2025 Regional Sexual Assault Response Plan

OPH Region 3

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PREFACE

During the 2015 Louisiana Regular Legislative Session, the Legislature passed ACT No. 229. The Act addressed the treatment and billing of survivors of a sexually-oriented criminal offense. The legislation was enacted to ensure survivors' access to a forensic medical examination in every parish and ensure no hospital or healthcare provider bills a survivor for any healthcare services rendered in conducting a forensic medical examination, as provided for in R.S. 15:622. All coroners, licensed hospitals, and healthcare providers in Louisiana must adhere to the mandates provided for in the statute in the event that a person, male or female, presents himself or herself or is presented for treatment as a survivor of a sexually-oriented criminal offense. The provisions of this Act apply to any survivor of a sexually-oriented criminal offense that occurred on or after January 13, 2015, in accordance with emergency rules promulgated by the Crime Victims Reparations Board and pursuant to Executive Order BJ 14-17, which provides relative to the administrative rules, policies, and practices for medical expenses and examinations related to survivor of a sexually-oriented criminal offense.

The Governor of Louisiana's Executive Order BJ 2014-7 (signed and issued on December 9, 2014) authorized the Louisiana Department of Health and the Department of Public Safety to jointly review and formulate the minimum standards and requirements for the contents of a sexual assault examination kit, including the accompanying paperwork to be included therein, with the intent of creating a kit that is shelf stable and without expiration date. Per ACT No. 229, all sexual assault collection kits used by the coroners, or designee and all physicians or hospitals in Louisiana when providing forensic medical examinations of survivors of alleged sexual offenses must meet the standards developed by the Department of Health and Hospitals and the Department of Public Safety and Corrections.

In accordance with ACT No. 229, the Louisiana Department of Health, in collaboration with the OPH Region 3 Medical Director, coordinated the first annual sexual assault response (SAR) plan for the OPH Region 3 in 2015. Input was solicited from regional partners, including law enforcement, coroners, hospitals, first responders, higher education institutions, school board/school systems, district attorneys, crime labs, sexual assault advocacy organizations, and child advocacy centers.

ACT No. 229 mandates each of the Louisiana Department of Health medical directors to coordinate an <u>annual</u> sexual assault response plan for their respective regions. Continued progress has been made in coordinating SANE/SART response capacity for the region. Input is continuously solicited from the Office of Public Health Region 3 coroners, and/or their designated SAR staff, and from other regional SAR partners. The following 2025 Office of Public Health Region 3 Sexual Assault Response Plan includes the consensus-recommended updates/changes by stakeholders and will be submitted to the Secretary for approval by implementation by February 2025 (effective February first of the following year, per ACT 229).

The following 2025 Office of Public Health Southeast Region 3 Sexual Assault Response Plan meets the minimum statutory mandates and addresses the following areas, per ACT No. 229:

- a. Provides an inventory of all available resources and existing infrastructure in the region and clearly outlines how the resources and infrastructure will be incorporated in the most effective manner.
- b. Clearly outlines the entity responsible for the purchase of sexual assault collection kits and the standards and procedures for the storage of the kits prior to use in the forensic medical examination.
- c. Clearly outlines the standards and procedures for a survivor to receive a forensic medical examination, as defined in R.S. 15:622, to ensure access to such an examination in every parish. The plan shall designate a hospital or healthcare provider to be the lead entity for sexual assault examinations for adult survivors and a hospital of healthcare providers to be the lead entity for sexual assault examinations for pediatric survivors. The plan shall also include specific details directing first responders in the transport of survivors of a sexually-oriented crime, the appropriate party to perform the forensic medical examination, and any required training for a person performing a forensic medical examination.
- d. Clearly outlines the standards and procedures for handling and payment of medical bills related to the forensic medical examination to clarify and ensures that those standards and procedures are in compliance with this Section and any other applicable section of law.
- e. Clearly outlines the standards and procedures for the transfer of sexual assault collection kits for both reported and unreported crimes to an appropriate criminal justice agency or the local law enforcement agency having jurisdiction in the parish in which the crime was committed, if known. If unknown, to an appropriate criminal justice agency of the local law enforcement agency having jurisdiction in the parish in which the hospital or healthcare provider is located. The plan shall include a maximum time period for the transfer to occur not to exceed seven days after the criminal justice agency or local law enforcement agency receives a request for the transfer from the hospital of healthcare provider.
- f. Solicits the input from interested stakeholders in the region including, but not limited to, all of the following:
 - 1. The Sheriff for each parish within the region;
 - 2. The Chief of Police for any political subdivision located within the region;
 - 3. All hospitals within the region;
 - 4. The coroner for each parish within the region;
 - 5. First responder organizations located within the region;
 - 6. Higher education institutions located within the region;
 - 7. The school board for each parish located within the region;
 - 8. Sexual assault advocacy organizations and child advocacy centers providing services within the region;
 - 9. The District Attorney for each parish within the region; and
 - 10. Each crime lab located within the region.
- g. The annual response plan shall be approved by the stakeholders mentioned above.

In Memoriam:

This year's plan is dedicated to Dr. Tedesco, Terrebonne Parish Coroner, without whose leadership and initiative, the Region 3 SANE/SART pilot may never have happened. Dr. Tedesco's engagement of key elected officials and commitment to improving the process of supporting survivors of sexual assault created the momentum needed to implement the necessary changes. In addition to his service in the U.S. Air Force and a 35-year career as a general surgeon in Houma, Dr. Tedesco was elected coroner of Terrebonne Parish in 1984 and served in that capacity until his passing on August 17, 2020. His service to the Parish, Region, and Country will not be forgotten, and he will be greatly missed.

