

Sexual Assault Forensic Examination (SAFE) Best Practices Advisory Group

Notes

Wednesday, May 29, 2024

1.	Call to Order & Establishment of Quorum <ul style="list-style-type: none">• The Advisory Group adopted the agenda for the 5/29 meeting.• The Advisory Group approved the 3/20 meeting notes.• Establishment of quorum. See list below.• Co-Chair Rep. Mosbrucker and Co-Chair Rep. Orwall welcomed members and participants to the meeting
2.	Updates <ul style="list-style-type: none">• Member moment: Sexual Assault Kit Initiative Laura Twitchell, Managing Assistant Attorney General at the Attorney General’s Office, shared an update on the Sexual Assault Kit Initiative (SAKI). What began in 2017 to track the backlog of sexual assault kits has now shifted in focus given that all the backlogged kits have been tested. The SAKI Unit at the AGO now proactively assists law enforcement with cases. The goal is to be a resource to law enforcement and delve into cases, particularly for jurisdictions that may only have a small number of detectives. In addition, the Unit aims to serve as a clearinghouse for information (e.g., using data to identify serial offenders). Over the course of the grants, the team has collected a lot of information and developed expertise among the three investigators, two data consultants, and one information services professional. As of October 2024, the Unit will be permanently funded by the state. Laura emphasized that the Unit would not exist without SAFE and urged the group to brainstorm about how the Unit can help advance SAFE priorities.• Sexual Assault Kit testing Kristina Hoffman, the DNA Operations Manager at the Washington State Patrol Crime Laboratory Division, delivered the attached PowerPoint presentation, see page 5.• Sexual Assault Investigations: Andrea Piper-Wentland, Sexual Assault Investigations Program Manager at the Criminal Justice Training Commission (CJTC), delivered a PowerPoint presentation (email Andrea at andrea.piperwentland@cjtc.wa.gov for a copy) about the Victim-Centered Engagement and Resiliency Tactics (VCERT) Training. Andrea shared that the 4-day VCERT course has trained 907 officers, more than 1,000 people when considering other disciplines. This ranges from 70 people in the King County Sheriff’s Office to 1 person on the Newport Police Department. The goal is to continue to increase the number of departments that attend, but CJTC has no enforcement mechanism. Because of regular changes in law enforcement agency staffing, Andrea was unable to estimate the portion of officers in Washington who have been through the VCERT training. She emphasized how valuable survivor contributions to the

	<p>training have been – officers now understand the importance of their interactions with survivors.</p>
3.	<p>Report-outs</p> <ul style="list-style-type: none"> Juliane Rohr, Community Sexual Assault Nurse Examiner with Lutheran Community Services Northwest discussed the April 19 Forensic Services Subcommittee Meeting. <p>The subcommittee has been discussing the requirement for hospitals to have a plan of care to treat or transfer sexual assault patients within two hours. The subcommittee discussed the value of memoranda of understanding between facilities and the impacts on rural facilities if every hospital was required to have a sexual assault nurse examiner (SANE).</p>
4.	<p>Presentation and Discussion: Increasing Access to and Availability of SANE Services in Washington</p> <ul style="list-style-type: none"> Leah Griffin, Survivor Representative, opened the conversation with reflections on 10 years of advocacy work to increase access to SANE services. Joan Meunier-Sham, MS, RN, Director of the Massachusetts SANE program, discussed Massachusetts’s centralized model of SANE coordination. <p>According to Joan, Massachusetts is the only state with a line-item in budget for the SANE program. Currently, the program has an \$8 million budget for 23 staff members, who are employees of the Department of Public Health (DPH). Seventy-two percent of hospitals in the state have a responding SANE and that figure will be 88% with 18 months. Pediatric SANE exams happen in 10 of the state’s 12 child advocacy centers. Program funding started at \$250,000 in 1995 and, though funding has been variable over time, the program has never experienced budget cuts. Each region has a state employee who serves as a coordinator for a certified group of contracted SANES. Boston is divided into two regions. In total, there are 160-170 contracted SANES who do the vast majority of the exams. They need to be on-call a minimum of 24 hours/month and must respond within one hour. All have other full-time jobs. Twenty of the 23 DPH staff also have the necessary expertise and can provide back-up as needed. There is one nurse on call in a region at a time; they will send out an alert if there is more than one case. The DPH employees have high retention rates, having benefits makes a huge difference. However, 70% of the contracted SANES have been with the program for 5 years or less. In Joan’s view, the turnover is not just about the money, but because of the trauma involved with the work. The on-call and case rates are becoming on par with what nurses would make in a hospital. The state also funds 16 rape crisis centers. Nurses and advocates respond in tandem to sexual assault exams.</p> <p>With the agreement of the patient, all patient expenses are billed to the victims’ compensation program. Nurses also submit an anonymous form to the Department of Public Safety to track de-identified information about patients sexually assaulted. This form also allows enables victims to receive victims’ compensation without reporting to police.</p>

Using a DOJ grant, which ended in 2018, Massachusetts piloted a teleSANE model with 300 patients, 12-80 years old. Fourteen hospitals currently participate in the teleSANE program. Ninety percent of patients accept teleSANE services. The level of involvement of the remote nurse depends on the experience level of the nurse in the room. The remote nurse explains her role to the patient. In the past, the remote nurse was required to report to a central location, but now they are permitted to use their home offices, which has expanded recruitment. Annette Simpson shared that nurses are excited about the grant Harborview received to provide teleSANE services; however, they don't have anyone to take over their patient load during the exams.

