Office for Victims of Crime
VOCA Administrator Regional Meeting

| SUMMARY |

MEETING DATE | October 21, 2014 |
MEETING LOCATION | Phoenix, AZ |
MEETING CALLED BY | Joye Frost |
TYPE OF MEETING | Regional Administrator’s Meeting |
FACILITATOR | Marilyn Roberts |
PARTICIPANTS | Gary Scheller (UT); Janelle Melohn (IA); Kate Henderson (AZ); Christina Harris (FL); Julie Nauman (CA); Cletus Nnanabu (WA); Elizabeth Cronin (NY); Nancy Feldman (CO); Larry Grubbs (AZ). Leslie O’Reilly (MI) and Lynn Shiner (PA) via webinar. |

ATTENDEES | Dan Eddy (NACVCB); Marilyn Roberts (OVC); Kris Rose (OVC); Susan Williams (OVC); Grace Call (OVC Fellow); Marnie Shiels (OVW). Toni Thomas (OVC); Marti Kovener (OVC TTAC); and Fernanda Webster (OVC TTAC) also participated via webinar. |

HIGH LEVEL SUMMARY

- OVC is interested in your thoughts on potential changes to VOCA regulations, as OVC plans to recommend changes through the FAC.
- OVC will send a message via the distribution list regarding a potential OJP competitive grant that will address the sexual assault kit backlog.
- The Colorado statute on sexual assault exams and study on forensic exam backlog will be distributed.
- OVC plans to have 2 or 3 regional meetings in FY 2015.

Attachments

- Meeting agenda
- Handout - OVC presentation on victim needs assessment
- Handout - OVC presentation on victims whose offenders are exonerated
- Handout - OVC presentation on victims of child pornography
- Handout – Colorado Sexual Assault Emergency (SAVE) Fund Payment Program
- Handout – Colorado Sexual Assault Consent and Information Form

WELCOME, OVERVIEW, AND UPDATES
OVC is putting together several 1-minute videos to post on OVC’s Facebook site. Because analysis of visitors to OVC’s Web site indicates that visitors are looking for information on direct assistance, one of the videos will focus on what to do as a crime victim and what resources are available. OVC would appreciate your input on this video.

OVC will take you up on your offer to improve data collection/performance measures form. Many of you have really helped OVC with its challenging task of telling the story of all 50 states, each of which have unique issues.

OVC really appreciates your help and participation in the data collection webinars.

OVC will put together a summary of the quarterly meetings since Denver (11/14/13) and send out to everyone so that all have an opportunity to benefit from these meetings.

**STATE REPORTS**

**WASHINGTON**

- Challenge: Still using legacy information technology system. Lack of budget.
- Success: New computer system being implemented.

**UTAH**

Rape kit testing is both a challenge and success.

- Challenge: New legislation has been criticized as being too costly and laborious.
- Success: New legislation has been revolutionary in law enforcement.

**IOWA**

- Challenge: Overhauling information technology system, including moving to a state grants management system.
- Success: Into second year of major restructuring of victim services programs, which has been an improvement. Egs., serving more victims of sexual assault and have improved services to homicide victims.

**ARIZONA**

- Challenge: Looking at how data is collected from county programs and deciding what to do with it. Also, staff changes.
- Success: New law on victims’ rights enforcement. Attended recent retirement party for an original Victim Compensation Board member—great opportunity to reflect on the commitment of the victim services community.

**COLORADO**

- Challenge: Recent move to a new grant management system, which has been technologically challenging.
- Success: Sexual assault program, in particular sexual assault exams/kits, which will be discussed later. Also received a grant to make compensation program Web-based.
NEW YORK

- Challenge: Using gateway system and rolling it out to grantees. Technologically challenging. Also, despite redesigning RFP form to make it clearer, people were anxious because it looked new and different. Dealing with glacial pace of state approval of funds.
- Success: Having the state controller approve use of funds for victim assistance grants and getting out the RFP. Holding a conference and webinar and having staff available to answer questions. Exploring new legislation that would make it easier for people to receive compensation funds. Received wraparound legal assistance grant.

FLORIDA

- Challenge: New online application system. Tried to make it look as similar as possible to the paper application, but people weren’t used to it. And technology glitches.
- Success: Launching the new online application system. Receiving grant to test victim notification via text messaging.

