

Collin County Sexual Assault Team (SART) Biennial Report December 2025



Submitted by:
Jennifer Betts-Williams, SART Program Manager
jbettswilliams@theturningpoint.org

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Executive Summary

1.1. Summary

The Collin County Sexual Assault Response Team (SART) has been committed to the objectives of creating the most trauma informed response to sexual assault by stressing interprofessional collaboration, meeting regularly, and evaluating its response on an ongoing basis. The SART has met bi-monthly for the past two years. During these meetings, our multi-disciplinary team held training, reviewed best practices, developed new protocols and reviewed existing protocols, and committed to the mission of serving the sexual violence survivors in Collin County.

Our Mission: To provide a collaborative network of community partners dedicated to providing coordinated and comprehensive support for sexual assault survivor and to foster a community of healing and resilience.

Our Vision: Creating a future where sexual violence is nonexistent, survivors are embraced by a network of compassionate support, empowered to heal, and assured of both safety and justice.

Over the past two years, the SART has been able to develop and implement working response protocols in our community, created our mission and vision statement, and updated our bylaws. Our team expanded its membership to include behavioral health and additional law enforcement agencies in 2023 and implemented a digital attendance system to capture better data.

Other highlights from this reporting period include:

- More compassionate responses
- Faster access to services
- Higher quality forensic exams
- Better investigations
- Shared missions for interagency collaboration
- Ongoing education improving skills and best practices

Challenges from this reporting period include:

- Case Review process; although completed, did not result in any meaningful system change and revictimized survivor
- Process changes at the crime lab
- Inconsistent tracking of forensic exam numbers due to the introduction of a new external forensic nursing program which did not participate in a shared reporting process. TXFNE is not integrated into the Collin County CWA or its established protocols.

1.2. Objectives

The objectives for the Collin County SART aim to create a comprehensive, coordinated, and compassionate response to sexual assault, addressing the physical, emotional, and legal aspects of survivors' experiences and include:

- **Community Collaboration:** Collaborate with community organizations, agencies, and stakeholders to enhance the overall response to sexual assault.
- **Crisis Intervention:** Offer crisis intervention services, including counseling and mental health support.
- **Cultural Competency:** Recognize and address the unique needs of diverse populations, considering cultural, linguistic, and other factors that may impact survivors' experiences.
- **Data Collection and Analysis:** Collect and analyze data related to sexual assault cases to identify trends, improve response protocols, and advocate for policy changes.
- **Education and Prevention:** Provide prevention programs to reduce the incidence of sexual violence.
- **Law Enforcement Collaboration:** Foster collaboration between law enforcement agencies and the SART to ensure a coordinated and victim-centered response.
- **Legal Advocacy:** Provide information about the legal process to survivors.
- **Medical Assistance:** Ensure survivors have access to prompt and appropriate medical care.

- Preventing Re-traumatization: Implement trauma-informed practices to minimize re-traumatization during interactions with survivors. Ensure that all aspects of the response are survivor-centered and sensitive to their needs.
- Support and Empowerment: Provide immediate and ongoing support to survivors of sexual assault.
- Training and Coordination: Provide training for professionals involved in the response to sexual assault, including law enforcement, medical personnel, and advocates. Ensure coordination among various agencies and organizations to create a seamless support system.

1.3. Main Activities

The Collin County SART activities are multifaceted and involve collaboration among various professionals and organizations. To effectively contribute to a coordinated and victim-centered response to sexual assault cases our meetings are aimed to foster collaboration among professionals and agencies involved in the process. The group meets bi-monthly to share the following:

- Case Updates:
 - Review and discuss the progress of ongoing sexual assault cases.
 - Share any new information or developments related to investigations.
- Medical Response:
 - Discuss the medical care provided to survivors and any challenges or improvements identified in the process.
 - Address any issues related to forensic evidence collection and preservation.
- Victim Advocacy and Support:
 - Provide updates on the support services offered to survivors.
 - Discuss any specific needs or challenges faced by survivors and how they are being addressed.
- Law Enforcement Collaboration:
 - Review the collaboration with law enforcement agencies on sexual assault cases.
 - Address any issues related to communication, information sharing, or joint investigations.
- Legal Proceedings:
 - Discuss the progress of cases within the legal system.
 - Provide updates on court proceedings and any support needed for survivors in legal contexts.
- Crisis Intervention and Counseling:
 - Share information about counseling and mental health services provided to survivors.
 - Discuss strategies for addressing immediate crisis situations and long-term support.
- Training and Professional Development:
 - Plan and discuss ongoing training sessions for SART members.
 - Address any specific training needs identified during the response to recent cases.
- Community Education and Prevention:
 - Report on recent community outreach and education initiatives.
 - Plan and coordinate upcoming prevention programs and awareness campaigns.
- Data Collection and Analysis:
 - Review and analyze data related to sexual assault cases.
 - Identify trends, challenges, and opportunities for improving the overall response system.
- Policy and Protocol Review:
 - Discuss and update protocols and procedures for responding to sexual assault survivor cases.
 - Address any changes in local or state policies that may impact the response.
- Coordination with Other Agencies:
 - Coordinate with other agencies and organizations involved in the response to sexual assault.
 - Share information about collaborative efforts and address any challenges in inter-agency coordination.

- Feedback and Continuous Improvement:
 - Encourage feedback from team members about recent cases and overall response efforts.
 - Identify areas for improvement and discuss strategies for enhancing the effectiveness of the SART.
- Community Partnerships:
 - Discuss collaborations with community partners and organizations.
 - Explore opportunities for expanding and strengthening the network of support for survivors.
- Trauma-Informed Practices:
 - Discuss and reinforce the importance of trauma-informed approaches in all aspects of the response.
 - Share resources and information on best practices in trauma-informed care.

2. SART Overview

2.1. History

In 2021, the 87th Legislative Assembly passed SB 476, requiring every county in Texas to form an adult Sexual Assault Response Team (SART) to focus on adult survivors of sexual assault.

The Collin County SART covers all of Collin County has been existence long before SB 476; it brings together professionals from different disciplines to collaboratively respond to sexual assault cases. Our mission is to create best practices for sexual assault response, investigation, and prosecution that are survivor centered and work toward the best outcomes possible for those we serve.

- 2001 – Collin County SART was formed between community partners desiring to create a collaborative, survivor-centered, and trauma-informed response to victims of sexual assault and developed the first community response protocols.
- 2010 - The Turning Point took leadership of the SART.
- 2014 – The Turning Point received a VAWA grant for SART Coordination and Law Enforcement Training
- 2015 – Updated agency protocols.
- 2016 – Updated pediatric sexual assault exam guide, SART Protocols, Authorization of SANE exam, SANE response protocols, and the policy for Sexually Assaulted Patients
- 2017 – Created Guidelines for SART Case Review, dispatch protocol for children, and SART response for protocol for Methodist.
- 2019 – Created the Collin County Response protocols
- 2020 – Drafted Memorandum of Understanding between the Partner Agencies of the County Child Sex Trafficking Team
- 2021 – Updated Collin County Response and South Dallas Response protocols and created the LE Accompaniment flowchart
- 2022 – Created the SMU and LE Response protocol, updated the Collin County response protocols
- 2023 – Updated the Collin County Response protocols
- 2024 – Updated Mission Statement, Vision Statement, and Bylaws
- 2024 – Signed updated Community Working Agreement

2.2. Team

Our team is made up of:

- Professionals from local advocacy groups
- Colleges and Universities
- Crime Lab
- District Attorney's Office
- Forensic Nurses

- Law Enforcement / Sheriff's Office
- Local Hospital Representatives
- Mental Health Providers

2.3. Meetings

The Collin County SART meets the 2nd Tuesday of odd months at 10:00AM CST. Meetings are in-person and rotate between partner and collaborative agency locations.

Members of the SART can propose a meeting location, speaker, or an agenda item for a monthly meeting by notifying the SART manager of their request.

2.4. Confidentiality

Sexual Assault Programs are subject to privilege on all written or oral communications with a victim. This is a Texas law that means they cannot share any information about a victim outside of the agency without specific written consent from that victim.

Additionally, any agency receiving funds from Victims of Crime Act (VOCA), Violence Against Women Act (VAWA) or Family Violence Prevention & Services Act (FVPSA) will have confidentiality restrictions and be forbidden from the use of blanket consent forms.

Collin County SART members will maintain the confidentiality of information shared among response team members as required by law and will strive to ensure survivor information is treated with the utmost confidentiality to protect their privacy.

3. SART Activities and Trainings

3.1. Activities

The Collin County SART meetings are regularly attended by representatives from law enforcement, advocacy, victim services programs, the District Attorney's Office, forensic nurses, forensic laboratories, mental/behavioral health providers, legal advocacy, survivors, and independent participants.

The meeting begins with the reminder of confidentiality among members and the approval of the minutes from the previous month's meeting. Then, new members are introduced and welcomed.

At each meeting, representatives from each agency give data updates and agency updates. This allows the group to keep their pulse on trends or spikes in sexual assault cases, as well as new resources and initiatives that are available to victims and survivors.

Agencies represented include:

- Colleges and Universities
 - University of Texas at Dallas
 - University Texas Southwestern
- Crime Lab
- District Attorney's Office
- Forensic Nurses
 - The Turning Point Rape Crisis Center
 - Texas Forensic Nurse Examiners
- Law Enforcement / Sheriff's Office
 - Allen PD
 - Anna PD
 - Carrollton PD
 - Collin County Sherriff's Office
 - Celina PD
 - Frisco PD
 - McKinney PD
 - Murphy PD

- Plano PD
- Prosper PD
- The Colony PD
- UT Dallas PD
- Wylie PD
- Local Hospital Representatives
 - Baylor Scott White Hospital Centennial
 - Baylor Scott White Hospital Centennial and PGA
 - Children's Health
 - Children's Health University of Texas Southwestern
 - Medical City Plano
 - Texas Health Frisco
 - Texas Health Allen
 - Texas Health Plano
- Mental Health Providers
 - LifePath Systems

3.2. Trainings

Throughout the year, the Collin County SART holds informational training at the meetings. These training courses are conducted by members to foster more interprofessional collaboration. Some of the topics covered are:

- 89th Legislation Proposed and Adopted Bills
- Crime Lab Processes
- Medical Considerations: Exams, Survivor needs, and Prevention/pregnancy options
- Sexual Assault Investigations
- The Neurobiology of Trauma in the Brain
- Trauma Informed Sexual Assault Response

In addition to the training during the meetings:

- In November 2024, we hosted a full-day training sexual assault investigations course featuring experts from the Collin County DA's office and the DPS Crime Lab.
- In September 2024 and July 2025, the team presented at separate conferences, the Women of Law Enforcement Conference and Female Survivors of Violence Conference, on sexual assault investigations and forensic exams.
- Additionally, the team provided agency-specific training for Frisco PD, Argyle PD, and Lavon PD.

4. Data and Findings

4.1. Data Importance

Tracking data is important for several reasons and it plays a crucial role in improving the overall response to sexual assault cases. It is essential for continuous improvement, evidence-based decision-making, and enhancing the overall effectiveness of a Sexual Assault Response Team. It helps address the unique needs of survivors, informs preventive strategies, and contributes to a more informed and responsive community approach to sexual assault. All data below is reflective of Collin County.

4.2. The Turning Point Forensic Exam and Accompaniment Breakdown

	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
# of Service Requests	27	15	23	38	30	34	35	29	28	32	14	21
# of Medical Care Encounters	26	15	18	32	27	33	31	26	24	31	12	19
# of Patients Declined Services	1	0	5	6	3	1	4	3	4	1	2	2
# of Patients Lost – No Nurse Available	0	0	0	0	0	0	0	0	0	0	0	0
# of Patients – No Advocates Available	0	0	0	0	0	0	0	0	0	0	0	0
Non-Report Totals	3	1	4	2	7	5	9	5	5	4	0	4
Human Trafficking Totals	0	0	1	0	0	0	0	0	5	1	0	0
Overall Forensic Nurse Response Time	60	54	60	53	50	63	56	52	53	61	45	56
	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
# of Service Requests	17	26	31	26	36	28	29	19	23	37	29	8
# of Medical Care Encounters	16	25	30	24	35	25	27	19	22	33	27	8
# of Patients Declined Services	1	1	1	2	1	3	2	0	1	4	2	0
# of Patients Lost – No Nurse Available	0	0	0	0	0	0	0	0	0	0	0	0
# of Patients – No Advocates Available	0	0	0	0	0	0	0	0	0	0	0	0
Non-Report Totals	2	2	7	4	6	4	5	4	5	10	3	1
Human Trafficking Totals	0	0	0	0	0	0	0	2	0	0	0	0
Overall Forensic Nurse Response Time	48	67	48	55	60	49	63	49	62	52	55	41
	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25				
# of Service Requests	24	38	38	26	34	41	36	36				
# of Medical Care Encounters	23	35	35	25	32	38	29	32				
# of Patients Declined Services	1	3	3	1	2	3	7	4				
# of Patients Lost – No Nurse Available	0	0	0	0	0	0	0	0				
# of Patients – No Advocates Available	0	0	0	0	0	0	0	0				
Non-Report Totals	5	6	8	5	10	13	9	10				
Human Trafficking Totals	0	0	0	0	0	0	0	1				
Overall Forensic Nurse Response Time	42	48	51	51	51	44	52	60				

4.3 The Turning Point Forensic Exam and Accompaniment Race/Ethnicity Breakdown

Race/Ethnicity	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Asian	0	0	1	2	1	0	3	2	0	2	1	0
Black or African American	4	2	10	6	8	6	11	9	6	5	2	6
Hispanic	6	2	5	10	9	7	5	5	8	7	5	6
Multi-Racial	1	1	1	1	0	0	0	1	0	2	0	0
Native American, American Indian, or Alaska Native	0	0	0	1	0	0	0	0	1	0	0	0
Native Hawaiian	0	0	0	0	0	0	0	0	0	0	1	0
Other Race	1	2	1	5	2	1	0	1	0	1	0	0
Pacific Islander	0	0	1	0	0	0	0	1	1	1	0	0
Race Unknown	0	0	1	0	1	0	0	3	1	0	1	0
White	16	8	3	14	12	20	16	9	11	14	4	9
Race/Ethnicity	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Asian	0	1	1	1	1	1	1	0	2	0	0	0
Black or African American	7	6	10	4	4	3	6	3	4	4	7	0
Hispanic	2	5	9	5	9	11	4	5	6	10	4	0
Multi-Racial	1	1	2	1	2	0	0	1	1	1	1	2
Native American, American Indian, or Alaska Native	0	0	0	0	0	0	0	0	0	0	0	0
Native Hawaiian	0	0	0	0	0	0	0	0	0	0	0	0
Other Race	0	0	0	0	0	0	0	1	0	2	3	0
Pacific Islander	0	0	0	0	0	0	0	0	0	0	0	0
Race Unknown	1	1	1	2	1	1	4	0	1	4	2	1
White	6	13	9	15	18	13	17	10	9	17	12	5
Race/Ethnicity	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25				
Asian	1	2	2	1	1	0	4	2				
Black or African American	5	7	13	5	10	7	8	11				
Hispanic	4	6	6	8	7	9	9	8				
Multi-Racial	1	0	2	3	1	2	0	2				
Native American, American Indian, or Alaska Native	0	0	0	0	0	0	0	0				
Native Hawaiian	0	0	0	0	0	0	0	0				
Other Race	1	2	0	0	0	0	1	0				
Pacific Islander	0	0	0	0	0	0	0	0				
Race Unknown	2	1	1	3	2	7	1	2				
White	10	20	14	6	13	16	13	11				

4.4. The Turning Point Forensic Exam and Accompaniment Age Breakdown

Age	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Pediatric	4	1	2	5	3	0	2	7	4	4	2	1
Adolescent	5	1	1	8	6	3	4	4	6	7	4	1
Adult	19	13	20	26	24	31	29	20	18	21	8	19

Age	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Pediatric	4	1	8	5	4	2	4	2	5	6	6	0
Adolescent	0	4	2	6	15	7	6	2	4	4	3	1
Adult	13	22	22	17	17	20	22	16	14	28	20	7

Age	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25
Pediatric	3	2	3	1	3	3	1	4
Adolescent	4	5	5	3	2	2	3	5
Adult	17	31	30	22	29	36	32	27

