

**REPORT ON THE RECOMMENDATIONS FOR
A STATEWIDE TRACKING SYSTEM BY THE
SEXUAL ASSAULT EVIDENCE KIT
TRACKING SYSTEM TASK FORCE**



FEBRUARY 2019

I. TASK FORCE MEMBERSHIP

Chairman Matthew Moran, Undersecretary, Executive Office of Public Safety and Security

Lindy Aldrich, Deputy Director, Victim Rights Law Center

Michelle Bowdler, Executive Director of Health and Wellness Services, Tufts University

Maureen Gallagher, Policy Director, Jane Doe Inc.

Liam Lowney, Director, Massachusetts Office for Victim Assistance

Susan Marshall, Victim Witness Advocate, Middlesex County District Attorney's Office

Erica Neu, Criminalist IV, Boston Police Department Crime Laboratory

Janice Peters, Manager of Healthcare Policy, Massachusetts Health and Hospital Association

Katia Santiago-Taylor, Advocacy and Legislative Affairs Manager,

Boston Area Rape Crisis Center

Joan Sham, Director, Massachusetts Sexual Assault Nurse Examiner Program

Jennifer Sprague, Assistant District Attorney, Plymouth County District Attorney's Office

Kristen Sullivan, Director, Massachusetts State Police Crime Laboratory

Patricia Sullivan, Detective, Medford Police Department

II. INTRODUCTION AND TASK FORCE CHARGE

The Sexual Assault Evidence Kit Tracking System Task Force ("Task Force") was established as a result of the passage of Chapter 69 of the Acts of 2018, "An act relative to criminal justice reform" ("the Act") and signed into law by Governor Charlie Baker on April 13, 2018. Section 11 of the Act required the creation of the Task Force to convene and develop recommendations for a statewide tracking system for sexual assault evidence kits ("kits" or "SAEKs"), which will be utilized by survivors of sexual assault, hospitals and medical facilities, law enforcement and public safety agencies, prosecutors, and crime laboratories throughout the Commonwealth to track kits from collection through testing. Once it is fully rolled out, the tracking system will not only serve to help reduce delays in the transportation and testing of kits and aid in the prevention of lost kits, but will provide all stakeholders with real time information on the status of a kit at any time. The relevant language from the Act mandates:

SECTION 11. Said chapter 6A is hereby amended by inserting after section 18W the following 2 sections:-

Section 18X. (a) The executive office of public safety and security shall establish and maintain a statewide sexual assault evidence kit tracking system. The secretary of public safety and security, hereinafter referred to as the secretary, in conjunction with the department of public health, shall convene a multidisciplinary task force composed of members that include law enforcement professionals, crime lab personnel, prosecutors, victim advocates, victim attorneys, survivors and sexual assault nurse examiners or sexual assault forensic examiners to help develop recommendations for a tracking system, methods to improve transportation of sexual assault evidence kits and funding sources. The secretary may contract with state or non-state entities including, but not limited to, private software and technology providers, for the creation, operation and maintenance of the system. A sexual assault evidence kit shall include the standardized kit for the collection and preservation of evidence in sexual assault or rape cases as designed by the municipal police training committee pursuant to section 97B of chapter 41.

The Task Force convened on six occasions beginning in September 2018, until the publication of this report in February 2019, and developed a host of recommendations to be presented to the Secretary of Public Safety for the purpose of procuring a statewide tracking system. At its initial meeting, members briefly discussed the fact that federal grant funding would not necessarily

comply with the statutory timelines mandated by the Act, and thus would not be an appropriate avenue to pursue in the coming year when roll out of the tracking system is mandated by the new law. Also discussed at that initial meeting was the topic of methods to improve transportation of kits. It was the consensus of the members that current means for transporting kits (i.e., by law enforcement agencies) did not pose any significant issues versus other possible means such as kit delivery via mail, and that the issue that arises on occasion involves delays related to the pick-up and transport of kits. As the challenge involving delays would likely be addressed by the implementation of a tracking system, the Task Force determined it would not focus its efforts on exploring other means of transporting kits.

Over the course of several meetings, members offered a number of recommendations whose merits were discussed and debated, and eventually distilled into a list of the most important requirements for inclusion in a tracking system. The recommendations were subsequently divided into four overarching categories: Generally Applicable Features, Specific Features, User Access and Security Features, and Miscellaneous Features. By incorporating as many of these features as practicable into a formal Request for Responses or Proposals (RFR or RFP), which the Executive Office of Public Safety and Security (EOPSS) will use to procure a statewide tracking system, all involved stakeholders will be best served as kits are tracked from collection through testing around the Commonwealth.

