



# Sexual Assault Forensic Examination (SAFE) Best Practices Advisory Group

## Meeting Notes

Tuesday, June 13<sup>th</sup> 1:00 – 3:00 p.m. PST

Attendees: Laura Twitchell, Ali Hohman, Andrea Wentland, Annette Simpson, Antoinette Bonsignore, Chris Rogers, Denise Rodier, Emily Peterson, Flora Diaz, Heather McLeod, Jacqueline Barton True, Sgt. Katie Savage, Kristina Hoffman, Kyra Laughlin, Leah Griffin, Maggi Qerimi, Sen. Manka Dhingra, Nicole Stephens, Rick Torrance, Det. Stephen Evitt, Rep. Tina Orwall, Blanche Barajas  
Staff: Lauren Vlas, Jamie Tugenberg

1.	<b>Call to Order &amp; Establishment of Quorum (AGO staff)</b> <ul style="list-style-type: none"><li>• Staff welcomed members and participants to the meeting, provided an overview on the agenda, and facilitated introductions</li><li>• The agenda for the June 13 meeting was adopted</li><li>• The minutes from the May 4 meeting were approved</li></ul>
2.	<b>Updates (WSP and AGO)</b> <ul style="list-style-type: none"><li>• WSP shared an update on the progress of sexual assault kit testing (see attached slide deck)</li><li>• The Crime Lab is still on track to finish testing and reviewing results from the (10,000+) backlog of kits by December 31<sup>st</sup> of this year</li><li>• The Attorney General’s Sexual Assault Kit Initiative team lead shared an update on investigations and prosecutions</li><li>• New information is available on the AGO SAKI website: <a href="https://wasaki.atg.wa.gov/">https://wasaki.atg.wa.gov/</a></li><li>• One recent success story out of Spokane: In April 1994, a SAK was collected from a victim who reported a rape to the Spokane Police Department (SPD). The suspect was known; the defense was consent. The case was never charged and the SAK was not submitted for testing</li><li>• In 2018, the SAK was included in AGO SAKI inventory; SAKI funded DNA testing. Results were reported in September 2022— there was no suspect name, but a “case-to-case” match. The DNA profile matched the DNA profile of an unidentified suspect in a 1979 cold case homicide in Lake Tahoe, California</li><li>• The Washington State Patrol Crime Lab connected California law enforcement with Spokane Police Dept., who provided the identity of their suspect in the uncharged 1994 rape case. On March 1, 2023, Harold Carpenter was charged in California with murder</li><li>• The SAKI team and other AGO employees had the opportunity to participate in victim-centered, trauma-informed training with Andrea Wentland at the Criminal Justice Training Commission and recommends others also take advantage, law enforcement is not the only discipline that can benefit from training on interacting with victims and survivors</li></ul>
3.	<b>Report-out: Forensic Services Workgroup (SANE representative and AGO staff)</b> <ul style="list-style-type: none"><li>• AGO staff introduced the Forensic Services Workgroup—formed in April to advise on a number of sexual assault nurse examiner (SANE)/forensic nurse examiner (FNE)-related issues</li><li>• Building on work Commerce did in <a href="#">2016</a>, <a href="#">2019</a>, and <a href="#">last year</a> to identify issues facing SANEs these are some of the highlights of the findings related to issues facing SANEs and FNEs in WA state:<ul style="list-style-type: none"><li>○ Lack of a sustainable funding source for SANE training</li><li>○ Lack of support from employers<ul style="list-style-type: none"><li>▪ No compensation for attending training</li></ul></li></ul></li></ul>