OPH REGION 3 SEXUAL ASSAULT RESPONSE PLAN

The 2025 OPH Southeast Region 3 Sexual Assault Response Plan outlines the coordinated, multidisciplinary response of medical professionals, law enforcement agencies, criminal justice personnel, survivor advocacy agencies, crime laboratory personnel, and support agencies to sexual assaults in Terrebonne, Lafourche, Assumption, St. Charles, St. James, St. John, and St. Mary Parishes. This consensus regional response plan ensures that survivors of sexual assaults have immediate access to coordinated care that is survivor-centered, respectful, as well as culturally and age appropriate. It also ensures that survivors are provided with complete information about choices and have the autonomy to make informed decisions about the care they wish to receive. OPH Region 3 will continue to update the regional sexual assault response plan every year in an effort to improve medical treatment and evidence collection outcomes and to maximize continuity of care for survivors of a sexually-oriented criminal offense.

The Regional Plan includes the relevant resources and infrastructure for all parishes that comprise OPH Region 3. It should be noted that relevant resources and infrastructure for St. Mary Parish is included in this document; however, the appendices do not include an algorithm for activation for St. Mary. St. Mary Parish is not an active member of the OPH Region 3 SANE/SART program and St. Mary did not provide its current algorithm for responding to sexual violence within the parish.

The following sections address the minimum statutory mandates of ACT No. 229.

SEXUAL ASSAULT RESPONSE RESOURCES AND INFRASTRUCTURE

The Region 3 Sexual Assault Response Team consists of key responders who will ensure that survivors have access to medical, law enforcement, advocacy, and prosecutorial services.

7 Coroners

Name	Jurisdiction
Dr. Keith Landry	Assumption Parish
Kayla Breaux	Lafourche Parish
Dr. Brian Brogle	St. Charles Parish
Dr. Randall Poche'	St. James Parish
Dr. Christian Montegut	St. John the Baptist Parish
Dr. Eric Melancon	St. Mary Parish
Dr. Patrick Walker	Terrebonne Parish

• 6 District Attorneys

Name	District	Parish
Honorable Bofill Duhe'	16 th	St. Mary Parish
Honorable Kristine Russell	17 th	Lafourche Parish
Honorable Ricky Babin	23 rd	Assumption
		Parish/St. James
		Parish
Honorable Joel T. Chaisson,	29 th	St. Charles Parish
II		
Honorable Joseph L. Waitz,	32 nd	Terrebonne Parish
Jr.		
Honorable Bridget A.	40 th	St. John the Baptist
Dinvaut		Parish

• Emergency Medical Services

Organizations	Parishes
Acadian Ambulance Service	Assumption, Lafourche, St. James, St.
	John, St. Mary, Terrebonne Parishes
Lafourche Parish EMS	Lafourche Parish
St. Charles Parish EMS	St. Charles Parish

• Hospital Emergency Room (ER) Services

Designated Region 3	Location	Parishes
Hospitals/ERs		
Our Lady of the Lake	Napoleonville, LA	Assumption Parish
Assumption Community		
Hospital		
Ochsner Chabert Medical	Houma, LA	Region 3 Parishes
Center		
Bayou Bend Health System	Franklin, LA	St. Mary Parish
Ochsner St. Anne Hospital	Raceland, LA	Lafourche Parish
Lady of the Sea General	Cut Off, LA	Lafourche Parish
Hospital		
Ochsner St. Charles Parish	Luling, LA	St. Charles Parish
Hospital		
St. James Parish Hospital	Lutcher, LA	St. James Parish
Ochsner Health Center-	LaPlace, LA	St. John the Baptist Parish
River Parishes "Stand-		
Alone" ER		
Ochsner St. Mary	Morgan City, LA	St. Mary Parish

Terrebonne General Health	Houma, LA	Terrebonne Parish
System		
Thibodaux Regional Health	Thibodaux, LA	Lafourche Parish
System		

• Sexual Assault/Rape Crisis and Advocacy Centers/Programs

Name	Location	Service Area
The Haven	Houma, LA	Assumption Parish
	Thibodaux, LA	Lafourche Parish
		Terrebonne Parish
Metro Centers for	Norco, LA	St. Charles Parish
Community Advocacy		St. James Parish
		St. John the Baptist Parish
Hearts of Hope	Lafayette, LA	St. Mary Parish
Terrebonne Children's	Houma, LA	Terrebonne Parish
Advocacy Center		
Children's Advocacy	Thibodaux, LA	Lafourche Parish
Center of Lafourche		Assumption Parish
Child Advocacy Services	Hammond, LA	St. Charles Parish
		St. James Parish

• Crime and DNA Labs (1)

Name	Location
Louisiana State Police Crime Lab	Baton Rouge, LA

NOTE: All sexual assault collection kits are transported to Louisiana State Police Crime Lab in Baton Rouge, La. to be processed. In 2022, grant funding helped to purchase proper DNA storage refrigerators for each law enforcement agency to store the forensic medical collection kits.