4.5. The Turning Point Forensic Exam and Accompaniment Hospital/Facility Location Breakdown

Hospital/Facility	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Baylor Cent Frisco	0	0	1	1	1	0	0	0	0	0	1	0
Baylor Frisco	1	0	0	0	0	0	0	0	0	0	0	0
Baylor McKinney	1	1	2	2	1	2	0	3	3	2	0	1
Baylor Plano	0	1	1	1	0	0	3	0	2	2	1	1
Children's Plano	8	2	2	9	8	2	4	10	6	9	4	2
Courtney's SAFE Place	6	6	5	12	7	9	9	8	7	8	3	9
MC Frisco	0	1	0	0	2	1	2	0	0	0	0	0
MC McKinney	2	1	1	2	2	3	7	0	0	0	0	0
MC Plano	4	1	0	1	3	5	0	0	0	0	0	1
Other	0	0	0	0	0	1	1	1	1	0	0	0
THR Allen	0	1	1	0	0	1	1	0	0	4	0	0
THR Frisco	2	0	0	0	1	1	2	1	0	1	1	0
THR Plano	2	1	5	4	2	8	2	3	5	5	2	5

Hospital/Facility	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Baylor Cent Frisco	0	1	1	1	0	0	0	3	0	3	3	0
Baylor Frisco	0	0	2	0	0	1	1	0	0	0	0	0
Baylor McKinney	0	3	1	2	1	3	3	0	0	0	0	2
Baylor Plano	0	1	0	0	0	1	1	0	1	1	1	1
Baylor Plano Heart	1	0	0	0	0	0	0	0	0	0	0	0
Baylor Wylie	0	0	0	0	0	0	0	1	0	0	1	0
Children's Plano	4	4	9	8	17	8	8	3	9	6	9	0
Courtney's SAFE Place	7	10	10	6	12	6	9	8	7	12	6	2
THR Allen	3	1	1	1	1	0	0	1	1	1	3	2
THR Frisco	0	1	2	3	2	1	3	3	1	2	0	0
THR Plano	1	4	4	3	2	5	2	0	3	8	4	1

Hospital/Facility	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25
Baylor Cent Frisco	0	0	0	0	1	1	0	2
Baylor Frisco	0	0	0	0	0	0	1	1
Baylor McKinney	0	3	4	0	1	3	4	0
Baylor Plano	0	0	0	1	2	1	0	2
Baylor Plano Heart	0	0	1	0	0	0	0	0
Children's Plano	8	6	6	2	4	5	4	5
Courtney's SAFE Place	7	11	4	12	10	9	8	9
MC Frisco	1	1	1	1	2	3	2	0
MC McKinney	1	3	5	1	6	2	2	3
MC Plano	2	2	4	2	2	4	3	1
MC Sachse	0	1	0	1	0	1	1	0
THR Allen	0	1	0	0	0	2	0	2
THR Frisco	2	1	1	2	0	1	1	3
THR Plano	2	6	9	3	4	6	3	4

4.6. The Turning Point Forensic Exam and Accompaniment Law Enforcement Agency Breakdown

Law Enforcement Agency	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Addison PD	0	0	0	0	0	0	0	0	1	0	0	0
Allen PD	0	0	0	2	1	3	0	1	0	1	0	0
Anna PD	0	0	0	0	0	1	0	0	1	0	1	0
Bedford PD	1	0	0	0	0	0	0	0	0	0	0	0
Carrollton PD	2	0	0	2	0	2	1	0	1	2	1	1
Celina PD	1	0	1	0	1	0	0	0	1	0	1	0
Cleburne County Sheriff	0	0	0	1	0	0	0	0	0	0	0	0
Collin County Sheriff	1	1	0	0	1	0	0	0	0	1	0	2
Dallas PD	5	1	4	4	3	3	3	2	3	3	2	5
Denison PD	0	0	0	0	0	0	0	0	0	0	1	0
Denton County Sheriff	0	1	0	0	0	0	0	0	0	0	0	0
Fairview PD	0	1	0	0	0	0	0	0	0	0	0	0
Frisco PD	1	0	3	2	1	1	2	1	3	1	2	2
Garland PD	0	0	0	1	1	1	0	2	0	1	0	0
Grand Prairie PD	0	0	0	0	0	1	0	0	0	0	0	0
Grapevine PD	0	0	0	0	0	0	0	0	0	1	0	0
Grayson County Sheriff	0	0	0	0	0	0	0	0	2	0	0	1
Hunt County Sheriff	0	1	0	0	0	0	0	0	0	0	0	1
Irving PD	0	0	0	0	2	0	1	0	0	0	0	0
Kaufman County Sheriff	0	0	0	0	0	0	0	0	0	0	0	1
Lewisville PD	0	0	1	0	0	2	2	0	0	0	0	0
Little Elm PD	3	2	0	3	1	0	2	4	1	0	0	0
Logan County Sheriff	0	0	0	0	0	0	0	1	0	0	0	0
Mansfield PD	0	0	0	0	0	0	0	0	0	1	0	0
McKinney PD	1	1	0	2	1	4	4	5	0	4	0	0
Melissa PD	0	0	0	0	0	0	0	1	0	0	0	0
Mesquite PD	0	0	0	1	0	0	0	0	0	0	0	0
Other	2	0	0	2	0	0	3	2	2	1	0	0
Plano PD	4	5	2	5	3	5	3	1	2	4	3	1
Princeton PD	0	0	0	2	2	0	0	0	0	0	0	0
Prosper PD	0	0	0	0	0	0	0	0	0	1	0	0
Richardson PD	1	0	0	1	0	0	0	0	0	2	1	1
Rockwall County Sherrif	0	0	1	0	0	0	0	0	0	0	0	0
Rockwall PD	0	1	0	0	0	0	0	0	0	0	0	0
Royse City PD	0	0	0	0	0	1	0	0	0	0	0	0
Sachse PD	0	0	0	0	0	0	0	0	0	1	0	0
Sherman PD	0	0	0	0	0	0	0	1	2	1	0	0
Texas DPS	0	0	0	0	0	1	0	0	0	0	0	0
The Colony PD	0	0	1	1	0	2	0	0	0	0	0	0
Trenton PD	0	0	0	0	1	0	0	0	0	0	0	0
Wylie PD	1	0	1	1	2	1	1	0	0	2	0	0

Law Enforcement Agency	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Allen PD	2	3	2	1	1	0	1	2	0	2	6	2
Anna PD	0	0	0	0	1	0	0	0	0	0	0	0
Arlington PD	0	0	1	0	0	0	0	0	1	0	0	0
Aubrey PD	0	0	0	0	1	0	0	0	0	1	0	0
Carrollton PD	1	5	1	6	2	1	1	1	1	1	1	0
Celina PD	0	1	0	0	0	0	0	0	0	1	0	0
Collin County Sheriff	0	3	1	1	0	0	0	2	1	1	0	1
Coppell PD	0	0	2	0	0	0	0	1	0	0	0	0
Dallas PD	2	0	0	2	2	4	3	1	3	5	2	0
Denton County Sheriff	0	0	1	0	0	0	0	0	0	0	0	0
Denton PD	0	0	0	0	0	0	0	0	1	0	1	0
DeSoto PD	0	1	0	0	0	0	0	0	0	0	0	0
Fairview PD	1	0	0	0	2	0	0	0	0	0	0	0
Fannin County Sheriff	0	0	0	0	0	1	0	0	0	0	0	0
Fort Worth PD	0	1	0	0	0	0	0	0	0	0	0	0
Frisco PD	0	2	2	5	3	3	5	1	1	3	2	0
Garland PD	0	0	0	0	0	0	0	0	0	1	0	0
Grand Prairie PD	0	0	1	0	0	0	0	0	0	0	0	0
Grayson County Sheriff	2	0	0	0	2	1	0	0	0	0	0	1
Lewisville PD	0	0	1	0	0	0	0	0	0	0	0	0
Little Elm PD	4	1	1	0	2	0	1	0	1	1	0	0
Lubbock PD	0	1	0	0	0	0	0	0	0	0	0	0
McKinney PD	0	1	1	0	3	4	2	2	0	0	2	1
Melissa PD	0	0	0	0	0	1	0	0	0	0	0	0
Mesquite PD	0	0	1	0	0	1	0	0	0	0	1	0
Navarro County Sheriff	0	0	0	0	0	0	0	0	0	1	0	0
Other	0	0	1	1	2	1	1	0	0	0	0	0
Plano PD	2	1	5	1	4	2	5	2	4	5	3	2
Pottsboro PD	0	0	0	0	1	0	0	0	0	0	0	0
Princeton PD	0	0	0	0	1	1	0	1	1	0	0	0
Prosper PD	0	0	1	0	0	1	1	0	0	0	1	0
Richardson PD	0	0	0	1	1	0	0	0	1	0	2	0
Rockwall PD	0	0	0	0	0	0	0	0	0	0	1	0
Rowlett PD	0	0	0	1	1	0	0	0	0	0	0	0
Sherman PD	0	0	0	0	0	0	1	1	2	1	0	0
The Colony PD	0	3	1	0	0	0	0	0	0	0	1	0
Van Zandt County Sheriff	0	0	0	0	0	0	0	1	0	0	0	0
Wylie PD	0	0	0	1	0	0	1	0	0	0	1	0

Law Enforcement Agency	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25
Addison PD	0	0	0	1	0	0	0	0
Allen PD	0	1	0	2	1	1	0	3
Alvarado PD	0	0	1	0	0	0	0	0
Anna PD	0	0	1	0	0	0	0	0
Arlington PD	0	0	0	0	0	0	0	3
Carrollton PD	1	4	3	0	0	3	0	0
Celina PD	0	0	1	1	0	1	0	1
Collin College PD	1	0	0	0	0	0	0	0
Collin County Sheriff	0	0	0	0	0	1	1	0
Dallas PD	2	2	1	4	2	4	3	3
Denton County Sheriff	0	0	0	1	0	0	0	0
Ellis County Sheriff	0	0	0	0	0	0	1	0
Farmers Branch PD	0	0	0	0	0	0	0	1
Frisco PD	2	4	1	2	2	3	1	1
Garland PD	0	1	0	0	0	0	1	0
Grayson County Sheriff	0	0	0	0	1	0	0	0
Lewisville PD	0	0	1	0	0	1	0	0
Little Elm PD	2	1	1	1	1	1	0	1
McKinney PD	3	8	5	1	3	1	2	4
Mesquite PD	0	0	0	1	0	0	0	0
Other	2	2	2	0	2	0	1	0
Plano PD	3	2	4	3	8	6	5	4
Princeton PD	1	0	0	1	0	0	0	1
Prosper PD	0	0	0	0	0	0	1	0
Richardson PD	0	1	0	0	1	3	0	0
Rockwall PD	0	0	1	0	0	0	0	0
Rowlett PD	0	0	0	1	0	0	0	0
SMU PD	0	0	1	0	0	0	0	0
Tarrant County Sheriff	0	0	0	0	0	0	1	0
The Colony PD	1	0	2	1	0	0	1	0
Van Alstyne PD	0	0	0	0	0	0	1	0
Waxahachie PD	0	0	1	0	0	0	0	0
Wylie PD	0	3	1	0	1	0	1	0

4.7. District Attorney Breakdown – 1/1/2023 to 12/31/24

	Total
Cases Filed	138
Cases Presented to Grand Jury	150
No Bill *	53
Filed Indictments (True Bill)	97
Disposed After Indictment	56

- included are 41 cases where no arrest warrant based on probable cause was issued prior to submission to the Grand Jury.
- The Collin County District Attorney’s Office data is not linear. The data presented above are simply the number of cases received, indicted, and disposed during January 1, 2023 to December 31, 2024.

4.8. Crime by Jurisdiction

Collin County Participants						
	2023			2024		
	# of Offenses	# of Clearances	# of Arrests	# of Offenses	# of Clearances	# of Arrests
Allen	23	2	1	27	3	1
Anna	15	2	1	6	0	0
Celina	5	0	0	10	2	2
Collin County Sheriff's Office	27	10	6	26	12	10
Frisco	37	2	1	55	7	5
Lavon	3	1	0	5	1	0
McKinney	40	10	5	59	18	12
Melissa	0	0	0	2	0	0
Murphy	5	2	0	2	1	1
Plano	92	49	17	97	62	21
Prosper	7	2	2	8	0	0
Wylie	17	9	8	13	6	5
Total	271	89	41	310	112	57

Participating Members Outside of Collin County						
	2023			2024		
	# of Offenses	# of Clearances	# of Arrests	# of Offenses	# of Clearances	# of Arrests
Carrollton	31	14	14	17	7	4
Garland	83	52	34	65	32	18
Little Elm	1	0	0	2	0	0
Richardson	20	15	11	10	5	5
UTD	1	0	0	2	0	0
Total	136	81	59	96	44	27

4.9. Department of Public Safety - Kits collected by Collin County Medical Facilities

	2023	2024
January	23	16
February	14	32
March	20	37
April	30	27
May	27	39
June	24	30
July	28	43
August	32	30
September	22	27
October	27	31
November	19	26
December	11	18

4.10. Department of Public Safety – Kits received by Collin County LEAs

	2023	2024
January	14	12
February	7	19
March	9	16
April	18	16
May	17	18
June	16	13
July	12	22
August	22	15
September	10	10
October	15	19
November	16	16
December	7	18

4.11. Department of Public Safety – Kits processed (completed) for Collin County LEAs

	2023	2024
January	7	16
February	9	14
March	14	11
April	8	19
May	14	13
June	20	15
July	12	14
August	13	11
September	6	13
October	7	12
November	16	15
December	11	14

4.12. Department of Public Safety – Average turnaround time in days

	2023	2024
January	37	44
February	37	42
March	36	41
April	39	51
May	35	69
June	39	77
July	37	90
August	68	110
September	75	105
October	74	90
November	74	84
December	60	95

5. SART Bylaws

5.1 Name, Purpose, Objectives, and Values

- Section 1. Name
 - Collin County Sexual Assault Response Team (SART)
- Section 2. Purpose, Objectives & Values
 - Purpose:
 - Respond as the adult Sexual Assault Response Team (SART) as directed by Senate Bill 476 of the 87th Texas Regular Legislative Session for Collin County. The SART's objectives and values are described below.
 - Objectives:
 - Support for survivors, coordination among agencies, quality forensic evidence collection, training and education, promoting justice and accountability, data collection and analysis, community outreach and prevention, and Cultural competency.
 - Values:
 - Survivor-centered approach, empathy and compassion, confidentiality, collaboration, accountability, cultural competence and inclusivity, trauma-informed care, justice and fairness, education and advocacy, and empowerment.

5.2 Mission and Vision Statements

- Section 1. Mission
 - To provide a collaborative network of community partners dedicated to providing coordinated and comprehensive support for sexual assault survivors and to foster a community of healing and resilience.
- Section 2. Vision
 - Creating a future where sexual violence is nonexistent, survivors are embraced by a network of compassionate support, empowered to heal, and assured of both safety and justice.

5.3 Membership

- Section 1: Eligibility
 - Membership in SART shall be open to individuals and organizations committed to the mission and purpose of SART, including but not limited to healthcare providers, law enforcement, forensic analysts, legal professionals, advocacy groups, and mental health professionals.
- Section 2: Membership Categories
 - Individual Members: Individuals actively participate in the work of SART.
 - Organizational Members: Organizations that support the mission of SART and designate representatives to participate in SART activities.
- Section 3: Application and Acceptance
 - Prospective members shall submit an application to the SART Membership Committee. Membership shall be granted upon approval by a majority vote of the Membership Committee.
- Section 4. Attendance by Non-members
 - Additional individuals or agencies who are not approved members may be permitted to attend SART meetings at any time, by notice to the officers, for special events, etc.
- Section 5. Survivor Engagement
 - While not required by law, we strive to include survivors of sexual assault in our SART. This could be through individual membership, as a subject matter expert, and/or by survivor request.

5.4 Officers

- Section 1: Officers
 - The officers of SART shall consist of a Chair, Vice-Chair, and Secretary.
- Section 2: Appointment and Term
 - Officers shall be appointed by the existing officers and shall serve a term of 2 years.
 - Officers may be re-appointed for consecutive terms.
- Section 3: Duties

- Chair: Preside over meetings, represent SART in public forums, and ensure the effective functioning of the organization.
- Vice-Chair: Assist the Chair and assume the Chair's duties in their absence.
- Secretary: Maintain records of meetings, membership, and official correspondence.

5.5 Committees

- Section 1: Standing Committees
 - Membership: Review membership applications, determine application eligibility and membership category, and approve qualified applications.
 - Case Review
 - Educational Opportunities
- Section 2: Ad Hoc Committees
 - Ad hoc committees may be established by the Officers as needed to address specific issues or projects.