- Inadequate compensation for SANE services, staff are often pulled from the E.D. to perform exams that can take 6+ hours to complete leaving other teams to cover, SANEs may not be compensated for being on-call, some are not paid at a rate equivalent to other on-call professionals
  - Lack of adequate time to decompress and debrief following an exam, high burnout rates, and long hours
- Low retention rates
- An absence of partnerships among hospitals, even if there are multiple providers in a community it may not translate to 24/7 coverage
- A lack of available technical assistance, and little to no diffusion of local best practices
- The last study of SANE services was done by the Dept. of Commerce in 2019. At that time, they estimated that out of 120 or so hospitals across the state, 65 offered SANE services. Of WA's 39 counties, 30 reported offering medical forensic exams
- This estimate was from 2019 and is likely to have changed since
- The Dept. of Health had a fund available, as a result of a bill that passed in last year's session that offers up to \$2500 to SANEs/FNEs to cover the cost of attending training. However, those funds were only made available through June of this year
- The SANE representative on the SAFE Advisory Group provided the following update on behalf of the Forensic Services workgroup:
- The workgroup currently includes ~15 SANEs and FNEs from across the state, representatives from the Dept. of Commerce, Dept. of Health, and the hospital association, as well as our SAFE co-chairs Representatives Orwall and Mosbrucker, representatives of survivors including SAFE members Leah Griffin and Nicole Stephens, and several community-based advocates
- The group is open to anyone who is interested in participating
- The workgroup has met twice so far, on May 17 and May 31, and will meet again on Thursday, June 15<sup>th</sup> and for a final time on June 28<sup>th</sup>
- There are funds available to compensate participants for their expertise and time spent participating
- At the first meeting on May 17, staff provided a more in-depth overview on the findings of studies between 2016 and 2022 regarding issues facing SANEs and FNEs in WA state
- Based on the work that Commerce did to identify solutions, we were presented with a list of potential objectives for the workgroup that included model standards of care for forensic exams, model response policies for hospitals, legislative recommendations to create accountability and enhance coordination, and lastly, a model policy on engaging community-based advocates
- After discussing in small groups via Zoom breakout rooms, participants came back to the main session to debrief
- The group discussed the desire to not lead with model policies that assume victims and survivors should be transferred if they present to a facility that does not have SANEs available
- Ideally, hospitals will be incentivized to look at options like tele-SANE services or partnering with a hospital that could send an on-call SANE
- The group discussed that, especially in rural communities, without warm hand-offs survivors will likely not travel to more than one hospital to seek treatment
- Additionally, a number of SANEs reported that because the law requiring hospitals to implement a response plan went into effect during the pandemic many hospitals do not have a plan in place and may not be aware of the requirement
- There is no accountability measure in the current law that requires hospitals to submit their plans to a state agency or update them regularly so there's no way to track whether or not plans are in place as required
- The lack of an age of consent policy for adolescents seeking forensic exams was also discussed, as well as the range of issues facing SANEs related to rates of pay, retention, turnover, burnout, and the need for standardized training and ongoing education that includes peer review

- While the group appreciated the objectives that were drafted by staff, there was a feeling that they may not be focused enough upstream to meaningfully address nursing workforce issues
- At our second meeting on May 31, staff presented a preliminary review of laws in other states
- After hearing about existing models in Illinois, Oregon, California, and Colorado, the group discussed barriers to reporting and attempts to reach the 70% of victims and survivors who do not report
- Toxicology testing was discussed and the group identified a number of potential barriers that exist for survivors who may want to test for the presence of drugs but are not able to do so anonymously
- Next, the group moved to a broader discussion on strategies to promote increased access to SANEs, as well as support for individual SANEs
- Participants discussed several issues including that the vast majority of hospitals do not have a forensic program, those that do pull nurses from other floors to do exams leaving inadequate staffing coverage elsewhere
- Harborview covers 7 hospitals and the SANE program operates at a deficit. For smaller hospitals, SANE programs just aren't a viable option
- The group also underscored the need for a statewide SANE coordinator and placed that, along with a sustainable funding source for training and support of nurses as the top priorities
- One participant said (I'm paraphrasing), "standardized training and model policies are great but if we don't have an adequate number of trained SANEs available who are supported to do this work in meaningful ways, none of these solutions will be sustainable...talking about standardizing services at this stage may be putting the cart before the horse..."
- At the next two work sessions staff will follow-up with requests for more information related to current practices in the state of Kentucky, and more information on mobile SANE teams
- We'll also attempt to flesh out more of the specific duties for a statewide SANE coordinator or a forensic nursing coordination team, and consider potential legislative recommendations to promote statewide coordination
- Legislators mentioned an interest in wanting to explore alternative approaches, desire to follow-up on conversation the Legislature had surrounding the ban on DIY kits
- Staff responded by noting ongoing planning to bring in people with experience implementing anonymous reporting programs, a tool that has been used to lower the barriers to reporting
- Staff are open to other ideas members and participants have to continue the conversation, please reach out and share thoughts and ideas

