



DEPARTMENT OF DEFENSE SEXUAL ASSAULT PREVENTION AND RESPONSE OFFICE



Case Management Group Meeting: Prep Checklist for Victim's Healthcare POC

Please use this checklist to prepare for monthly SAPR Case Management Group (CMG) meetings.

- This checklist is not meant to be all-inclusive, but rather as a reminder of general CMG policy requirements in DoDI 6495.02, Volume 1, Enclosure 9.
- There is a detailed checklist for each CMG member (e.g. healthcare, Staff Judge Advocate). All CMG Prep Checklists are located on www.sapr.mil/toolkit.

Mental Health Provider Exception: While mental health providers are required to attend monthly CMG meetings, to prioritize the availability of mental health appointments for victims, an assigned Informed Representative may attend the CMG on behalf of the provider to facilitate the exchange of information regarding the needs of the sexual assault victim, in accordance with DoDI 6495.02, Volume 1. This exception is only for mental health providers, not other healthcare providers.

Healthcare (medical or mental health) POCs present verbal updates during the monthly CMG meetings for patients associated with an Unrestricted Report or retaliation report being reviewed without disclosing healthcare information, other protected communications, or violating the victim confidentiality, as follows:

- Address any safety concerns, as appropriate.
- Confirm the Sexual Assault Response Coordinator (SARC) was immediately notified of a sexual assault if the patient (victim) initially reported to medical, mental health, or emergency room personnel.
 - *Please note: In accordance with DoDI 6310.09, "Healthcare Management for Patients Associated with Sexual Assault," patient (victim) consent is not required to contact the SARC. Healthcare POCs contact the SARC and the SARC is required to respond. Healthcare POCs must always call the SARC.*
- Confirm sexual assault patients are given priority at military treatment facilities (MTF) as emergency cases, even if they are delayed reports, in accordance with DoDI 6310.09. Internal injuries or mental health issues can be exacerbated over time with a delayed report and become emergencies.
- Identify whether the patient had a sexual assault forensic examination (SAFE) and the accompanying Unrestricted Reporting SAFE Kit was collected by the designated law enforcement entity.
 - Identify any process issues with the collection of Restricted Reporting SAFE Kits by the designated law enforcement entity.
- Discuss any relevant law, statutes, and applicable restrictions that impact patient (victim) care (e.g., state mandatory reporting requirements).
- Confirm the patient (victim) was notified of the option to request convalescent leave to recover, especially after they undergo a SAFE, in accordance with DoDI 6495.02, Volume 1.
 - Discuss any challenges with approvals for convalescent leave for patients (victims).
 - Confirm procedures are in place for MTF commanders to approve convalescent leave for Restricted Reporters, while maintaining the required confidentiality.
- Discuss challenges or concerns with coordinating with other military response personnel and/or warm handoffs.
- Discuss any challenges with providing patients (victims) with the needed healthcare (medical or mental health) appointments (e.g., lack of appointment availability, lack of transportation to attend off-base appointments).
- Request support from the Chair or Co-Chair of the CMG, or other members, as appropriate and when necessary to address the patient's (victim's) healthcare needs.**

For more information, please visit sapr.mil/toolkit.

For confidential victim assistance, call or visit the DoD Safe Helpline at 877-995-5247 or safehelpline.org.