



SMITH COUNTY SEXUAL ASSAULT RESPONSE TEAM
BIENNIAL REPORT

REPORT YEAR 2025

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Executive Summary

At the November 30th, 2021, session of the Smith County Commission's Court, the Smith County Sexual Assault Response Team was established. Participants include representative's from the Smith County Sheriff's Office, the Tyler Police Department, the Smith County District Attorney's Office, the East Texas Crisis Center, the Title IX division of UT Tyler, the Department of Family and Protective Services, and SANE nurses from UT Health Tyler and Christus Mother Francis. We have expanded our team to include members from Unbound Now, the 1 in 3 Foundation, as well as our other law enforcement agencies.

We have completed several cross-trainings. To address concerns over the availability of legal aid and communication with referring legal aid services we had a presentation from Lone Star Legal Aid. To help unify our services and information about the Crime Victim's Compensation Fund we had a presentation from the Victim's Coordinator from the Smith County District Attorney's Office. To educate on DNA testing we had Forensic Scientist from the Texas Department of Public Safety Crime Lab here in Tyler, Texas. To understand potential new services Unbound Now did a presentation on how they help survivors and how we can connect survivors to their organization.

Our goal we are working on is to have case reviews. As stated in the bill setting up the Sexual Assault Response Teams, we are required to have survivor written consent prior to discussing their case. This has posed some challenges, but we are continually working to get this goal accomplished. We have been successful in maintaining participation from our agencies as well as in our collection of data through our agencies working together.

Smith County SART Overview

The Smith County Sexual Assault Response Team meets quarterly and is comprised of representatives from Smith County Sheriff's Office, Tyler Police Department, Smith County District Attorney's Office, East Texas Crisis Center, Unbound Now, Department of Family and Protective Services, UT Tyler Title IX, 1 in 3 Foundation, SANE Nurses from UT Health Tyler and Christus Mother Francis.

The Smith County Sexual Assault Response Team Mission Statement:

“The purpose of the Smith County SART is to facilitate a community-based collaborative response to improve the provision of services to survivors of sexual violence, and to ensure accurate evidence collection in order to promote the apprehension and prosecution of perpetrators. Smith County SART is dedicated to providing trauma-informed, sensitive, efficient, and interdisciplinary services for survivors of sexual violence.”

We are fortunate in Smith County that all of these agencies that attend are responsive to our goals as a Team and work well together to provide open communication amongst our agencies. We are continually working to improve our Team and strive to achieve new goals.

Attached next in this section is a copy of the Bylaws.



Smith County Sexual Assault Response Team Bylaws

ARTICLE I. NAME AND MISSION

Section 1. Name

Smith County Sexual Assault Response Team is the name of this Team

Section 2. Mission

This SART was created as directed by Senate Bill 476 of the 87th Texas Regular Session for Smith County, Texas. Our mission statement is as follows:

“The purpose of the Smith County SART is to facilitate a community-based collaborative response to improve the provision of services to survivors of sexual violence, and to ensure accurate evidence collection in order to promote the apprehension and prosecution of perpetrators. Smith County SART is dedicated to providing trauma-informed, sensitive, efficient, and interdisciplinary services for survivors of sexual violence.”

ARTICLE II. MEMBERSHIP

Section 1. Members and Counties

As appointed by the Smith County Commissioner’s Court shall be composed of:

- (1) The chief administrator, or the chief administrator’s designee, of a sexual assault program that provides services for the county;
- (2) A prosecutor with jurisdiction in the county over cases involving sexual assault committed against adults;
- (3) The chief, or the chief’s designee, of the municipal police department with the largest population in the county;
- (4) The Sheriff or the Sheriff’s designee;
- (5) A sexual assault nurse examiner or forensic examiner from a facility that conducts sexual assault forensic exams for the county;
- (6) A behavior health services provider operating in the county or if the county does not have a behavioral health services provider a representative from the county health department;
- (7) Other persons the presiding officer of the response team considers necessary for the operation of the response team or as recommended by the response team

Section 2. Resignations, Termination and Absences

Resignation from the SART by an individual shall be in writing and received by the Presiding officer

SART members are required to attend meetings but may be excused from attendance upon notification to the Presiding Officer prior to the scheduled meeting and by sending a designee to attend on their behalf.

SART members may be removed from the team by vote of the remaining team members for a violation of the policies of the SART Team.

Section 3. Vacancies

Vacancies occurring within the team's required members shall be communicated by the Presiding officer to the County Commissioner's Court within 90 days of receiving notice.

Section 4. Attendance by Non-Members

Additional individuals may be permitted to attend the SART Meetings through prior approval by the presiding officer. Approval is not needed for community engagement or special events that may occur of the SART Team

Section 5. Survivor Engagement

The SART team strives to include survivors of sexual assault in meetings. If a survivor attends a meeting the team must comply with the confidentiality agreement with the regards to the identifying information of the survivor and the survivor's story. A survivor may terminate their engagement with the team at any time.

ARTICLE III. PRESIDING OFFICER

Section 1. Duties of the Presiding Officer

The Presiding Officer shall arrange a time and place for the quarterly SART meetings and communicate those meetings to all members. The presiding officer shall arrange for cross-training presentations. The presiding officer shall work to maintain engagement from all agencies of the team. The presiding officer shall work with agencies in Smith County to find cases for the case review process.

Section 2. Terms

The presiding officer shall be elected to a two-year term.

Section 3. Elections

The Presiding Officer elections shall be held every two years, and determined by a majority vote of members present, so long as there is a quorum. Any member may nominate or be nominated to be the Presiding Officer.

ARTICLE IV. MEETINGS

Section 1. Quorum

A quorum will consist of at least five of the seven required agencies are in attendance.

Section 2. Meetings

Regular meetings of the SART shall be held quarterly. Special meetings of the SART may be held by any time upon ten days written notice to the team.

Section 3. Notice of Meetings

Written notice stating the place, date, and time of any regular meeting of the SART shall be sent out electronically with a minimum ten days. Agendas shall be sent out electronically in advance at least three days ahead of time by the Presiding Officer.

Section 4. Virtual Meetings

Members of 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.

ARTICLE V. 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.

ARTICLE VI. BIENNIAL REPORT

Section 1. Process

SART members in law enforcement and 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. Biennial Report

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.

Article VII. CONFLICT RESOLUTION

Section 1. Process

The SART members agreed on conflict resolution upon creation of our protocols. Following the initial adoption, a 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 in order to address conflicts.

ARTICLE VIII. COMMUNICATION

Section 1. Privacy, Confidentiality, & Privilege

As required by SB476, the team shall develop communication processes in order 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.

ARTICLE IX. AMENDMENTS

Section 1. Amendment Process

The team shall review the Bylaws every two years. In order 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 purposed amendment. They Bylaws shall be amended only by a majority vote of the team.

Section 2. Amendments.

The next biennial report is due December 1, 2025. At this time there are no additional amendments to the Bylaws.

Outline of Activities & Trainings

In March of 2023 to meet our cross-training goals the Smith County SART had a presentation from the Lone Star Legal Aid. Concerns were brought up at the meetings about communication and referrals to legal services for survivors. In order to open up that communication and understand their referral process a representative from Lone Star Legal Aid presented to our Team about their organization.

In February of 2024 to meet our cross-training goals the Smith County SART had a presentation from the Victim Advocate at the Smith County District Attorney's Office on Crime Victim Compensation. The goal with this training is for education on what the fund does and does not cover so if we need to refer survivors or assist with where to go for the application process our team members now have that knowledge not only for them but also for their agencies.

In November of 2024 to meet our cross-training goals the Smith County SART had a presentation from the organization Unbound Now. Unbound Now supports survivors and resources communities to fight human trafficking. This training provided our agencies with another resource in our communities to utilize for survivors.

In August of 2025 to meet our cross-training goals the Smith County SART had a presentation from the Texas Department of Public Safety Crime Lab here in Tyler, Texas. We had two forensic scientists from DPS explain the DNA process and common defense attacks on DNA evidence. This provided valuable education to our team on the DNA process and common misconceptions when it comes to DNA evidence in Sexual Assault cases.

At the end of each year we have taken a look at what our numbers look like and discussed goals for the future. We use an evaluation form so members can provide anonymous feedback to the presiding officer about issues, concerns, or suggestions for the future.

Each year we work together to support our agencies during April for Sexual Assault Awareness Month. Like in many areas, this is a great time for our agencies to get together and connect with the community.

Data & Findings

Local Law Enforcement Agencies

For law enforcement Smith County has two major agencies, the Tyler Police Department and the Smith County Sheriff's Office.

From November to December of 2023 the Tyler Police Department had seven cases reported and the Sheriff's Office had two cases reported for a total of nine cases. Of those nine cases three of the cases included allegations involving date rape drugs. Two of the cases did not receive a SANE exam. To date there have not been any arrest out of these cases, however in only one of the cases has investigation been suspended. The remaining eight cases are currently still open cases.

	Tyler Police Department	Smith County Sheriff's Office
November 2023	2	1
December 2023	5	1
2023 Total	7	2

From January 2024 to December of 2024 the Tyler Police Department and the Smith County Sheriff's Office have received 78 reports of sexual assault. Of these cases sixteen from the Tyler Police Department were reported as date rape. Nineteen of the Tyler Police Department cases the victim did not have a SANE exam.

	Tyler Police Department	Smith County Sheriff's Office
January 2024	2	6
February 2024	1	3
March 2024	4	8
April 2024	3	4
May 2024	6	4
June 2024	3	1
July 2024	3	5
August 2024	6	7
September 2024	7	3
October 2024	4	2
November 2024	6	2
December 2024	2	1
2024 Total	47	46

For the Tyler Police Department there were twenty-six cases that were suspended or exceptionally cleared. Five cases were closed due to the victim wanting to drop charges. Three cases were closed due to lack of suspect information. Nine cases were closed due to lack of victim cooperation. One case was closed due to victim recantation. Two cases were closed due to insufficient evidence. Of the remaining open cases there are three cases where lab results are pending.

For the Smith County Sheriff's office during this time period there were ten cases that were closed. Three were at the wishes of the victim to drop charges. One was due to lack of investigative

leads. Three were closed due to lack of victim cooperation. One case was referred to another agency. Two cases were closed due to lack of physical evidence.