• Law Enforcement

o 7 Parish Sheriffs

Name	Parishes Covered
Sheriff Leland Falcon	Assumption Parish
Sheriff Craig Webre	Lafourche Parish
Sheriff Greg Champagne	St. Charles Parish
Sheriff Claude J. Louis Jr.	St. James Parish
Sheriff Mike Tregre	St. John the Baptist Parish
Sheriff Gary Driskell	St. Mary Parish
Sheriff Timothy Soignet	Terrebonne Parish

o 12 Local Police Chiefs

Parish	Name	Jurisdiction
Lafourche Parish	Chief Bryan Zeringue	Thibodaux, LA
	Chief David Harrelson	Lockport, LA
Latourche Parish	Chief Troy Dufrene	Golden Meadow, LA
	Chief Alexander Barnes	Nicholls State University
Terrebonne Parish	Chief Travis Theriot	Houma, LA
St. James Parish	Chief Dustin Jenkins	Gramercy, LA
St. James Parish	Chief Dwan Bowser	Lutcher, LA
	Chief Harry Smith	Baldwin, LA
	Chief David Leonard	Berwick, LA
St. Mary Parish	Chief Cedric Handy	Franklin, LA
	Chief Chad Adams	Morgan City, LA
	Chief Garret Grogan	Patterson, LA

• Higher Education

Name	Location
Nicholls State University	Thibodaux, LA
Fletcher Technical Community	Schriever, LA
College	
River Parishes Community College	Reserve, LA
	Luling, LA

• Local School Boards

Name	Location
Assumption Parish School Board	Napoleonville, LA
Lafourche Parish School Board	Thibodaux, LA
Terrebonne Parish School Board	Houma, LA
St. Charles Parish School Board	Luling, LA
St. James Parish School Board	Lutcher, LA
St. John the Baptist Parish School Board	Reserve, LA
St. Mary Parish School Board	Centerville, LA Morgan City, LA

ROLES AND RESPONSIBILITIES

Various agencies play an integral role in sexual assault responses. Below is a list of key stakeholders and their respective roles and responsibilities during a sexual assault response.

- 1. Coroners have jurisdiction over all survivors of sexually-oriented criminal offenses when they present for an examination within his/her parish. According to Revise Statute 13:5713(F), "The coroner or his designee shall examine all alleged victims of a sexually-oriented criminal offense. The coroner may select the hospital or healthcare provider named as the lead entity for forensic medical examinations in the regional plan required by R.S. 40:1216.1 as his designee to perform the forensic medical exam."
- 2. Sexual assault advocates are made available through local sexual assault centers. Trained advocates are available 24/7 throughout the state to respond to calls from hospital or law enforcement personnel to accompany survivors to medical facilities and/or criminal justice interviews. A trained advocate is one that has received at least 40 hours of training through an accredited sexual assault organization. Advocates typically offer support, crisis intervention, language assistance services (capabilities are in place for advocates to communicate with non-English speaking survivors), and referrals before, during, and after the forensic medical exam. Sexual assault centers may also provide comprehensive, longer-term services, which are designed to aid survivors in addressing any needs related to the assault, including, but not limited to, counseling, advocacy and case management, and legal representation. According to ACT No. 669, all survivors shall be afforded an advocate whose communications are privileged in accordance with the provisions of R.S. 46:2187, if one is available. With the consent of the survivor, an advocate shall remain in the examination room during the forensic medical exam.
- 3. Law enforcement officers and detectives (e.g., 911 dispatchers, patrol officers, officers who process crime scene evidence, detectives, and investigators) respond to initial complaints, work to enhance survivors' safety, arrange for survivors' transportation to and from the exam site as needed, interview survivors, collect evidence from the scene, coordinate with the hospital/coroner's office for the chain of custody of kits, interview suspects, and conduct other investigative activities (such as interviewing witnesses, requesting crime lab analyses, reviewing medical and lab reports, preparing and executing search and arrest warrants, writing reports, completing victim notification forms, and presenting the case to the prosecutor).
- **4. EMS/Medical Transports** respond and transport sexual assault survivors to the appropriate healthcare facility per the policies of Emergency Medical Services.
- 5. Hospitals and healthcare providers assess survivors for acute medical needs and provide stabilization, treatment, and/or consultation. They offer information, treatment, and referrals for sexually transmitted infections (STIs) and other non-acute medical concerns, assess pregnancy risk, and discuss treatment options with the patient, including reproductive health services. They will also provide medical follow-up for the survivor. When a survivor presents to a healthcare facility and a forensic medical examination is

indicated, the exam is conducted in the hospital by the designated provider or transferred to the lead entity for the FME. When possible, a Sexual Assault Nurse Examiner (SANE) will respond and provide a forensic medical examination for the survivor. Otherwise, the physician in the emergency room will conduct a forensic medical examination for the survivor.

- **6. Sexual Assault Nurse Examiners (SANE)** perform the medical forensic examination, gather information for the medical forensic history, collect and document forensic evidence, and document pertinent physical findings from the survivor. They coordinate with advocates to ensure survivors are offered crisis intervention, support, and advocacy before, during, and after the examination process. SANEs also collaborate with physicians and other medical personnel to ensure that survivors obtain proper testing and treatment for sexually transmitted infections (STIs), as well as any injuries associated with the sexually-oriented criminal offense. They follow up with survivors for medical and forensic purposes, if necessary, coordinate with law enforcement on reported cases to transfer evidence collected during a forensic medical examination, and testify in court if needed. Any nurse certified to perform sexual assault forensic examinations must undergo a 40-hour sexual assault forensic examination training along with clinical training requirements, including precepting with an experienced forensic examiner. Across the country, SANE programs are considered under national standards as the best practice for conducting sexual assault forensic examinations. SANEs are registered nurses who have a specialized education and clinical preparation in forensic examination of sexually-oriented criminal offense of abuse survivors. A SANE receives training in the medical care and treatment of the survivor, along with specialized training in criminal procedures, the legal system, forensic evidence collection, providing medical testimony in court, and providing consultation to law enforcement. To review the national standards put forth by the U.S. Department of Justice, please see
 - https://www.ncjrs.gov/pdffiles1/ovw/241903.pdf
- 7. Crime lab technicians analyze forensic evidence and provide results of the analysis to investigators and/or prosecutors. They also may testify at trial regarding the results of their analysis.
- 8. Prosecutors determine whether there is sufficient evidence for prosecution and, if so, prosecute the case.
- **9. Educational Institutions**, including higher educational institutions and school boards, will respond to survivors of sexually-oriented criminal offenses in accordance to all laws and internal protocols.
- 10. Department of Health, through medical directors of its nine Office of Public Health regions, coordinates an annual sexual assault response plan for each region with key stakeholders. In addition, the department may receive referrals for sexually transmitted infections (STIs) and other non-acute medical concerns and discuss treatment options with the survivor, including reproductive health services.