4. **Follow-up and Discussion: SAK Supply and Distribution (AGO staff and all)**

- Staff presented the following information before opening up a discussion with the group:  
Overview of current practices
- WA state has a standardized sexual assault kit, Harborview has taken the lead on determining the contents of the kit
- WA has historically worked with a single manufacturer, Tri-Tech Forensics, who manufactures WA-specific kits. A single kit cost \$19.80 are sold in cases of 15 – one case cost \$297
- An estimated 174 SAKS are collected across the state each month which is 2,088 per year. The cost of 2k kits is around \$41,000
- Hospitals purchase kits directly from Tri-Tech and in recent years have gone to purchase cases of kits as they would routinely do and receive a message that WA kits are backordered due to supply chain issues
- This becomes an issue when hospitals run dangerously low on kits because they haven't received a new shipment
- The AGO has convened several emergency meetings to facilitate the sharing of kits statewide – WSHA has been a helpful partner in those efforts surveying hospitals on kit supply in order to facilitate sharing of kits so no hospital runs out

- At one time the Seattle/King County area, which sees some of the highest volume of cases, was down to 5 or less kits

#### Overview of supply shortages and emergency guidance

- Stakeholder group drafted emergency guidance that was circulated to hospitals across the state
- The guidance provided a few things with the goal of relaying the message that no survivor should be turned away for lack of a SAK, 1) contact info for who to reach out to in the event of a shortage, 2) steps on how to avoid a shortage by having a 3 month supply on hand at all times, 3) how to get in touch with other hospitals to share kits, and 4) process to assemble kits with existing hospital supplies

#### Potential solutions and next steps

- Those are the short-term steps that have been taken, in terms of addressing the root cause of this issue, AGO staff surveyed a number of other states to figure out if anyone was experiencing similar problems and what has worked
- The results were clear: every state contacted (4 in total), no matter the manufacturer, has experienced supply chain shortages – however, the states that said they experienced shortages but never got to the point of hospitals at risk of running out of kits said that supply chain issues were mitigated by utilizing a SANE coordinator to act as a clearinghouse and distribute kits to hospitals according to available supply and projected volume
- For example, per Idaho’s SANE coordinator, SAKs are purchased by the state from Tri-Tech, and the crime lab distributes them to hospitals upon request. The lab monitors unused kits and prevents overstocking. In the event of a shortage, they know how many kits are available and who is in need and can act according
- Illinois has a similar process but they work with Sirchie (the other large manufacturer of SAKs in the U.S.). The state also provides the kits to hospitals for no charge. A SANE coordinator monitors shortages and can redistribute SAKS to hospitals. They prefer hospitals have a 3-month supply on hand at all times but in shortages they will limit kits so no one runs out
- As an example, one hospital in Illinois attempted to use 50 SAKs for training at one point and the SANE coordinator intervened to educate them on the appropriate use of kits.
- Right now, without a SANE coordinator or a mechanism to monitor supply and distribution it’s unclear how hospitals are using kits in WA state

#### Discussion

- Staff posed the following questions to the group:
  - Should a SANE coordinator be empowered to monitor the supply and distribute according to projected volume
  - Should WA state provide kits to hospitals free of charge
- Is it necessary to continue discussing short-term solutions? Is it realistic to expect a SANE coordinator position will be created in the near future, if it isn’t we’ll need to continue thinking about strategies to mitigate the shortages
- WA has a SAK tracking system, could that be used to track kits before they’re used?
- The receiving hospital has to claim and receive their sexual assault kits
- Oregon and Nebraska are utilizing tracking system’s to monitor inventory
- Staff will continue to convene a stakeholder group to help facilitate the sharing of kits in the event of future shortages
- The Forensic Services workgroup will continue working on recommendations that may potentially help alleviate issues related to kit supply and distribution