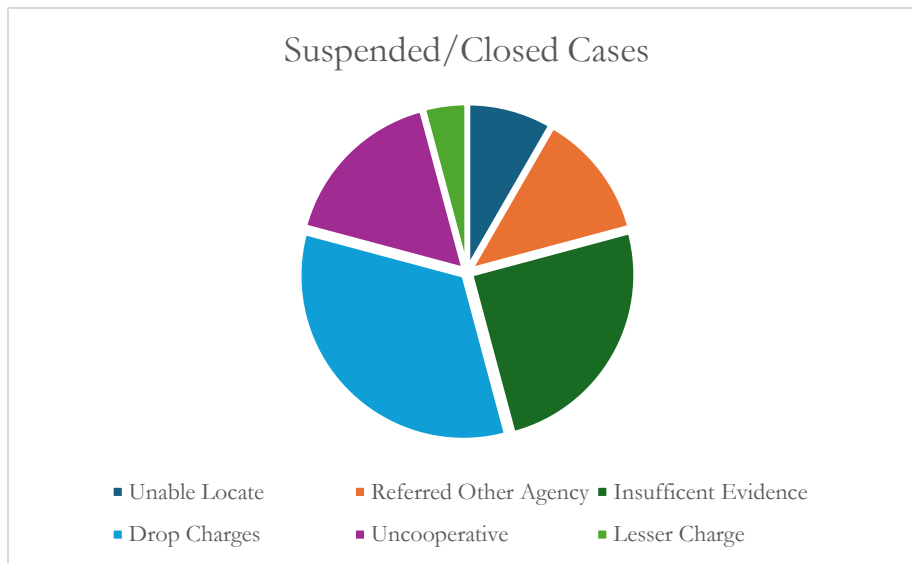
From January 2025 to October of 2025 the Tyler Police Department and the Smith County Sheriff's Office have received 68 reports of Sexual Assault. Of those cases ten from the Tyler Police Department were reported as Date Rape. Twenty-two of the cases reported to the Tyler Police Department did not have SANE exams.

For the Tyler Police Department there were twenty-five cases that were suspended or exceptionally cleared. Two cases were closed due to being unable to locate/contact the victim. Two cases were referred to another agency. Five cases were closed due to insufficient evidence. Six cases were closed due to victim wanting to drop charges. Two cases were closed due to lack of victim cooperation.

For the Smith County Sheriff's Office there were six cases that were closed. Two were pursued on lesser charges. One case was closed due to the victim wanting to drop charges. One case was dropped due to lack of cooperation from the victim. One case was referred to another agency.

	Tyler Police Department	Smith County Sheriff's Office
January 2025	2	4
February 2025	5	0
March 2025	7	3
April 2025	6	2
May 2025	1	5
June 2025	3	2
July 2025	5	4
August 2025	5	2
September 2025	7	1
October 2025	-	4
2025 Total	41	27

The below chart compares the reasons for case suspension or closure:



As you can see from the chart a majority of our cases that are closed out at the law enforcement level are due to the victim wanting to drop the charges and insufficient evidence. In fact almost half the cases were closed due to lack of victim participation.

For the reporting period of November 1, 2023, to October 31st, 2025, there have been a total of ninety-five cases reported to the Tyler Police Department and seventy-five cases reported to the Smith County Sheriff's Office.

Additionally, though it is not required, we are working on gathering reporting on from additional law enforcement agencies for the county. We received the reporting numbers from the Lindale Police Department. They had five adult sexual assault cases. One case has been submitted for prosecution, one was transferred to another law enforcement agency, two were closed due to insufficient evidence, and one was closed due to being unable to contact the victim. Of the five cases none of the victims received a SANE exam. No date rape cases were reported.

Indictments Presented

For offenses of adult sexual assault occurring during the period from November 1, 2023, to October 31st, 2025, there have been eight cases presented to the Smith County District Attorney's Office. Of those eight cases five have been indicted. Four of the indicted cases have resulted in a plea deal. The remaining Indicted case is pending trial.

Of these offense that occurred during the November 2023 to the October 31st, 2025 time period, cases were presented from the Tyler Police Department, Smith County Sheriff's Office, and UT Tyler Police Department. Two cases were from the Tyler Police Department. Of those two case one is pending indictment and the other has been presented and pled to a lesser charge. Four cases were presented from the Smith County Sheriff's Office. Three cases were indicted and have pled. One case is still pending indictment. Two cases were presented from the UT Tyler Police Department. One case is still pending jury trial and the other is pending indictment.

For cases with offense dates outside of the reporting period, but indictments were presented to the grand jury nine additional indictments were presented. Of those indictments two cases were no billed by the grand jury. Three additional cases were declined by the prosecutor. One was an inability to prove the victim did not consent and the other two were due to lack of evidence.

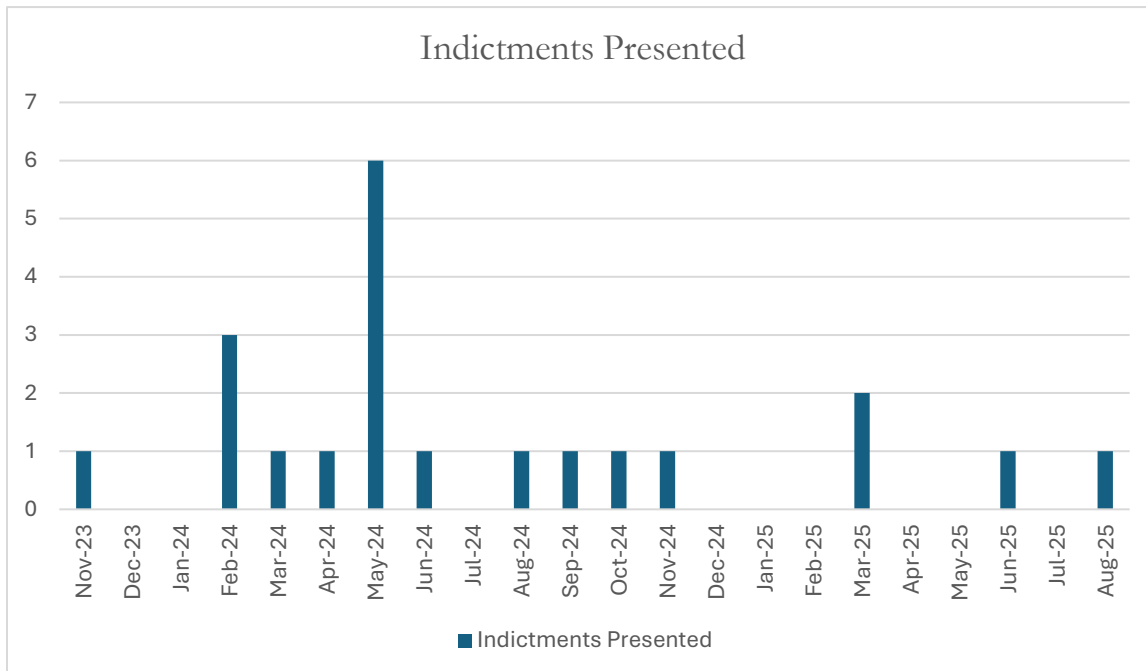
For cases with offenses outside this reporting period but Indictments were presented during this reported period cases were presented from the Tyler Police Department, the Smith County Sheriff's Office, and the Office of Attorney General Medicaid Fraud Control Unit located in Smith County.

The Tyler Police Department presented three cases having offense dates outside this time period but were indicted during this reporting period. The Smith County Sheriff's Office had one case presented outside this time period but indicted during this reporting period.

The Medicaid Fraud Control Unit presented seven cases that were indicted during this reporting period. These cases were all for one defendant. This is an unusual circumstance where an investigation into Medicaid fraud revealed a pattern of adult sexual assaults that were occurring. This does cause a spike in the number of indictments during this reporting period.

For adult cases of Aggravated Sexual Assault, we had four indictments presented. One was a trial resulting in a life sentence. Two were pleas to aggravated prison time. One is still pending resolution. Two additional cases were declined prior to indictment due to insufficient evidence to prove the case or the interest of justice due to the facts and circumstances of the case.

Three of the aggravated sexual assault cases that were indicted were presented by the Smith County Sheriff's Office. The other case was presented by DPS through their Sexual Assault Kit Initiative (SAKI). The case from DPS was linked to other cases that had been indicted outside this reporting period for the same defendant.



Advocacy Numbers

Our East Texas Crisis Center serves many of our survivors in Smith County. They work closely with our law enforcement agencies and the District Attorney's Office to assist survivors with protective orders and even providing expert testimony during jury trials. The advocacy center works hard to have an advocate available for SANE exams as well as providing services after the assault to survivors. If they do not have a resource the survivor needs they work with the other agencies in our community to help meet that need.

The following is how many sexual assault survivors the East Texas Crisis Center has served per month as well as the number of hospital accompaniments they have done per month in 2025:

	Survivors Served	Hospital Calls
January 2025	12	12
February 2025	8	8
March 2025	9	5
April 2025	8	4
May 2025	5	7
June 2025	11	5
July 2025	12	8
August 2025	11	11
September 2025	13	6
October 2025	6	4

So far in the year 2025 the East Texas Crisis Center has served 95 survivors of sexual assault at the time of this report. They have accompanied 70 hospital calls. These numbers also do not include the number of times their advocates are working with survivors when they are to have law enforcement interviews.

SANE Exams

We have contacted both local hospitals for their information on SANE exams. We have not received the reporting information from the hospitals. While we don't have this information for this report we are working closely with our SANE nurses to include this information for future reports.

Sexual Assault Report

Attached to this section is our redacted copy of the sexual assault cases reported to our law enforcement agencies for the period of November 1, 2023 to November 1, 2025.



Smith County Sexual Assault Response Team (SART) Protocols



SMITH COUNTY SEXUAL ASSAULT RESPONSE TEAM MISSION STATEMENT

“The purpose of the Smith County SART is to facilitate a community-based collaborative response to improve the provision of services to survivors of sexual violence, and to ensure accurate evidence collection in order to promote the apprehension and prosecution of perpetrators. Smith County SART is dedicated to providing trauma-informed, sensitive, efficient, and interdisciplinary services for survivors of sexual violence.”