FME STANDARDS AND PROCEDURES

This section clearly outlines the standards and procedures for a survivor to receive a forensic medical examination, as defined in R.S. 15:622, to ensure access to such an examination in every parish in OPH Region 3.

1. Designated Lead Medical Entities/Facilities and Providers

In OPH Region 3, there is no one exclusively regional nor parish designated health facility for all sexual assault survivors to receive medical services. The OPH Region 3 coroners have designated the following hospitals and healthcare providers to serve as lead entities to perform the medical screening and forensic medical exams, as required by R.S. 40:1300.41.

"A lead hospital shall be assigned in accordance with established protocols; however, an alternate site may be designated as circumstances require."

FOR ADULTS (aged 18 years and older)

OPH Region 3 Designated Lead Medical Entity/Facility for Medical Screenings and FMEs: All emergency rooms (ERs) in the 10 full-service hospitals and the 1 stand-alone ER, River Parishes Hospital (in LaPlace) are designated (see chart below).

Designated Region 3 Hospital/ERs	Location	Parishes
Our Lady of the Lake Assumption Community Hospital	Napoleonville, LA	Assumption Parish
Ochsner Chabert Medical Center	Houma, LA	Region 3 Parishes
Bayou Bend Health System	Franklin, LA	St. Mary Parish
Ochsner St. Anne Hospital	Raceland, LA	Lafourche Parish
Lady of the Sea General Hospital	Cut Off, LA	Lafourche Parish
Ochsner St. Charles Parish Hospital	Luling, LA	St. Charles Parish
St. James Parish Hospital	Lutcher, LA	St. James Parish
Ochsner River Parishes Hospital - "stand-alone" ER	LaPlace, LA	St. John the Baptist Parish
Ochsner St. Mary	Morgan City, LA	St. Mary Parish
Terrebonne General Health System	Houma, LA	Terrebonne Parish

Thibodaux Regional	Thibodaux, LA	Lafourche Parish
Health System		

OPH Region 3 Designated Lead Healthcare Provider(s) for Medical Screenings:

All ER physicians and healthcare provider(s) authorized to perform medical screenings who work in OPH Region 3 designated healthcare facilities, and are on duty when a sexual assault survivor presents to the ER, will perform the medical screening.

OPH Region 3 Designated Lead Healthcare Provider(s) for FMEs:

- The OPH Region 3 SART/SANE Program, as designated by the coroners in Terrebonne, Lafourche, Assumption, St. Charles, St. John the Baptist, and St. James Parishes, may perform FMEs in all designated OPH Region 3 ERs, upon consultation by the ER physicians and after the survivor is medically cleared for the exam.
- Once the survivor is medically screened and cleared by the hospital physician, The Haven, designated lead SA agency, will then be contacted to dispatch the SANE to perform the FME.
- If a SANE is unavailable, a physician or other healthcare practitioner licensed, certified, registered, or otherwise authorized and trained should perform the FME (with the aid of an ER nurse).

NOTE: The ER physician should consult with the SART/SANE team to perform the FME once the patient is medically screened and cleared for the exam.

FOR CHILDREN (under age 18 years):

If a pediatric sexual assault (SA) survivor presents to one of the hospital ERs in OPH Region 3, including the stand-alone ER, then the ER M.D. must perform the medical screenings/exams of the child to address any emergent/immediate medical needs and clear them (if possible, at the time) for the forensic medical exam to be performed at the designated facility/entity for pediatric FMEs. NOTE: A pediatric SA survivor's advocate should be present for all medical screenings and FMEs.

 OPH Region 3 Designated Lead Medical Entity/Facility for Pediatric Medical Screenings: <u>All emergency room (ERs)</u> in the 11 full services hospitals and the one stand-alone ER (in LaPlace) are designated facilities.

Designated OPH	Location	Parishes
Region 3 Hospital/ERs		

Our Lady of the Lake	Napoleonville, LA	Assumption Parish
Assumption Community		
Hospital Ochsner Chabert	House I A	Danian 2 Davidhaa
	Houma, LA	Region 3 Parishes
Medical Center	E 11' T A	C. M. D. 1
Bayou Bend Health	Franklin, LA	St. Mary Parish
System		
Ochsner St. Anne	Raceland, LA	Lafourche Parish
Hospital		
Lady of the Sea General	Cut Off, LA	Lafourche Parish
Hospital		
Ochsner St. Charles	Luling, LA	St. Charles Parish
Parish Hospital		
St. James Parish	Lutcher, LA	St. James Parish
Hospital		
Ochsner River Parishes	LaPlace, LA	St. John the Baptist
Hospital - "stand-alone"		Parish
ER		
Ochsner St. Mary	Morgan City, LA	St. Mary Parish
Terrebonne General	Houma, LA	Terrebonne Parish
Health System		
Thibodaux Regional	Thibodaux, LA	Lafourche Parish
Health System		

OPH Region 3 Designated Lead Medical Entity/Facility for <u>ACUTE</u> Pediatric FMEs:

Parishes	Designated Lead Medical Entity/Facility for ACUTE Pediatric FMEs
Assumption Parish	Our Lady of the Lake Children's Hospital-
	Baton Rouge, LA
Lafourche Parish	Our Lady of the Lake Children's Hospital-
	Baton Rouge, LA
St. Charles Parish	Children's Hospital- New Orleans, LA
St. James Parish	Children's Hospital- New Orleans, LA
St. John the Baptist Parish	Children's Hospital- New Orleans, LA
St. Mary Parish	Children's Hospital- New Orleans, LA
Terrebonne Parish	Children's Hospital- New Orleans, LA

\circ OPH Region 3 Designated Entities for SUB-/ NON-ACUTE Pediatric FMEs:

Parishes	Lead Medical Entity/Facility for Sub-Acute
	Pediatric FMEs

Assumption Parish	Children's Hospital- New Orleans, LA
Lafourche Parish	Our Lady of the Lake Children's Hospital-
	Baton Rouge, LA
St. Charles Parish	Children's Hospital- New Orleans, LA
St. James Parish	Children's Hospital- New Orleans, LA
St. John the Baptist Parish	Children's Hospital- New Orleans, LA
St. Mary Parish	Children's Hospital- New Orleans, LA
Terrebonne Parish	Children's Hospital- New Orleans, LA

2. Transportation of Sexual Assault Survivors

An emergency medical unit and/or law enforcement unit will be dispatched per 911 dispatch protocols for adult and pediatric sexual assault/injuries.

- o EMS First Responders
 - o For Adults/Older Adolescents: In OPH Region 3, sexual assault survivors should be transported to the nearest medical facility where medical screening and forensic sexual assault evidence exams can be performed, unless injury severity dictates otherwise, or the survivor chooses a different facility in the region. A primary caregiver, family member, or friend, who is not the suspected perpetrator, should be allowed to accompany the SA survivor in the emergency medical unit.
 - o For Children: In OPH Region 3, all pediatric survivors of sexual assault should be transported by EMS to the nearest lead medical facility for a medical screening, unless injury severity dictates otherwise, or the survivor's parent/caregiver chooses a different facility (in the region). Once cleared by ER physician, the pediatric survivor is to be transported by EMS or law enforcement to a designated medical facility for an acute Pediatric FME. EMS transportation arrangements are the responsibility of the transferring ER. A parent or primary caregiver, who is not the suspected perpetrator, should be allowed to accompany the child in the emergency medical unit.
- Law Enforcement: In OPH Region 3, if law enforcement must provide transportation of a medically stable SA survivor to or from a medical facility, then an unmarked vehicle should be used, especially when transporting a child. A parent or primary caregiver, who is not the suspected perpetrator, should be allowed to accompany the child SA survivor in the vehicle, and a family member or friend should be allowed to accompany an adult SA survivor.

NOTE: EMS first responders provide transportation <u>to</u> designated medical facilities. When a survivor is ready to leave the hospital, transportation may be provided by a family member, friend, survivor advocate (if funds are available for a cab, Lyft, or Uber) who was called to the hospital for support, and, in some cases, by the local police/sheriff's department.

3. Forensic Medical Exam and Evidence Collection

- A. For the purposes of this section, the following applies (from ACT No. 229):
 - o "Sexually-oriented criminal offense" shall have the same meaning as sex offense as defined in R.S. 15:541(24).
 - o "Forensic medical examination (FME)" means an examination provided to the victim of a sexually-oriented criminal offense by a health care provider for the purpose of gathering and preserving evidence of a sexual assault for use in a court of law. A forensic medical examination shall include the following:
 - o Examination of physical trauma;
 - Patient interview, including medical history, triage, and consultation;
 and
 - Collection and evaluation of evidence, including, but not limited to, the following:
 - Photographic documentation;
 - Preservation and maintenance of chain of custody;
 - Medical specimen collection; and
 - When determined necessary by the healthcare provider, an alcohol- and drug- facilitated sexual assault assessment and toxicology screening.
 - o "Healthcare provider" means either of the following:
 - A physician or other healthcare practitioner licensed, certified, registered, or otherwise authorized to perform specified healthcare services consistent with state law; or
 - A facility or institution providing healthcare services, including, but not limited to, a hospital or other licensed inpatient center; ambulatory surgical or treatment center; skilled nursing facility; inpatient hospice facility; residential treatment center; diagnostic, laboratory, or imaging center, or other therapeutic health setting.
 - o "Healthcare services" means services, items, supplies, or drugs for the diagnosis, prevention, treatment, cure, or relief of a health condition, illness, injury, or disease ancillary to a sexually-oriented criminal offense.

NOTE: **Medical Screening Exam** is a thorough medical assessment to determine whether the patient is seriously injured or impaired.

- B. Healthcare Services for Survivors of Sexually-oriented Criminal Offenses
 In OPH Region 3, all licensed hospitals and healthcare providers agree to adhere to
 the following procedures in the event that a person, male or female, presents himself
 or herself or is presented for treatment as a survivorof a sexually-oriented criminal
 offense:
 - Sexual assault survivors should be *viewed as "priority emergency cases"* and given priority for room assignment in a private area and should never be left alone.
 - A sign language or foreign language interpreter should be made available, upon request, to be present during medical and advocacy services in the emergency room. A language line, though not ideal, is an acceptable alternative to a language interpreter being present in the ER.

- A SA/Rape Crisis Advocate should be contacted upon arrival of the survivor to the emergency room. Advocates do not provide health care, collect, or handle forensic evidence.
- o *Reporting:* The adult survivor shall determine whether the incident will be reported to law enforcement officials. No hospital or healthcare provider shall require the person to report the incident in order to receive medical attention.