#### 5. **Discussion: Federal Grant Eligibility (OCVA representative and all)**

- Services, Training, Officers, and Prosecutors (STOP) Violence Against Women Formula Grants are awarded by the federal government to states to develop and strengthen the criminal justice system’s response to violence against women and to support and enhance services for victims
- Jodi Honeysett with OCVA clarified that while WA state is able to utilize STOP grant funding, WA state is ineligible for *additional* sexual assault-specific funding via the STOP grant because of specific statutory rights for survivors not currently reflected in state law (see attached slide)

- Staff asked the group to review the slide with the additional provisions needed for WA to be eligible for the additional funding
- No issues were raised, staff will write language recommending the Legislature adopt and/or clarify the provisions needed for WA to be eligible for the additional funding

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### **Toxicology testing**

- With additional time left on the agenda staff raised the issue of toxicology testing after learning about victims and survivors who present at the hospital requesting toxicology testing
- Toxicology testing is not included in the standard WA-specific sexual assault kit, survivors are required to engage with law enforcement in order to facilitate testing for the presence of specific drugs
- Even if law enforcement requests the testing on behalf of a victim or survivor, the timeline for testing can range from 6 to 9 months, different drugs leave the system quickly making testing difficult
- Toxicology testing samples are an add-on to a sexual assault kit (if a victim or survivor opts to do a kit) there are no mandates to test toxicology within a specific time (as there are for sexual assault kits)
- Because the Crime Lab is dealing with overdose samples there are often long waits before samples have results
- The issue has come up in the Criminal Justice Training Commission's case review process, in one particular case it was clear that the victim was very likely drugged. A blood sample was taken by law enforcement but for reasons unknown law enforcement decided not to submit the sample
- Why isn't toxicology testing part of the standard sexual assault kit and why does law enforcement have the discretion to not submit a sample already taken?
- Certain hospitals do offer toxicology screening if it would change a victim or survivor's willingness to report. Forensic nurse examiners have a responsibility to do everything possible to give survivors information to be able to consider whether or not they want to report
- A common explanation given is that the sexual assault kits and toxicology testing are done by two separate entities
- If the toxicology testing is part of a case being charged, law enforcement will submit the sample for testing
- There was discussion on including toxicology as part of the sexual assault kit contents, initially was told that prosecutors didn't want it to be included because it could potentially be more damaging to a victim or survivor's case
- Survivors have had to fight for their toxicology test results to be used as evidence
- This is an important discussion to have in a deliberate manner
- If decisions are being made because of Crime Lab resources, we should discuss that so we can determine appropriate policies in response
- Let's figure out what resources are needed and make a plan of action
- We also need to look at why drug-facilitated cases are not being prosecuted, it's clear in the research that they are not
- There is a lack of understanding of the issue across disciplines
- As a potential first step, law enforcement and prosecutors need to convene and outline an ideal scenario of what should be happening
- Several SAFE members and participants volunteered to participate in a future meeting on this topic
- Staff will work on convening a follow-up meeting to continue work on this issue
- The meeting was adjourned at 2:53 p.m.

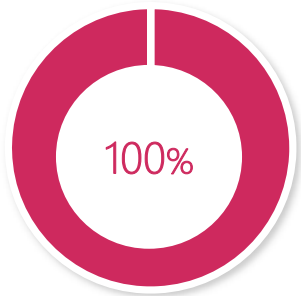
1. Agenda item #1\_May 4 Meeting Minutes (includes May SAK testing progress, timeline of sexual assault kit reform in WA state 2015-present and SAFE Advisory Group work plan for 2023)
2. Agenda item #5\_PPT slide outlining STOP grant requirements and WA state law