PROCEDURES FOR INVESTIGATION AND PROSECUTION



Smith County Sheriff's Office Sexual Assault Response Protocol

I. INITIAL INTERVIEW

- A. The Patrol Deputy who responds to a call of a sexual assault should contact the reporting party and attempt to determine whether a crime has occurred. If the reporting party is also the victim, the Deputy should assess the immediate safety and/or medical needs of the victim and respond appropriately.
- B. The Deputy shall explain the benefits of having a sexual assault advocate present, offer to contact a sexual assault advocate, and offer to have the sexual assault advocate present during the interview. The Deputy shall inform the victim of their right to have an advocate per House Bill 1172 Article 56A.3515. If a victim advocate is not available to respond at the time of the interview the Deputy can proceed with the interview if the victim agrees. The Deputy should provide contact information to the victim on how to get in touch with the advocacy program listed below in section I (C).
- C. To have a sexual assault advocate respond in-person, 24 hours a day, a Deputy should call:
 - 1. Smith County Children's Advocacy Center: 903-749-4054
 - 2. East Texas Crisis Center: 903-595-5591
- D. Using a trauma-informed approach, the initial interview of the victim should consist of questions to determine what occurred, the identity of the suspect(s), the identity of possible witnesses, if a region 1 broadcast (BOLO) needs to be sent out and any potential evidence that needs to be collected.

- E. Whenever possible, the initial interview with the victim should be recorded in accordance with Smith County Sheriff's Office policy. If the interview is to be held inside of a hospital or medical facility the deputy will notify the victim and any medical personnel in the room that he will be video recording the interview to prevent any HIPAA violations.
- F. If the Deputy determines a crime occurred, the Deputy shall submit a written report documenting their actions, as well as the victim's initial statement. The site of the crime, or the origin of the crime to determine jurisdiction of the case should also be noted in the report. The initial report should then be forwarded to Smith County Criminal Investigations Division for review.
- G. In situations where the victim is in immediate or present danger, the deputy shall request an Emergency Protective Order (EPO).
- H. If a SANE exam is conducted at the hospital a representative from the hospital will contact the Sheriff's Office when the kit is ready to be picked up. A patrol deputy will respond to the hospital and collect the SANE kit and secure it into evidence in accordance with SCSO evidence procedures. An evidence custodian will collect the evidence and deliver it to the appropriate laboratory for processing.

INVESTIGATIVE RESPONSE

- A. If responding Deputies determine that an investigator or crime scene investigation personnel are needed to respond to the scene the on duty patrol supervisor shall be notified and they will contact the on call CID supervisor and advise them of the case. The CID supervisor will then notify the appropriate personnel to respond as needed.
- B. If a CID Investigator responds to the location at the time of the offense/outcry the Investigator will determine if there is enough evidence to effect an arrest and if so will obtain an arrest warrant for the suspect.
- C. If the CID Investigator responding to the location determines that the location where the offense occurred needs to be processed and the location will require a search

warrant to process for evidence the Investigator shall obtain a search warrant prior to Crime Scene personnel processing the location or seizing evidence.

- D. Once an investigator is assigned a sexual assault case he will make contact with the victim and set up a date/time that is convenient for the victim to come to the Smith County Sheriff's Office to be interviewed. The Investigator will explain the benefits of having a sexual assault advocate present, offer to contact a sexual assault advocate, and offer to have the sexual assault advocate present during the interview. The Investigator shall inform the victim of their right to have an advocate per House Bill 1172 Article 56A.3515. If a victim advocate is not available to respond at the time of the interview the investigator can proceed with the interview if the victim agrees. The investigator should provide contact information to the victim on how to get in touch with the advocacy program listed previously in section I (C).
- E. Once a suspect is identified and an arrest warrant is obtained for the suspect, the Investigator will have the warrant entered into TCIC/NCIC . In addition they should notify patrol that the warrant is active and provide the patrol division with any information that would assist in locating and arresting the suspect. Once the suspect is arrested, the Investigator assigned to the case will attempt to interview the suspect and obtain a DNA sample either by written or recorded consent or search warrant. The DNA should then be sent to the laboratory for a comparison to any DNA that was located during the SANE exam or other locations during the investigation.
- F. When the investigation is completed and the suspect has been arrested, the Investigator assigned the case will gather all of the case information and present a completed case package to the Smith County District Attorney's Office for prosecution.



Tyler Police Department



711 W. Ferguson Street, Tyler, TX 75702 (903) 531-1027 FAX (903) 531-1069

Sexual Assault Response Protocol

I. PATROL RESPONSE

- A. When a victim of sexual assault contacts the Tyler Police Department to report a sexual assault, a patrol officer is dispatched to their location. The report is generally taken in person by a responding patrol officer but can be taken over the phone. (Situations where a phone report is taken would be the victim is in another city and unable to drive to Tyler)
- B. The victim is questioned regarding the offense to include where it occurred and the identity of the suspect, if known. Often times, there is evidence that needs to be collected such as clothing, sheets, blankets, weapons, etc. If the offense occurs at the suspect's residence, it may be necessary for a detective to respond to the scene to obtain a search warrant if the suspect is uncooperative.
- C. The victim is highly encouraged to allow a specially trained nurse at one of our hospitals to perform a SANE in order to collect valuable evidence. The victim can choose to drive themselves to the hospital, be transported by a family member or friend, be transported by EMS or a patrol officer/detective can transport the victim to the hospital.
- D. Once at the hospital, the SANE nurse will usually contact the Crisis Center or Hand Up Network and request an advocate respond to the hospital. Prior to or just after the completion of the SANE, the reporting officer will ask the victim additional

questions if needed to complete a thorough report. Below are situations where a detective would respond to the scene:

1. The suspect has been identified and probable cause exists to obtain an arrest warrant.
2. The suspect is uncooperative, or no one is at the location where the sexual assault occurred, and evidence needs to be collected/crime scene processed. The detective will obtain a search warrant. The Tyler Police Department Crime Scene Unit will respond to the scene to take photos and collect evidence.

II. INVESTIGATIVE RESPONSE

- A. After the initial report is taken, it is submitted electronically to a patrol sergeant for approval. The patrol sergeant will approve or deny the report. If the report is rejected back to the reporting officer, they will make the necessary corrections and re-submit the report. Once the report is approved, it is assigned to the Crimes Against Persons Unit supervisor. The CID supervisor reviews the report and assigns it to a Crimes Against Persons Unit detective for investigation.
- B. The detective will thoroughly investigate the case by contacting the victim, suspect (if known) and any witnesses. They will also search the scene and canvas the area for possible surveillance cameras that might have captured the assault or the suspect arriving or leaving the area. The detective is responsible for sending the SANE to the DPS lab for processing. If during their investigation, the detective can establish probable cause and a suspect is identified, an arrest warrant is obtained for the suspect. If probable cause cannot be established or the suspect is not identified, the case will be suspended. At any point, the case could be re-opened if additional information or evidence is obtained.

- C. If an arrest warrant is obtained and signed by a Judge, it is entered into NCIC/TCIC. In addition, the patrol division is notified of the outstanding arrest warrant.
- D. Once the suspect is arrested, the detective assigned to the case will interview them at the jail (if they haven't already been interviewed). If applicable, a DNA sample is taken from the suspect by consent or search warrant. The suspect's DNA is then be compared to any DNA profile obtained from the SANE and entered into CODIS.
- E. When the investigation is complete and the suspect arrested, the detective assigned to the case will present the case to the Smith County District Attorney's Office for prosecution.



Jacob Putman
DISTRICT ATTORNEY

1. Smith County District Attorney's Office

a. Receiving a Case

- i. All sexual assault cases presented for prosecution shall be delivered to the intake division of the Smith County District Attorney's Office.
- ii. Law enforcement shall deliver all materials associated with the case in accordance with *Brady v. Maryland* and Article 39.14 of the Texas Code of Criminal Procedure.
- iii. The Smith County District Attorney's Office Shall designate a person to serve as the Victim's Assistance Coordinator in accordance with Article 56A.201 of the Texas Code of Criminal Procedure.
- iv. The Victim's Assistance Coordinator shall ensure compliance with Article 56A.202 of the Texas Code of Criminal Procedure.
- v. Once a sexual assault case is received by the District Attorney's Office, the Victim's Services Coordinator shall notify the victim of their rights in accordance with Article 56A.021, Article 56A.052, and Chapter 56B of the Texas Code of Criminal Procedure.
- vi. Once a sexual assault case has been received through intake, it shall proceed to the Grand Jury Coordinator.
- vii. The Grand Jury Coordinator shall assign the case to a prosecuting attorney.

b. Presentation to Grand Jury

- i. Once a prosecuting attorney has received the case they shall review the case to make the charging decision in accordance with Rule 3.09(d) of the Texas Disciplinary Rules of Professional Conduct.
 1. A prosecuting attorney shall make a charging decision prior to a defendant becoming eligible for a personal recognizance bond within the ninety day period provided for under Article 17.151 of the Texas Code of Criminal Procedure.

c. Bail and Conditions of Bond

- i. If a defendant seeks a bail reduction prior to indictment, the prosecuting attorney shall ensure the magistrate considers the safety of the victim and/or the victim's family in accordance with Article 56A.051 of the Texas Code of Criminal Procedure.



Jacob Putman
DISTRICT ATTORNEY

- ii. If a defendant seeks a bail reduction prior to indictment, the prosecuting attorney shall make reasonable attempts to contact the victim prior to the hearing and make reasonable attempts to notify the victim if bond is lowered and there is a possibility of release of the defendant in accordance with Article 56A.051 of the Texas Code of Criminal Procedure.
 - iii. If a defendant is out on bond the prosecuting attorney shall ensure that the defendant's bond conditions protect the safety of the victim and the safety of the community as the case necessitates under Article 17.40 of the Texas Code of Criminal Procedure.
- d. After Indictment
 - i. If a case is no-billed by the Grand Jury the victim and law enforcement shall be notified by the prosecuting attorney.
 - ii. If a case is true billed by the Grand Jury the victim and law enforcement shall be notified by the prosecuting attorney.
 - iii. Upon return of an indictment or information the prosecuting attorney shall notify the victim in accordance with Article 56A.451 of the Texas Code of Criminal Procedure.
- e. Discovery
 - i. The Smith County District Attorney's Office shall comply with the laws relating to exculpatory and mitigating evidence including *Brady v. Maryland*, and its progeny, Texas Code of Criminal Procedure 39.14, and Rule 3.09(d) of the Texas Disciplinary Rules of Professional Conduct.
 - ii. Any evidence that could potentially assist the defense of any person must be disclosed to the defense.
- f. Court Hearings
 - i. When requested, victims shall be notified of all court hearings in accordance with Article 56A.452 of the Texas Code of Criminal Procedure.
 - ii. It is not necessary for a victim to be present at all preliminary court hearings, however, if a hearing requires the victims attendance, the District Attorney's Office shall notify the victim as soon as practicable of the hearing.