NACVB

- Challenge: It’s clear that states have technology challenges—and that have to deal with them on their own. Dealing with change. Dealing with the ups and downs of total compensation payouts.
- Success: OVC’s focus on victims of human trafficking.

CALIFORNIA

- Challenge: Changes to the California system.
- Success: Statute modernization project could bring out positive change, especially with addressing victims of human trafficking and providing them with benefits. Also, strengthening ability to prosecute domestic violence cases despite law enforcement pressure for victims to engage in ‘cooperation’ process.Received technology grant. Outreach campaign in Bay Area, with pictures of people who look like victims. Take a look at compensation website for examples.

MICHIGAN

- Challenge: New staff, new technology, new grant system.
- Success: Over the next year going to start focusing on training for SANE examiners.

VISION 21: EXTENDING THE VISION, REACHING ALL VICTIMS OF CRIME

Presentations by OVC on special populations of victims:

- Victim needs assessment (4 crimes: financial fraud, elder financial exploitation, elder abuse, polyvictimization)
- Victims whose offenders are exonerated
- Victims of child pornography

Materials provided for each presentation are attached.
VISION 21: MEETING THE HOLISTIC LEGAL NEEDS OF CRIME VICTIMS

Presenter, Marnie Shiels, Attorney-Advisor, Office on Violence Against Women (OVW)

During the discussion, the following point was made:

- OVC is conducting presentations like this one because it’s interested in states’ opinions on potential changes OVC plans to make through the FAC.

OVERVIEW AND INTRODUCTION OF FORENSIC COMPLIANCE EVALUATION PROJECT (CO), NIJ SANE TOOLKIT RESEARCH FINDINGS (UT), AUDIT OF 270 RAPE EXAMS MEDIA COVERAGE (UT)

Presenters, Nancy Feldman (CO) and Gary Scheller (UT)

During the discussion, the following points were made:

- There will be a $41 million OJP grant program that will support the backlog of sexual assault exams.
  - OVC will send a message to the states via the distribution list to remind them of this potential funding.

CLOSING REMARKS

- OVC plans to have 2 or 3 regional meetings in FY 2015.
9:00–9:10 Welcome, Overview, and Updates
Marilyn Roberts, Deputy Director, OVC
Kris Rose, Deputy Director, OVC
Susan Williams, Associate Director, OVC

9:10–9:45 Introductions

9:45–11:00 Vision 21: Extending the Vision, Reaching All Victims of Crime – Kris Rose

Topic: Dual, Multiservice and Victim/Witness Programs—Working With Subrecipients to Ensure Services for Victims of All Crimes
Presentations from OVC for working with victims of elder abuse, victims whose offenders are exonerated, and victims of child pornography

Participating via teleconference:
Shelly Jackson—Victims of elder abuse-assessment
William Petty—Victims whose offenders are exonerated
Bethany Case—Victims of child pornography

Discussion:
• Which organization(s) or subrecipient(s) in your state would work with victims of elder abuse, victims whose offenders are exonerated, and victims of child pornography?
• How do VOCA administrators work with existing subrecipients (NGOs, victim/witness programs) to expand services to victims of nonsexual assault and nondomestic violence crime?
• What is the role of a VOCA administrator in expanding services to unserved and underserved victims of crime?

11:00–11:15 Break


Topic: Sexual Assault Forensic Exams (SAFEs)
Brief Presentation and Framing of the National Discussion on SAFEs
Marnie Shiels, Attorney Advisor, OVW

Discussion:
• What is your office’s role in payment/processing of SAFEs for reporting or nonreporting victims?
• Is your state experiencing challenges associated with the new VAWA provision?
• Have there been any recent developments or changes in SAFE processes in your state?

12:30–1:30 Lunch (on your own)

1:30–2:30 Discussion (continued)

2:30–2:45 Break

2:45–3:45 Overview and Introduction of Forensic Compliance Evaluation Project (CO), NIJ SANE Toolkit Research Findings (UT), Audit of 270 Rape Exams Media Coverage (UT) – Grace Call

Topic: Use of SAFE During Prosecution
Nancy Feldman (CO) and Gary Scheller (UT).

Discussion

3:45–4:00 Summary of Discussions and Next Steps
2013 OVC Needs Assessment

Four Crimes:
- Financial fraud
- Elder financial exploitation
- Elder abuse
- Polyvictimization

51 VOCA administrators

8 questions
Findings

Financial crimes receive less programmatic funding (and attention) compared to elder abuse (and polyvictimization).