5.6 SART Protocol

- Section 1. Protocol Development
 - Per Section 351.256 Texas Local Government Code, the team shall work together to develop an inaugural SART protocol no later than December 1, 2022. Team members shall contribute to protocol development as a requisite of their membership. The protocol shall be reviewed no later than 90 days after each regular legislative session and included in the biennial report.

5.7 Biennial Report

- Section 1. Data Sharing
 - SART members in law enforcement and/or prosecution responsible for the data described by Local Government Code 351.257(3)(A) shall collect, maintain and share this information for publication in the biennial report. Data shall be used to inform improvement of community response.
- Section 2. Contribution and Submission
 - SART members are responsible for the biennial report due to the County Commissioners Court every odd numbered year. By accepting membership onto the team, members agree to contribute to the biennial report.

5.8 Meetings

- Section 1. Quorum
 - A quorum will consist of at least 12 members of the SART. A quorum of members of the SART must be present or have sent a designee in order to conduct any business that requires a vote of the SART.
- Section 2. Regular Meetings
 - Regular meetings of the SART shall be held (at least bi-monthly) and at the call of the Presiding Officer. Special meetings of the SART may be held at any time upon written notice to the team.
- Section 3. Notice of Meetings
 - Written notice stating the place, date and hour of any regular meeting of the SART shall be sent out electronically with a minimum notice of 2 days. Agendas shall be sent out electronically at least 2 days in advance of time by the SART Officers.
- Section 4. Virtual Meetings
 - Members of the SART or any committee developed by the SART may participate in a meeting by means of conference telephone, virtual platform or similar communications equipment by which all persons participating in the meeting can communicate with each other. Participation in a meeting pursuant to this section shall constitute presence at such meetings. (For use in case of emergency)

5.9 Conflict Resolution

- Section 1. Process
 - Members of the SART shall convene to develop and vote on an inaugural framework for a conflict resolution process. Following the initial adoption, the framework for this process shall be reviewed and updated as necessary in conjunction with the SART Protocol.
- Section 2. Commitment

- Agreement to actively engage in resolving conflict using the team's established process is an expectation of each team member. Effective conflict resolution practices contribute to a higher level of team functioning and success. SART members shall look to their stated mission, values and statutory mandates to prioritize survivor safety and wellbeing to address conflicts.

5.10 Communication

- Section 1. Privacy, Confidentiality & Privilege
 - As required by SB476, the team shall develop communication processes to facilitate the timely exchange of relevant information. In any scenario involving protected victim information, the SART will honor all member and team privacy obligations under Texas law, HIPAA, 42CFR and other state and federal regulations.

5.11 Amendments

- Section 1. Bylaws Amendments
 - The team shall review the Bylaws every 2 years. To amend the Bylaws, notice of the proposed amendment shall be delivered personally, electronically or by mail to each member of the SART at least two weeks prior to the time of the vote on the proposed amendment. The Bylaws shall be amended only by a two-thirds vote of the quorum present during the meeting.

6. Collin County Sexual Assault Protocols

The purpose of these response protocols are to ensure coordination between all agencies in Collin County, Texas involved in sexual assault cases to increase the efficacy of response and to minimize survivor traumatization. We want to eliminate gaps while defining roles and partnerships; which helps create a standard and sets expectations for how SART members in the county respond to survivors and helps SART members understand how SART members work together.

6.1 Turning Point Forensic Nursing Program Response Protocol

SCOPE

- The purpose of this response protocol is to ensure coordination between the Forensic Nursing Program and all agencies in Collin County, Texas involved in sexual assault cases to increase the efficacy of response and to minimize survivor traumatization.

PROCEDURE

- Location and accessibility of sexual assault forensic examinations
 - For survivors of sexual assault, forensic examinations can be provided at any SAFE Ready Facility in Collin County facility. The Forensic Nursing Program for The Turning Point responds to the below locations. The Forensic Nurse's response time should be within 60 minutes of the conclusion of the dispatch (unless extenuating circumstances).
 - Courtney's SAFE Place – Survivors 17 and older
 - Are not currently under the influence of intoxicants.
 - Are not in need of emergency hospital services.
 - Are not in need of emergency psychiatric services.
 - Have a safe place to go after discharge.
 - Children's Medical Center - Plano (Survivors 17 and under only and the preferred provider for pediatric forensic examinations)
 - Baylor S&W – Frisco-PGA, Centennial, Frisco, McKinney, Plano
 - Texas Health – Frisco, Plano, Allen, Prosper
 - University of Texas – Dallas: Student Health Center
 - For students, staff, and guests of UTD only
 - HCA Medical City – Frisco, McKinney, Plano, Stonebridge-Standalone ER
 - *** If the pediatric survivor is not yet at a hospital, they will be directed to Children's Medical Center - Plano to avoid unnecessary transfers. Forensic Nurse may decide to have the patient transferred to Children's Medical Center – Plano. Survivors 17 and older may be directed and seen at Courtney's SAFE Place if medically stable. ***

- Information on the availability of and access to medical care when the care is clinically indicated
 - For all sexual assault survivors in need of a forensic examination, contact The Turning Point's 24-hour hotline 1-800-886-7273
 - ALL FORENSIC NURSES WHO PERFORM FORENSIC EXAMINATIONS FOR SEXUAL ASSAULT SURVIVORS MUST BE CERTIFIED BY THE TEXAS – OFFICE OF THE ATTORNEY GENERAL AND/OR THE INTERNATIONAL ASSOCIATION OF FORENSIC NURSES PRIOR TO CONDUCTING A FORENSIC EXAMINATION WITHOUT A PRECEPTOR. ALL FORENSIC NURSES WILL BE PEDIATRIC/ADOLESCENT/ADULT CERTIFIED.
 - If the survivor is reporting to the law enforcement: If the survivor walked in without law enforcement accompaniment and they are 18 or older, ask if he or she would like to report the assault to the law enforcement.
 - Hospital personnel and/or the Forensic Nurse MUST notify law enforcement prior to beginning the forensic examination (if the survivor is reporting to law enforcement). To expedite the process, the Forensic Nurse may start the forensic examination prior to law enforcement arrival.
 - All patients 17 years of age and younger must have a Law Enforcement Agency case number prior to completing the forensic examination.
 - Non-reporting Forensic Examinations: Adult survivors (18 and older) have a legal right to a forensic examination without reporting to law enforcement. In this circumstance, no case number or law enforcement involvement is required for The Turning Point to dispatch a Forensic Nurse.
 - The Turning Point's Forensic Nurse or advocate is available to answer questions regarding reporting if the survivor is not sure.
 - Mandatory Reporting: If the survivor is 17 years of age and younger, has a disability, and/or is 65 years of age and older, law enforcement and the appropriate DFPS agency. (HHSC, CPS, and/or APS) must be notified.
- Triage and Trauma Assessment to be completed prior to Forensic Examination
 - The survivor should immediately be placed in a room or designated private area until the advocate and Forensic Nurse arrive. The survivor should be encouraged not to use the bathroom, change clothing, eat, or drink anything until the forensic nurse arrives. Survivors are classified as ESI Level II.
 - Hospital staff needs to focus on medical needs and not obtain a history of the assault from the survivor. The Forensic Nurse needs to know when and where the assault took place. Acute forensic examinations can be done within 120 hours (5 days) of the assault. Non-Acute forensic examination can be done after 120 hours (5 days) by a Forensic Nurse with The Turning Point of the survivor is 18 years of age or older.
 - Hospital personnel need to wear gloves while providing trauma assessment. Assess the following:
 - Strangulation (imaging is recommended – CTA of the Head and Neck)
 - Loss of consciousness
 - Pain or serious injury
 - Threats/safety concerns
 - Determine if the survivor can consent to exam (mental stability, awake, alert, and oriented to place person and time: not under the influence of any intoxicants)
 - If the survivor has experienced loss of consciousness, strangulation, or has other immediate medical needs, the Physician needs to assess for life threatening injuries prior to the forensic nurse arriving. (CT scan, other radiology, and/or lab tests).
 - The survivor must remain in the clothing they arrived in and have little contact with others to minimize the risk of evidence being lost or contaminated.
 - If the survivor needs immediate medical attention, that takes priority over the forensic examination.
- Forensic Examination
 - The Forensic Nurse shall complete the examination in accordance with the Collin County Forensic Team Evidence Collection Protocol.
 - Once the forensic examination has begun, no one should enter the exam room. This is important to the integrity of the evidence and privacy of the survivor.
 - The Forensic Nurse shall treat the survivor and hospital staff with dignity and respect at

all times.

- Prophylactic medication: Once the forensic examination is complete, the following medications shall be recommended based on the history of the assault.
 - The survivor is treated prophylactically for sexually transmitted infections per the CDC guidelines.
 - Rocephin 500 mg IM x 1 Dose
 - Zithromax 1g PO x1 Dose (compliance issues) or Doxycycline 100 mg PO BID for 7 days
 - Flagyl 2g PO x1 Dose
 - Ella PO x1 Dose (within 120 hours) or Plan B PO x1 Dose (within 72 hours) (if pregnancy test negative)
 - Zofran ODT 4mg PO x1 dose
 - HIV prophylactic medications or prescription – Biktarvy 50mg/200mg/25mg PO x1 Dose AND RX for Biktarvy 50mg/200mg/25mg PO Daily for 28 Days
 - Labs to be collected prior to HIV prophylactic medication – HIV Screen, Creatinine, Alanine Aminotransferase, and Aspartate Aminotransferase.
- After the Forensic Examination
 - Once the forensic examination is completed, the survivor should be moved back to a different room so that the Forensic Nurse may finish documenting and packing up the kit if possible. It is important that the Forensic Nurse has privacy away from the survivor to do so to prevent errors.
 - The Forensic Nurse must always be in the same room as the sexual assault kit, until the kit has been sealed and transferred to the appropriate law enforcement agency or evidence locker.
 - Evidence Storage: Sexual assault kits and evidence collected for all completed cases by a Turning Point Forensic Nurse will be given to law enforcement onsite or stored in the secured evidence locker located at Courtney's SAFE Place within The Turning Point offices: 3325 Silverstone Drive, Plano, Texas, 75093, except for cases completed at Children's Medical Center - Plano and Dallas. The appropriate law enforcement agency will be notified via Track-Kit and by phone within 1-2 days of storage by CSP Forensic Nursing Program Manager, Director, or staff member for pick-up. Proper chain of custody protocols will be followed by all personnel releasing evidence. All evidence collected at locations other than Courtney's SAFE Place will be sealed with evidence tape prior to transportation and shall not be opened by a Forensic Nurse. If needed, a secondary envelope with the forensic chart will be attached to the Sexual Assault Kit to preserve the evidence inside the kit.
 - Discharge instructions for the survivor are provided and include The Turning Point's Contact Information: Business Line 972-985-0951 and 24-Hour Crisis Line 800-886-7273 as well as instructions for follow-up testing and STI screening.
 - Every effort should be made to ensure the survivor has a safe place to go after the exam. This includes transportation. This should be a collaborative effort among all personnel to ensure the safety and well-being of the survivor.
- Supplies the Forensic Nurse supplies
 - Sexual Assault Evidence Collection Kit with Track-Kit Label
 - Toxicology Screen Kit
 - Colposcope Camera system with stand/Laptop Computer with charger
 - Sterile Water/Saline, Lubricant Gel, ABFO Ruler
 - Ella and Pregnancy Test (if hospital does not have and it is needed)
 - Sign for Door "Do Not Enter: Exam in Progress"
 - Plastic Disposable Speculum (different sizes)
- Basic Reference Information
 - For any questions, concerns, or assistance please feel free to contact The Turning Point's Forensic Nursing Program Manager or Director.
 - Acute forensic examinations WITH evidence collection are within 120 hours of the assault.
 - Non-Acute forensic examinations are over 120 hours.
 - Adult Patients (18 and up) – Should be scheduled with The Turning Point at Courtney's SAFE Place or at a hospital.
 - Adolescent/Pediatric Patients (17 and under) – MUST be scheduled with the Reach Clinic

at Children’s Medical Center Plano/Dallas.

6.2 Hospital - Non-Reported Sexual Assault

SCOPE

- This document applies to Baylor Scott & White Health including Controlled Affiliates (“BSWH”) facilities with a Forensic Program.

DEFINITIONS

- When used in this document with initial capital letter(s), the following word(s)/phrase(s) have the meaning(s) set forth below unless a different meaning is required by context. Additional defined terms may be found in the BSWH P&P Definitions document.
- None.

GUIDELINE

- The Non-Reported Sexual Assault Evidence Program allows adult patients (greater than 18 years of age) of a sexual assault to obtain a forensic medical exam and have evidence collected even if they do not wish to involve law enforcement personnel at the time of its collection. This will secure the evidence while giving the patient time to consider if they want to report the assault.
- The priority of the Emergency Department (“ED”) personnel is to provide appropriate medical care for any life- threatening injury that may be present. After appropriate treatment has been rendered for life-threatening injuries, the SANE will obtain a history, conduct a head to toe assessment, perform a detailed ano-genital exam, collect forensic evidence and provide treatment as indicated. The SANE will work in conjunction with the ED team in the provision of this care.

PROCEDURE

- Instructions for Civilian Non-Report Sexual Assault
 - Instructions for submission and release of sexual assault evidence will be followed according to the Texas Department of Public Safety Non-Report Sexual Assault Evidence Program.
 - Clothing bags should be limited to victim’s underwear only unless there is a compelling reason to believe that any other item contains biological evidence from the suspect.
 - No blood or urine samples are included. Samples obtained at the time of the sexual assault exam are disposed of once the sexual assault kit is sent to the DPS warehouse.
 - Forensic evidence may be stored in a secure location for thirty (30) days after patient received forensic exam. If law enforcement has not been notified by the patient in 30 days, the sexual assault evidence can be sent to the Texas DPS Crime Lab to be stored.
- Instructions for Active Duty Military Non-Report Sexual Assault
 - If patient does not present to the hospital with a Sexual Harassment/Assault Response and Prevention Program (“SHARP”) advocate, contact the SHARP Hotline at 254-319-4671 (Main Texas Hotline – 877-995-5247). Ask for an advocate to be present at hospital with patient and obtain restricted reporting identification number for forensic evidence collection kit. (RNC #)
 - If patient does not want a SHARP advocate to be contacted, notify local advocacy center. Contact Military Police to pick up kit.

ATTACHMENTS

- Forms and information are available on the Crime Lab Web site at <http://www.txdps.state.tx.us/CrimeLaboratory/index.htm> . If you have any questions about evidence submission, please contact the DPS Regional Crime.

RELATED DOCUMENTS

- Forensic Evidence Collection (BSWH.NUR.FP.001.G)
- Medical Forensic Examination Records (BSWH.NUR.FP.002.G)

REFERENCES

- Tex. Code Crim. Proc. Ann art 56.065 (Vernon 2022)

6.3 Hospital - Sexual Assault Care and Forensic Evidence Collection

SCOPE

- This document applies to Baylor Scott & White Health including Controlled Affiliates (“BSWH”).

DEFINITIONS

- When used in this document with initial capital letter(s), the following word(s)/phrase(s) have the meaning(s) set forth below unless a different meaning is required by context. Additional defined terms may be found in the BSWH P&P Definitions document.
- Sexual Assault – Any act of sexual contact or intimacy performed upon one person by another without consent or with an inability to give consent due to age, mental or physical incapacity.
- SAFE-Ready Facility (aka SANE program) – Health care facility recognized by the State of Texas as a Sexual Assault forensic exam-ready facility with access to a currently certified forensic examiner.
- Sexual Assault Nurse Examiner (SANE) – Registered nurse with training and specialty certification in the medical forensic care of patients who have experienced sexual assault/abuse.