Jacob Putman
DISTRICT ATTORNEY

- iii. Victims shall be notified by the District Attorney's Office of all plea offers made in the case in accordance with 56A.453 of the Texas Code of Criminal Procedure.
- iv. The presenting officer shall be notified when a plea offer is extended in a case.
- g. Trial
 - i. The trial team shall meet with the victim and witnesses of a case prior to trial.
 - ii. The trial team will ensure that the victim of a case has access to the Smith County Victim Services Advocate.
 - iii. If sentencing occurs at a later date than the guilt/innocence phase of trial a victim shall be notified of the sentencing date.
- h. Victim Impact Statements
 - i. The District Attorney's Office shall discuss with the victim prior to sentencing whether the victim would like to give an impact statement.
 - ii. The statement shall be presented to the court in accordance with the Texas Code of Criminal Procedure Article 56A Subsection D.
- i. Post-Conviction
 - i. When a defendant is convicted of or placed on deferred adjudication for sexual assault, the prosecuting attorney shall notify the prosecutor who represents the State in protective order hearings.
 - ii. Upon notification, the prosecutor over protective orders shall file a protective order on behalf of a victim in accordance with Article 7B.001 and Article 56A.052 of the Texas Code of Criminal Procedure.
 - iii. When a protective order is filed under 7B.001 the victim shall be notified in accordance with Article 56A.052 of the Texas Code of Criminal Procedure.



INTERAGENCY INFORMATION SHARING

OFFICE OF
SHERIFF SMITH COUNTY

LARRY R. SMITH
SHERIFF



227 NORTH SPRING AVE.
TYLER, TEXAS 75702
(903) 590-2661
FAX (903) 590-2659

With regard to Interagency Information Sharing, the Smith County Sheriff's Office actively shares case information with law enforcement partners as needed either by formal or informal request as determined necessary on a case by case basis. Due to the privacy of victims and suspects alike, any non-law enforcement personnel are required to file a Public Information Request to obtain any case information from the Smith County Sheriff's Office. Public Information Requests are available to obtain information on non-active investigations, however they do not provide access to current or active investigations. Refer Texas Government Code Chapter 552 for information on the Texas Public Information Act.

Smith County Sheriff's Office policy on Release of Information is located in section 3.12 of the General Policy Manual. This section states:

Release of Information:

Information authorized for release concerning an investigation or crime includes:

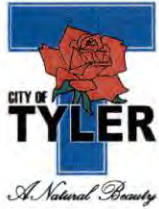
1. The type or nature of the event or crime;
2. Any unusual or hazardous road conditions;
3. Location of destruction due to a natural disaster;
4. The location, date and time, damages and a general description of how the incident occurred;
5. The type and quantity of property taken;
6. The identity and approximate address of a victim with the exception of sex crime victims and in other cases where reprisals or intimidation may result;
7. Requests for aid in locating evidence, a complainant or a suspect;
8. Number of officers or people involved in an event or investigation, the length of the investigation and the different departments involved;
9. The name of the officer in charge of a case, unless undercover; and
10. The name, address and age of:
 - a. Any arrested individual.

Non-Release of Information:

Information that may not be released in connection with an investigation of a crime, unless authorized by the Sheriff, includes:

1. The identity of a suspect prior to arrest, unless:
 - a. The release of information would aid in apprehending the suspect or warn the public of potential danger; and
 - b. Probable cause has been established and a warrant of arrest has been obtained.
2. The identity of any victim of a sex crime, or any related information which, if divulged could lead to the victim's identity;
3. The identity of any victims or witnesses which may prejudice an investigation or place the victim or witnesses in personal danger;
4. The identity of any juvenile who is a suspect or defendant in an a case subject to the jurisdiction of the juvenile court;
5. The identity of any critically injured or deceased person prior to notification of close relatives;

6. The results of any investigative procedure such as lineups, polygraph tests, fingerprint comparison or ballistic tests;
7. Information that if prematurely released may interfere with the investigation or apprehension of a suspect, such as:
 - a. The nature of leads;
 - b. Specifics of an "MO";
 - c. Details of the crime known only to the perpetrator and law enforcement personnel; or
 - d. Information that may cause the suspect to flee or more effectively avoid apprehension.
8. Information that may be of evidentiary value in criminal proceedings;
9. Specific cause of death unless officially determined by the medical examiner;
10. The home address or telephone number of any Sheriff's Office member; &
11. Information concerning the crime or event in question that is under the issuance of a gag order.



Tyler Police Department



711 W. Ferguson Street, Tyler, TX 75702 (903) 531-1027 FAX (903) 531-1069

DATE: 04/12/2022

TO: Sexual Assault Response Team Members

FROM: Sgt. Adam Tarrant, Tyler Police Department

RE: Interagency Information Sharing Policy

The Tyler Police Department complies with the Texas Public Information Act regarding the release of any and all police reports pertaining to sexual assault. If a victim of sexual assault or the victim's representative through a non-law enforcement organization requests a copy of a sexual assault report, only a public copy will be provided after receiving a signed release from that agency. In this instance, the status of the case must open, suspended or cleared by arrest. If the status of the case is closed, a redacted copy of the police report will only be released to the victim. The Tyler Police Department does share unredacted police reports and details of on-going investigations with other law enforcement agencies to include the Smith County District Attorney's Office.



Jacob Putman
DISTRICT ATTORNEY

Smith County Criminal District Attorney's Office SART Confidentiality Policy

The Smith County Criminal District Attorney's Office adheres to the Texas Rules of Disciplinary Conduct, the Texas Code of Criminal Procedure, the Texas Penal Code, and the Texas Government Code regarding the confidentiality of information received and disclosed by our office. Information in the possession of the Smith County Criminal District Attorney's Office related to cases should not be disclosed to the public other than through the criminal discovery process and the Public Information Act. Any request by the public for information in the possession of the Smith County District Attorney's Office is governed by the Public Information Act. For purposes of the Smith County Sexual Assault Response Team, copies of cases in the possession of the Smith County District Attorney's Office may not be released, and discussion about cases should be limited to the goals of the Sexual Assault Response Team Program and must be in accordance with the victim's consent.



P.O. Box. 7060
Tyler, Texas 75711

The East Texas Crisis Center (ETCC) adheres to The Family Violence Prevention and Services Act (FVPSA) and the Violence Against Women Act (VAWA) which require that any shelter, rape crisis center, domestic violence program, or similar service, in order to maintain its federal funding, is barred from disclosing to anyone any information about a victim receiving services. These federal statutes act as integral protections for victims of violent crimes who wish to keep their location and records confidential from abusers, crime perpetrators, family, community members, state or local law enforcement, and federal immigration officers. Without a release of information form on file from the client, ETCC will not share any information. Clients at ETCC can decline completing a release of information or withdraw their consent to release information at any time.

EAST TEXAS CRISIS CENTER, INC.

TYLER, TX 75711 P.O. Box 7060, Tel. 903-509-2526 Fax 903-509-2283
CANTON, TX 75103 310 S. Buffalo St., Tel. 903-567-6426 Fax 903-567-2152
ATHENS, TX 75751 P.O. Box 847, Tel. 903-675-2137 Fax 903-675-7874
MINEOLA, TX 75773 Sub-Court House, Route 3 & Highway 69 North Tel. 903-569-1678
Visit our website: www.etcc.org



LOCATION AND ACCESSIBILITY OF SEXUAL ASSAULT FORENSIC EXAMINATIONS



CHRISTUS.
TRINITY MOTHER FRANCES
Health System

DEPARTMENT: Emergency Care Center	TITLE: Emergency Care of Sexual Abuse/Assault Patient
PAGE: 1 of 4	REFERENCE NUMBER: 137230-0013

SCOPE:

This policy applies to all CHRISTUS Trinity Mother Frances Health System ("System") and affiliated entities, including but not limited to, hospitals, ambulatory surgery centers, physician practices, service centers and all corporate departments. The requirements of this policy apply to workforce members of the System, regardless of employment status (e.g. full-time, part-time, or per diem).

PURPOSE:

1. To provide effective and compassionate care to patients who have experienced sexual assault.
 - 1.1 Sexual assault is defined as contact of penetration of a person's sexual organ or anus without permission of that person or penetration of the mouth with a sexual organ without permission

POLICY:

1. Initiate appropriate legal/forensic procedures if legal complaint is to be filed.
 - 1.1 Sexual assault forensic evidence collection preferably will be gathered by a Sexual Assault Nurse Examiner (SANE)
 - 1.2 Call police department of the jurisdiction in which assault took place.
 - 1.3 If no SANE nurse is available, it is recommended to transfer the patient to a facility with an available SANE nurse.
 - 1.4 Collection of evidence may begin after appropriate police department has issued a case number.
 - 1.5 Document nursing assessment and collection of evidence or forms and supplies provided in the "Sexual Assault Evidence Collection Kit" that is supplied by the hospital. The procedure for specimen collection must follow the instructions in the kit exactly.
 - 1.6 Collect clean catch urine specimen collection must follow the instructions
2. Assess for, document, and report sexual abuse.
 - 2.1 Pediatric considerations



CHRISTUS
TRINITY MOTHER FRANCES
Health System

DEPARTMENT: Emergency Care Center	TITLE: Emergency Care of Sexual Abuse/Assault Patient
PAGE: 2 of 4	REFERENCE NUMBER: 137230-0013

- 2.2 Obtain consent from parents/guardian if patient is under the age of 18 except:
 - 2.2.1 In suspected child abuse, exam may be performed with consent of minor, or court order, or on the opinion of the emergency physician.
 - 2.2.2 Exam may not be done if child is 16 or older and refuses to consent or if consent is refused by a court order.
- 3. Physiologic and Psychological Status
 - 3.1 Primary, Secondary Assessment (See ED Assessment of the ED Patient)
- 4. Focused Assessment
 - 4.1 History of assault
 - 4.2 Gynecologic history
 - 4.3 Determine if patient has bathed, douched, changed clothes or defecated, urinated, brushed teeth or used mouthwash since attack
 - 4.4 Document description of all physical injuries and include quotes made by victim regarding details of the attack.
 - 4.5 Appearance, emotional state/behavior, and psychosocial responses.
- 5. Forensic Considerations
 - 5.1 If patient is elderly or is differently able (physically, mentally or communicatively) it is required that the assault be reported to Adult Protective Services at the Texas Department of Human Services.
 - 5.2 If patient is an adult of able mind and body, ascertain if the patient is going to press charges and file a legal complaint with the police.
 - 5.3 If patient is a minor:
 - 5.3.1 Call Child Protective Services to ascertain how they wish to proceed and transfer to recommended facility as appropriate.
 - 5.3.2 If the parents/guardian is not thought to be the perpetrators, have them confer with Child Protective Services on how to proceed.