EXCEPTION:

According to La. R.S. 40:1216.1(4)—Victims Under the Age of Majority

- The hospital or HCP shall immediately notify the appropriate law enforcement official when a survivor of a sexually-oriented criminal offense who is 17 years old, or younger, presents.
- The appropriate law enforcement official shall have 7 days from the receipt of the notification to retrieve any evidence collected by the hospital or HCP.
- When a person 14 years old or younger has been the victim of physical or sexual abuse, the coroner of the parish, the district attorney, appropriate law enforcement officials, hospital personnel, and HCPs may develop procedures (pursuant to R.S. 15:440.1-440.6), to make a video make a videotape of the person.
- Costs associated with the videotaping of the survivor may be allocated among the agencies and facilities involved.

According to La. R.S. 40:1216.1(5)—Physically/Mentally Incompetent Victims

- The hospital or HCP <u>must</u> immediately notify the appropriate law enforcement official when a survivor is physically or mentally incapable of making the decision to report.
- o If the adult survivor wishes to report the incident to law enforcement officials, the sexual assault center's medical advocate, hospital staff, or healthcare provider shall notify the appropriate law enforcement agency before the survivor is examined and treated, per ACT No. 229.
- The sexual assault center's medical advocate, hospital, or healthcare provider staff member who notifies the appropriate law enforcement official shall document the date, time, and method of notification and the name of the official who received the notification, per ACT No. 229.
- Any member of the hospital staff or a healthcare provider who, in good faith, notifies the appropriate law enforcement official shall have immunity from any civil liability that otherwise might be incurred or imposed because of the notification. The immunity shall extend to participation in any judicial proceeding resulting from the report, per ACT No. 229.
- Forensic Medical Examinations: Hospitals and healthcare providers shall follow the procedures outlined in ACT No. 229 for performing a FME for a

- survivor who does not wish to report the incident to law enforcement officials; for a survivor who does wish to report the incident to law enforcement; for a child survivor under age 18; and for a survivor who is physically or mentally incapable of making the decision to report.
- Collection of Evidence: Designated healthcare providers shall follow the envelope steps (See Appendix D) within the approved SA collection kit. Document Medical/FME findings on the Louisiana Forensic Medical Report form. If a different forensic medical report form is used, then documentation must include, as a minimum, all information on the LA Forensic Medical Report form.
- o *FME Documentation:* According to La. R.S. 40:1216.1(10)(G), the HCP that performed an FME shall provide copies of any written documentation within its possession resulting from the FME, upon request of a <u>competent adult survivor</u> of a sexually-oriented criminal offense. The documentation must be provided no later than 14 days following the request or the HCP's completion of the documentation, whichever is later. Copies of all documentation must be made available to the survivor at no cost. The documentation may only be released at the direction of the survivor who is a competent adult. The documentation does not become a public record subsequent to its release to the survivor. The release of the documentation does not negate the survivor's reasonable expectation of privacy.
- o Assignment of a Code Number: Per ACT No. 229, if the survivor does not wish to report the incident to law enforcement authorities, then any evidence collected shall be assigned a code number and the coroner shall maintain code records for a period of at least twenty (20) years from the date the survivor is presented for treatment. The hospital or healthcare provider shall assign the code number by affixing to the evidence container a code to be used in lieu of the survivor's identifying information to maintain confidentiality. The code number is used for identification should the survivor later chose to report the incident.
 - o In OPH Region 3, a unique alpha-numeric identification code will be assigned and affixed to the collected evidence kit of unreported cases, according to each coroner's plans/procedures.

o Notification of Law Enforcement

- In OPH Region 3, each law enforcement agency provides each hospital located in its respective jurisdiction with the name of the responsible contact person, along with the responsible person's contact.
- o If the survivor *wishes* to report the incident to law enforcement officials, then the hospital staff or healthcare provider shall immediately notify the appropriate law enforcement agency <u>before</u> the survivor is examined and treated, per ACT No. 229.
- o If the survivor *does not wish to report* the incident, then the hospital staff or healthcare provider shall immediately notify the appropriate law enforcement agency <u>once a code number has been assigned to the</u>

- <u>evidence</u>. Evidence transferred shall bear only the assigned code number assigned by the hospital or healthcare provider.
- In OPH Region 3, the hospital or healthcare provider shall immediately notify the local law enforcement agency having jurisdiction in the parish in which the hospital or healthcare provider is located and shall coordinate the transfer of the evidence with the law enforcement agency in a manner designed to protect its evidentiary integrity.

o Post-Examination, Medical Discharge, and Follow-up Care of the Patient

- The provider or SANE performing the forensic medical exam is responsible for documenting the details of the medical forensic exam and ensuring all documentation required for the evidence collection kit. All forms should be checked for completeness of information and signatures.
- Designated SANEs and SA advocates assist the patient or provider with coordination of aftercare, including follow-up medical appointments, counseling/mental health appointments, and transportation home or to a safe location. The Emergency Department remains responsible for the medical evaluation, treatment, and follow-up plans in all cases.
- According to ACT 513, effective January 1, 2023, any person presenting as a survivor of a sexually-oriented crime shall be provided with information about emergency contraception. The treating healthcare provider shall inform the survivor of the option to be provided emergency contraception at the hospital or healthcare facility, and upon the completion of a pregnancy test yielding a negative result, shall provide emergency contraception upon request of the survivor.
- O Sexual Assault/Rape Crisis and Child Advocacy Centers should be notified because they can provide advocacy, intervention, and support services to patients, families, hospitals/healthcare providers, and law enforcement. OPH Region 3 is served by three accredited Sexual Assault/Rape Crisis Providers, three Child Advocacy Centers.