# SAK Testing Progress

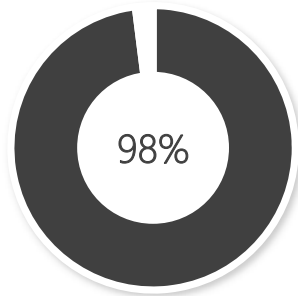
- June 2023 -

# 1. FACILITATE THE TESTING OF 9,232 HISTORICAL SAKS BY DEC. 1, 2021



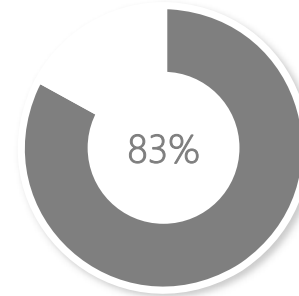
## Phase 1: Facilitate Outsourcing

As of 5/31/23, 9,508 SAKs have been shipped to and received by one of 3 vendor labs. Any additional kits received will be outsourced as they come in.



## Phase 2: Test

As of 5/31/23, 9,314 SAKs have been tested by the vendor labs and WSP now has a copy of the results and their lab report for review. The results then need to be reviewed by WSP, and if eligible, uploaded into CODIS.



## Phase 3: Review

As of 5/31/23, 7,910 SAKs have had their test results reviewed by WSP and any eligible DNA profiles have been uploaded to CODIS. 3,398 DNA profiles have been uploaded, resulting in 1,292 hits to individuals, and 277 hits to another case.

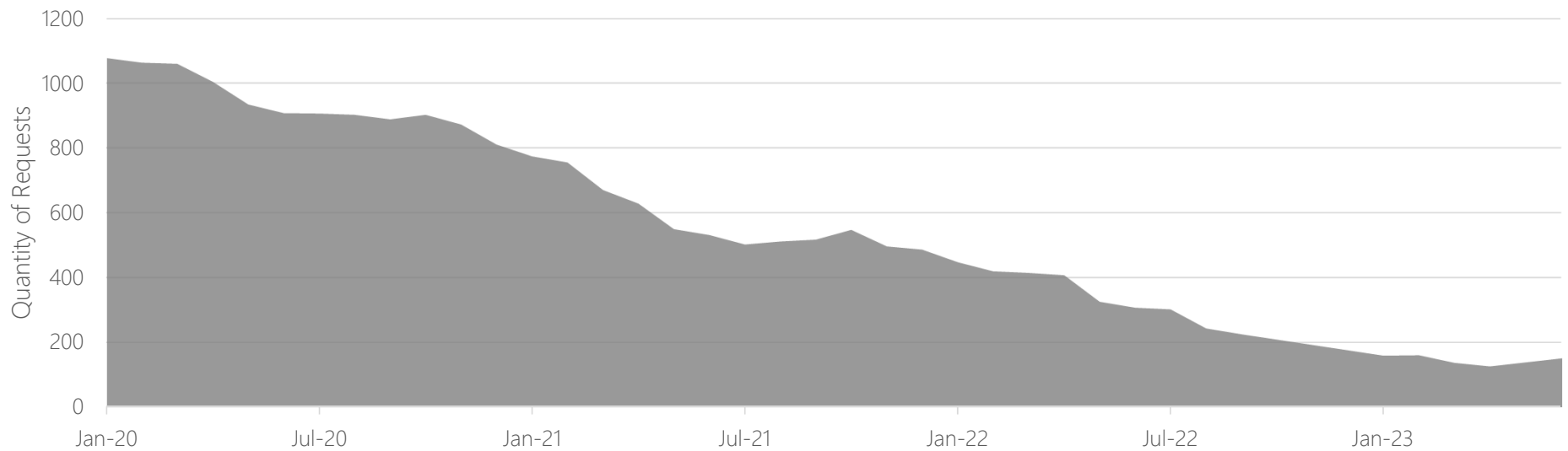


Target completion Date: 12/30/23





## 2. CLEAR BACKLOG OF KITS NEEDING TESTING



SAKs that were submitted as part of active investigations (“STR-SAKs”) are prioritized for testing. These kits are tested in-house by the regional WSP DNA labs. This backlog is made up of kits and other evidence submitted in sex offenses.

