about forensic nursing, forensic nursing is viewed as a nicety not a necessity. Dr. Price suggested should be viewed as firefighters in that they may not be needed every day, but you want them when you need it. Many hospitals have also not made the connection that violence is a healthcare issue with a big role for them. Ms. Hall and Dr. Thomas agreed with Dr. Price's comments.

Ms. Allen stated that as far as staffing, beginning on July 1, 2023, facilities must have a treatment or a transfer plan on the books. She asked providers if most hospitals planned to be transfer facilities and not treatment facilities. Ms. Harper shared that she had not heard any plans yet and in far southwest Virginia, they may not even be aware the requirement is coming, and as far as transfer plans, the current transport times can exceed three hours, which would be a barrier for some survivors.

Ms. Harper added that as a committee, the group should look at the current landscape of forensic care in Virginia as a starting point and then cross that with trauma centers. She shared that some of that baseline landscape was being worked on by other members of the Task Force separately, but to bring it to the group. She noted that sustainability of the workforce is key. Dr. Jennings stated that the Virginia Hospital and Healthcare Association (VHHA) did come up with a current forensic care picture that could be a good starting point. She added that having a transfer plan in place is good, but traveling for a transfer more than three hours is not appropriately taking care of the patients. Dr. Thomas agreed, and added that there should be a mandate related to time and provider availability based on geographic and wait times and that transport times are a large issue. She shared that there is a facility that has patients sign out against medical advice in order to transfer without waiting several hours for the transport to

start, added to the time to a distant facility. Ms. Hall shared that there are some places that will transport for the exam, but the patient is responsible for their own way home, and it may be two hours away from their home.

Dr. Price asked the group if, after meeting as these different committees, we understand the issue, but will this process get the group to where we need to go in terms of hospitals recognizing the issue, reimbursement, the mandates, etc. Ms. Hall agreed that this is a problem and that the funding is a big piece of it for hospitals that may prevent them from wanting to have a program. She stated that she doesn't think the transportation issue will be resolved. Dr. Thomas also agreed and recommended looking at the trauma center site again for guidance. Trauma designation is a money losing program but adds prestige to the facilities. She suggested that perhaps services for survivors of sexual assault could be tied to a trauma designation.

Dr. Jennings shared that she had approached this exact standpoint with the Emergency Nurses Association and had developed a white paper with them and the International Association of Forensic Nurses. However, there has not been buy-in from stakeholders. Dr. Price described another tactic of providing additional funding from the Victims Fund for facilities that do the work well to no effect. She shared that she received feedback that included that it wouldn't work since some areas of the state could not have the best practice, some areas would never qualify.

Dr. Caley stated that it seemed there were two issues being discussed. The first was that if a hospital had a trauma designation, they should have to have a forensic nurse. Level 1 trauma centers designations are typically larger facilities and it would be interesting to see how many don't have a forensic nurse. Dr. Caley also shared that, similar to how a facility may be designated as a stroke center, a SANE designation for facilities could be added to breakdowns of available designations. Dr. Thomas supported this idea. Dr. Jennings shared that very few Level 1 trauma centers have a forensic nurse and full 24-hour coverage is even rarer. Dr. Price shared that a Level 1 trauma center in Richmond has been resistant to transferring their patients to a facility down the street. Ms. Hall shared that she's been told patients hear about transfer options from nurses who have personal knowledge of other facilities with services. Dr. Thomas added that perhaps it could be a recommendation in the annual report to have forensic coverage required at trauma centers.

Dr. Caley suggested stepping back to see what's attainable from the group's large interest areas. A starting point for educational materials is material to make sure every hospital has a resource to talk about transfer options and everything involved. Dr. Price agreed.

Dr. Price suggested a requirement can be added that every hospital has to say what facility they are going to transfer to, but providers need legislators to hear that the system is broken. Ms. Allen commented that including information to be provided to patients regarding transfers should be included in the model documents; she added that perhaps it could be required signage in hospitals.

Dr. Thomas stated that transfer for services for survivors be part of the required staff training. Ms. Allen stated that this could definitely be a recommendation in the annual report. Dr. Thomas shared concerns about Emergency Medical Treatment and Labor Act (EMTALA) implications and care in facilities for stabilizing treatment in transfer facilities.

Dr. Price asked if hospitals had to have a transfer plan to an accepting hospital and what the requirements look like. Ms. Allen stated that the statute requires a written agreement from the treatment facility who can accept the patient. Dr. Price asked if the accepting hospital who's agreed has to have a forensic nurse on 24 hours a day. Ms. Allen stated that this was not currently required. The treating hospital has to have a plan, but the statute does not require that the exam be performed by a sexual assault certified provider, which is something that was discussed in the best practices committee. Dr. Price stated that she has had conversations about full time employee requirements and is often asked what's in it for them by hospitals. Ms. Allen stated that she suspected that the person is not required to have a sexual assault background due to the workforce deficit. Dr. Jennings stated that it is not a workforce issue, but a funding issue. Dr. Thomas stated she heard at some sites, though she clarified they are not in Virginia,, the provider has been told to just open a kit and follow the directions for collection.