SEXUAL ASSAULT COLLECTION KIT

1. Contents of the SA Collection Kits

In OPH Region 3, all sexual assault collection kits used by the coroners, or designee, and all physicians or hospitals in OPH Region 3, when providing forensic medical examinations of survivors of alleged sexual offenses, do and will continue to meet the standards and requirements developed by the Louisiana Department of Health (LDH) and the Department of Public Safety and Corrections (DPSC), per ACT No. 229, with the intent of creating a kit that is as shelf stable as possible and has few expiration dates. (See *Appendix B* for the minimum standards and requirements developed by LDH-DPSC for the contents of a sexual assault examination kit).

2. Purchase and Storage of the SA Collection Kits

OPH Region 3 obtains all SA collection kits from the Louisiana State Police. In 2024, OPH Region 3 began using a statewide sexual assault kit. The Haven, the primary sexual assault advocacy agency, and the administrative agency for the program, and the Houma Police Department will be responsible for storage of the kits prior to use.

3. Sexual Assault Kit Tracking System

As of July 1, 2024, the Office of State Police shall create and operate a statewide sexual assault collection kit tracking system in accordance with ACT 193. The statewide sexual assault collection kit tracking system shall:

- 1. Track the location status of the kits throughout the criminal justice process, including the initial collection performed at medical facilities, receipt and storage at law enforcement agencies, receipt and analysis at eight forensic laboratories, and storage or destruction after completion of analysis;
- 2. Designate sexual assault collection kits as unreported or reported;
- 3. Indicate whether a sexual assault collection kit contains biological materials collected for the purpose of forensic toxicological analysis;
- 4. Allow medical facilities performing sexual assault forensic examinations, law enforcement agencies, prosecutors, the Louisiana State Police Crime Laboratory, all other forensic crime laboratories in the state, and other entities having custody of sexual assault collection kits to update and track the status and location of sexual assault collection kits:
- 5. Allow survivors of sexual assault to anonymously track or receive updates regarding the status of their sexual assault collection kits; and
- 6. Use electronic technology allowing continuous access.

CHAIN OF CUSTODY OF EVIDENCE

Submission of Sexual Assault Collection Kits to Law Enforcement in OPH Region 3:

- O Hospitals and healthcare providers will coordinate the transfer of the evidence with the law enforcement agency in a manner designed to protect its evidentiary integrity. The healthcare provider who performed the FME must complete and sign the forensic chain of custody form. The form must include the signatures of everyone who has had possession of the evidence, and both signatures (one from the person releasing the evidence and the second from the person receiving it) are required for any transfer. The completed SA collection kit and completed collection forms should be handed over to law enforcement upon arrival. It must also be ensured that all appropriate Chain of Custody Forms have been completed.
- o In reported cases, custody of the evidence must be transferred to the law enforcement agency having jurisdiction over the location in which the crime occurred.
- In unreported cases, custody of the evidence must be transferred from the SANE or HCP to the law enforcement agency having jurisdiction over the hospital where the survivor is presenting.

NOTE: City police respond within city limits, and sheriffs respond in unincorporated areas.

- The law enforcement agency must retrieve the evidence from the hospital or healthcare provider within a reasonable timeframe after receiving notification from the healthcare provider that evidence collection is completed (reported case) and that a code number has been assigned to the evidence (unreported case).
- o In no event shall evidence remain at the hospital. The FME collection kit must be picked up immediately.

NOTE: In 2022, OPH Region 3 utilized grant funding through the Louisiana Commission on Law Enforcement to purchase appropriate DNA storage refrigerators for each parish in the region to properly store and preserve evidence in sexual assault collection kits.

Submission of Sexual Assault Collection Kits to a Forensic Laboratory (per ACT 229)

- Within thirty (30) days of receiving a sexual assault collection kit for a reported case involving an unknown suspect, the criminal justice agency shall submit the sexual assault collection kit to a forensic laboratory for testing.
- o If a prosecuting agency makes an official request for analysis of a sexual assault collection kit, the criminal justice agency shall submit the sexual assault collection kit to a forensic laboratory within thirty (30) days of receiving the request from the prosecuting agency.

MEDICAL BILLING AND PAYMENT

1. Medical Billing

All designated hospitals and healthcare providers will develop and implement their respective policies and procedures for the handling and payment of medical bills related to the forensic medical examination to ensure compliance with ACT No. 193 and will include the following:

o Regarding Explanation of Billing Process

- The Department (DHH/DPSC) shall make available to every hospital and healthcare provider licensed under the laws of this state a pamphlet containing an explanation of the billing process for services rendered pursuant.
- Every hospital and healthcare provider shall provide a copy of the pamphlet to any person presented for treatment as a survivor of a sexuallyoriented criminal offense.

Regarding Medical Billing

- No hospital or healthcare provider shall directly bill a survivor of a sexually-oriented criminal offense for any healthcare services rendered in conducting a forensic medical examination, as provided for in R.S. 15:622. The expenses shall include the following:
 - Forensic examiner and hospital or healthcare facility services directly related to the exam, including integral forensic supplies;

- Scope procedures directly related to the forensic exam, including, but not limited to, anoscope and colposcopy;
- Laboratory testing directly related to the forensic examination, including drug screening, urinalysis, pregnancy screening, syphilis screening, chlamydia culture, gonorrhea coverage culture, blood test for HIV screening, hepatitis B and C, herpes culture, and any other sexually transmitted disease testing directly related to the forensic examination; and
- Any medication provided during the forensic medical examination.
- Except for those services specifically set forth in the provision of this Section, no other services shall be subject to the reimbursement or billing provisions of this Section and shall continue to be reimbursable under the ordinary billing procedures of the hospital or healthcare provider.
 - In addition, a survivor of a sexually-oriented offense may seek reimbursement for these services through the Crime Victims Reparations Board.
- O In accordance with ACT No. 193, the healthcare provider who performed the forensic medical exam and the healthcare facility shall submit a claim for payment for conducting a forensic medical exam directly to the Crime Victim Reparations Board to be paid in strict accordance with the provisions of R.S. 46:1822. A survivor of a sexually-oriented criminal offense shall not be billed directly or indirectly for the performance of any forensic medical exam.
- O Claims for reimbursement, with or without consent of the survivor, are NOT allowed to be submitted to the survivor's health insurance issuer.