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Kits remain



8 new scientists & 2 technicians

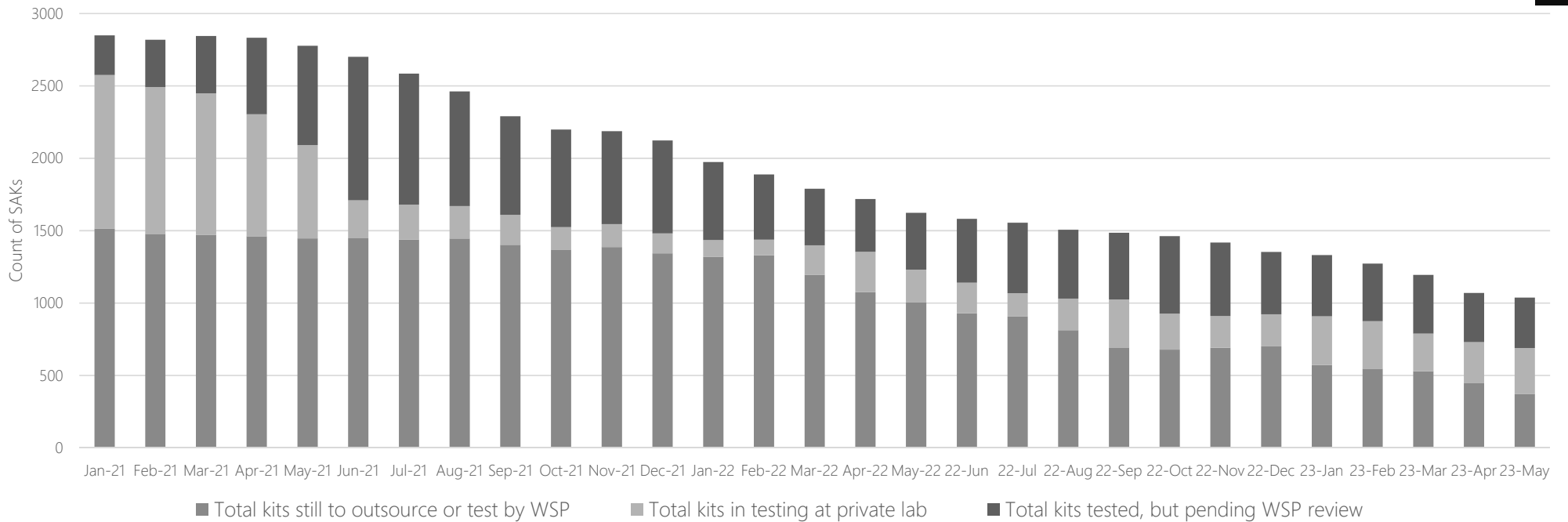


**May 2023  
Backlog  
End Date**



# 2. CLEAR BACKLOG OF KITS NEEDING TESTING

SAK-2 Backlog Over Time



SAKs that were submitted as part of inactive investigations ("SAK-2s") are tested in-house\* or are outsourced to a vendor lab.