>1% of VOCA clients are elder abuse victims, although 10% of older adults experience elder abuse.
Recommendations

◦ Capture these victims on VOCA reporting forms

◦ Outreach to older adults

◦ VOCA solicitations could expressly identify these crime victims

◦ Advocates ask about additional forms of victimization (polyvictimization)

◦ Sharing information between VOCA administrators and elder justice professionals
OVC Activities & Collaborations

Upcoming webinar on the needs assessment
◦ TBD

NAPSA Session (Portland, OR, October 30th)
◦ Building Bridges between the Elder Justice & Victims of Crime Act Professions

Four civil legal online training modules on elder abuse
◦ https://www.ovcttac.gov/views/dspLegalAssistance.cfm?tab=1#onlinetraining

DOJ Elder Justice website (launched September 2014)
◦ www.justice.gov/elderjustice

Polyvictimization online curriculum
◦ Under review
Background:

- Advances in technology and forensic science continue to have great effects on the criminal justice system, some leading to the exoneration of criminally convicted persons.
- The impact of these reversals of events on the original victim of crime cannot be understated.
- Criminal Justice System is just beginning to understand the victims’ need for information and support years or even decades after the original crime.

OVC Roundtable: Serving Original Victims in Wrongful Conviction Cases

- Invited subject matter stakeholders including an original victims in a rape exoneration, a family member of a homicide exoneration, prosecutors, defense, innocence attorneys, law enforcement, criminal justice and community based advocates and mental health professionals

Outcome: What is needed to effectively serve original victims?

- Develop protocols for victim notification, best practices and information sharing with victims
- OVC’s Leadership, Outreach and Awareness to frame policy issues, support consultation with media and awareness materials
- Training for law enforcement, judges, advocates, parole and probation, mental health providers and media
- Peer Support Network for original victims
- Funding for training, peer support, resources (including VOCA compensation and assistance), collaboration to develop policies supporting long-term healing (includes statute of limitation expiration)

What Comes Next?

- 2015: OVC will determine program planning to move forward
- Program Planning will involve one or more of five outcomes above

Questions for VOCA Administrators to Consider

- If a homicide conviction, which occurred in 1979, was determined today to be wrongful, what VOCA program support would be available for the original victim in your state?
- If a victim has reached the maximum award provided by your state, then they are notified of a wrongful conviction, which eventuates into an exoneration. What VOCA program support would be available for the original victim in your state?
- A rape conviction results in an exoneration. The original victim has since had a new family and they are devastated by the previously undisclosed events. What VOCA program support (Compensation and Assistance) would be available for the original victim and his new family members in your state?
Improving the Response to Victims of Child Pornography

Bethany Case
Victim Justice Program Specialist
Background

• Sexual abuse is photographed, recorded (PRODUCED) and then shared
  – Advances in technology make the possibilities endless

• Does the sharing (DISTRIBUTION) and ongoing “consumption” (POSSESSION) worldwide make it worse for the victim?
  – Re-victimized, multiple jurisdictions—for distribution and possession cases
  – Never ending, prevent victims from healing?

• How are we responding to VICTIMS? Can we do better?
  – Law Enforcement, Mental Health, Victim Services, Allied Professionals, Victims’ Compensation, etc.

• What did OVC do about it?
  – Working Group in 2010—more questions than answers
  – OVC FY11 National Field Generated Solicitation
Project Overview

Award to NCVC in 2011
  – Partners: National Children’s Alliance, Crimes Against Children Research Center

1) National Advisory Committee
   – Dan Eddy rep for Compensation Boards

2) Literature Review
   – To identify evidence-based and promising practices

3) Analyze Rights of Victims
   – Informed, Heard, Compensation, Restitution, Civil Justice

4) Surveys
   – Professionals, Victims, Caregivers

5) Final Report
   – NOW IN THE WORKS!!!!
Next Steps

• Final Report
  – Summary of project findings
  – Recommendations to the field

• Want to peer review the draft report?
  – e-mail Bethany.Case@usdoj.gov

• Anticipated Release Date
  – 2015
In 2013, the Colorado General Assembly unanimously passed HB13-1163 which created the Sexual Assault Victim Emergency (SAVE) Payment Program. The Colorado Division of Criminal Justice (DCJ) is the designated administrator of the SAVE program.