POLICY

- Patients presenting for treatment to a BSWH facility with an emergency department or free-standing Emergency Department subsequent to or reporting a Sexual Assault will receive appropriate medical care and treatment.
- A forensic medical exam will be offered to the patient if the sexual assault occurred within the last 120 hours. The adult patient has the option to report the sexual assault to law enforcement or request a non-report medical forensic exam. The 120 hour time limit may be waived by the law enforcement agency, forensic/SANE nurse, or physician based on the circumstances.
- The adult patient must grant permission for Law Enforcement and/or a patient advocate to be notified. An adult patient can decline a medical forensic exam and receive treatment from the medical providers.
- Medical/Forensic Exam
 - A facility that is not a SAFE-Ready Facility may perform a medical forensic exam. Additionally, that facility will inform the patient/guardian that the facility is not a SAFE-Ready Facility, provide the name and location of the community SAFE-Ready Facility, offer a transfer to that SAFE-Ready Facility, and provide the required Texas DHHS forms (Ref. 7a). If the patient/legal representative declines a transfer to a SAFE-Ready Facility, the original facility will perform the medical forensic exam.
 - PEDIATRIC EXCEPTION: Children aged 0-14 years of age must be transferred to a Pediatric SAFE-Ready Facility. Children aged 15-17 may be transferred to a Pediatric SAFE-Ready Facility or seen by a currently certified Adult- Adolescent SANE if transfer is declined.
- Reporting
 - BSWH is committed to appropriately reporting suspected victims of Abuse, Neglect or Exploitation with respect to all persons including children, Elderly or Disabled Persons. Please see BSWH abuse and notification of authorities policies. The adult patient who is not a dependent elderly or disabled, must give consent before a medical provider can notify law enforcement of the suspected abuse.
 - The Non-Reported Sexual Assault Evidence Program allows adult patients (18 years and older) with complaint of a sexual assault to obtain a forensic medical exam and have evidence collected even if they do not wish to involve law enforcement personnel at the time of its collection. This will secure the evidence for 5 years while giving the patient time to consider if they want to report the assault. See the Non-Reported Sexual Assault Guidelines.
- Required Training

- All BSWH facilities with an emergency department will provide at least one hour of basic sexual assault response training to facility employees who provide patient admission functions, patient-related administrative support functions, or direct patient care. The training will include information on survivor-centered trauma informed care, the patient right to a forensic medical examination, the sexual assault advocate role, and appropriate community referrals.
- The Registered Nurse or provider who conducts a forensic medical exam will have current certification as a SANE or have completed basic forensic evidence collection training as defined by the Texas Board of Nursing or Texas Medical Board. The basic forensic evidence collection training program must conform to the Evidence Collection protocol developed by the Office of the Attorney General.

PROCEDURE

- The patient who presents for a Sexual Assault examination has the option of receiving evidence collection as a part of their care if they are examined not later than 120 hours after the assault. The 120 hour time limit may be waived by the law enforcement agency, forensic/SANE nurse, or physician based on the circumstances.
- The patient has the right to understand the limits of confidentiality as it applies to the medical forensic examination and the examiner's mandatory reporting requirements.
- For pediatric patients 17 years of age or less, advise patient/legal representative of the need to notify Law Enforcement to report Sexual Assault/abuse, and transfer to SAFE-Ready Facility with resources for pediatric medical forensic exams, if applicable. For an adult patient, obtain patient permission to contact Law Enforcement in city/county with jurisdiction where the assault occurred. If adult patient declines police notification, follow Texas Department of Public Safety Non-Reporting rules and protocol.
- Staff will place patient in a private treatment room/area, if available.
- Obtain patient permission to contact a Sexual Assault advocate for support, if available.
- For patients at a SAFE-Ready Facility, notify a SANE for the medical forensic exam. The SANE will follow SAFE-Ready Facility specific policies, as applicable.
- A facility that is not a SAFE-Ready Facility will inform the patient that the facility is not a SAFE-Ready Facility, provide the name and location of the community SAFE-Ready Facility, offer a transfer to a SAFE-Ready Facility, and provide to the patient the Information for Survivors of Sexual Assault- Non-SAFE-Ready Facility (Ref 7a).
 - If patient accepts transfer to designated center, carry out transfer process as per BSWH's Patient Transfer (EMTALA) policy.
 - If the patient/legal representative declines a transfer to a SAFE-Ready Facility, the original facility will perform the medical forensic exam by trained personnel. If the patient is not in the Emergency Department, healthcare staff may contact the Administrative/House Supervisor for assistance in locating a certified SANE RN or RN/Provider with basic medical forensic exam training.
 - For admitted patients who cannot be transferred within 120 hours after the time of the reported assault, the original facility will perform the medical forensic exam and evidence collection.
- The RN/Provider performing the medical forensic exam will:
 - Prepare equipment and supplies including a Sexual Assault evidence collection kit
 - Obtain patient informed written consent for collection and release of evidence. If the patient is not able to provide consent, a legal guardian, person with medical power of attorney, or other surrogate decision-maker may provide consent for treatment as per BSWH policy. Consider Ethics Consult if needed.
 - Perform the medical forensic exam following Texas and/or National Evidence Collection Protocol.
 - Maintain chain of custody until evidence is released to law enforcement or to designated lockbox.
 - For non-report cases, evidence will be packaged and sent to the Texas DPS Bio-Warehouse through secured mail.
- After medical forensic exam is complete, the physician/provider will provide:
 - Appropriate medical care and treatment, as applicable
 - Access to available shower facilities, if available.

- Prophylactic treatment and/or prescriptions for sexually transmitted infections, as applicable
- Prescription and/or instructions for pregnancy prophylaxis, as applicable
- Information and/or referral to the Public Health Department or other care provider for testing, as requested or if applicable
- Referrals for follow-up care, as applicable
- At discharge the RN:
 - Completes nursing care and treatment, as applicable
 - Provides written discharge instructions to patient including the relevant SAFE Ready or Non-SAFE Ready Information for Survivors of Sexual Assault Patients
 - Provides contact information for local crisis advocacy center

ATTACHMENTS

None.

RELATED DOCUMENTS

- BSWH Notification of Authorities (BSWH.RISK.019.P) BSWH Family Violence (BSWH.RISK.014.P)
- BSWH Adult Abuse and Neglect (BSWH.RISK.012.P) BSWH Child Abuse and Neglect (BSWH.RISK.013.P)
- BSWH Patient Transfer (EMTALA) Policy (BSWH.ADMIN.001.P) BSWH Informed Consent Policy (BSWH .CLNETH.011.P) BSWH SAFE-Ready Facility Specific Policies
- Information for Survivors of Sexual Assault Patients

REFERENCES

- Tex. Health & Safety Code §§ 323.001 – 323.008
- Texas Administrative Code, Texas Board of Nursing Continuing Competency Requirements, Title 22, Part 11, Rule 216.3
- Texas Department of Family and Protective Services - Report Abuse, Neglect or Exploitation,
- Texas Department of Public Safety, Non-Reported Sexual Assault Evidence Program,
- Texas Medical Board Continuing Medical Education for MD/DO
- Texas Office of the Attorney General, Texas Evidence Collection Protocol
- Texas Department of State Health Services, Information for Survivors of Sexual Assault
 - Information for Survivors of Sexual Assault Patients – SAFE Ready / Non-SAFE Ready Facility (ENG, SPA)
 - List of Texas HHSC SAFE-Ready facilities

6.4 University POLICY

- UT Dallas Student Health Center will partner with The Turning Point as a part of the Collin County Sexual Assault Response Team (SART) in an attempt to better serve the needs of sexual assault victims in Collin County and the surrounding communities.
- The Turning Point (TTP) will provide a Sexual Assault Nurse Examiner (SANE) to conduct Sexual Assault (SA) exams at the Student Health Center for students, faculty, and staff. These exams can also be performed at Courtney's SAFE Place.
- Health center staff members are designated as Campus Security Authorities and are required by The Clery Act to report clery crimes. Staff will follow the university's Clery Act Compliance Policy for reporting. The reporting form can be found at https://www.utdallas.edu/police/csa_reporting.html

SCOPE

- Clinical Staff

DEFINITIONS

- Sexual Assault is defined by clery as any sexual act directed against another person, forcibly and/or against that person's will, or not forcibly or against the person's will where the victim is incapable of giving consent (e.g. forcible rape, forcible sodomy (oral or anal intercourse), sexual assault with an object, and forcible fondling (touching of the private body parts of

another person for the purpose of sexual gratification). Disclosure of reported offenses is required.

- The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act of 1998, a part of the Higher Education Act of 1965, was extended by the Higher Education Opportunity Act of 2008 and the Violence Against Women Reauthorization Act of 2013 (collectively known as the "Clery Act") and requires colleges and universities receiving federal financial assistance to gather and make public information about certain crimes on or near their campuses and publish policy statements concerning campus safety and security.
- Clery Crimes - The University must compile statistics of reports made to University Police, CSA's and local law enforcement of the following types of crimes: aggravated assault; arson; burglary, motor vehicle theft, murder and non-negligent manslaughter, negligent manslaughter, robbery, sexual assault, stalking, domestic violence, dating violence, and hate crimes (for above offenses as well as larceny-theft, simple assault, intimidation, and destruction/damage or vandalism of property), and arrests and referrals for disciplinary action related to liquor law violations, drug law violations, and illegal weapon possession.
- Campus Security Authority ("CSA") – used in the Clery Act to identify persons at the University who, as a result of their functions at the University, have an obligation under the law to notify University Police of alleged Clery Crimes that are reported to them, which they conclude have been made in good faith. Such persons need not be an employee of the University, such as students and outside volunteers. CSA's are defined by their University function; not by job title. While an individual's ordinary responsibilities and functions at the University would not classify them as a CSA, the individual may take on a responsibility which would then qualify them as a CSA; for example, if an employee or volunteer organizes or helps lead a student trip or outing.

PROCEDURE (also see Algorithm and Protocol for The Turning Point Sexual Assault Patient)

- Complete Nursing Triage and Provider Evaluation
 - o No oral temperatures
 - o Encourage no eating or drinking
 - o Encourage no changing clothes
 - o No urinating, if possible. If patient needs to urinate, advise not to wipe and collect urine in specimen container.
- Report to Law Enforcement- 972-883-2222
 - o Reporting required for patients under 18 years of age and over 65 years of age
 - o Complete Law Enforcement Request for Sexual Assault Exam Form
 - o Complete CSA Form
 - Required regardless if patient wants to report or not
 - Patient can remain anonymous, but incident must be reported
- Request Sexual Assault Exam
 - o Contact The Turning Point at 1-800-886-7273 to arrange for SA exam to be performed in the health center. Patient can also request exam at Courtney's SAFE Place.
 - Have the following patient information available
 - Last name
 - Age and gender
 - Date and time of assault
 - Patient clothing size, if possible
 - Patient reporting status (The Turning Point will explain reporting options with patient)
 - o Patient must be medically stable and consent to exam
 - o Traumatic injuries, strangulation needing CTA, or psych assessment must be sent to the ER for further evaluation and treatment.
- Advocate and SANE nurse will be dispatched for SA exam (usually within 1 hour from time of dispatch)
 - o Provider to order and advise if additional specimens should be collected (e.g., GC/Chlamydia, HIV, RPR, pregnancy test; SANE to collect additional specimens.
 - o Provider to order emergency contraception and STI treatment or prophylaxis as indicated.
- The Turning Point advocate and SANE nurse will provide resources and patient support.

REFERENCES

- The Turning Point. (09, 30 2020). Acute Sexual Assault Patient Care for Emergency Departments. Plano, Texas, USA.
- The Turning Point. (2020, 09 30). Algorithm for Sexual Assault Patient. Plano, Texas, USA.
- The University of Texas at Dallas. (2018, November 19). Clergy Act Compliance Policy. Retrieved from utdallas.edu: <https://policy.utdallas.edu/utdbp3112>

6.5 Department of Public Safety

SCOPE

- This workflow uses direct to DNA male screening as an alternative to traditional methods for screening sexual assault kits. Instead of testing for the presence of body fluids, the processing involves extraction and purification of samples prior to quantification with a system that can detect the presence of amplifiable human (and higher primate) and male-specific DNA. A pre-determined threshold is used along with case information to determine which extracts proceed to autosomal amplification for development of a DNA profile.
- This screening method may be appropriate for any case type where determining if male DNA is present is appropriate. Portions of the workflow may not be best suited for cases where it is necessary to determine the presence of male DNA on items from a male subject. Consult the Technical Leader/DNA Supervisor for more information on how to process these types of cases.

RELATED CHAPTERS

- Evidence Handling
- Physical Evidence Examination Alternate Light Source
- Presumptive Blood Tests - PHT, TMB, and LMG Presumptive Semen Test -Acid Phosphatase (AP)
- Qiagen Investigator Kit Extraction with Qiagen EZ1 or EZ2 Purification QIAcube Connect Differential Extraction
- DNA Quantification - Quantifiler Trio DNA Quantification Using QIAgility

SAFETY

- Body fluids and extracts may contain infective agents. Use universal precautions during evidence handling. Appropriate personal protective equipment must be worn during preparation and use. Clothing may protect unbroken skin; broken skin must be covered.
- AP test reagent contains a dye that is a suspected carcinogen. The components of the AP test reagent are irritants. Avoid contact and inhalation. Spray only in a chemical fume hood.
- Alternate light sources produce intense light, and some are capable of producing light in the ultraviolet range (below 400 nm). Do not look into the light wand. Wear UV glasses when using wavelengths below 400 nm.
- Beyond mild irritation of the skin or eyes, contact with the Quantifiler Trio reagents does not usually cause acute health effects and are not known to cause any significant chronic health effects after prolonged exposure.

EQUIPMENT AND SAFETY

- Alternate light source (ALS) - e.g., Polilight, Luma-Lite, Forensic PAL, Crime-Lite or equivalent lamp
- Amber glasses
- Yellow glasses
- AP Test Reagent
- Presumptive Blood Test {TMB , PHT, or LMG}
- 3-10% hydrogen peroxide (purchased)
- dIH₂O
- Cotton swab(s) and/or filter paper
- Non-porous support and tacks (optional)

- Chemical fume hood
- Scissors, scalpel, tweezers
- Microcentrifuge tubes and rack(s)
- AB 7500 with HID RealTime PCR Software
- *96 well optical reaction plates
- *Optical adhesive covers/applicator
- Pipettors and pipette tips
- Vortex
- Microtubes - 0.5 ml
- Microcentrifuge
- Plate centrifuge or salad spinner
- Quantifiler Trio DNA Quantification kit
- QIAcube Connect workstation
- EZ1 or EZ2 robotic workstation
- QIAgility robotic workstation
- TE-4 buffer
- Precision plate holder 7500
- 96-well base

*Only approved vendors for AB 7500 consumables may be used.

STANDARDS, CONTROLS, AND CALIBRATION

- A positive and negative control for the AP Test Reagent, ALS, and Presumptive Blood Test must be tested prior to use each day. If appropriate control results are not obtained, contact the Technical Leader.
 - o An appropriate positive control for AP Test Reagent is a neat semen stain prepared in-house or purchased. An appropriate positive control result is AP 4+ with a dark purple color change. Appropriate negative controls include a cotton swab or small fabric swatch that results in no color change within 60 seconds.
 - o For ALS, a known semen stain (positive control) and an unstained non-fluorescent substrate (negative control) shall be examined using the ALS.
 - o An appropriate positive control for Presumptive Blood Test reagents is a small neat or diluted bloodstain prepared in-house. An appropriate positive control result is the appearance of a rapid color change. Appropriate negative controls include a cotton swab or small fabric swatch that show no rapid color change when tested.
- For Quantifiler Trio Kit:
 - o The Human DNA Standard, in a ten-fold dilution series with five concentration points ranging from 50 ng/μL to 0.005 ng/μL, must be applied in duplicate. These dilution standards will be used to generate a standard curve in order to determine the concentrations of total human and male DNA applied to each sample well.
 - o If automated setup is used, two quantification blanks consisting of 2 μL TE-4 instead of sample will be applied to wells F11 and F12 of the plate as a background control for the quantification procedure. If manual setup is used, the two quantification blanks may be applied to wells of the analyst's choice.
 - If a result for any target is obtained in these wells, it may indicate the need to run a background plate, check the assay setup, software setup, reagents, or Real Time PCR system.
 - The information from this plate may be used if a true negative is present.
 - o The quantification of all reagent blanks in the extraction set is required.
 - o Quantifiler THP DNA Dilution Buffer supplied with the kit is not used.
 - o Quantifiler Automation Enhancer, provided upon request from the manufacturer, is not used by DPS labs.