In terms of prosecutions involving cases with teleSANE services, Joan acknowledged that not many cases have moved forward, though New York has had some successful prosecutions. She noted that prosecutors often prefer to use the nurse in the room as a fact witness and the teleSANE as an expert.

Tiffani Buck of the Washington State Department of Health joined the meeting to express interest in future work on requiring hospitals to have a plan in place to provide exams to sexual assault patients.

Attendance

<i>Advisory Group Affiliation</i>	<i>Name</i>	<i>Present</i>
Washington State House of Representatives	Rep. Gina Mosbrucker, Co-Chair	X
Washington State House of Representatives	Rep. Tina Orwall, Co-Chair	X
Washington State Senate	Sen. Manka Dhingra	Sam Sullivan, on behalf of Sen. Dhingra
Washington State Senate	<<Vacant>>	
Survivor Representative	Leah Griffin	X
Survivor Representative	Nicole Stephens	X
Washington State Patrol (WSP)	Kristina Hoffman	X
Washington Association of Sheriffs and Police Chiefs (WASPC)	Assistant Chief Michael McNab	X
Washington Association of Prosecuting Attorneys (WAPA)	<<Vacant>>	
Washington Defender Association (WDA)	Sarah Hudson	
Office of the Attorney General (AGO)	Laura Twitchell	X
Association of Washington Cities (AWC)	Flora Diaz	X
Washington Association of County Officials (WACO)	Timothy Grisham	
Washington Coalition of Sexual Assault Programs (WCSAP)	Blanche Barajas	
Office of Crime Victims Advocacy (OCVA)	Mikah Semrow	X
Washington State Hospital Association (WSHA)	Jacqueline Barton True	X

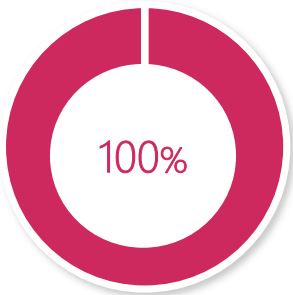
Sexual Assault Nurse Examiner (SANE)	Annette Simpson	X
Criminal Justice Training Commission (CJTC)	Andrea Piper-Wentland	X
Law Enforcement Officer, Rural	Det. Steve Evitt	X
Law Enforcement Officer, Urban	Sgt. Katie Savage	
Prosecuting Attorney, Rural	Anita Petra	X
Community-Based Advocate, Rural	Sara Owen	
Community-Based Advocate, Urban	Carlyn Sampson	X



SAK Testing Progress

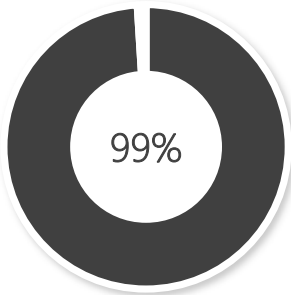
- July 2024 -

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



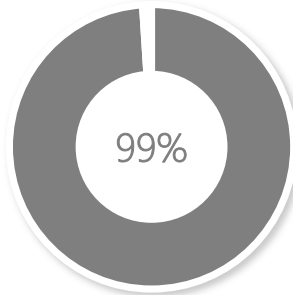
Phase 1: Facilitate Outsourcing

As of 6/30/24, 9,676 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 6/30/24, 9,611 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.