**64%** Of backlog has been outsourced and in progress  
**34%** has been tested but awaiting review



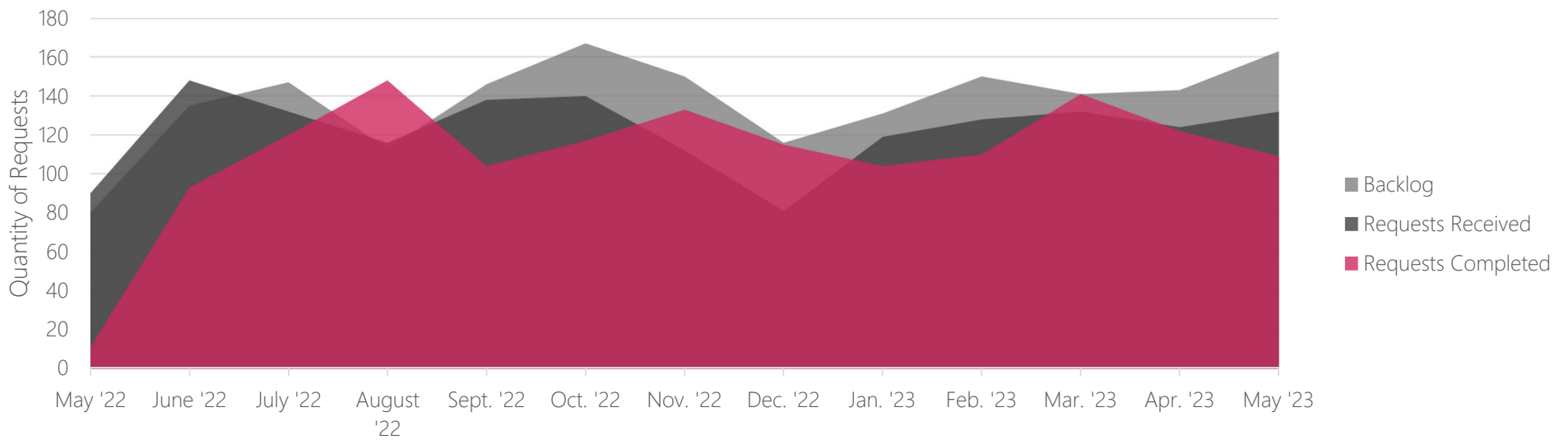
8 new scientists & 1 technician



**Dec 2023 Goal**



# 3. ACHIEVE A TURNAROUND TIME OF ≤45 DAYS FOR 100% OF SAKS STARTING MAY 1, 2022



Effective 5/1/22, SAKs that are submitted to the crime lab are prioritized for testing regardless of investigation status to achieve a quick turnaround time. These kits are tested in-house by the WSP High-throughput laboratory, with assistance by the regional WSP DNA labs..

**97.4%**  
Had testing completed within 45 days or less

 **35 days**  
Average Turnaround Time



<b>Federal STOP Grant Requirement</b>	<b>WA State Law</b>	<b>Requirements met?</b>
The right to be informed in writing of policies governing the collection and preservation of a sexual assault evidence collection kit.		No
The right to, upon written request, be granted further preservation of the kit or its probative contents.		No
The right to, upon written request, receive written notification from the appropriate official with custody not later than <i>60 days</i> before the date of the intended destruction or disposal.	RCW 70.125.110 (1) (f): The right to...“Receive notice prior to the destruction or disposal of his or her sexual assault kit;”	Partially
The right to be informed of the status and location of a sexual assault evidence collection kit.	RCW 43.43.545 2 (E): “...Allow victims of sexual assault to anonymously track or receive updates regarding the status of their sexual assault kits; and...”	Yes
The right not to be prevented from, or charged for, receiving a medical forensic examination.	RCW 70.125.110 (a): “In addition to all other rights provided in law, a sexual assault survivor has the right to: (a) Receive a medical forensic examination at no cost;”	Yes
The right to have a sexual assault evidence collection kit or its probative contents preserved, without charge, for the duration of the maximum applicable statute of limitations or 20 years, whichever is shorter.	RCW 5.70.030 2 (b): “The applicable law enforcement agency shall store and preserve the unreported sexual assault kit for twenty years from the date of collection.”	Yes
The right to be informed of any result of a sexual assault evidence collection kit, including a DNA profile match, toxicology report, or other information collected as part of a medical forensic examination, if such disclosure would not impede or compromise an ongoing investigation;	RCW 70.125.110 (e): The right to... “Be informed, upon the request of a survivor, of when the forensic analysis of his or her sexual assault kit and other related physical evidence will be or was completed, the results of the forensic analysis, and whether the analysis yielded a DNA profile and match, provided that the disclosure is made at an appropriate time so as to not impede or compromise an ongoing investigation;”	Yes
The right to be informed of all these enumerated rights.	RCW 7.69.030 (1): “With respect to victims of violent or sex crimes, to receive, at the time of reporting the crime to law enforcement officials, a written statement of the rights of crime victims as provided in this chapter.”	Yes