Dr. Price stated that it still doesn't benefit accepting hospitals when this goes into effect. She suggested that there needs to be an incentive for hospitals, such as increasing reimbursement rates from the Crime Victims' Fund, which is funded through criminal and civil fines and penalties. Ms. Allen stated that the recommendation could be included in the annual report, and that she and Ms. Jansson would explore the Fund further outside of the meeting.

Dr. Price recommended the group start with providing education to hospitals that don't know about transfers and providing that information to patients. Ms. Allen stated that to move this suggestion forward she would reach out to partners such as VHHA and the Medical Society of Virginia. Dr Price added that Davis Gammon and Kelly Cannon at VHHA would be good contacts. Ms. Allen asked the group if they had recommendations for contacts for rape crisis centers or children's advocacy centers (CACs). Ms. Hall suggested the Action Alliance as a resource for outreach to rape crisis centers. Ms. Harper suggested Janice Dinkins-Davidson as a contact for CACs.

Ms. Scaff shared that she works as a CAC coordinator and suggested reaching out to the National Children Association (NCA), an organization which accredits CACs. She stated that NCA could also be a good resource for sharing education to membership.

Next Steps

Ms. Allen and Ms. Jansson will explore the Crime Victims' Fund sources of funding.

Ms. Allen and Ms. Jansson will reach out to the stakeholder groups to learn about their questions for the educational materials and specific messaging to bring back to the group for the next meeting.

Other Business

Ms. Allen shared details about the August 6 full Task Force meeting that will be held in-person in Richmond and that information and updates will be shared with the full membership soon.

Meeting Adjournment

Meeting adjourned at 12:29pm.

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1.0 Purpose

This document was created to comply with the requirements of Code of Virginia § [2.2-3708.2\(C\)](#), which requires that any public body who wishes to allow its members to participate in public meetings through electronic means to adopt a written policy governing electronic participation.

2.0 Scope

This document applies to all members of the Task Force on Services for Survivors of Sexual Assault. This document supplements any agency-wide policy on electronic participation in public meetings and to the extent there is a conflict between an agency-wide policy and this policy, the agency-wide policy supersedes. If an exception to the physical quorum requirement has been provided by the current budget bill (e.g., [Item 4-0.01\(g\) of Chapter 56 of the 2020 Acts of Assembly, Special Session I](#) and [Item 4-0.01\(g\) of Chapter 552 of the 2021 Acts of Assembly, Special Session I](#)), the provisions of the budget bill shall supersede this document.

3.0 Definitions

Office of Licensure and Certification (OLC): An office within VDH that administers licensing programs for hospitals, outpatient surgical hospitals, nursing facilities, home care organizations, and hospice programs; administers certification and registration program for managed care health insurance plans and private review agents; administers the certificate of public need program; is the state survey agency for Medicare and Medicaid; and provides primary staffing support for the Task Force.

Task Force on Services of Survivors of Sexual Assault (Task Force): A task force created pursuant to Code of Virginia § [32.1-162.15:11](#) that is composed of a mix of legislators, executive branch agency leaders, and citizens appointed by the Governor.

Virginia Department of Health (VDH): An executive branch agency in the Commonwealth of Virginia that assists the State Board of Health and State Health Commissioner with administering and providing a comprehensive program of preventive, curative, restorative and environmental health services; educating the citizenry in health and environmental matters; developing and implementing health resource plans; collecting and preserving vital records and health statistics; assisting in research; and abating hazards and nuisances to the health and to the environment, both emergency and otherwise.

Virginia Freedom of Information Act (FOIA): State law (Code of Virginia § [2.2-3700 et seq.](#)) that governs the release of public records and the procedures for public meetings.

4.0 Authorities

Code of Virginia §§ [2.2-3707](#), [2.2-3708.2](#), and [32.1-162.15:11](#)

5.0 Responsibilities

5.1 Task force chair

The Task Force chair is the State Health Commissioner or his designee. The Task Force chair is responsible for receiving requests from Task Force members to participate electronically and for ensuring the approval of electronic participation is sought as outlined in this document.

5.2 Task force members

The Task Force members have been appointed to the Task Force pursuant to Code of Virginia § [32.1-162.15:11\(A\)](#). The Task Force members are responsible for timely contacting the Task Force chair if they cannot attend a meeting and familiarizing themselves with this document.

5.3 VDH OLC staff

VDH OLC staff is responsible for distribution of Task Force meeting materials to the public and to compiling the annual report on electronic participation. This responsibility may be shared between VDH OLC's Senior Policy Analyst and additional staff at VDH.

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6.0 Policy

Individual Task Force members may participate in meetings of the Task Force by electronic communication means as permitted by Code of Virginia § [2.2-3708.2](#). This policy shall apply to the entire membership and without regard to the identity of the member requesting remote participation or the matters that will be considered or voted on at the meeting.

Whenever an individual member is to participate from a remote location, the following conditions must be present:

- a. A quorum of the Task Force must be physically assembled at the primary or central meeting location.
- b. There must be arrangements for the voice of the remote participant to be heard by all persons at the primary or central meeting location.
- c. The reason that the member is unable to attend the meeting and the remote location from which the member participates must be recorded in the meeting minutes.