**SAVE Program Basics (C.R.S. §18-3-407.7)**

- Only medical reporting victims\(^1\) are eligible for the SAVE program.
  
  - This program provides payment assistance to medical reporting victims for (in priority order):
    1. Routine costs associated with accessing a medical forensic exam (MFE);
    2. Some medical expenses related to injuries sustained from the sexual assault; and
    3. The cost of the evidence collection portion of the medical forensic exam (*DCJ will pay for evidence collection for medical reporting victims through the SAVE program or other funds; victims never pay this cost*).

  - The SAVE program is a payor of last resort.

  - SAVE program coverage is contingent upon the appropriation and availability of funds.

  - Payments are subject to a per person cap, based on actual costs, determined annually by DCJ.

  - Hospitals may not charge more than the lowest negotiated rate from a private health plan for fees and charges covered under the SAVE program.

**SAVE Program Process**

- To receive payment under the SAVE Program, the hospital first bills insurance\(^2\) unless the victim requests insurance not be billed or does not have insurance. (The evidence collection portion of the bill is never billed to insurance; it gets billed to DCJ.)

- After insurance has settled, or as soon as practicable if the patient does not have insurance or does not want insurance billed, the hospital will send the remaining bill, (what would be billed to the patient), to DCJ.

- The SAVE program pays remaining costs according to program priorities and up to the cap.

- The SAVE program covers deductibles and co-pays.

- Any outstanding balance following payment by the SAVE program is the responsibility of the victim.

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\(^1\) Medical reporting victims are sexual assault victims who obtain a medical forensic exam following a sexual assault but who are not participating in the criminal justice system at the time they leave the hospital.

\(^2\) Insurance means private insurance, Medicare, Medicaid and any other type of payment program normally billed by hospitals to cover costs for services.
SA VE Program - Converted Cases

• Any victim who converts from a medical report to a law enforcement report after her/his departure from the hospital and prior to DCJ receiving the bill from the hospital is considered a converted case and will be treated as a law enforcement reporting victim (this is current practice).

• In converted cases, DCJ will have the hospital send the evidence collection portion of the bill to the appropriate law enforcement agency for payment and DCJ will forward the remainder of the bill to the appropriate victim compensation program.

• If the victim files for victim compensation, DCJ will notify the hospital.

• Once a victim compensation board approves an application on a converted case, no additional payment will be made through the SAVE program.

• If the victim does not file an application with victim compensation or the compensation board denies the application:
  o The SAVE program will pay routine costs associated with obtaining a medical forensic exam.
  o The SAVE program may also pay costs associated with medical treatment and/or medications for any injuries directly related to the sexual assault.
  o Any outstanding balance following payment by the SAVE program is the responsibility of the victim.

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3 Converted cases are when medical reporting victims later report the assault to law enforcement. The conversion from a medical report to a law enforcement report can occur at any time after the victim has left the hospital.

4 Law enforcement reporting victims are victims who report their assault to law enforcement prior to, at the time or, or independent of a medical forensic exam.

For billing questions contact Kathy Holland at kathy.holland@state.co.us; 303-239-4454
For program questions contact Terri Livermore at terri.livermore@state.co.us; 303-239-4546
(revised 1/2/2014)
VICTIM REQUESTS A MEDICAL FORENSIC EXAM

Medical Reporting

Victim tells staff they do not want to report to LE

Victim wants insurance billed; insurance is billed except evidence collection costs

Copay: hospital can defer and add to SAVE bill; if paid by patient, hospital informs patient copay is reimbursable thru SAVE program; provides info to patient

Once insurance settles, bill is sent to DCJ (includes evidence collection cost)

SAVE Program pays remaining expenses applicable under program up to the cap; returns bill with any outstanding balance to hospital

DCJ notifies hospital who sends evidence collection bill to law enforcement; DCJ forwards bill to victim comp program

If victim comp claim filed, DCJ will notify hospital

If victim comp claim not filed or is denied, SAVE Program will pay according to policy; returns bill with any outstanding balance to hospital

Law Enforcement Reporting

Victim tells staff they want to report to LE

Victim not eligible for SAVE Program; LE is billed for evidence collection and patient can apply to victim compensation

If victim comp board approves application, no longer eligible for SAVE program
Conforms CO law to VAWA 2005
• DCJ pays for non-report kits; LE pays for reporting kits
• LE stores kits for min. 2 yrs
• Law silent on LE/victim contact