CHRISTUS.
TRINITY MOTHER FRANCES
Health System

DEPARTMENT: Emergency Care Center	TITLE: Emergency Care of Sexual Abuse/Assault Patient
PAGE: 3 of 4	REFERENCE NUMBER: 137230-0013

6. Provide Psychosocial Support during Hospitalization

- 6.1 Explain and give rationale for all procedures in simple terms according to patient's ability to understand.
- 6.2 Encourage expression of thoughts and feelings; allow patient to pace and depth of conversation.
- 6.3 Validate actions taken by individual during the attack as "doing what is necessary to survive.
- 6.4 Maintain privacy and confidentiality; reassure the she/he is safe and protected.
- 6.5 Do not leave the patient alone if it can be avoided.
- 6.6 Recognize the patient's feelings may be displaced to health care provider.
- 6.7 Explain services that are available for sexual assault victims.
- 6.8 Provide information on possibility of contracting STD or UTI and possible treatment modalities.
- 6.9 Provide information to sexually mature females on possibility of becoming pregnant as a result of assault and discuss alternatives and need for referral for follow up pregnancy test.
- 6.10 Call Rape Crisis Center at 903-595-5591
- 6.11 Verbalize respect for the person choosing own path for positive coping process.
- 6.12 Allow patient to shower or bathe prior to dismissal if the patient prefers.

7. Evaluate Social Support Systems Prior to Dismissal

- 7.1 Determine which significant people the patient wishes to know about the assault immediately.
- 7.2 Assist in contacting supports without taking over, or doing for the patient what she/he cannot do for him/her self.
- 7.3 For minor or incapacitated adult, obtain services from social work professionals to



CHRISTUS
TRINITY MOTHER FRANCES
Health System

DEPARTMENT: Emergency Care Center	TITLE: Emergency Care of Sexual Abuse/Assault Patient
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	assist with support and safe environment.
7.4	Assess response of selected support person, encourage to express feelings, and provide information regarding ways to support patient through crisis.
8.	Evaluate and assist in planning for security after discharge
8.1	Discuss realistic measure to promote safety and security.
8.2	Arrange for transport to a safe environment if needed.
8.3	For minor or incapacitated adult, confer with physicians and social service agent and parent/guardian if appropriate, regarding the safest disposition of the patient.
DEFINITIONS:	
CHRISTUS Trinity Mother Frances Health System means to include the following Medicare Conditions of Participation legal entities: Mother Frances Hospital Regional Health Care Center (CHRISTUS Mother Frances Hospital-Tyler); Mother Frances Hospital-Jacksonville (CHRISTUS Mother Frances Hospital-Jacksonville); Mother Frances Hospital-Winnsboro (CHRISTUS Mother Frances Hospital-Winnsboro); and Trinity Clinic (CHRISTUS Trinity Clinic).	



Association as an approved provider of continuing education for registered nurses. Education is a collaborative process that is coordinated with other health care disciplines outside of the Nursing Department.

- 2) The Nursing Education Department is open Monday through Friday 8 am until 5 pm and as needed.

Infection Control:

- 1) Infection Control Department is responsible for a proactive approach to infection control. The Infection and Prevention Control Program is staffed with 3 Infection Control registered nurses. The Infection Control Department is responsible for planning, implementation, evaluation of data related to infectious disease and demonstrating outcome reduction in infections. The populations served are inpatients and outpatients, visitors, team members, students, public health organizations, volunteers, and physicians of UT Health East Texas, Tyler. The ages will range from birth through the geriatric population.
- 2) The Department is open Monday through Friday from 8 am until 5 pm. Our services can be accessed by notifying the Infection Control Practitioners through the computer or by cell phone.

FNE/SANE:

- 1) The Forensic Nurse (Sexual Assault Nurse Examiner (SANE) program is under Emergency Services and their Medical Director. In conjunction with outlying resources involving police and crisis advocates, the scope of service is to provide victim-centered, trauma-informed care to victims of sexual violence ranging from pediatric to geriatric. The program is staffed with registered nurses that have received specialized training in a multitude of fields including the neurobiology of trauma, current STI guidelines, implications of culturally based care, trauma-informed care guidelines, human trafficking, child abuse, geriatric abuse, family violence, safety planning, forensic photography, collection of forensic evidence and chain of custody standards. Additionally, these registered nurses receive certification as a Certified Adult and Certified Pediatric Sexual Assault Nurse Examiner following completion of a comprehensive clinical educational program recognized by the Office of the Attorney General for the State of Texas. The FNE/SANE is available on a call basis with a schedule provided to the First Com Call Center. The program uses the State of Texas evidence collection protocol developed by Texas A&M's expert panel for the Attorney General's Office.
- 2) The FNE/SANE is registered in the state Track-Kit program and enters the barcode associated with each kit immediately after completing the exam.
- 3) The FNE/SANE also attends the MDT's Multi-Disciplinary Team meetings on the first and third Wednesday of each month for the Smith County Children's Advocacy Center, the fourth Tuesday of each month for the

**Printed documents are considered uncontrolled.
Printed copies are for reference only.
Please refer to the electronic copy for the latest version.**

Athen's Children's Advocacy Center to staff cases. In addition, the FNE/SANE will also attend SART's Sexual Assault Response Team meetings as directed by the Smith County Commissioners court.

- 4) Oversight by the Medical Director is provided in a case review format and medical direction and assistance for quality review.

Case Management:

- 1) Case Management is a collaborative process that assesses, plans, implements, coordinates, monitors and evaluates the options and services to meet an individual's health needs, using communication and available resources to promote quality, cost effective outcomes.
- 2) The case manager is an advocate for the patient, an empowering agent for the family and a facilitator of communication among the patient, family, care providers and payors.
- 3) The role of case manager is to collaborate with patients by assessing, facilitating, planning and advocating for health needs on an individual basis. Successful outcomes cannot be achieved without specialized skills and knowledge applied throughout the process. These skills include, but are not limited to, positive relationship building, effective written, verbal communication, ability to effect change, perform critical analysis, plan and organize effectively and promote patient/family autonomy. It is crucial for the case manager to have knowledge of funding resources, services, and clinical standards and outcomes.
- 4) The case manager identifies opportunities for intervention, such as:
 - a) Over-utilization of services or use of multiple providers/agencies
 - b) Under-utilization of services
 - c) Premature discharge from appropriate level of care
 - d) Use of inappropriate medical treatment or healthcare center
 - e) Use of ineffective treatment
 - f) Permanent or temporary alterations in functioning
 - g) Work-related injury/lost work time
 - h) Medical/psychological/functional complication
 - i) Lack of education of disease course/process
 - j) Lack of resolution to medical treatment course
 - k) Lack of an established treatment plan with specific goals
 - l) Lack of financial support
 - m) Noncompliance
- 5) The case management staff will:
 - a) Maintain rapport and communication with the patient and family so that important information regarding the delivery of healthcare services and products impacting on the goals and outcome of the care plan can be disclosed.
 - b) Maintain a professional rapport and communication with the members of the treatment team so that the care plan can be discussed

UT Process

Arrival- Registration

Triage

Medical Clearance- NFS protocol

First Com/ER Charge Nurse

SANE/FNE in-house/on-call

Notification of Advocate

Transfer to available nurse if needed

SANE Response

Indicated Medical Care (new findings after history)

NRSA-Non-Report Sexual Assault Exam

Reporting agency request form for exam

Emergency Contraception

STI prophylaxis (RX?)

HIV prophylaxis (uninsured patients, poorly insured)

Lethality Assessment

Safety Planning

Track-Kit

Referrals (scheduled follow-up is our goal)

Discharge

Chain of Custody – Kit to law enforcement



ACCESS TO SEXUAL ASSAULT PROGRAM ADVOCATES



P.O. Box. 7060
Tyler, Texas 75711

ETCC staff and volunteers are certified by the OAG as sexual assault program advocates to provide hospital accompaniment to victims of sexual assault receiving a SANE examination in Smith County

The SANE nurse or another nurse at the hospital will call the ETCC hotline number (903.595. 5591) to request that an ETCC advocate come to the hospital to provide advocacy services. The hotline will collect the following information about the patient from the nurse calling:

- Age
- Gender
- Victimization

The advocate on call will be notified by the hotline and will arrive at the hospital within one hour. ETCC will do the following during hospital accompaniment:

- Ask the patient if they would like the advocate to stay with them before the exam begins and during the exam
- If asked by the patient to stay, the advocate will explain the role of the SANE without a detailed explanation of what will happen during the exam
- Wait outside the exam room while the patient is dressing or undressing
- Sit at the head of the exam table or with his/her back to the examination
- Hold the patient's hand if requested by the patient
- Leave the exam room immediately if requested by the patient
- Safety plan with the patient
- Assist the patient in finding shelter if needed
- Provide information about ETCC services
- Make accommodations for transportation to ETCC shelter

ETCC advocates will not do the following during hospital accompaniment:

- Answer for the patient
- Translate for the SANE or any other medical personnel
- Engage in unnecessary conversation with the SANE or the patient
- Instruct the SANE in how to conduct the examination
- Handle the rape kit or any of its contents
- Label or write on vials
- Transport forensic medical evidence to any location at any time
- Restrain the patient in any way or assist in any medical procedure
- Provide transportation directly

EAST TEXAS CRISIS CENTER, INC.