PROCEDURE

- General Policy

- o Items received during the initial submission for DNA analysis (as defined by DPS submission policy for offenses of sexual assault) are evaluated using the applicable process listed below with cuttings from each qualifying item collected and retained.
- o Screening of clothing and condoms from the sexual assault kit or from the initial submission may proceed in a stepwise fashion until results are obtained as defined by the goal listed in.
- o DNA analysis may proceed in a stepwise fashion until results are obtained as defined by the goal listed in D.
- o The goal is to obtain an autosomal DNA profile suitable for entry into CODIS (NDIS preferred, SDIS at a minimum) and/or an association of a suspect to a crime scene evidence sample.
- o Steps listed in the Screening Process section are not required to be followed in the exact order listed. Discretion may be used to determine the order in which the steps should be performed.
- Sexual Assault Kit Itemization in LIMS
 - o Evidence contained within a sexual assault kit may be itemized using the kit itemization wizard in LIMS or may be itemized individually.
 - o Regardless of the itemization process used, the order of the items in the kit should follow the order of the kit itemization wizard.
 - o Regardless of the itemization process used, the descriptions listed in the itemization wizard should be used as the base of the item description.
 - The item descriptions may be further refined through additions to the description. For example:
 - Underwear: panties with pad
 - Underwear: diaper
 - For the Debris/Dried Secretions envelope, if multiple items from different body parts are included in a single envelope, itemize them under the description header listed in the itemization wizard.
 - For these situations, the outer envelope will not be itemized in LIMS.
 - Instead, a note should be made on the Biological Evidence Screening Worksheet to indicate that the item was contained in the Debris/Dried Secretions envelope along with other items.
 - If sanitary napkins/sanitary pads are included in the kit contents, they are described as "pad" in the itemization that is related to the report.
 - o Any items included in the kit that are not listed in the kit itemization descriptions are added after the last item from the pre-populated list.
 - Itemization of the additional items may be accomplished by individually itemizing or by changing the name on one of the pre-populated items.
 - If the name is changed on one of the pre-populated items, caution must be taken to ensure that all of the previous name has been removed.
 - o When using the kit itemization wizard, the numbers prior to the item descriptions are removed manually by the analyst prior to release of the report.
- Guidelines for Cutting Samples Selected for Extraction
 - o Cut a portion of each swab from the item and place in a single tube for DNA extraction. When possible, the portions should add up to the equivalent of 1 whole swab.
 - Examples:
 - If 4 vaginal swabs were included, cut a quarter of each swab and place in a single tube.
 - If 2 breast swabs were included, cut a half of each swab and place in a single tube.
 - o If swabs are combined prior to extraction, cut a portion of each swab and place in a single tube. For example:
 - If 2 vaginal swabs and 2 cervical swabs were included and will be combined, cut a quarter to a half of each vaginal swab and a quarter to a half of each cervical swab and place in a single tube.
 - If 2 vulva swabs, 2 labia minora swabs, and 2 labia majora swabs were included and will be combined, cut a quarter to a half of each vulva swab, a quarter to a half of

- each labia minora swab, and a quarter to a half of each labia majora swab and place in a single tube.
- o If more than 4 swabs are submitted for an item, multiple extraction tubes may be prepared. Upon completion of extraction, the extracts are combined and concentrated using an approved concentration method (see Concentration and Purification of DNA with Membrane Filtration Devices or Concentration of DNA Extracts with Speed Vacuum Evaporation.)
 - Screening Process
 - o Known samples
 - Retain all reference samples.
 - Cut a portion and place in a tube for extraction:
 - Approximately 0.1 to 1 cm² dried bloodstain
 - Approximately ¼ up to 1 whole swab
 - Approximately 1 cm² saliva stain
 - o Evidentiary swabs
 - Swabs collected from the external genitalia, internal genitalia, anal area, rectum, and mons:
 - Collect trace evidence if present.
 - Swabs packaged in different swab boxes or envelopes within the sexual assault evidence kit may be combined for DNA extraction as indicated below, regardless of synopsis/SANE notes.
 - For females, the internal genitalia may include a combination of vaginal swabs, cervical swabs, posterior fornix swabs, and cervical os swabs.
 - For females, the external genitalia may include a combination of labia minora swabs, labia majora swabs, clitoris swabs, hymen swabs, fossa swabs, posterior fourchette swabs, and vulva swabs.
 - The anal area may include a combination of perineum, perianal and anal swabs.
 - The mons swabs are not combined in the external or internal genitalia swabs.
 - The rectal swabs are not combined in the anal area swabs.
 - These types of swabs are forwarded for DNA extraction, regardless of case details, unless a stepwise approach is being used.
 - Cut internal genitalia and rectal swabs for differential extraction unless scenario indicates digital or oral contact only.
 - If swabs are mons swabs, they may be cut for non-differential extraction.
 - If the scenario indicates digital or oral contact only, swabs may be cut for non- differential extraction rather than differential extraction.
 - External genitalia and anal area swabs may be tested with AP and any AP negative swabs may be cut for non-differential extraction while any AP positive swabs may be cut for differential extraction.
 - Refer to the Guidelines for Cutting Samples Selected for Extraction section above for amounts.
 - It is not necessary to perform a sperm search or p30 testing.
 - If this type of sample is cut for differential extraction and will be consumed during DNA analysis, a slide must be prepared either during screening or during the DNA extraction process. If the slide is not examined for the presence of sperm, it must be retained in case the customer requests a sperm search after the sample has been consumed.
 - It is not necessary to test for presumptive blood; however, note any red-brown staining and include this information in the case notes and report.

- A suggested reporting statement for visible red-brown stains without presumptive testing is "Stains having the appearance of blood were observed [on item]; however, no presumptive blood testing was performed.
- Swabs from inside the oral cavity:
 - The synopsis/SANE notes are used to determine if these swabs are examined. If the notes indicate the swabs from inside the oral cavity were collected longer than 24 hours after the incident, examination of the swabs is not required.
 - If the swabs from inside the oral cavity were collected within 24 hours of the incident:
 - Collect trace evidence if present.
 - Cut swabs for differential extraction unless the scenario indicates digital or oral contact only.
 - If the scenario indicates digital or oral contact only, swabs may be cut for non- differential extraction rather than differential extraction.
 - Refer to the Guidelines for Cutting Samples Selected for Extraction section above for amounts.
 - It is not necessary to perform AP testing, a sperm search, or p30 testing.
 - If this type of sample is cut for differential extraction and will be consumed during DNA analysis, a slide must be prepared either during screening or during the DNA extraction process. If the slide is not examined for the presence of sperm, it must be retained in case the customer requests a sperm search after the sample has been consumed.
 - It is not necessary to test for presumptive blood; however, note any red-brown staining and include this information in the case notes and report.
 - A suggested reporting statement for visible red-brown stains without presumptive testing is "Stains having the appearance of blood were observed [on item]; however, no presumptive blood testing was performed.
- o Fingernail collections:
 - The synopsis/SANE notes are used to determine if the collections are examined for biological material.
 - If the notes indicate the victim may have DNA from the assailant on their fingernail collections, the collections are examined.
 - If the notes do not indicate the victim may have DNA from the assailant on their fingernail collections, the collections do not need to be examined.
 - If the synopsis/SANE notes do not indicate the collections should be examined for biological material, it is not necessary to open the collection envelope.
 - If the synopsis/SANE notes indicate the collections should be examined:
 - Collect trace evidence, if present. It is not necessary to use a stereomicroscope unless the case is also a homicide.
 - If the case is also a homicide, the fingernail collections should be examined with a stereomicroscope prior to DNA analysis and any trace evidence is collected and preserved. This examination can be performed by the screener or by a Trace Evidence examiner.
 - Collect and retain the fingernail collections.
 - It is not necessary to test for presumptive blood; however, note any red-brown staining and include this information in the case notes and report.
 - A suggested reporting statement for visible red-brown stains without presumptive testing is "Stains having the appearance of blood were observed [on item]; however, no presumptive blood testing was performed.

- If no AP result is obtained, remove the sanitary pad from the undergarment and perform AP testing on the crotch of the undergarment.
- If AP positive:
 - Collect the stain and retain it.
 - If selected for additional analysis, send forward as a differential extraction.
 - It is not necessary to perform a sperm search or p30 testing.
 - If this type of sample will be consumed during DNA analysis, a slide must be prepared either during screening or during the DNA extraction process. If the slide is not examined for the presence of sperm, it must be retained in case the customer requests a sperm search after the sample has been consumed.
 - If ALS and/or AP negative and digital or oral contact is not indicated, no further analysis is necessary.
- o Feminine hygiene products included in the sexual assault kit or with the initial submission:
 - Collect trace evidence if present.
 - It is not necessary to test for presumptive blood; however, note any red-brown staining and include this information in the case notes and report.
 - A suggested reporting statement for visible red-brown stains without presumptive testing is "Stains having the appearance of blood were observed [on item]; however, no presumptive blood testing was performed.
 - AP test the absorbent area.
 - If AP positive, collect the stain.
 - It is not necessary to perform a sperm search or p30 testing.
 - If this type of sample will be consumed during DNA analysis, a slide must be prepared either during screening or during the DNA extraction process. If the slide is not examined for the presence of sperm, it must be retained in case the customer requests a sperm search after the sample has been consumed.
 - If selected for additional analysis, cut the stain for differential extraction. d) If AP negative, no further analysis is necessary.
- o Condoms included in the sexual assault kit or with the initial submission:
 - Collect trace evidence if present.
 - It is not necessary to test for presumptive blood; however, note any red-brown staining and include this information in the case notes and report.
 - A suggested reporting statement for visible red-brown stains without presumptive testing is "Stains having the appearance of blood were observed [on item]; however, no presumptive blood testing was performed.
 - Collect two swabs from the inside of the condom (as submitted). Collect two separate swabs from the outside of the condom (as submitted).
 - Perform AP testing on the collected swabs. Do not combine the inside and outside swabs.
 - It is not necessary to perform a sperm search or p30 testing.
 - If this type of sample will be consumed during DNA analysis, a slide must be prepared either during screening or during the DNA extraction process. If the slide is not examined for the presence of sperm, it must be retained in case the customer requests a sperm search after the sample has been consumed.
 - Regardless of AP results, if selected for additional analysis, swabs from both sides are extracted for DNA.
 - If AP positive, cut for differential extraction.
 - If AP negative, cut for non-differential extraction.
- o Other items included in the sexual assault kit/initial submission but not listed above:
 - Process as indicated in the Physical Evidence Examination chapter.
 - If the item was collected for trace analysis, itemize but do not open; this includes changing paper, hair combings, and known hair standards.

- If debris collection is indicated as being for trace analysis (i.e. no body fluid indicated on SANE notes or cannot feel a swab/swab box inside), itemize but do not open.
 - Consult the DNA Technical Leader if assistance is needed.
 - If the sexual assault kit is designated as 02U (unsubmitted kit project), any toxicology samples present in the kit are not forwarded for toxicology analysis and it is not necessary to contact the customer regarding analysis of these samples.

DATA EXTRACTION

- For samples where a differential extraction is determined to be necessary, the preferred method is QIAcube Connect Differential followed by purification with Qiagen EZ1 or EZ2.
- For samples where a non-differential extraction is determined to be necessary, the preferred method is Qiagen Investigator Kit Extraction with Qiagen EZ1 or EZ2 Purification or QIASymphony extraction.
- If manual extraction of known samples is performed, it is done at a separate time or location from the extraction of evidentiary samples to eliminate the potential for known to unknown sample contamination. If robotic extraction is used, known samples may be extracted concurrently with evidentiary samples.
- A minimum of two reagent blanks are required for each extraction set. For differential extractions, this equates to two reagent blanks for epithelial cell fractions (fraction 1) and two reagent blanks for sperm cell fractions (fraction 2), at a minimum.

DNA QUANTIFICATION

- All extracted samples (including both fractions of differentials) and reagent blanks will undergo DNA quantification with Quantifiler Trio.
- Manual or automated setup may be used for the quantification plate.

INTERPRETATION

Quantifiler Trio Results

A work authorization in Quantifiler Trio or DNA Interpretation is required in order to perform interpretation of these results.

- Extraction reagent blank(s)
 - Quantification results from the extraction reagent blank(s) must be evaluated.
 - If any reagent blank in an extraction set yields a detectable DNA quantification result, amplification and typing of at least the reagent blank yielding the greatest signal is required.
 - Refer to Analytical Controls and Response to Quality Issues for more information.
- Quantification blanks
 - Results in quantification blanks (non-template control wells) must be evaluated to determine if they are actual DNA quantification readings or an invalid result.
 - Prior to determining if the data from the plate is usable, evaluate how high the value in the quantification blank (non-template control well) is and how many quantification blanks (non-template control) and reagent blanks have a quantification result.
 - For example, a low result in one quantification blank (non-template control) well and a negative result in both reagent blank wells or the other quantification blank (non-template control) well is suggestive of an artifact, while a high positive level result or results in multiple negative controls is suggestive of the presence of DNA in the well.
 - Results in the quantification blanks (non-template control) wells do not preclude the use of data. The information from this plate may be used if a true negative quantification blank (non-template control) or reagent blank is present.
 - Refer to Analytical Controls and Response to Quality Issues for more information.
- Standard Curve
 - The slope, R2 value, and Y-intercept must be evaluated.
 - Refer to DNA Quantification - Quantifiler Trio for more information.
 - Small autosomal and Y quantification results may be used to determine if the sample will proceed to amplification.

- Amplification is not required for samples with a small autosomal quantification value of <0.001 ng/ μ L.
 - This does not apply to associated reagent blanks.
- If an "undetermined" quantification value was obtained in the Y target, the sample generally will not proceed to autosomal STR amplification or Y-STR amplification, regardless of the small autosomal target quantification value.
- Samples experiencing partial inhibition might have small autosomal quantification values <0.001 ng/ μ L but might still yield a DNA profile during STR analysis.
- Samples experiencing full inhibition might have a small autosomal quantification value of "undetermined" but might still yield a DNA profile during STR analysis.
- Ensure samples are not experiencing full or partial inhibition prior to determining if they will proceed to amplification.
- If it is suspected that a sample is experiencing full or partial inhibition, the analyst may choose to proceed directly to amplification of the sample, perform additional clean-up of the sample, or neither of these if other samples in the case meet the threshold to proceed to autosomal STR amplification.
 - If proceeding straight to amplification without additional clean-up:
 - It is suggested that amplification of a dilution (or several dilutions) be attempted in order to dilute the inhibitor.
 - If no profile is obtained and either the amplification kit has quality sensors and both of them are missing (e.g., 24plex or 24plex GO!), or the amplification kit does not include quality sensors (e.g., GlobalFiler), then additional clean-up is required.
 - If no profile is obtained, the kit has quality sensors, and at least one of them is present, then the additional clean-up is not required.
 - If performing additional clean-up of the sample, it is recommended that quantification is performed prior to amplification to estimate the quantity of DNA obtained and to obtain information regarding the presence or absence of inhibitors. (see DNA Extraction and Purification with Chelex, DNA Extraction and Purification with QIAamp, or Concentration and Purification of DNA with Membrane Filtration Devices.)If doing neither amplification nor clean-up of the sample:
 - Other samples in the case must have produced a foreign autosomal ONA profile for comparison or COO/Sentry. If this requirement is not met, either a) or b) above must be completed.
 - If the requirement above was met, the sample will be reported as inhibited; refer to the Reporting section below.
- The sample meets the requirements to be processed for autosomal STR amplification if there is a quantification value of >0.001 ng/ μ L in the small autosomal target and:
 - The sample has a quantification value >0.002 ng/ μ L in the Y target with the female portion of the male:female ratio ≤ 100 .
 - The sample has a quantification value <0.002 ng/ μ L in the Y target with the female portion of the male:female ratio < 40 .
- If the sample has a quantification value of >0.001 ng/ μ L in the small autosomal target and a quantification value <0.002 ng/ μ L in the Y target with the female portion of the male:female ratio >40 , it is not required that the sample proceed to autosomal STR amplification.
 - Samples at this level may still produce foreign alleles during autosomal STR amplification that may be used for comparisons.
 - These samples may be best suited for Y-STR amplification rather than autosomal STR amplification.