Training
• SANE training online and free
• MFE training (in-person)
• Clinical Program: two days, achieve clinical competence

Programs
• Rewrote CO Evidence Collection Protocol
• TA for SANE/MFE programs
• Support and Sustainability

$150,000/yr plus .2 FTE
$3,000 per patient cap
Creates term Medical Reporting Victim

Pays (in priority order):
• Costs associated with getting MFE
• Medical Expenses
• Evidence Collection

1st year results:
• 125 patients (est. 75)
• $70,000
• avg $560/patient

2005 COLOrado STATUTE
(C.R.S § 18-3-407.5)

2008

2010

2012

2013

2015

Develop SART and MFE programs (‘11-‘14)
• 10 sites; 9 rural
• 720 total exams
• 365 in rural sites

Increased SA reports to LE (‘11-‘13)
• 64% in rural sites (200 rpts in 2013)
• 197% overall (681 rpts in 2013)

Prosecutions (% of LE SA reports)
• ‘13 - 87 rural; 199 total (29% of all reports)
• ‘14 - est 74 rural; 450 total (62% of all rpts)

Case analysis
• 33 months – 151 cases
• 18% conversion rate
• 56% convert within 72 hours

Response survey (239 respondents)
• MMR strongly supported but statute poorly written; applied differently
• Response protocols better for reporting victims
• CO laws conflict around IPSV; much confusion; applied differently

Recommendations
• Statewide Committee (FCEP Team)
• MMR statutory change w/ anonymous reporting option
• Model SA response protocol
• Training
• Education/Outreach
• Research

Victim Consent
4 consent categories: exam, report, evidence tested, withdraw consent

Backlog Testing
• Victim Notification Protocols
• 3000 kits – done by March 2015
• Thru Aug ‘14: 325 tested • 110 profiles • 30 CODIS Hits

Moving Forward
• All kits submitted for testing after March 1, 2014 (except - no victim consent; proven false report)
• Thru Aug ‘14: 972 kits submitted
• Est. 120% increase over 2012

Nancy Feldman, Office for Victims Programs
303.239.4437 • nancyl.feldman@state.co.us
You have the right to have this form explained and all of your questions answered. Please initial and sign where appropriate. You will receive a copy of this form after it is completed.

Law Enforcement Agency: ___________________________  Case No: ___________________________

Officer Name: ___________________________  Phone No: ___________________________

Medical Forensic Exam

I consent to a medical forensic exam. I understand I can stop the exam at any time and can decline any portion of the exam or collection of any sample.

Reporting Decision (initial only one)

I am choosing to make a report to law enforcement. I give permission for evidence collected and information gathered during my sexual assault exam to be released to law enforcement for use in investigation(s) and potential prosecution(s). I understand the investigating law enforcement agency will be given my name and contact information.

At this time, I am choosing NOT TO REPORT TO LAW ENFORCEMENT OR PARTICIPATE in any investigation. I understand I can change my mind and later report to law enforcement. I understand law enforcement may be given my name. I understand law enforcement may choose to investigate but I do not have to participate.

Evidence Analysis/Release of Results (initial only one)

I consent for law enforcement to release the collected evidence to a forensic lab for analysis.

I understand law enforcement may submit the evidence to a lab no later than 21 days after receiving it. I understand if the evidence is analyzed, law enforcement will receive the results for the purposes of investigation(s) and potential prosecution(s).

I consent only to the collection and storage of evidence at a law enforcement agency. I understand this means the evidence will NOT be submitted to a forensic lab for analysis. I understand I can change my mind, make a report to law enforcement and possibly have the evidence analyzed at a forensic lab. I understand law enforcement is only required to hold the evidence for a minimum of 2 years.

Withdrawal of Consent for Evidence Analysis/Release of Results

I understand I may withdraw my consent for evidence analysis/release of results by contacting the law enforcement agency listed on this form. I understand the withdrawal of consent becomes effective when law enforcement verifies my identity, but will not apply to any actions already taken. I understand that once analysis has begun, consent cannot be withdrawn.

Printed Patient Name: ___________________________  Patient Signature: ___________________________  Date: ___________________________

Printed Witness Name/Title: ___________________________  Witness Signature: ___________________________  Date: ___________________________

White Copy - Enclose with Kit  Yellow Copy - Law Enforcement  Pink Copy - Medical Records  Green Copy - Patient