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Visit our website: www.etcc.org



AVAILABILITY AND ACCESS TO MENTAL AND BEHAVIORAL HEALTH SERVICES



P.O. Box. 7060
Tyler, Texas 75711

ETCC provides free counseling services to victims of sexual assault. In order to receive counseling services from ETCC, the following steps must be taken:

- The client must complete a new client intake with an advocate at ETCC
- The advocate will add the client to the counseling waiting list
- When a counselor has availability, they will contact the client to schedule a counseling intake
- The counselor will contact the client three times and if the client does not respond, they will not be contacted again

If a client does not want to wait for counseling at ETCC, ETCC will refer clients to following locations for mental and behavioral health services:

- Mosaic Counseling Center of East Texas
- Andrew's Center
- Alethia Counseling
- Solace Counseling and Anxiety Center
- UT Health North Campus
- The Bridge Therapeutic Services
- Living Well
- Restore Family Counseling Center
- Love and Laughter Counseling

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MINEOLA, TX 75773 Sub-Court House, Route 3 & Highway 69 North Tel. 903-569-1678
Visit our website: www.etcc.org

ANDREWS CENTER

Waymon Stewart, CEO

Herbert Davis, Physician

Cindy Grace, COO

Laura Newsome, Crisis Director

09/01/2009

Effective Date

Procedure for: Crisis Services

I. Crisis Hotline Services

- A. All calls to the Crisis Hotline (1-877-934-2131) are answered and screened by staff of AVAIL Solutions, Inc., an American Association of Suicidology (AAS) certified crisis call center. Crisis services are available 24 hours a day, every day of the year, for immediate screenings and assessments of individuals in crisis, including assessments to determine risk of deterioration and immediate danger to self or others. Crisis assessments are not delegated to law enforcement officials.
 1. All staff of AVAIL Solutions Inc. is at least a QMHP-CS
 2. AVAIL's operation, policy, procedure and staffing are consistent with Texas Administrative Code, Mental Health Community Service Standards, Chapter 412, Subchapter G.
 3. Andrews Center provides to AVAIL Solution a monthly call sheet for the Administrator, Physician, ACT and Networks staff on call. (See attachments)
 4. Andrews Center has supplied AVAIL Solution with information (telephone and pager numbers and contact persons) regarding access to MCOT activation. (See attachments)
 5. Andrews Center has provided AVAIL Solutions with a set of guidelines to follow for on call activation. (See attachments)
 6. Any call that is considered a crisis call that comes through the clinic during day time hours are forwarded to the hotline extension (**Avail - 7498**) for proper documentation, triage and handling.
- B. AVAIL will assess if the call is emergent, urgent, routine or substance related.
 1. If the call is **emergent**, AVAIL will gather and document relevant information, and based on clinical need, initiate one of the following and electronically submit a call log.
 - a. Handle call to resolution if possible
 - b. Activate 911 services if appropriate (ambulance or law enforcement welfare check as appropriate)
 - c. Activate Mobile Crisis Outreach Team (MCOT). [Calls that are received from the hotline (**Avail**) during business hours should be triaged through **Crisis Clinic Coordinator or designated staff in her absence. Avail's calls should never be left on a voice mail. Assure that they speak with a live person.**]
 - d. Direct individuals to walk in the clinic if during business hours
 - e. Refer caller to community resources if appropriate.
 - f. Provide follow up to assess if consumer successfully accessed services.

2. If the call is **urgent**, AVAIL will gather and document relevant information and electronically submit a call log.
 - a. Consumer's urgent needs will be addressed, and consumer urged to follow up with nearest LMHA outpatient clinic.
 - b. If consumer is in an ER, hospital, jail or other community site, MCOT is activated if requested.
 3. If the call is **routine** AVAIL will gather and document relevant information, give appropriate referrals and electronically submit a call log.
 4. If the consumer is requesting or inquiring about **substance related** services, they will be given an OSAR referral w/ appropriate phone numbers.
 5. Request for competency evaluations or forensic hospitalization will be referred the TCOOMMI representative for disposition.
 6. Call related to Veteran's Services/ETRIAD may be referred to these services for follow up.
- C. Individuals and families who call the business numbers during the business day who express urgent or emergent needs are transferred to the hotline service unless imminent danger is apparent; a QMHP-CS will be accessed immediately if needed.
- D. Community stakeholders who call the business number during business hours e.g. ER, law enforcement, judges are transferred to the hotline service unless special circumstances exist and then a QMHP-CS will be accessed to assess their needs.
 1. If the stake holder's request is for the individual to be seen in the clinic then the referral will be made to the Crisis Clinic Coordinator. He/she or a designee (in the case that she is absent or dealing with other consumers) will meet that need.
 2. If the community stake holder would like the individual to be seen in the field, then MCOT team member will be dispatched.

II. **Mobile Crisis Outreach Services (Community Based Crisis Intervention.)**

- A. Community based crisis services are defined as face-to-face services delivered in the community to an individual who is in need of emergent or urgent interventions provided in accordance with current DSHS governance, policy, procedure, standards and techniques.
- B. QMHP-CS assessment. Individuals experiencing a crisis, as determined by a QMHP-CS screening, must be assessed face-to-face or via telemedicine by someone who is at least credentialed as a QMHP-CS within one hour after the individual presents to the provider in a crisis, either via the crisis hotline or a face-to-face encounter (e.g., walk-in). The QMHP-CS must provide ongoing crisis services until the crisis is resolved or the individual is placed in a clinically appropriate environment.
- C. LPHA consultation. An LPHA must always be available for consultation with the QMHP-CS. Community based crisis services are initiated by either;
 1. Notification from the crisis hotline,
 2. Notification from the MCOT team leader or designee,
 3. Notification from a clinic staff.

- D. Physician assessment. If the individual requires emergency care services, as determined by the QMHP-CS's assessment of risk of deterioration and danger as described in subsection (b) of this section, then the provider of crisis services must have a physician, preferably a psychiatrist, perform a face-to-face or telemedicine assessment of the individual as soon as possible, but not later than 12 hours after the QMHP-CS's assessment to determine the need for emergency services.
- E. Community based crisis services are delivered by MCOT that provides screening, assessment and intervention in emergent and urgent conditions. Services are designed to reach individuals at their place of residence (if deemed a safe environment), school, ER's, jails and/or other community-based safe locations.
- F. MCOT team members are required to report to site as soon as possible after notification of an emergent situation but not more than an hour unless the entity has been notified and an agreed upon ETA is negotiated. In urgent situations, the team is expected to respond in a timely manner and notify the entity of an ETA.
- G. Andrews Center provides full MCOT services in its five County service area, Smith, Henderson, Van Zandt, Wood and Rains. Mobile services are provided to ERs, hospitals, jails, detention centers, physician offices and clinics, nursing homes, law enforcement departments and other sites deemed as a safe environment.
- H. Upon the advice of law enforcement in the 5 county service area, assessments in the individual's home is limited due to safety issues. MCOT has been instructed by law enforcement to limit assessments in the home only to those that the agency feels to be safe as law enforcement will not accompany the team to the residence on a routine basis.
- I. The 8 to 5 MCOT is comprised of 4 QMHP-CS (two based in Smith County and two based in Henderson County), an LPHA, 2 MH Deputies in Smith County and a Director who is also an LPHA. The MCOT for after hours is contracted through AVAIL solutions, INC. and include 4 QMHP-CS and 1 LPHA (and 2 back-up LPHAs). Both teams provide face to-face assessment as needed or clinically indicated. A Physician, Networks and ACT representative are on-call and available should the need for their services arise.
 - 1. Staff will carry phones at all time for immediate access to dispatch
 - 2. Crisis Clinic Coordinator or designee will dispatch staff on a rotational or availability basis for day MCOT. Evening MCOT is dispatched by hotline staff.
 - 3. One MCOT member may respond to an emergent or urgent need when the individual in crisis is at a safe and secure location, e.g. law enforcement agency, jail, juvenile detention center, ER, hospital, doctor's office or clinic, school, skilled nursing facility, etc.
 - 4. MCOT services may be delivered at an individual's residence unless the level of risk to staff or the individual in crisis is perceived to be significant. MCOT staff may perceive a heightened level of risk to themselves or the individual in crisis to be significant when,
 - a. the individual in crisis is unknown to staff
 - b. the individual is known to have a history of aggressive behavior
 - c. the individual resides with others who have a history of aggressive behavior
 - d. the individual is a known substance abuser

- e. the individual resides with others who are known substance abusers
 - f. the individual resides in a known area for dangerousness or criminal activity.
 - g. the individual is known to have injured him/herself
 - h. the individual is currently reporting command hallucinations to hurt self or others
 - i. the individual themselves and/or peace officers are not requesting a home visit
 - j. the individual is requesting aid after dark and law enforcement will not accompany staff.
5. In the event that any of the above (II.F.2.a-j) circumstances arise, MCOT/Hotline staff may collaborate with the individual in crisis or LAR to be seen in a less threatening environment, or notify the individual or LAR that a peace officer will come to do a welfare check and/or transport to a safe place for evaluation.
 6. In the event that local law enforcement officials are unaware of MCOT staff needs, they will be immediately notified by MCOT staff and collaborate to meet the individual in crisis together if agreeable to law enforcement.
- J. Community based crisis services during off peak hours will be provided by MCOT that provides screening, assessment and intervention in emergent and urgent conditions.
Upon request to the hotline that an assessment is needed, the hotline staff will:
1. suggest that individual be transported to a safe facility for assessment (i.e. nearest ER room, designated safe site.)
 2. if ER is requesting the assessment, the hotline will dispatch the on call MCOT staff.
- K. An assessment suggesting an individual is at imminent risk of danger to self or others or at risk of deterioration lead to one or more of the following:
1. immediately engage the individual using DSHS trained/approved interventions to ameliorate or reduce distress, help the individual cope with the immediate stressor which precipitated the event and stabilize the individual in the least restrictive environment and/or;
 2. creation of a collaborative safety plan with consumer, LAR and referral source which includes appropriate strategies and approved interventions to help the individual and/
 3. provision of follow up contact information and responsibilities of all involved which may include referral for screening for determination of eligibility for ongoing outpatient care and/or,
 4. referral for ongoing relapse prevention services, crisis follow-up or intervention as it relates to Service Pack 3 and Service Pack 4.
- L. Screening/assessment that indicates a need for a more restrictive treatment environment to ensure safety and stabilization may also involve a need for

transportation. The protocol for transporting the individual to an appropriate facility includes;