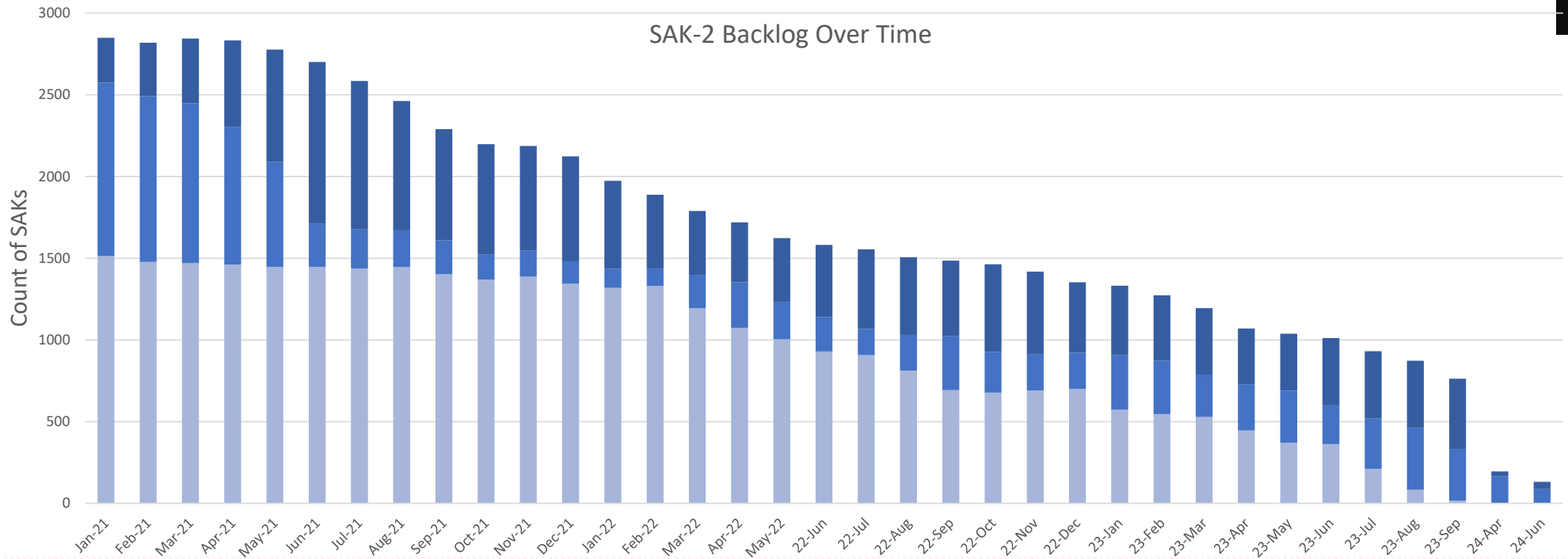


Phase 3: Review

As of 6/30/24, 9,584 SAKs have had their test results reviewed by WSP and any eligible DNA profiles have been uploaded to CODIS. 3,766 DNA profiles have been uploaded, resulting in 1,458 hits to individuals, and 312 hits to another case.



2. CLEAR BACKLOG OF KITS NEEDING TESTING



■ Total kits still to outsource or test by WSP
 ■ Total kits in testing at private lab
 ■ Total kits tested, but pending WSP review

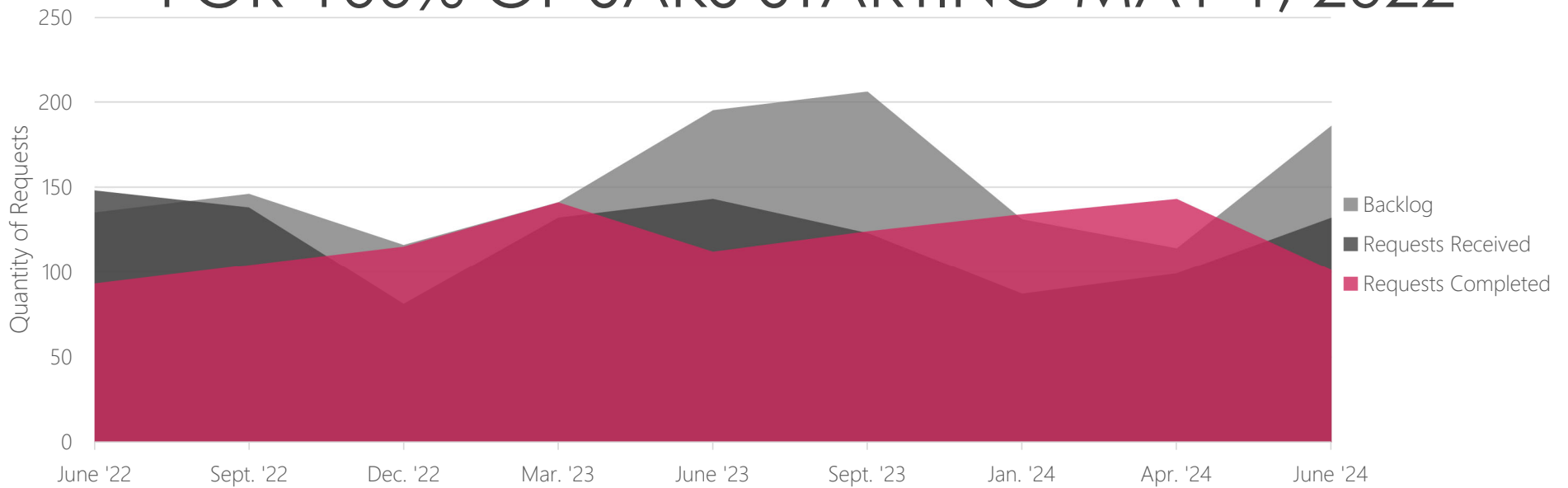
SAKs that were submitted as part of inactive investigations ("SAK-2s") are tested in-house* or are outsourced to a vendor lab.

100% Of backlog has been outsourced and in progress

34% has been tested but awaiting review



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 occasional assistance by the regional WSP DNA labs..

95%
Had testing completed within 45 days or less

 **38 days**
Average Turnaround Time