III. STAKEHOLDERS

The following list includes a brief description of each stakeholder group involved in the collection and testing process for a sexual assault evidence kit from the point of intake at a medical facility to the point of testing at a crime laboratory.

Survivors – Will have the opportunity to securely and anonymously log into the tracking system to track the status and location of their kit by using the kit tracking information provided by the medical facility at the point of collection of the kit.

Sexual Assault Nurse Examiners (SANEs) and Medical Facility Staff – At the 30 medical facilities where SANEs perform their duties, they are responsible for collaborating with hospital staff to input initial entry of relevant kit information into the tracking system. In the other hospitals and medical facilities not served by SANEs, hospital staff will be responsible for such initial entry into the tracking system.

Law Enforcement Officers and Public Safety Department Personnel – Will be responsible for transporting kits from the medical facility to the evidence storage facility within the appropriate police or public safety department as well as transporting reported/investigatory¹ kits from the evidence facility to the appropriate crime laboratory (i.e., the Massachusetts State Police [MSP] Crime Laboratory or the Boston Police

¹ The sexual assault evidence kits that are required to be submitted and tested under the Act are only those where a victim has come forward to report a sexual assault to law enforcement. These kits are known as “investigatory” kits. All other kits are considered “non-investigatory” unless and until an identified victim comes forward to make a report to a law enforcement agency. These kits are to remain in the custody of the law enforcement agency in the same jurisdiction where a kit was collected and held until the relevant statute of limitations expires.

Department [BPD] Crime Laboratory). They will update the status and location of the kits in their possession.

Crime Laboratory Staff – Will be responsible for updating the location and status of the kits during the testing phase, storage, or release process at the MSP or BPD Crime Laboratories.

Assistant District Attorneys and Victim Witness Advocates – Will have the ability to securely log into the tracking system to view the status and location of kits for cases in which they are or will be directly involved.

Policy Administrators – Will have the ability to log into the back-end of the tracking system for the purpose of tracking kits throughout the Commonwealth, running reports on a range of metrics, and making changes to the tracking system.

Rape Crisis Advocates – Organizations that offer assistance to survivors and their families through crisis intervention, medical, and legal counseling will have representatives trained on the tracking system so they may serve as a resource to survivors throughout the collection and testing process.

IV. RECOMMENDED FEATURES FOR A STATEWIDE TRACKING SYSTEM

As a result of several substantive discussions by the Task Force members, as well as a detailed demonstration of a tracking system product by a vendor, a set of preferred features was agreed upon for incorporation into a tracking system. Ideally, as many of these recommendations as feasible will be incorporated directly into an RFR, which will be utilized in the coming months to engage in the state procurement process to solicit bids for a tracking system. As there were representatives from each stakeholder group, it was the underlying objective of the Task Force to ensure the resulting list of recommendations separated into four categories captured as many of the needs of each group as practicable.

General Features

The Task Force determined that there are a couple of general features that should be inherent in any statewide tracking system procured by the Commonwealth. Subsequent to several discussions, the members decided that the optimal type of product that would best meet the multiple needs of the relevant stakeholders is a product known as software as a service (SaaS). A SaaS is a web and cloud-based service that is hosted by a third party provider, which allows users to connect to the service simply by accessing an on-line browser. In addition to ease of access, another critical component of a SaaS for a SAEK tracking system is the ongoing provision of technical support by the vendor for certain users within each stakeholder group. Moreover, a SaaS provides users with the ability to customize certain features within the system. For example, the type of information available to certain users can be expanded or limited, and levels of access can also be modified to permit read-only access for certain users and the ability to input and modify information for others. The importance of customizable features within the system is discussed in greater detail in the next section.

Another general feature that the tracking system should incorporate is scanning capability at the points of collection of the kits throughout the state, which are hospitals or other medical facilities. Each kit would have a unique barcode assigned to it on the outside of the box, and the medical personnel inputting the intake information into the tracking system should have the option to either scan the barcode or manually enter the numerical information into the system. Manual input is necessary in the event the scanning equipment is misplaced, malfunctioning, or damaged. Further, barcode-only access permits survivor anonymity as it precludes the need to incorporate a survivor's name on the outside of the kit. Security and privacy features are addressed in a subsequent section.

Tracking Features

Over the course of several meetings, members reached a consensus on the features that should be incorporated into a tracking system to permit the varying stakeholders to access, and where appropriate, modify the information that each requires.