- o Samples with any quantification value in the Y target, may be appropriate for amplification for Y-STR analysis regardless of the male:female ratio.
- o An associated reagent blank for samples that proceed to autosomal STR analysis must also be amplified.
 - Amplification is not required for reagent blanks if no associated samples are amplified unless signal is detected during quantification of the reagent blank, in which case amplification of the reagent blank should proceed for troubleshooting purposes.
 - Refer to Analytical Controls for more information.
- Autosomal STR Amplification
 - o After evaluation of all quantification results, analysts or technicians with authorization in Quantifiler Trio or in DNA Interpretation may determine which sample(s) should proceed through amplification for autosomal STR analysis. The case record must indicate which person(s) made this determination.
 - o Amplification may be performed in a stepwise fashion until all items/eligible samples are amplified or the goal from the General Policy section is met.
 - o Amplification of both fractions of a differential sample is not required. Evaluation of the synopsis/SANE notes should be used in conjunction with the quantification results and any data from the corresponding fraction to determine which fraction should be amplified.
- Negative Cases
 - o Negative cases are those that do NOT meet the goal from 6.1 D. A negative case has no autosomal DNA profile suitable for entry into CODIS (NDIS preferred, SDIS at a minimum) and/or no association of a suspect to a crime scene evidence sample.
 - o For negative cases, it is preferred that corresponding reference samples not eligible for CODIS do not proceed through amplification. However, these samples are not prohibited from completing the amplification and detection process.
 - When corresponding reference samples not eligible for CODIS proceed through amplification and detection, the results are reported to the customer.
 - Suspect reference samples proceed through amplification and detection for the purpose of CODIS entry. Refer to the CODIS chapter for more information.
 - o Negative cases are evaluated for the presence of trace evidence. If trace evidence from questioned/unknown items is available for these cases, create a Trace Evidence request in LIMS and forward the sexual assault kit for analysis by the Trace Evidence section.
 - Trace evidence includes any items collected by the SANE during the examination as well as any tape lifts collected by the analyst during processing of the evidence from the initial submission.
 - If no known hair standards were submitted but trace evidence is present, the sexual assault kit must be forwarded to the Trace Evidence section for analysis.
 - If known hair standards are the only trace evidence available for the case, it is not necessary to forward the sexual assault kit to the Trace Evidence section for analysis.
 - If fingernail collections are the only trace evidence available for the case, it is not necessary to forward the sexual assault kit to the Trace Evidence section for analysis, unless the submitting agency specifically requests this type of analysis or trace evidence was collected from the fingernail collections during analysis by DNA.
- Reporting
 - o All evidence items will be reported using a Biology and DNA Analysis request.
 - This request allows the option of reporting Biology only, DNA only, or Biology and DNA together.
 - Requests with findings entered prior to the activation of the Biology and DNA Analysis request for the laboratory may have reports issued using a Biology request or a DNA request.
 - o Statements regarding presumptive testing are included using a BIO Conclusion and reported under the item itself. If a reporting statement exists in the DUI, it must be used to populate the report.

from this item/in fraction 2 from this item]; however, this sample was not processed for autosomal STR analysis due to the presence of other DNA evidence."

- Any quantification value in the Y target, quantification value of <0.001 ng/μL in the small autosomal target, regardless of male:female ratio: "Male DNA was detected [on this item/in fraction 1 from this item/in fraction 2 from this item]. Due to the low level of DNA present, this sample was not processed for autosomal STR analysis."
 - Any quantification value in the Y target, quantification value of 0.001 ng/μL in the small autosomal target, with the female portion of the male:female DNA ratio of >100: "Male DNA was detected [on this item/in fraction 1 from this item/in fraction 2 from this item]. Due to the presence of high amounts of female DNA relative to the amount of male DNA present, this sample was not processed for autosomal STR analysis."
 - A quantification value of <0.002 ng/μL in the Y target, quantification value of 0.001 ng/μL in the small autosomal target, with the female portion of the male:female DNA ratio of 40: "Male DNA was detected [on this item/in fraction 1 from this item/in fraction 2 from this item]. Due to the presence of high amounts of female DNA relative to the amount of male DNA present, this sample was not processed for autosomal STR analysis."
 - Quantification value indicates inhibition: "Due to potential inhibition, the detection of male DNA [for this item/in fraction 1 from this item/in fraction 2 from this item] was inconclusive, and it was not processed for autosomal STR analysis at this time."
 - When known reference samples do not proceed to amplification because there are no corresponding evidentiary samples proceeding to amplification, a statement is added using the DNA Conclusion so that it appears under the individual item in the report.
 - A suggested statement is "This sample was not processed for autosomal STR analysis because none of the corresponding evidentiary samples were processed further; therefore, no comparisons are necessary at this time."
 - When trace evidence is collected, the trace evidence statement is added using a Bio Conclusion so that it appears under the individual item in the report using the prepopulated statement option in the Biology DUI: "Trace evidence was collected."
 - If the goal (see 6.1 D) has been met, a statement directing the customer to request trace analysis is added to the Investigative Leads section of the report.
 - A suggested statement is "No analysis was performed on the collected trace evidence. The presence of DNA evidence may not require that the preserved trace evidence be examined. Any collected trace evidence will be returned unless otherwise indicated. If analysis is needed, contact this laboratory for instructions."
 - If the case is negative, a statement informing the customer that the trace evidence will be forwarded for analysis is added to the Disposition section of the report.
 - A suggested statement is "Portions of the evidence are being forwarded for Trace Evidence analysis."
 - When a profile is developed that will be entered into CODIS, a statement informing the customer of the CODIS entry is added to the Investigative Leads section of the report.
- Records
 - Biological Evidence Screening Worksheet or LIMS equivalent (LAB-DNA-01)
 - The extraction method, samples, and control(s) shall be recorded in the case record using DNA Extraction Worksheet (LAB-DNA-07), Extraction Worksheet (LAB-DNA-53), or equivalent.
 - Quantification data, including concentrations, IPC results, and male:female ratios for samples, must be retained in the case record.
 - A copy of the Quantification Load Sheet (LAB-DNA-13) must be maintained in the case record.
 - The standard curve values (human small target, human large target, and male) must be included in the case record.
 - The amount of DNA extract amplified shall be recorded in the case record.

- o Sample and control locations on the thermal cyclers shall be recorded on the Amplification Worksheet (LAB-DNA-08).
- o Amplification kit lot number and expiration date, as well as the thermal cyclers identification number shall be recorded on the Amplification Worksheet (LAB-DNA-08).
- o DNA Analysis Project List with the following:
 - Sample Name or Sample File
 - Sample Type
 - Analysis Method
 - Injection Time
 - Reason(s) an injection was not used
- o Capillary Electrophoresis instrument designation
- o Electropherograms for each sample amplified
- o Characterizations and classifications for each sample
- o Reason(s) for designation of a sample as uninterpretable
- o Documentation of CODIS entry as applicable
- o STRmix Advanced Report of each deconvolution and comparison as applicable
- Literature References and Supporting Documentation
 - Casey, David et al. J For Sci. The Persistence of Sperm and the Development of Time Since Intercourse (TSI) Guidelines in Sexual Assault Cases at Forensic Science Ireland, Dublin, Ireland. May 2017. 62(3).

Scientific Working Group on DNA Analysis Methods (SWGDM) Recommendations for the Efficient DNA Processing of Sexual Assault Evidence Kits (current version).

Quantifiler HP and Trio DNA Quantification Kits User Guide. Applied Biosystems PN 4485354 (most recent version).

Holt, A et al. "Developmental Validation of the Quantifiler HP and Trio Kits for human DNA quantification in forensic samples." Forensic Science International: Genetics. 21, 2016; pp. 145- 157.

Texas A&M College of Nursing and Texas Attorney General Sexual Assault Prevention and Crisis Services Program. "Texas Evidence Collection Protocol." 2019.

U.S. Department of Justice Office of Justice Programs. "National Best Practices for Sexual Assault Kits: A Multidisciplinary Approach." NCJ 250384

6.6 District Attorney

- Once law enforcement investigations are complete, cases are sent to the Collin County District Attorney's Office for review. Cases in the intake phase are reviewed by a multidisciplinary team , including prosecutors from the Grand Jury Division, Domestic Violence Division, and Crimes Against Children Division. Within two weeks of receiving the case in our office, a Victim Assistant Coordinator will reach out to the victim to explain the grand jury process and to ensure we have good contact information.
- After the case is presented to grand jury, the case will be handled by prosecutors in the Felony Trial Team Division. All cases are handled according to their individual needs. Crime victims are notified of case developments by an Assistant District Attorney prior to decisions being made on a case. Typically, victim contact would include an initial call or meeting, contact regarding case resolution, and explanation of victim's rights during the process. A victim advocate also remains available for additional contact through the case for resources and support.

6.7 Mental Health

PURPOSE

- To provide guidance on trauma-informed, person-centered, culturally sensitive crisis services to minimize and reduce effects of a crisis and support the individual receiving services to foster quality and continuity of services.

PROCEDURE

- General Information
 - o LifePath Systems will provide crisis intervention services to include:

- 24-hour, seven (7) days per week mobile crisis teams;
 - Emergency crisis intervention services; and
 - Crisis stabilization services.
 - o Crisis behavioral health services will, at minimum, include:
 - Crisis response.
 - Referrals for substance use crisis and intoxication, including ambulatory and/or medical detoxification, outpatient mental health services, and other community resources, as necessary.
 - Coordination to inpatient psychiatric facility as appropriate.
- Hotline
 - o The hotline, provided by a contracted provider, will be continuously available and staffed by qualified mental health professionals of community services (QMHP-CS) who are competent and trained in providing trauma-informed, person-centered information, screening and intervention, support, and referrals to callers 24 hours per day, seven (7) days per week.
 - The availability of the hotline is posted to the LifePath Systems website and will be communicated to other members of the local service area via signage within the Center, handouts provided by workforce members, and through community events in a way that will ensure meaningful access.
 - o The hotline serves as the first point of contact for behavioral health crisis in the community by providing person-centered, trauma-informed, culturally sensitive, confidential telephonic triage to determine the immediate level of need.
 - o The hotline will provide immediate activation and coordination of the mental health crisis response systems and/or mobilization of emergency services for the caller, if necessary.
 - The hotline will facilitate referrals to 911, the Mobile Crisis Outreach Team (MCOT), or other crisis services and will conduct follow-ups as necessary to ensure that the individual successfully accessed referred services.
 - If an emergency is not evident after further screening, the hotline will provide a referral to other appropriate resources within or outside of the Local Behavioral Health Authority (LBHA).
- Mobile Crisis Outreach Team (MCOT)
 - o MCOT provides a combination of trauma-informed, person-centered, culturally sensitive crisis services including Emergent Services, Urgent Services, Routine Services, crisis follow-up, and relapse prevention to children, youth, and adults in the community. These services are intended to reach the individual in crisis at their place of residence, school, hospitals, jails, and other community-based safe locations.
 - o Trauma-informed, person-centered, culturally sensitive crisis services are available 24 hours per day, seven (7) days per week, and 365 days per year throughout Collin County.
 - Availability of crisis services is posted to the LifePath Systems website and will be communicated to other members of the local service area via signage within the Center, handouts provided by workforce members, and through community events in a way that will ensure meaningful access.
 - o Crisis services will not be refused because of an individual's inability to pay, residence, or homelessness or lack of a permanent address.
- MCOT Staffing
 - o One (1) Licensed Practitioner of the Healing Arts (LPHA) and one (1) QMHP-CS must be on duty 12 hours a day, every day of the week.
 - o One (1) LPHA and one (1) QMHP-CS must be on call 24 hours a day, every day of the week.
 - o MCOT must deploy at least two staff members when clinically indicated.
 - o All MCOT workforce members will be trained in crisis intervention principles and techniques, trauma, abuse and neglect issues, and risk/lethality assessments.
- Scope
 - o Walk-in crisis services are office-based crisis services providing immediate screening and assessment and brief, intensive interventions focused on resolving a crisis and preventing admission to the least restrictive level of care.
 - Individuals will receive a trauma-informed, person-centered, culturally sensitive face- to-face or telehealth screening and assessment by a

- workforce member credentialed as a QMHP-CS within 15 minutes of presentation.
 - A disposition for least restrictive environment (LRE) will be determined in collaboration with the individual, LAR (if applicable), and the LPHA for appropriate coordination of care.
 - o If during the screening, it is determined that the individual is experiencing a crisis that may require emergent services, the workforce member will, within one (1) hour of the initial activation, provide a trauma-informed, person-centered, culturally sensitive face-to-face, or telehealth, screening, and assessment, and:
 - Take immediate action to address the emergency situation to ensure the safety of all individuals involved.
 - Provide or obtain behavioral health community services or other necessary interventions to stabilize the crisis.
 - o If the screening indicates that an individual needs urgent services, a workforce member will, within eight (8) hours of initial activation:
 - Perform a trauma-informed, person-centered, culturally sensitive face-to-face, or telehealth assessment; and
 - Provide or obtain behavioral health community services or other necessary interventions to stabilize the crisis.
 - o If the screening indicates that an individual needs routine services, a workforce member will, within 14 business days of initial activation:
 - Provide or obtain behavioral health community services or other necessary interventions.
 - o If MCOT is unable to initiate services within the appropriate activation timeframe, clear documentation for the delay must be completed within the individual's chart including confirmation of communication to reporting party or requestor with potential estimated time of arrival (ETA).
 - o If the individual in crisis is identified as receiving services from specialized program with separate on call access, such as assertive community treatment (ACT) team or Multisystemic Therapy team, the specialized on-call workforce members will coordinate with MCOT and/or law enforcement for appropriate crisis response and stabilization.
 - o Law enforcement may be involved in crises when an individual is violent or an imminent danger to self or others.
 - Crisis assessments are completed by MCOT and not delegated to law enforcement.
 - MCOT will remain transparent with individual regarding need for police presence when necessary. Any time an individual is in medical distress or reports a medical emergency, staff will call 911.
- Screening and Assessment
 - o A trauma-informed, person-centered, culturally sensitive crisis screening, at minimum, will include:
 - An evaluation of risk of harm to self or others.
 - Presence or absence of cognitive signs suggesting delirium.
 - Need for immediate full crisis assessment.
 - Need for emergency intervention; and
 - An evaluation of the need for an immediate medical screening and assessment by a physician (preferably psychiatrist), psychiatric advanced practice nurse (APN), physician assistant (PA), or registered nurse (RN).
 - o A trauma-informed, person-centered, culturally sensitive full crisis assessment, at minimum, will include:
 - Interview of the individual by a workforce member credentialed as a QMHP-CS or higher.
 - The date the services was provided, the beginning and end time of the crisis contact, the name and any other identifying information of the individual to whom the service was provided (if given), and the location where the services as provided, signature and credentials of the staff member providing the service.
 - The behavioral description of the presenting problem.
 - Review of records of past treatment, when available.

- A suicide risk assessment including suicidal ideation, intensity of ideation, and suicidal behavior including actual attempts, non-suicidal self-injurious behaviors, interrupted attempts, aborted or self-interrupted attempts, preparatory acts or behaviors, lethality of the most recent attempt and initial or first attempt.
 - A homicide risk assessment including homicidal ideation, intensity of ideation, and homicidal behavior including actual attempts, non-homicidal injurious behaviors, interrupted attempts, aborted or self-interrupted attempts, preparatory behaviors, lethality of the most recent attempt, most lethal attempt, and the initial or first attempt.
 - A risk of deterioration assessment including mental, emotional, or physical distress; substantial mental or physical ability to function independently; and inability to make rational and informed decisions.
 - Obtain history from collateral sources and supports, when available. Workforce members will make every effort to engage the support system around the individual in crisis while maintaining confidentiality.
 - If available, obtain a history of previous treatment and response to treatment that includes a record of past psychiatric medications, dosages, response, side effects, and adherence, and an up-to-date record of all medications currently prescribed and the name of the prescriber.
 - Obtain a history of substance use and abuse, including quantity and frequency of all substances used.
 - Identification of social, environmental, cultural factors that may be contributing to the crisis.
 - An assessment of the individual's ability to willingness to participate in treatment.
 - A general medical history that addresses conditions that may affect the individual's current condition (including a review of symptoms focused on conditions that may present with psychiatric symptoms or that may cause cognitive impairment); and
 - Obtain information assessing the individual for possible trauma, abuse, and neglect.
 - Outcome of the crisis and all actions used by the provider to address the problems presented.
 - The response of the individual, and if appropriate, the response of the LAR and family members.
 - Follow up activities, which may include referral to another provider.
 - o Change in Dispatch Level
 - The crisis screening identifies the individual's level of risk, which determines the MCOT dispatch level (emergent, urgent, or routine) and protocol for crisis response, including crisis assessment. The original dispatch level from the screening may be changed, but only after information is reported that the individual is not able to participate in the screening or assessment due to:
 - Inaccessibility of their physical location;
 - Level of cognitive impairment; or
 - State of consciousness
 - o In the event that MCOT receives a referral from any jail within Collin County and does not respond within 24 hours, it will be documented in the Electronic Health Record with procedure code Jail Crisis Assessment denial along with the reason for denying the service.
- Coordination of Services
 - o A crisis treatment plan will be developed in collaboration with the individual in crisis that provides the most effective, least restrictive environment for resolution of the crisis.
 - The plan will be based on the crisis and incorporate, to the extent possible, individual, and family preferences.
 - The plan will address interventions, outcomes, plans for follow-up, aftercare (if applicable), and referrals; and
 - When necessary, will be adjusted to include the individual's response.

