

Richard Griffin

From: Richard Griffin
Sent: Thursday, May 14, 2026 4:47 PM
To: Amanda LeBlanc; Katherine Micks; Melanie Currie; Garrett Scott; Lonnie Reyman
Cc: Jennifer Williamson
Subject: RE: [EXTERNAL] Re: SART/SANE update 2/12/2026

Thank you for the update and your work on this.

Chief Griffin

From: Amanda LeBlanc <amanda@ncrct.org>
Sent: Thursday, May 14, 2026 4:41 PM
To: Katherine Micks <kmicks@co.del-norte.ca.us>; Richard Griffin <rgriffin@crescentcity.org>; Melanie Currie <melanie.currie@co.del-norte.ca.us>; Garrett Scott <garrett.scott@co.del-norte.ca.us>; Lonnie Reyman <lreyman@co.del-norte.ca.us>
Cc: Jennifer Williamson <jennifer.williamson@co.del-norte.ca.us>
Subject: [EXTERNAL] Re: SART/SANE update 2/12/2026

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hello-

I apologize for the long email, there is much to say!!

Lonnie and Melanie have reached out for an update; I decided to reply all. Jennifer Williamson and I have met multiple times with Carol Hiner, the CNE at Sutter. To be completely transparent, a lot of promises have been made, the commitment to "hold" the program has been reiterated and policy/procedures are under review. Having said all of that, here is where we stand:

Success: The process to clean the SART room after an exam has been streamlined. The SART nurse hands the room key back to the House Supervisor when they leave, and that is the signal for the House Sup to order the cleaning of the room.

Challenge: The House Sup has not initiated the cleaning, and we have had to have a STAT cleaning done twice since the procedure was streamlined.

Success: The SANE can ask the ER or the Med/Surg unit for as many warm blankets as they need.

Challenge: The room remains at 59 degrees, and HVAC is unable to figure out why the heat won't activate in the room. Warm blankets are the "fix" for now. The SANE continues to call Carol and ask her to come down to the room to establish how cold it is.

Success: The dreaded conflict of interest and the fear of nurses in the hospital seems to have de-escalated. We have three Sutter nurses who want to attend training.

Challenge: Due to some undiscernible reasons, the Unionization of the nurses seems to be a problem with the nurses working directly for the hospital, as is the practice in most other hospital based SART

programs. Carol and I continue to discuss how we might circumvent this challenge, but we are stuck because of the on-call pay.

Success: Carol has promised to load a cart with any hospital supplies needed to ensure the survivor and SANE are not "stealing" from the hospital.

Challenge: This has been discussed multiple times and as of Wednesday of this week, the cart has not arrived. The SANE is also trying to figure out where to put the cart, as it is a very small and very crowded room already.

Challenge: Because the nurses are not working for Sutter when they are acting in their SANE role, and the survivor is not checked in as a hospital patient, it is nearly impossible to get labs run and prescriptions filled. An SOP exists for both of these scenarios, but it has yet to be followed by ER staff. ER staff have challenged every single ask of the SANE for antibiotics, prophylaxis, and the morning after pill. Labs for pregnancy, (very important before taking the morning after pill) are not being run. The work-around that has been proposed by the hospital is to have every survivor have a medical clearance in the ER to establish them as a patient. The argument against this step is multiple: the time in the ER adds to an already long, hard day; medical clearance is not necessary for a SART exam and the same tests (blood pressure, temperature, etc) are done by the SANE during their wellness check at the beginning of the exam. Perhaps most importantly, the ER visit has never been covered by the SART exam and survivors are billed for this unneeded service. Carol has promised that they will just roll the ER clearance into the SART and the survivor will not be billed. Jennifer Williamson and Jennifer Burr (SANE) and I are adamant that training occurs with the ER staff (not just in a memo or SOP) in order to alleviate some of the responses Nurse Jenn has received from the ER staff, which include, "I don't do sexual assault, I don't want to be sued" and proclaiming that a survivor did not need gonorrhea or syphilis prophylaxis because "it is rare that it happens in rape and not a very big problem in Del Norte County". These meds are mandated to be offered by CA law as a protection to survivors. Jenn Burr has had to escalate each case where labs were needed or meds were required to the CME, often waking him up in the middle of the night, where he then has to order the ER staff to meet their mandate.