Of primary importance is a system of alerts or flags that notify certain stakeholders and link certain stakeholders to one another. For example, once a kit has been collected from a survivor at a medical facility and the relevant information has been entered into the tracking system, the appropriate law enforcement agency (or public safety agency at a college or university) should be immediately notified that the kit is ready for pick up and when necessary transported to the crime lab for testing. Certain stakeholders such as medical facilities, law enforcement agencies, and the MSP and BPD Crime Laboratories should be notified by the system when a statutory deadline required by the new criminal justice reform law for transport or testing is imminent.

Other critical tracking-related features include the need for certain stakeholders to be able to customize what information is available within each stakeholder portal on the system. However, based upon a determination made by the members of the Task Force, such specific information would not be provided to survivors accessing the tracking system; rather, survivors would be able to ascertain whether their kit was either "In Process" or "Completed" at the crime lab phase of the process. The relevant District Attorney's Office would have access to this information and a victim witness advocate or assistant district attorney would be able to discuss the crime lab testing results with survivors.

Members also settled on a handful of other tracking features that would be relevant aspects of a SAEK tracking system in the Commonwealth. It is preferable to have an option to incorporate a training category so personnel from medical facilities, law enforcement agencies, prosecutors' offices, and crime laboratories could receive comprehensive instruction on utilizing the system without impacting the live system. Also, on occasion hospitals collect samples from survivors for sexual assaults that occurred out of state, and the system would need to incorporate options to address these situations. Additionally, there are certain considerations involving the collection of pediatric kits such as parental notification or involvement depending on the juvenile's age, and such information needs to be captured in the tracking system. Further, SANEs and other appropriate medical staff and/or law enforcement agency personnel need to be able to note that

there may be other items of evidence or contents that were taken into custody at the point of collection of the sexual assault evidence kit.

Finally, while members noted that toxicology testing, which is conducted on approximately 25% of SAEKs, was unlikely to be part of a tracking system at this stage, it should be noted that this is a long-term need within the Commonwealth. When such capability exists, it will be important to determine how such testing is tracked (e.g., separately numbered kits entirely, numbered sub-sets of SAEKs, etc.) and how a survivor would have access to this information.

User Access and Security Features

The members of the Task Force engaged in discussions about the aspects of the tracking system related to user access. There was a clear consensus for the need to ensure that the system is mobile-friendly as many in the survivor community are likely to access the system via cell phone or other mobile device. Moreover, as English may not be the first language of a meaningful portion of the survivor population, it is desirable that the survivor portal be made available in multiple languages, including Spanish.

As the various online portals contained within the tracking system will have “How To” or “More Information” links in addition to a “Help” menu, the preference is to be able to customize the information provided in those links, including a set of definitions for certain terms contained on the site, and a series of explanations about the collection and testing process for kits. Members asserted that a link to a guide for survivors containing answers to a series of frequently asked questions (e.g., a description of the process for recovering a lost username and/or password) would also be important for inclusion in the system.

Regarding security features, the Task Force firmly believed that it was critical for survivors to be able to anonymously and securely access the system by employing a method such as a two-step authentication. Further, each stakeholder group should be able to customize its own level of permissions and access to the system with certain personnel having read-only access and others being able to input or modify information.

Other Considerations

There were several considerations that the members believed should be incorporated by a vendor alongside a tracking system that didn't necessarily fit into the other three categories. First, training sessions for representatives from hospitals, law enforcement agencies, crime labs, and District Attorneys' Offices was a highly preferred aspect for any successful bid as there will be a large number of users from each of these stakeholder groups who will necessarily need to be comfortable utilizing the system once it is fully rolled out. Further, because users from each stakeholder group will change over time, members noted the importance of building in appropriate funding in successive years for ongoing training by the vendor. Second, there was a preference for the option to be able to create reports on certain metrics once stakeholders are fully on-boarded regarding areas such as average test processing times.

In addition to these two considerations, Task Force members discussed the importance of having individuals with knowledge of the kit collection and testing process as well as the tracking system who would serve as points of contact for survivors so they could answer any questions and serve as resources throughout the process.

V. NEXT STEPS

Subsequent to the presentation of this report to the Secretary of Public Safety, and his review and acceptance of the recommendations contained herein, the Executive Office of Public Safety and Security will develop an RFR utilizing as many of the recommendations discussed above as practicable. Once the procurement process is completed and a vendor is selected, EOPSS will seek assistance from experts representing each stakeholder group to help develop and clarify the customizable features of the tracking system prior to its rollout beginning in summer 2019.