1. Individuals on a voluntary basis who are not at imminent risk of harm to self or other and require no medical clearance may be transported by any of the following after a collaborative consensus between all stakeholders.
 - a. family members,
 - b. ambulance,
 - c. peace officers,
 - d. LAR or
 - e. Guardians
 - f. MCOT team member
 2. Individuals on a voluntary basis who demonstrate imminent risk of harm to Self or others may be transferred to a more restrictive setting by:
 - a. ambulance (after being placed on at least an EDW) or
 - b. a peace officers
 3. Individuals on an involuntary basis who demonstrate imminent risk of harm to self or other may be transferred to a more restrictive setting by:
 - a. ambulance or
 - b. a peace officers
- M. An assessment suggesting an individual is not at imminent risk of danger to self or others or at risk of deterioration may lead to one or more of the following e.g. (this is a Crisis False Alarm/Urgent Need):
1. Engagement of the individual to ameliorate or reduce distress and help the client cope with the immediate stressor which precipitated the event;
 2. Creation of a collaborative safety plan with consumer which includes Strategies and interventions to help the individual and follow up to confirm that resources were accessed.
 3. Reassessment of the individual the following day by at least a QMHP or at the appropriate time intervals based upon guidelines of 'urgent' needs.
- N. If all stake holders, including the individual, agree that the client can be treated on an out patient basis, the following steps are taken:
1. If the individual is an "active" consumer at this center, the individual may be:
 - a. directed to come to one of the clinics the next business day in order to be reevaluated by a QMHP-CS, counselor or medical staff.
 - b. be referred to their (or assigned to an) SP3 or SP4 caseworker for extended intensive case management or ACT services.
 - c. be placed in SP5 (transitional services) for continued care until entered into Andrews Center services or referred to appropriate community services.
 - d. is referred to Veteran/ETRIAD services if issues are service related.
 2. If the individual is not an "active" consumer at the Center, then they may be directed to come to one of the Outpatient clinics to be seen by an Intake staff or Crisis Clinic staff to determine further needs and eligibilities.
 3. The individual also at any time may be referred to schedule an appointment with the regional OSAR representative to address substance abuse concerns.
- O. Each team member is provided with a cell phone and/or pager, laptop computer, Sprint access card and a kit which includes but is not limited to:

- ❖ Assessment forms and materials
- ❖ Safety Plan
- ❖ Hospital authorization forms
- ❖ Documents needed for Judge including therapist's recommendation
- ❖ State hospital admission criteria
- ❖ Medical exclusionary forms
- ❖ Community Resources including Regional OSAR
- ❖ Other LMHA's area of coverage and contact numbers
- ❖ State and Private Psychiatric Hospital Numbers
- ❖ MCOT Team members contact information
- ❖ Local medical hospital and law enforcement numbers

- P. MCOT team will meet every morning to triage calls received from the hotline and to assign any follow-up that is needed.
1. The **MCOT** members will meet every weekday morning at approximately 8:30 a.m. to review calls from AVAIL. This is a triage meeting. Follow up to the hotline calls and any cases pending from the day before will be assigned to a specific worker.
 - All calls are reviewed for content and disposition
 - Calls are assigned for follow up as needed.
 - If consumer is and existing client, case numbers are applied, transactions are entered in the system and documentation is sent for filing.
 - If a face to face intervention was conducted on a non registered, the consumer is registered to receive a case number, transactions entered and documentation filed
 - Calls received that were for information only or non crisis calls for patients without existing case numbers are entered in the system and filed in a contact file only. Any calls for existing patients are filed in their existing records.
 2. The triage meeting is not an option. The team will meet whether any calls are received. MCOT members not in Smith County will be joined to the meeting by telephone or teleconference. The person in charge of the meeting will be responsible for making sure all are included.
 3. The Division Director may appoint a staff to direct the meeting in his/her absence.
 4. Events that would preclude meeting include...
 - i. Emergent crisis in the building that needs immediate attention.
 - ii. CEO or COO requests meeting at that time, etc.
 5. Intervention visits to the ER or ETMC-Behavioral Health Center will be made after the triage meeting unless special circumstances exists.
 6. The Day TEAM is accessible by phone or pager at all times (M-F 8am-5 pm; assigned weekend and holiday rotation).
- Q. MCOT staff will complete all required trainings prior to MCOT duty and attend refresher courses yearly or on an as needed basis.
- R. Each team member has a job description with listed job responsibilities. A copy of each is available in personnel.

III. Clinic Based Crisis Intervention

- A. Upon presentation at the Outpatient Clinic a prescreening form is completed
To assess the emergent, urgent or routine status of presenting problem.
- B. An assessment suggesting an individual is at imminent risk of danger to self or others or at risk of deterioration lead to one or more of the following:
 - 1. immediately engage the individual using DSHS trained/approved interventions to ameliorate or reduce distress, help the individual cope with the immediate stressor which precipitated the event and stabilize the individual in the least restrictive environment and;
 - 2. creation of a collaborative safety plan with consumer, LAR and referral source which includes appropriate strategies and approved interventions to help the individual and,
 - 3. provision of follow up contact information and responsibilities of all involved which may include referral for screening for determination of eligibility of ongoing out pt. care and,
 - 4. referral for ongoing relapse prevention services and crisis follow-up or referral to their appropriate SP3 or SP4 provider.
- C. Screening/assessment that indicates a need for a more restrictive treatment environment to ensure safety and stabilization will be referred for assessment by a physician PA or Nurse Practitioner.
- D. Screening/assessment that indicates a need for a more restrictive treatment environment to ensure safety and stabilization may also involve a need for transportation. The protocol for transporting the individual to an appropriate facility includes;
 - 1. Individuals on a voluntary basis who are not at imminent risk of harm to self or other and require no medical clearance may be transported by any of the following after a collaborative consensus between all stakeholders.
 - a. family members,
 - b. ambulance,
 - c. peace officers,
 - d. LAR or
 - e. Guardians
 - f. MCOT team member
 - 2. Individuals on a voluntary basis who demonstrate imminent risk of harm to Self or others may be transferred to a more restrictive setting by:
 - a. ambulance (after being placed on at least an EDW) or
 - b. a peace officers
 - 3. Individuals on an involuntary basis who demonstrate imminent risk of harm to self or other may be transferred to a more restrictive setting by:
 - a. ambulance or
 - b. a peace officers
- E. An assessment suggesting an individual is not at imminent risk of danger to self or others or at risk of deterioration may lead to one or more of the following e.g. (this is a Crisis False Alarm/Urgent Need):
 - 1. Engagement of the individual to ameliorate or reduce distress and help the client

- cope with the immediate stressor which precipitated the event; this may include referral to medical services, LPHA for counseling or SP3 or SP4 provider, OSAR or Veteran/ETRIAD if service related .
2. Creation of a collaborative safety plan with consumer which includes strategies and interventions to help the individual and follow up to confirm that resources were accessed.
 3. Reassessment of the individual at the appropriate time intervals based upon guidelines of 'urgent' needs.
- F. If all stake holders, including the individual, agree that the client can be treated on an out patient basis, the following steps are undertaken:
1. If the individual is an "active" consumer at this center, the individual may be
 - a. directed to follow up with case manager, sub abuse counselor, counselor or medical staff.
 - b. be referred to their (or assigned to an) SP3 or SP4 caseworker for extended intensive case management or ACT services.
 - c. be placed in SP5 (transitional services) for continued care until entered into Andrews Center services or referred to appropriate community services.
 2. If the individual is not an "active" consumer at the Center, then they will be appropriately tagged by Intake staff or Crisis Clinic staff to determine further needs and eligibilities.
 3. The individual also at any time may be referred to schedule an appointment with the regional OSAR representative to address substance abuse concerns.

IV. Assessment and Assessment intervals.

The crisis assessment instruments used by all providers of crisis services are consistent with standards of care and regulatory requirements of DSHS, Information Item V. For consumers presenting at the clinics, a prescreening tool is given for completion to determine emergent, urgent and routine needs

- Prescreening tool (See attachment.)
 - Crisis Screening and Assessment
- A. Individuals will receive a face-to-face crisis triage or screening by a QMHP-CS within 15 minutes of presentation.
 - B. If consumer presents alone (without friends or family members) and is suicidal or acutely psychotic, they will be escorted to the deputy's area so that supervision can be attained. It is not imperative that the deputy provides the supervision **UNLESS** there is an inherent danger of harm. A paraprofessional may be used for that purpose.
 - C. If the consumer has an existing record, review information and documentation. If not, have consumer's record opened by registration or ancillary services. Data needed to open a chart is a name and a birth date. Make sure that the chart is opened for emergency services and that the appropriate CARE flag is (yes).
 - D. A crisis screening is performed using the crisis elements of the Adult-TRAG, CA-TRAG, AC Screening Form, On Call Screening Form or the

Adult or Child Assessment Form. (A combination of assessment tools may be used to get needed information). A suicidal lethality scale will be used if unsure of seriousness of situation.

E. The crisis screening is documented and evaluates risk of harm to self or others, contributive medical issues and the need for immediate physician assessment, hospitalization or emergency intervention by other providers.

F. Documentation of Crisis services will include:

1. the date the service was provided;
2. the beginning and end time of the crisis contact;
3. the name and any other identifying information of individual to whom the service was provided (if given);
4. the location where the service was provided;
5. the behavioral description of the presenting problem;
6. lethality (e.g., suicide, violence);
7. substance use or abuse;
8. trauma, abuse, or neglect;
9. the outcome of the crisis (e.g., individual in hospital, individual with friend and scheduled to see doctor at 9:00 a.m. the following day);
10. the names and titles of staff members involved;
11. all actions (including rehabilitative interventions and referrals to other agencies) used by the provider to address the problems presented;
12. the response of the individual, and if appropriate, the response of the LAR and family members;
13. the signature of the staff member providing the service and a notation as to whether the staff member is an LPHA or a QMHP-CS;
14. any pertinent event or behavior relating to the individual's treatment which occurs during the provision of the service; and
15. follow up activities, which may include referral to another provider.

G. Consumers should be referred out to other resources when appropriate. Example: Sub abuse to the designated staff or the OSAR, domestic violence to the East TX Crisis Center, Medical emergencies to the ER, etc.

H. Consumers/stakeholders accessing the crisis hotline will immediately speak with a QMHP-CS. Should a face to face evaluation be warranted, it will occur within an hour of 1st contact.

V. Communication of Crisis Contacts.

- A. If an individual who is currently receiving mental health services has experienced a crisis and has been assessed in accordance with subsection (b) of this section, the provider of crisis services must communicate in writing (e.g., e-mail or fax) the details of the crisis contact to the provider of ongoing mental health services to ensure that the individual

receives continuity of care and treatment and include such communication in the medical record. This crisis contact communication:

(1) may not disclose any substance abuse-related information unless disclosed in compliance with federal law as described in 42 CFR Part 2;

(2) must take place no later than the next business day after conclusion of the crisis contact; and

(3) may disclose mental health information for the purpose of continuity of care and treatment without the individual's consent if disclosure is made in accordance with:

(a) Texas Health and Safety Code, §533.009 (relating to Exchange of Patient and Client Records), when the provider of ongoing services is part of the department's service delivery system; or

(b) in accordance with Texas Health and Safety Code, §611.004(a)(7) (relating to the Authorized Disclosure of Confidential Information other than in Judicial or Administrative Proceeding), when the provider of ongoing services is not part of the department's service delivery system.