- o In the event that a workforce member is unable to locate an individual experiencing a crisis, law enforcement will be contacted to conduct a well-fare check.
- o If the screening and assessment indicate the need for transportation to ensure safety or further treatment, the workforce member may provide transportation. However, if the workforce member determines that they cannot transport the individual safely, they may coordinate transportation with law enforcement, hospital personnel, or medical transport as appropriate. While waiting for transportation, the individual in crisis will be monitored continuously until transferred by appropriate agency personnel (i.e., emergency department, jail, inpatient psych facility, Center workforce).
- o Individuals experiencing a crisis will receive coordination of services and linkage to all available services necessary to stabilize and resolve the crisis, and transition to routine care that will provide necessary follow-up and relapse prevention services.
- o In the event the individual experiencing a crisis has an intellectual or developmental disability (IDD) or is receiving services through IDD, they will be referred to the Crisis Intervention Specialist (CIS).
- o If the individual receiving a crisis assessment is actively receiving mental health services, the details for the crisis contact will be communicated in writing to the provider to ensure that the individual receives continuity of care and treatment within the next business day after conclusion of the crisis contact. The communication will be documented in the individual's medical record.
- o Upon resolution of the crisis, eligible individuals may be transitioned to:
 - A non-crisis level of care (LOC) as medically necessary; or
 - Receive crisis follow-up and relapse prevention from a workforce member credentialed as a QMHP-CS or higher or another community service provider throughout a 90-day period until the individual is stabilized and/or transitioned to appropriate Behavioral Health services.

6.8 Police Department

PURPOSE - This Administrative Directive provides general guidelines for officers responding to sexual assault complaints in regard to interview techniques and evidence preservation and collection.

POLICY - A sexual assault is a serious offense which is physically and emotionally traumatic to the victim. The victim should always be treated with consideration, understanding, and patience. Our ultimate goal is the identification and successful prosecution of the offender; and the proper care for the physical and emotional well-being of the victim.

DEFINITIONS

- Name – the legal name of a person
- Pseudonym – a set of initials or a fictitious name chosen by a victim to designate the victim in all public files and records concerning sexual assault, stalking, family violence, or human trafficking offenses, including police summary reports, press releases, and records of judicial proceedings.

PROCEDURES

- Preliminary Investigation
 - o The primary officer who responds to a sexual assault complaint will be responsible for the preliminary investigation and shall ensure the appropriate CID unit is notified.
 - Note: Immediate notification shall be made if there is an active crime scene. The responding officer shall consider the circumstances of the investigation and the need for immediate response by an investigator. It may be sufficient to notify the appropriate unit by emailing PDCISDCapers@plano.gov or PDCISDFamilyViolence@plano.gov.
 - o If the victim requires immediate medical attention, the officer shall request Fire Department paramedics at the location.
 - o If the victim spontaneously and specifically requests to speak to an officer of a different sex, the assigned officer shall make every reasonable effort to accommodate the victim's request.

- o After explaining the importance of preserving evidence, the officer shall advise the victim not to bathe, shower, douche, or take any measures which might destroy evidence.
- o Only one officer shall conduct the preliminary interview with the victim. This should take place in private (away from other officers, witnesses, relatives or onlookers). If the best interests of the investigation will be served, the officer may make an exception and permit the presence of a person whom the victim specifically requests. Officers must conduct the interview with the understanding that the trauma experienced by victims of sexual assaults may manifest itself in many ways and may affect the victim's ability to assist with the investigation, such as the ability to recollect the event in a clear or consistent order.
- o The initial officer shall not question the victim in great detail or require the victim to provide a written statement about the incident, but shall briefly interview victim in order to:
 - Determine the type of offense that has occurred.
 - Obtain a description or any other identifying information of the suspect(s) for broadcast (if appropriate).
 - Attempt to identify the offense location.
 - Obtain basic information for beginning the investigation and completion of the offense report.
 - The officer shall ensure the victim is never left alone. Except during the actual medical examination, the victim should always be accompanied by the officer, friend, relative, or other person of victim's choosing.
- Medical Examination
 - o If the sexual assault is reported within 120 hours of the assault As soon as practical, the officer shall ask the victim if they are willing to undergo a SANE examination. The officer shall explain to the victim the examination often yields important evidence that may help identify the assailant. The victim may also require medical treatment for possible pregnancy, disease, or injury. Prior to the exam, the primary officer shall complete the Law Enforcement Request for Sexual Assault Exam Form. The primary officer will provide a copy of this completed form to:
 - The facility conducting the SANE Exam.
 - The sexual assault examiner or sexual assault nurse examiner who provides services, and
 - The victim or person who consented to the sexual assault exam on behalf of the victim.
 - o The original completed Law Enforcement Request for Sexual Assault Exam form will be submitted to the Records Unit.
 - o If the SANE examination is completed within 120 hours of the assault, the victim will not be responsible for expenses related to the examination. However, any additional medical treatment is the responsibility of the victim. Expenses related to treatment may be recovered by the victim through the crime victim's compensation fund.
 - o The victim should be encouraged to receive a medical examination even when the victim believes that a medical examination is unnecessary or when the circumstances surrounding the offense indicate an examination would yield no evidence.
 - o The primary officer will ensure that Turning Point Rape Crisis Center of Collin County is contacted to coordinate the examination of the victim. An officer may accompany the victim to the medical examination. A friend or relative may also accompany the victim to the hospital if requested by the victim.
 - o After the examination has been completed, an officer will obtain the evidence packet from the examining physician or nurse and transport it to the police station where it is to be logged in as evidence. The packet must be refrigerated until it is to be taken to the forensic laboratory for testing and analysis. A small refrigerator has been provided for this purpose and is located in the Identification Section of the Property and Evidence Unit. It is imperative the chain of custody be maintained and the packet be refrigerated as soon as possible after its receipt.
- Investigation
 - o The follow up investigation will be conducted by a detective assigned to the appropriate unit based on the type of offense. The assigned detective shall, from time to time during

- the investigation, inform the victim of the progress of the case. Before being assigned as the primary detective and working a sexual assault case without the oversight of a tenured detective, the detective will have completed the New Detective Checklist as well as training in the investigation of sexual assaults to include trauma informed training.
- o When conducting investigative interviews, detective will offer the victim the opportunity to have an advocate present with victim during the interview. If the victim would like an advocate present, the detective will:
 - Contact Turning Point to arrange a time and date for the follow-up investigative interview to take place.
 - If there is not a sexual assault program advocate available, then the detective will contact Plano Police Victim Advocates if the victim agrees to having them present.
 - If neither The Turning Point advocate nor a Plano Police victim advocate are available, a law enforcement officer who has completed the SASP training from Turning Point can be requested to be in the interview or a victim advocate counselor from a state or local agency may be used.
 - o If the investigating detective believes the victim's cellular telephone may contain evidence, the detective will work with the victim to perform a forensic examination of the cellular telephone and return it to the victim immediately upon finishing the examination. In the event that the cellular telephone contains contraband it will be retained as evidence. At the discretion of the detective the cellular telephone may be reset so that the contraband is removed prior to returning it. In the event a minor is the victim, the detective will work with the minor's guardian to complete the forensic examination and return of the cellular telephone.
 - o Under no circumstances will a victim of sexual assault be asked to submit to a polygraph examination.
 - Confidentiality of Files and Records
 - o Release of Information
 - All inquiries regarding the public release of information pertaining to sexual assault records and reports shall be forwarded to the Public Information Officer.
 - Records Unit personnel will be responsible for:
 - o The deletion of all sexual assault victim's names and/or other identifiers including addresses and phone numbers, prior to the public release of any offense or related reports; and
 - o Photocopying all original arrest affidavits and deleting all references to the victim by name or identifier. The photocopy will be conspicuously stamped "Sexual Assault Victim". The marked copy will be attached to the original to be filed with the court. A duplicate of the marked copy will be used for public release.
 - o Use of a Pseudonym by Victims: Texas Code of Criminal Procedure Chapter 57, Art. 57.02
 - By state law, an adult or juvenile sexual assault victim may choose a pseudonym to be used in place of the name of the victim in all public files and records concerning the offense.
 - At the victim's request, the responding officer assigned will provide the victim with Pseudonym Form #FM620.018 to request this service. This form is also used for family violence survivors, stalking survivors, and human trafficking survivors.
 - The victim is responsible for completing the form and returning it to the officer or the Department's Records Unit.
 - Upon receipt of the form, Records Unit personnel shall:
 - o Substitute the provided pseudonym for the victim's name on all reports, files and records in the possession of the Department,
 - o Notify the attorney for the state of the pseudonym that the victim has elected to be designated by the pseudonym, and
 - o Maintain the confidentiality of the pseudonym form and the information it contains. Any requests for information regarding a

specific form or its contents shall be referred to the Public Information Officer.

- Victim Assistance Referral
 - The officer shall advise the victim that there are other local agencies that offer assistance and counseling to victims of sexual assault. These agencies would include the Turning Point Rape Crisis Center of Collin County, Hope's Door, Peaceful Oasis and Mosaic Family Services (See FM620.018 for more information).
 - By state law, an adult or juvenile sexual assault victim may choose a pseudonym to be used in place of the name of the victim in all public files and records concerning the offense.
 - At the victim's request, the responding officer assigned will provide the victim with Pseudonym Form #FM620.018 to request this service. This form is also used for family violence survivors, stalking survivors, and human trafficking survivors.
 - The victim is responsible for completing the form and returning it to the officer or the Department's Records Unit.
 - Upon receipt of the form, Records Unit personnel shall:
 - Substitute the provided pseudonym for the victim's name on all reports, files and records in the possession of the Department,
 - Notify the attorney for the state of the pseudonym that the victim has elected to be designated by the pseudonym, and
 - Maintain the confidentiality of the pseudonym form and the information it contains. Any requests for information regarding a specific form or its contents shall be referred to the Public Information Officer.
 - The officer shall advise the victim that there are other local agencies that offer assistance and counseling to victims of sexual assault. These agencies would include the Turning Point Rape Crisis Center of Collin County, Hope's Door, Peaceful Oasis and Mosaic Family Services (See FM620.018 for more information).

7. Case Review

7.1 SUMMARY:

- The SART Case Review Team aims to foster collaboration among professionals in the field, enhance the quality of our responses, and ultimately support survivors in their healing process. By engaging in constructive discussions, we can identify strengths and areas for improvement in our collective approach. We have identified a case to review for which the survivor has received services in Collin County, but the assault was in a different county. We thought this should provide us the opportunity to look at it from each of our perspectives objectively, provide our thoughts to collaborate, on and give us opportunities to evaluate our protocols to see what is working and what may need to improve or be updated. We gathered together the Department of Public Service, the District Attorney, a police detective, a police victim services advocate, a sexual assault nurse examiner, a doctor, a mental health advocate, survivor advocate, member from Children's Advocacy Center, and The Turning Point to discuss their expertise and commitment to improving responses to sexual assault cases and understand if their protocols were followed, if they felt the survivor was afforded their rights, and if the protocols created any barriers.

7.2 MAIN TOPICS OF COLLABORATION:

- Protective Orders and Law Enforcement Communication
 - The conversation focused on the differences between emergency protective orders and restraining orders. It was explained that EPOs are often granted quickly by law enforcement in cases of family violence. From a police department perspective, it was emphasized that without an arrest, it is challenging for victims to obtain protective orders,

as they must demonstrate a continuing danger. The team raised concerns about the lack of communication when cases are transferred to state law enforcement. We also identified a potential area for improvement in communication between law enforcement and victims during investigations.

- Photo Subpoenas in SART Cases
 - Someone on the team highlighted the challenges of subpoenaing genital photos, especially for children, and the potential humiliation it could cause. The team noted that they hold adult photos and often ask for the purpose of requests and reinforced their policy of only releasing records to law enforcement and ensuring clients receive their own records directly.
- Case Handling and Victim Advocacy
 - A team member raised issues regarding the lack of communication and support for a survivor in a recent case, highlighting the challenges faced in obtaining justice. The team explained that thorough investigations are necessary to ensure enough evidence is gathered before filing charges, which can prolong the process. The discussion also touched on the difficulties of navigating the grand jury system and the impact it has on victims.
- Grand Jury Processes and Case Management in Sexual Assault Cases
 - Someone on the team explained that not every sexual assault case is required to go to a grand jury, although most do. Cases may be refused if there is insufficient victim cooperation, allowing for potential reactivation in the future. The team then discussed the protocols for handling cases involving law enforcement personnel, including referrals to the Rangers to avoid conflicts of interest.
 - Grand Jury Processes: Discussion on the necessity and implications of taking sexual assault cases to a grand jury.
 - Victim Cooperation: The importance of victim cooperation in the prosecution of sexual assault cases and the impact of refusals.
- Mental Health and Advocacy Protocols
 - A member of the team addressed the noted 3-month delay in mental health services, indicating that wait times can be longer for evening appointments. We discussed another team members protocols, which include same-day intakes and connecting clients with counselors within two weeks.

7.3 SURVIVOR RIGHTS

- A couple members of the team raised concerns about whether the survivor's rights were fully met, emphasizing the need for better communication and support. A couple team members felt that the survivor was afforded their rights. Other participants shared mixed feelings about the handling of the case and the emotional impact of the details presented.

7.4 INSIGHTS AND FUTURE STEPS

- Collectively, the team highlighted the need for continuous case reviews, suggesting that local cases could be examined in a supportive environment. We felt that this meeting was particularly informative and encouraged building foundational relationships among participants. We also discussed the potential inclusion of survivor perspectives in future reviews.
- Survivor Care and Advocacy Improvements
 - Circling back to the assignment of advocates to survivors and the resources available when counseling is not immediately accessible. A team member detailed the recent changes in their advocacy program, including the formation of a Survivor Care Advocacy Team that ensures a single point of contact for survivors. This team assists with various needs, including community referrals and legal accompaniment.
- Training Opportunities and Standards for Trauma Response
 - The team highlighted that there are legal requirements for trauma response training for law enforcement, including specific hours that must be completed every two years.

- However, they agreed that while there are requirements for trauma-informed interviewing, the specifics may vary, and there is no standardized method for conducting interviews.
- We identified a potential area for opportunity regarding these training requirements: Examination of the training requirements for law enforcement regarding trauma-informed care and interviewing techniques.

8. Conclusion

8.1 SUMMARY:

As we close this biennial report, we reflect on both the achievements and challenges encountered by the Collin County Sexual Assault Response Team (SART). Throughout this period, our dedication to supporting adult survivors of sexual assault has remained steadfast. Over the past two years, the SART has made significant strides in strengthening our coordinated response to survivors of sexual violence. From enhanced training programs and expanded community outreach to improved evidence collection protocols, our collective efforts have been driven by a shared commitment to supporting survivors with compassion, dignity, and respect.

Through interprofessional collaboration, our team has continued to refine and implement best practices grounded in trauma-informed, survivor-centered care. These advancements are only possible because of the exceptional professionals across disciplines who come together in service of a shared mission. Their unwavering commitment to survivors is deeply commendable.

This progress would not have been possible without the dedication of our multidisciplinary partners—including law enforcement, healthcare providers, advocates, prosecutors, and community organizations—who bring their expertise and humanity to this critical work every day.

While we are proud of the progress made, we acknowledge that the work is far from over. The landscape of sexual violence continues to evolve, requiring us to remain responsive, adaptable, and committed to ongoing learning and improvement. As we move forward, we do so with renewed resolve—to strengthen our practices, support survivors with dignity and compassion, and build a safer, more informed community.

As we look ahead, we recognize there is more to do. Strengthening equity in service delivery, improving access for marginalized populations, and expanding prevention efforts will be key areas of focus. Together, we will continue to evolve, collaborate, and respond—always with the needs of survivors at the center.

Thank you to all who have contributed to this vital mission. Your work matters. Your commitment makes a difference.

Submitted 12/1/2025

9. Appendix

Collin County

Sexual Assault Response Team (SART)

Community Cooperative Working Agreement

This working agreement is recognized as a cooperative and collaborative commitment between each agency listed below and is proof of commitment as acknowledged by the signature of each agency's representative.