Challenge: A survivor who experienced long-term strangulation and had symptoms (dizziness, falling down, voice scratchy, etc) for two days after the assault was turned away as "attention seeking" from the ER without a CT-A. Jennifer Burr also took this to the CME and CNE, who were both horrified. I ended up accompanying them to the hospital and we managed to get the scan 5 days later. At this time, there is no strangulation protocol related to SART. This survivor will get a bill for all of those ER visits and the CT-A. Success-ish: Jenn Burr is actively seeking out opportunities for our County to increase their knowledge and her clinical skills to begin doing strangulation exams. NCRCT would like to discuss a "on scene" response with Advocates to try to increase the number of exams and to enhance the services for DV survivors (basic needs assistance, emergency shelter, etc). This is not an immediate idea, but as the number of SANE nurses grows, we feel confident we can begin offering both the exam and the Advocacy. Sutter is very excited to discuss this program as well.

Jennifer Williamson and I decided to put off our meetings with Public Health to see if the promises made and commitment would be followed through. I would argue that the progress is much slower than we would like, and it seems that every case brings up a new, more complicated challenge, but Carol is willing to listen and change policy (SLOWLY) when these complications arise.

I would like to meet again with all of you soon to discuss any next steps and some plans I have been working on to expend my grant funds, which end in October of 2027. Please feel free to give me a call if

you want to talk any of this through. I am in Del Norte almost every week on Mondays, Tuesdays and Wednesdays and will make myself available for a meeting.

Thank you for your continued attention to this matter and to survivors.

Amanda
707-296-6033

From: Amanda LeBlanc
Sent: Thursday, February 12, 2026 5:06 PM
To: Katherine Micks <kmicks@co.del-norte.ca.us>; Richard Griffin <rgriffin@crecentcity.org>; Melanie Currie <melanie.currie@co.del-norte.ca.us>; Garrett Scott <garrett.scott@co.del-norte.ca.us>; Lonnie Reyman <lreyman@co.del-norte.ca.us>
Cc: Jennifer Williamson <jennifer.williamson@co.del-norte.ca.us>
Subject: SART/SANE update 2/12/2026

Hello-

Jennifer and I had a productive meeting with Carol yesterday. She reiterated the commitment of Sutter to "streamline" the processes and to have Sutter supply the SART room. A new conflict of interest with step-by-step instructions (or policies) to get what the nurses need from whom in the hospital if meds, blankets, and pharmaceuticals are needed and how to escalate the problem to the "Administrator on call" if the process is not successful was also discussed; Carol will meet with our SANE Jenn to gather more information. She is going to take the idea of "owning" the SART program (meaning to employ the nurses) to the other administrators, and she committed to meeting again in two weeks to discuss her progress.

Our meeting with Public Health was cancelled today due to illness; we are rescheduled for the 23rd of January.

Although the meeting felt productive and we believe that Carol wants to make positive change, Jenn and I would like to continue with the research to establish SART outside of the hospital, with Public Health as the medical supplier, possibly in the new NCRCT office while the hospital meets and tries to work out a new conflict of interest.

I am happy to meet again, talk more about options and will keep the group updated as to scheduling of our next meeting with Carol, and/or answer questions.

I appreciate your ongoing support of SART and survivors in Del Norte County.



Amanda LeBlanc (she/her/hers)
North Coast Rape Crisis Team
Executive Director/Sexual Assault Counselor
Office: (707) 443-2737 | Work Cell: (707) 296-6033
Humboldt hotline: (707) 445-2881 | Del Norte: (707) 465-28