Additionally, if three or more Task Force members are participating from a single remote location, that location is required to be open to the public.

In the event that a Task Force member participates electronically due to a personal matter, such electronic participation is limited by law to two meetings [or 25 percent of the meetings held](#) each calendar year [rounded up to the next whole number, whichever is greater](#). There is no statutory limit on the number of meetings in which a Task Force member may participate electronically if the member's lack of physical attendance is due to a temporary or permanent disability or other medical condition.

6.1 Physical quorum exception

An exception to the physical quorum requirement occurs if the Governor has declared a state of emergency, provided that:

- a. the catastrophic nature of the declared emergency makes it impracticable or unsafe to assemble a quorum in a single location; and
- b. the purpose of the meeting is to address the emergency.

7.0 Procedures

7.1 Electronic participation request and approval

1. On or before the day of the meeting, a Task Force member must notify the Task Force chair that he or she is unable to attend the meeting due to:
 - a. a temporary or permanent disability or other medical condition that prevents the Task Force member's physical attendance; or
 - b. a personal matter and identifies with specificity the nature of the personal matter.
2. At the beginning of the Task Force meeting after the determination of a quorum but prior to discussion of all other public business, the Task Force chair shall identify the Task Force member

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who wishes to participate electronically, the reason for his or her request, and the location from which the individual is participating.

3. In the absence of a challenge, individual participation from a remote location is approved unless such participation would violate this policy or the provisions of FOIA.
4. If individual participation from a remote location is challenged, then the Task Force members at the primary or central meeting location shall vote whether to allow such participation.

7.2 Meeting minutes

1. The Task Force shall comply with the public meeting minutes requirements in Code of Virginia § [2.2-3707\(H\)](#).
2. If a Task Force member is participating electronically, the Task Force shall also record the following information:
 - a. If individual participation from a remote location is challenged, the vote on that challenge;
 - b. The remote location from which the member participated;
 - c. The reason why a Task Force member is participating from a remote location; and
 - d. All votes in a roll-call fashion.
3. If a Task Force meeting is being held through electronic means due to a state of emergency, the Task Force shall also record:
 - a. The nature of the emergency;
 - b. All votes in a roll-call fashion;
 - c. That the meeting is being held by electronic communication means; and
 - d. The type of electronic communications utilized.

7.3 Public participation

1. The Task Force shall comply with the notice of public meeting requirements in Code of Virginia § [2.2-3707\(C\)](#).
2. If a Task Force member is participating electronically, the Task Force shall also include the following information:
 - a. Any remote locations from which a Task Force member intends to participate;
 - b. The electronic means by which a member of the public may observe or listen to the meeting; and
 - c. A telephone number to notify the primary or central meeting location of any interruption in the telephonic or video broadcast of the meeting.
3. The Task Force shall afford every member of the public attending either the remote location or the primary or central location to offer public comment.
4. The Task Force shall suspend its meeting if any interruption in the telephonic or video broadcast of the meeting occurs and shall not resume until repairs are made and public access is restored.
5. VDH OLC staff shall make available to members of public attending either the remote location or the primary or central location with the Electronic Meetings Public Comment Form.
6. VDH OLC staff shall provide the proposed agenda and agenda packets to the public at the same time those materials are furnished to the Task Force members, by:

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- a. Electronically posting the material on Virginia Regulatory Town Hall;
 - b. Electronically posting the material on VDH OLC’s “Task Force on Services for Survivors of Sexual Assault” webpage;
 - c. Making available physical copies at VDH OLC’s office; and
 - d. Making available physical at the Task Force meeting’s primary or central location and, if access to remote locations is afforded, at the remote location(s).
7. If a Task Force meeting is being held through electronic means due to a state of emergency, the Task Force shall also:
- a. Give public notice using the best available method given the nature of the emergency, which must be given contemporaneously with the notice provided to Task Force members; and
 - b. Make arrangements for public access to such meeting.

7.4 [Annual reporting](#)

1. Within 5 business days after the date of each Task Force meeting, VDH OLC staff shall complete the Electronic Meeting Annual Reporting Form.
2. Within 10 business days after the date of each Task Force meeting, VDH OLC staff shall submit all completed copies of the Electronic Meeting Annual Reporting Form to the VDH FOIA Officer for review.
3. On or before December 15 of each calendar year, the VDH FOIA Officer shall submit all completed copies of the Electronic Meeting Annual Reporting Form to the Virginia Freedom of Information Advisory Council.

8.0 Forms and Templates

- [Electronic Meetings Public Comment Form](#)
- [Electronic Meetings Annual Reporting Form](#)

9.0 References

None.

10.0 History

Revision	Date	Author	Reviewer	Approver	Description
1.00.00	5/21/21	Allen, Rebekah E.	Task Force on Services for Survivors of Sexual Assault	Task Force on Services for Survivors of Sexual Assault	Creation of policy
1.01.00	8/6/21	Allen, Rebekah E.	Task Force on Services for Survivors of Sexual Assault	Task Force on Services for Survivors of Sexual Assault	Update to § 6.0

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