All parties enter into this collaborative working agreement voluntarily in an attempt to better serve the needs of sexual assault survivors in Collin County and the surrounding communities. The Agreement is not legally binding and may be amended at any time in writing with the mutual consent of all the parties. Cancellation of any clause within the Agreement does not result in cancellation of any other clause in the Agreement. Any party may withdraw from the Agreement with thirty (30) days written notice; however, the withdrawal of any party will not result in the nullification of the Agreement nor of any part of the Agreement.

I. The Turning Point agrees to:

- A. Provide administrative oversight of the Collin County SART with designated representation at all SART meetings.
- B. Designate a Coordinator to serve as facilitator for the SART.
- C. Maintain a record of all SART meetings and documents.
- D. Support and provide trained Advocates.
- E. Provide forensic medical care by a Forensic Nurse certified by the Texas-OAG and/or the IAFN within Courtney's SAFE Place and all contracted SAFE Ready Facilities when appropriate for the survivor's care.
- F. Demonstrate a forty-five (45) minute to one-hour response time, from the time the call is received to the time the advocate & the Forensic Nurse arrive at the designated healthcare facility.
- G. Instruct the Advocate & the Forensic Nurse to check-in upon arrival/departure.
- H. Provide hotline sexual assault survivors with appropriate healthcare facility choices for a medical assessment and a forensic examination, when requested.
- I. Provide information, emotional support, and crisis intervention for sexual assault survivors and their family members and/or friends at the hospital.
- J. Provide appropriate referrals and follow-up care, consulting with the Social Worker on any areas of concern.
- K. Provide ongoing data to the SART for evaluation.
- L. Coordinate and participate in SART training activities, as determined and supported by the SART.
- M. Provide follow-up intervention, counseling, and advocacy services for the survivors and family members as requested.
- N. Collaborate with law enforcement and the district attorney to meet the survivor's needs regarding crime victims' rights, compensation, and advocacy throughout the investigation and prosecution.
- O. Provide ongoing process improvement information to the coordinator and/or SART.
- P. Provide a process for the survivor and/or family to receive information regarding crime victims' rights, compensation, and the right to advocacy.

- Q. Cooperate with local Law Enforcement to provide the appropriate care to survivors.
- R. Provide a process for notification of law enforcement when a sexual assault survivor presents to the facility.
- S. Provide the survivor with the opportunity to be supported by a trained advocate during their medical/forensic experience and their investigative interview with law enforcement (HB1172).
- T. Maintain confidentiality of any, and all, references to case-specific information.

II. Collin County Hospitals agrees to:

- A. Provide intervention for the survivor.
- B. Determine if Law Enforcement has been notified and notify when appropriate.
- C. Initiate the call to the county dispatch, The Turning Point, when a sexual assault survivor has arrived and request an Advocate and Forensic Nurse.
- D. Provide the needed space to conduct Forensic Examinations within the Emergency Department.
- E. Provide the necessary triage of the sexual assault survivor by medical personnel.
- F. Work with The Turning Point's Forensic Nurse to determine if care at Courtney's SAFE Place (CSP) is appropriate and provide the necessary information and opportunity for the patient to receive forensic care at CSP.
- G. Provide ongoing feedback, as needed, to the area SART partners.
- H. Develop a strong working relationship with area resources to strengthen the follow-up potential for survivors referred.
- I. Provide appropriate and healing Community resources.
- J. Provide ongoing process improvement information to the Forensic Nursing Program Manager and/or SART.
- K. Appoint a representative for each SART meeting.
- L. Maintain confidentiality of any, and all, references to case-specific information.
- M. Call the appropriate Human Trafficking Agency when there is contact with a survivor of Human Trafficking if Law Enforcement has not already done so.

III. University of Texas – Dallas – Student Health Center agrees to:

- A. Designate a liaison for SART.
- B. Prohibits acts of sexual or gender-based violence and other forms of Prohibited Conduct as defined by University Policy.
- C. Determine which law enforcement agency has jurisdiction over an assault and ensure the agency(ies) have been notified when appropriate.
- D. Initiate the call to the county dispatch, The Turning Point, when a sexual assault survivor has arrived and request an Advocate and Forensic Nurse.
- E. Provide the needed space to conduct Forensic Examinations within the Student Health Center.
- F. Provide the necessary triage of the sexual assault survivor by medical personnel.
- G. Work with The Turning Point's Forensic Nurse to determine if care at Courtney's SAFE Place (CSP) is appropriate and provide the necessary information and opportunity for the patient to receive forensic care at CSP.
- H. Provide ongoing feedback, as needed, to the area SART partners.
- I. Develop a strong working relationship with area resources to strengthen the follow-up potential for survivors referred.
- J. Provide appropriate and healing Community resources.

- K. Provide ongoing process improvement information to the Forensic Nursing Program Manager and/or SART.
- L. Appoint a representative for each SART meeting.
- M. Maintain confidentiality of any, and all, references to case-specific information.
- N. Call the appropriate Human Trafficking Agency when there is contact with a survivor of Human Trafficking if Law Enforcement has not already done so.

IV. The Collin County District Attorney’s Office agrees to:

- A. Designate a liaison to serve as a resource person for the Sexual Assault Response Team (SART).
- B. Provide ongoing data for cases that have gone to prosecution.
- C. Use Forensic Nurses as witnesses during sexual assault trials, as needed.
- D. Provide reasonable notification of upcoming trials to the Forensic Nurse who will testify.
- E. Meet with Forensic Nurse prior to judicial proceedings to review the case.
- F. Maintain communication and contact with the SART and establish a method for follow-up on the disposition of cases.
- G. Participate in SART training activities, including law enforcement officials, other attorneys, and Forensic Nursing candidates.
- H. Participate in training that will increase the Forensic Nurse’s ability to provide clear and defined testimony as an expert witness.
- I. Provide ongoing process improvement information to the Forensic Nursing Program Manager and/or SART.
- J. Maintain confidentiality of any, and all, references to case-specific information.

V. Law Enforcement Agency Agrees to:

- A. Designate a liaison for the SART.
- B. Refer appropriate sexual assault survivors to Courtney’s SAFE Place (CSP) or other participating Collin County healthcare facilities for medical/forensic treatment.
- C. Provide on-location help to survivors, giving them the options for treatment.
- D. Provide a case number or incident report, as needed, for a forensic examination.
- E. Provide follow-up information and education to the Forensic Nurse for any cases that are not approved for a forensic examination and bring summary discussion to SART.
- F. Receive forensic evidence that has been collected from the survivor and/or suspect for approved forensic examinations.
- G. Report back to the Forensic Nursing Program Manager any suggestions from the Crime Lab concerning evidence collection, documentation, or packaging or sealing of the evidence, and bring summary discussion to SART.
- H. Follow law enforcement's established protocol regarding evidence transmission and storage for approved forensic examinations.
- I. Maintain communication and contact with the SART.
- J. Participate in SART training activities that will enhance the knowledge of the community at large, Law Enforcement, the District Attorney’s staff, Forensic Nurses, or Forensic Nurse candidates.
- K. Provide data concerning sexual assaults to the SART.
- L. Provide ongoing process improvement information to the Forensic Nursing Program Manager and/or SART.
- M. Offer the survivor the opportunity to be supported by a trained advocate during their investigative interview with law enforcement (HB1172).

- N. Coordinate with the local advocacy program to arrange for an advocate to be present at all investigative interviews should the survivor request such presence.
- O. Maintain confidentiality of any, and all, references to case-specific information.
- P. Call the appropriate Human Trafficking Agency when there is contact with a survivor of Human Trafficking.

VI. DPS Crime Lab agrees to:

- A. Designate a liaison for the SART.
- B. Ensure the proper handling, proper custody, and proper control of all collected evidence, with particular attention paid to collecting evidence regarding drug-facilitated assaults.
- C. Assist SART Coordinator in trainings and presentations related to evidence collection.
- D. Provide SART members with timely updates and best practices in the collection, handling, and proper custody, and proper controls of all evidence collected.
- E. Provide ongoing process improvement information to the Forensic Nursing Program Manager and/or SART.
- F. Provide data concerning sexual assaults to the SART.
- G. Maintain confidentiality of any, and all, references to case-specific information.

VII. The Forensic Nurses agree to:

- A. Gain initial CA-SANE and CP-SANE Certification through an OAG-approved program within the time allotted by the OAG and/or SANE-A and SANE-P Certification through the International Association of Forensic Nurses.
- B. Maintain CA-SANE AND CP-SANE and/or SANE-A and SANE-P Certification without lapse in certification.
- C. Attend current topics for Forensics, specific to Adult and Pediatric Forensic Examinations.
- D. Demonstrate a one (1) hour response, from the time the call is received to the time the Forensic Nurse arrives at the designated healthcare facility.
- E. Provide consistency in the forensic examination of survivors.
- F. Follow established guidelines for maintaining chain of custody for evidence collected.
- G. Properly prepare for upcoming judicial proceedings.
- H. Meet with the District Attorney to review the cases prior to judicial proceedings.
- I. Maintain contact with the District Attorney's Office when a case is pending or in process.
- J. Notify the District Attorney's Office of address and/or telephone number changes.
- K. Maintain contact with the law enforcement agency and The Turning Point for case review.
- L. Agree to meet regularly as a Forensic Team to discuss quality of care, peer and procedural review, and updates.
- M. Participate in SART meetings and SART-sponsored training activities.
- N. Help with interpretation of data and improvement process.
- O. Maintain confidentiality of any, and all, references to case-specific information.
- P. Call the appropriate Human Trafficking Agency when there is contact with a survivor of Human Trafficking if Law Enforcement and the hospital have not already done so.

VIII. LifePath Systems agrees to:

- A. Designate a liaison for the SART.
- B. Work collaboratively with other SART partners in determining the proper response to survivors of sexual assault.
- C. Provide appropriate mental and behavioral health resources for sexual assault survivors.
- D. Participate in SART meetings and SART-sponsored training activities.
- E. Provide training and best practices for working with child survivors of sexual assault to SART.
- F. Maintain confidentiality of any, and all, references to case-specific information.

IX. Children’s Advocacy Center of Collin County agrees to:

- A. Designate a liaison for the SART.
- B. Work collaboratively with other SART partners in determining the proper response to child survivors of sexual assault.
- C. Provide appropriate collaborative partners with a 24/7 on-call schedule designating the appropriate after-hours staff for forensic interviews and law enforcement response.
- D. Provide proper referrals and follow-up to child sexual assault survivors.
- E. Participate in SART meetings and SART-sponsored training activities.
- F. Provide training and best practices for working with child survivors of sexual assault to SART.
- G. Maintain confidentiality of any, and all, references to case-specific information.



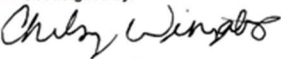
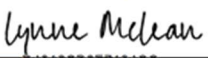
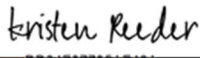

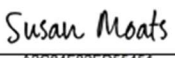
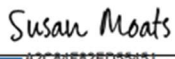
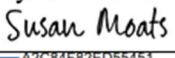
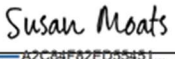
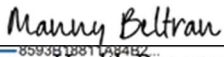



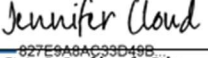

X. Mosaic agrees to:

- A. Designate a liaison for the SART.
- B. Work collaboratively with other SART partners in determining the proper response to Human Trafficking Survivors 18 years of age and older.
- C. Provide proper resources, referrals, and follow-up for Human Trafficking Survivors 18 years of age and older.
- D. Participate in SART meetings and SART-sponsored training activities.
- E. Provide training and best practices for working with Human Trafficking Survivors 18 years of age and older to SART.
- F. Maintain confidentiality of any, and all, references to case-specific information.

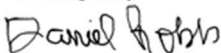


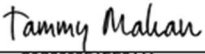
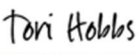
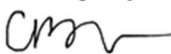
XI. Traffick 911 agrees to:

- A. Designate a liaison for the SART.
- B. Work collaboratively with other SART members in determining the proper response to Human Trafficking Survivors 17 years of age and younger.
- C. Provide appropriate collaborative partners with a 24/7 on-call schedule designating the appropriate staff for hospital response, when needed.
- D. Provide proper resources, referrals, and follow-up for Human Trafficking Survivors 17 years of age and younger.
- E. Participate in SART meetings and SART-sponsored training activities.
- F. Provide training and best practices for working with Human Trafficking Survivors 17 years of age and younger to SART.
- G. Maintain confidentiality of any, and all, references to case-specific information.

Sexual Assault Response Team Community Partners 2024

Signed by: 	7/23/2024
93165188762343D... The Turning Point DocuSigned by:	Date
	7/5/2024
797A2EF3BD7F448... Collin County District Attorney's Office DocuSigned by:	Date
	7/1/2024
DAB0588023CF413... Department of Public Safety Crime Lab – Garland, Texas DocuSigned by:	Date
	7/1/2024
74076CB8E7184CC... Children's Advocacy Center of Collin County DocuSigned by:	Date
	8/5/2024
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827E9A8AC33D49B... HCA Medical City – McKinney DocuSigned by:	Date

Signed by: <i>Jennifer Cloud</i> HCA Medical City – Plano See Addendum	7/29/2024 Date
TXENE Signed by: <i>Marlo Walker</i> University of Texas – Dallas – Student Health Center	Date 8/5/2024
Signed by: <i>Arica Sapp</i> Allen Police Department	Date 10/28/2024
Signed by: <i>Phillip Foxall</i> Anna Police Department	Date 7/31/2024
Signed by: <i>Roberto Arredondo</i> Carrington Police Department	Date 10/9/2024
Signed by: <i>John Cullison</i> Celina Police Department	Date 8/2/2024
DocuSigned by: <i>Ramiro Acosta</i> Collin County Sheriff's Office	Date 7/10/2024
DocuSigned by: <i>Brendan Grimley</i> Frisco Police Department	Date 7/8/2024
Signed by: <i>Heath Hellman</i> Garland Police Department.	Date 7/30/2024
DocuSigned by: <i>Carissa Vargas</i> Lavon Police Department	Date 7/7/2024
DocuSigned by: <i>[Signature]</i> Little Elm Police Department	Date 8/16/2024
Signed by: <i>JM Laird</i> McKinney Police Department	Date 8/13/2024
DocuSigned by: <i>John Duscio</i> Melissa Police Department	Date 7/1/2024
DocuSigned by: <i>[Signature]</i> Murphy Police Department	Date 7/8/2024
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DocuSigned by: <i>[Signature]</i> Prosper Police Department	Date 7/1/2024

DocuSigned by:	Date
 Richardson Police Department	7/17/2024
 Wylie Police Department	10/21/2024
 University of Texas – Dallas – Police Department	10/22/2024
 Lifepath Systems	10/22/2024
 Mosaic	10/18/2024
 Traffick 911	7/2/2024

**Collin County
Sexual Assault Response Team (SART)
Community Cooperative Working Agreement**

*Addendum to the Original Agreement
August 1, 2024*

XII. Texas Forensic Nurse Examiners – Forensic Center of Excellence (TXFNE):

- A. Gain and maintain without lapse CA-SANE and CP-SANE Certification through an OAG-approved program within the time allotted by the OAG and/or SANE-A and SANE-P Certification through the International Association of Forensic Nurses.
- B. Attend current topics for Forensics, specific to Adult and Pediatric Forensic Examinations.
- C. Demonstrate a ninety (90) minute response time to the designated healthcare facility from the time the call is received to the time of arrival.
- D. Provide consistency in the forensic examination of survivors.
- E. Follow established guidelines for maintaining chain of custody for evidence collected.
- F. Properly prepare for upcoming judicial proceedings.
- G. Meet with the District Attorney to review the cases prior to judicial proceedings.
- H. Maintain contact with the District Attorney’s Office when a case is pending or in process.
- I. Notify the District Attorney’s Office of address and/or telephone number changes.
- J. Maintain contact with the law enforcement agency and The Turning Point for case review.
- K. Agree to meet regularly as a Forensic Team to discuss quality of care, peer and procedural review, and updates.
- L. Participate in SART meetings and SART-sponsored training activities.
- M. Help with interpretation of data and improvement process.
- N. Maintain confidentiality of any, and all, references to case-specific information.
- O. Call the appropriate Human Trafficking Agency when there is contact with a survivor of Human Trafficking if Law Enforcement and the hospital have not already done so.

DocuSigned by:

630738400C3E4B6...
Signature

8/13/2024

Date