B. Assessment intervals are timely intervals consistent with DSHS guidelines for emergent, urgent and routine care.

1. Emergent – within 15 minutes if in out patient clinic; within 1 hour if in the community.
2. Urgent – within 15 to 30 minutes if in outpatient clinic; within 48 hours if in the community
3. Routine – as soon as a staff is available if in the outpatient clinic; within 14 days if calling in for services.

C. Following initial crisis intervention services, an individual with continuing emergency needs will be reassessed at recommended intervals consistent with their current placement such that;

1. Individuals placed in an in-patient psychiatric care facility will be reassessed at intervals consistent with their respective state and regulatory guidelines,
2. Individuals who are incarcerated who are in need of emergency care services will be assessed by a physician, preferably a psychiatrist, within 12 hrs (1st level by psychiatrist employed by jail system).
3. Individuals placed in the community e.g. nursing facility, ICF-MR, group home or living with an LAR, custodian, and guardian or living independently who are in need of emergency care services will be assessed by a physician, preferably a psychiatrist, within 12 to 24 business hrs.
 - i. If consumer does not follow up at the Clinic at the designated time a follow up phone call will be made.
 - ii. If consumer is not reached by phone, then a home visit will be made.

D. Urgent care assessment intervals.

Individuals identified via a hotline call or face-to-face evaluation to evidence a need for urgent care services will be assessed within the current DSHS standards time frame of 48 hrs. of the initial contact, and include the provision of services and supports to stabilize if necessary.

- E. Routine Care reassessment intervals.
Individuals receiving routine care will be reassessed at intervals
Consistent with DSHS guidelines for timeframes associated with the
UA-TRAG and treatment plans, every 90 days.



REQUIRE NOTIFICATION TO SURVIVORS

Law enforcement agencies shall provide notifications to the victim of sexual assault cases in accordance with Article 56.07 of the Texas Code of Criminal Procedure.

The Smith County District Attorney's Office shall provide notifications to the victim of sexual assault cases in accordance with Article 56.08 of the Texas Code of Criminal Procedure.

An advocate for a survivor of sexual assault may provide follow up communication to the survivor if that is expressly requested by the survivor.

The Smith County Sexual Assault Response Team shall only discuss a survivor's case with their express written consent.



RELEVANT COMMUNITY TRENDS

For reports to law enforcement agencies, the previous reporting period we had a total of one hundred seventy-six reports of adult sexual assault to either the Tyler Police Department or Smith County Sheriff's Office. The current 2024-2025 reporting period we saw one hundred seventy reports filed with either the Tyler Police Department or Smith County Sheriff's Office. While the number stayed about the same between the two reporting periods, interestingly we saw the number reported to TPD increased and a slight decrease in the number of cases reported to the Smith County Sheriff's Office than the previous reporting period.

For the previous submission we had eighteen cases that reported incidents of date rape. We had twenty-seven total cases that report date rape from only one of our agencies for the 2024-2025 reporting period. It appears that the number of cases reported to law enforcement that include an allegation of date rape has increased over the past reporting period.

Since the last report submission in December of 2023, we have seen an increase in the number of cases that are making it to prosecution at the Smith County District Attorney's Office. Though victim choosing to drop charges and insufficient evidence were the largest reason for a case to be closed out at the law enforcement level, more cases made it to be submitted to the Smith County District Attorney's Office.

We did have cases the previous reporting period that were submitted through the DPS SAKI (Sexual Assault Kit Initiative) during our first reporting period that went to trial during the second reporting period. We also had a spike in reports to the Smith County District Attorney's Office that resulted from the Medicaid Fraud Control Unit's investigation, which we anticipate resulted in higher number of indictments for this reporting period.

For the previous reporting period we had forty-eight cases where the victim received a SANE exam. For the Tyler Police Department in forty-five cases there was a SANE exam done. Overall, for the cases reported to law enforcement agencies there has been an increase in the number of victims who have received a SANE exam.



BIENNIAL EVALUATION

Every two years the Smith County Sexual Assault Response Team shall complete an evaluation through sexual assault case reviews of the effectiveness of individual agency and interagency protocols and systems.

If a protocol herein drafted, upon biennial evaluation, is not furthering the goals of SART the Team shall submit a redrafted protocol at the next presentation to the Smith County Commissioner's Court.

At each evaluation the Team will evaluate Smith County's response to response addressing what the community is doing well, where we could improve, address realistic opportunities to improve by next evaluation, and consider challenges to our community and possible solutions to those challenges.



ANNUAL CROSS AGENCY TRAINING

Each year the Smith County Sexual Assault Response Team shall conduct four hours of cross-agency training on the dynamics of sexual assault.

At each quarterly meeting, or at the direction of the presiding officer, the Team shall conduct one hour of cross-agency training which may be done by members of the Team or presentation from another agency.

The training should further the Teams understanding of how other agencies in Smith County handle sexual assault and how we can better serve the community and survivors.



CONFLICTS AND CONFIDENTIALITY

SEXUAL ASSAULT RESPONSE TEAM CONFLICTS

All members of the Smith County Sexual Assault Response Team shall treat each other in a respectful and courteous manner.

If conflict should arise that interferes with a Team meeting, the Presiding Officer shall mediate a resolution to the conflict.

SEXUAL ASSAULT RESPONSE TEAM CONFIDENTIALITY

The Smith County Sexual Assault Team meetings are not subject to Chapter 551 Government Code.

By attending the meetings of the Smith County Sexual Assault Response Team, all attendees agree to maintain the confidentiality of the meetings. Attendance by an attendee who is not a member must be approved by the Presiding Officer.

Information and records acquired by the Smith County Sexual Assault Response Team, in the exercise of its purpose and duties under this subchapter are confidential and not subject to disclosure under Chapter 552 of the Government Code, and may only be disclosed as necessary to implement the response team's purpose and duties. All efforts must be made by attendees to maintain the confidentiality of pending investigations as well as the confidential information of survivors.

A report or statistical compilation of data reports created by the response team is public information subject to Chapter 552 of the Government Code, provided the report or compilation does not contain any personally identifiable information.

Information, documents, and records of the response team that are confidential under Chapter 351 of the Government Code, are not subject to subpoena or discovery and may not be introduced into evidence in any civil, criminal, or administrative proceeding, except that information, documents, and records otherwise available from other sources are not immune from subpoena, discovery, or introduction into evidence solely because that information or those documents or records were presented during a response team meeting or maintained by the response team.

A response team may only review a sexual assault case of an adult survivor with the signed, written consent of the survivor. The consent must specify: the information or records covered by the release, the reason or purpose for the release; and the person or agency to which the information is to be released.

If confidentiality of information of the meetings is compromised an attendee may be asked to not return at the discretion of the Presiding Officer.

Evaluation of Protocols & Case Review

Our team has not been able to conduct a case review. We have updated our written informed consent form so that the survivor can be aware of what they are consenting to as well as provide the necessary information to locate which agencies their case was involved with, so we can evaluate our community response. Attached to this portion of the report is our consent form.

Through the Texas Association Against Sexual Assault or TAASA agency we have received guidance on this matter in receiving the suggestion that we start with a case that has pled or resolved. There have been some recent cases that have pled, so we have some potential for cases if the survivors from those cases consent for their case to be a part of the case review process. Our goal is to use this process to better our community, but we want to make sure our approach to our survivors is trauma informed.



Smith County SART Survivor Consent Form

READ FIRST: The Smith County Sexual Assault Response Team (SART) must keep information about you private. The only time your personal information should be shared is when you want us to for specific services or if we are compelled by law or court order.

- You never have to agree to share your information. We will still help you and provide services.
- If you do not want the Smith County SART to share some information about you, use this form to give instructions about what you do and don't want shared.
- Before you sign this, someone at the Smith County SART will discuss your goals/needs, your choices for how to meet those, and the pros and cons of having us share information for you.
- You can change your mind about what you want shared at anytime, and we will update this form to reflect your decision.
- Because sexual assault programs are legally bound to keep your information confidential, this release does not apply to any records or information that may/may not be in their possession. If you'd like the Smith County SART to release your information you must sign a separate release with a staff member from that agency.

Personal Information

Personal information is collected only for demographic purposes to assess the needs of survivors and the county. Information disclosed will only be released to the Smith County Sexual Assault Team and is limited to the purpose of aiding the Team in assisting survivors and the community of Smith County. *

Name: _____ DOB: _____ Sex: _____

Address: _____

Phone: _____

I would like to receive additional information about resources available to me as a survivor:

☐ Yes ☐ No

CASE INFORMATION

Please fill out what information you can. Information disclosed about the case on this form will only be released to the Smith County Sexual Assault Team and is limited to the purpose of aiding the Team in assisting survivors and the community of Smith County.

Law Enforcement Agency: _____ Law Enforcement Case#: _____

Court Cause #: _____ Prosecutor: _____

Advocate Agency: _____ Advocate Name: _____

Did you receive a SANE Exam: ☐ Yes ☐ No If Yes what Hospital: _____

Perpetrator Name: _____ RACE: _____ SEX: _____

LIMITATION ON DISCLOSURE

I would like my name and identifying information redacted from the information shared with the Smith County SART:

☐ Yes ☐ No

I would like the perpetrator information redacted from the information shared with the Smith County SART:

☐ Yes ☐ No

I would like to appear in person to discuss my experience with the Smith County SART:

☐ Yes ☐ No _____ (Initial)

I want the Smith County SART to stop sharing the information above on _____. I know that I can change my mind

CONSENT FOR DISCUSSION OF CASE

I, _____, do hereby consent for information about my case to be disclosed to the Smith County Sexual Assault Response Team. I understand that the information disclosed to the Team will be for the limited purposes of aiding the team in assessing the needs of Smith County and providing resources to survivors. I understand this consent is limited to the Team meetings and is prohibited from being disclosed outside of the organization. I understand that if I wish to withdraw this consent at any time I may contact the team and withdraw consent.

Printed Name

Signature

Date

SART REPRESENTATIVE:

I have informed the above survivor that consent to discuss their case may be withdrawn and that they do not have to participate in the program.

Signature

Date

Printed Name

Conclusion

The Smith County Sexual Assault Response Team has been successful in our data collection and analysis of that data. We have also been successful in establishing strong connections between our agencies. Starting the case review has been challenging. Finding a survivor who is willing to give written consent and that we have enough information to discuss even when looking at closed cases has been difficult when trying to balance that we don't want to re-traumatize a survivor of sexual assault.

Our goal for the next two years is to continue with our data collection, cross training, and develop our case reviews. We would also like to continue to bring in agencies that would help our team in supporting survivors in our community.