2. Crime Victims Reparations Board

- o Filing an Application
 - A survivor of a sexually-oriented criminal offense shall not be required to report a sexually-oriented criminal offense to any law enforcement officer for purposes of a claimant filing a valid application for reparations.
 - A claimant must follow the application process developed by the Crime Victims Reparations Board.
- o Notification to Potential Applicants by Hospitals and Healthcare Providers
 - Every hospital licensed under the laws of this state shall display
 prominently in its emergency room posters giving notification of the
 existence of the crime victims' reparations program. The board shall set
 standards for the location of the display and shall provide posters and
 general information about the program to each hospital.

TRAINING REQUIREMENTS

All training should include, but is not limited to, the following: survivors' informed rights to privacy, medical and reporting options, medical care and a FME, advocates, interpretive services, and Crime Victims' Reparation Fund; the Federal Emergency Treatment and Active

Labor Act (EMTALA); and available counseling/support services for sexual assault survivors. Training requirements apply to staff in designated medical facilities who are newly hired, contracted, full-time and part-time and should take place upon hiring and then annually.

- Designated medical facilities should ensure staff trainings on their respective current policies and procedures for the provision of timely, private comprehensive, coordinated, victim-centered medical services, referrals, and follow-up care to adult, adolescent, and child victims of sexual assault and for the appropriate billing of applicable medical services/FMEs, so that SA survivors are never billed.
- Obesignated healthcare providers from any discipline providing sexual assault FMEs should be trained on conducting a SA interview/history and FME, and on the collection, documentation, preservation, and chain of custody of physical evidence. Training should also include use of all equipment and supplies required during the exam (including the SA evidence collection kit contents), medical lab diagnostic and drug testing, medication prophylaxis treatment, and unique identification coding of completed evidence collection kits for unreported or anonymously reported cases.
 - O Sexual Assault Nurse Examiners (SANE)—Adult and Adolescent (SANE-A) is a registered nurse who is <u>trained</u> through the International Association of Forensic Nurses to provide victim-centered medical forensic care and collect sexual assault forensic medical evidence. He/she has successfully completed a SANE training program as outlined in the most current edition of the International Association of Forensic Nurses' (IAFN) Sexual Assault Nurse Examiner Education Guidelines.
- Sexual Assault Victims' Advocates are trained to provide survivors with confidential, nonjudgmental, calm, emotional support; to provide crisis intervention when survivors arrive for treatment; to assist survivors in understanding the medical and evidence collection procedures, as well as medical and legal options; to provide support to family members and friends; to provide accompaniment through the legal system; and to provide relevant information and community resources. Also, they are trained in the policies and procedures of the local hospital to which they respond.

MOVING FORWARD (2025)

Appreciation is given to the coroners, their designated staff, and all sexual assault response partners in OPH Region 3 in planning, implementing, evaluating, and supporting the Region's SANE/SART Program. It is with great guidance and collaboration of key stakeholders and the sexual assault response team (SART) in being able to implement the SARP to better serve survivors of sexually-oriented offenses in the parishes of Assumption, Lafourche, St. Charles, St. James, St. John, St. Mary, and Terrebonne.

In OPH Region 3, The Haven, with the support of their governing board and delegation of the coroners, continues to serve as the administrative agency for the program and is responsible for hiring and supervising SANEs to perform Forensic Medical Exams in the six parishes, excluding St. Mary Parish. The Haven, along with other agencies/individuals, such as the coroners, law

enforcement, SANEs, district attorney personnel, hospital/healthcare staff will provide timely, nonjudgmental, compassionate, survivor-centered care, in the Region 3 designated facilities.

The SARP has been in development and implementation for several years, and the team continues to collaborate with each parish's District Attorney's Office. The SANE/SART program in OPH Region 3 can provide vital information, such as the FME kits collected by the SANEs and their testimony, to assist in prosecuting the perpetrator and bring justice to the survivors.

Sexual Assault centers maintaining contact through advocacy, counseling, and case management has shown favorable outcomes in survivors being available for legal proceedings.

To ensure compliance with ACT No. 229 and ACT No. 669 (and continued compliance with other legislative mandates applicable to their agency), stakeholders will continuously evaluate their respective internal policies/procedures/protocols and formal/informal collaborative partnerships and align them with the mandates of each ACT.

Some of OPH Region 3 SANE/SART Programs, which are in various stages of development and implementation, seek to do the following:

- o To increase data collection on prosecution of outcome percentages;
- o To continue to improve the functioning of all SARTs in Region 3;
- To continue to participate in the Louisiana Sexual Assault Oversight Commission meetings to engage in discussion, to receive clarification and guidance from the commission; and
- To continue to collaborate and expand relationships with Behavioral Health Hospitals and Title IX Programs in the region to extend protocols.

APPENDICES

- A. Coroner's Designation
- B. SANE Program Algorithm
- C. Louisiana Statewide Kit Content List
- D. LA Crime Victims Reparations Board FME Reimbursement Form
- E. SANE/SART Steering Committee
- F. Forensic Medical Evaluation Forms

APPENDIX A- CORONER'S DESIGNATION

CORONER DESIGNATION OF THE HAVEN AS LEAD ENTITY FOR SEXUAL ASSAULT EXAMINATIONS IN THE REGION 3 SARP/SART PLAN FOR 2024-2025

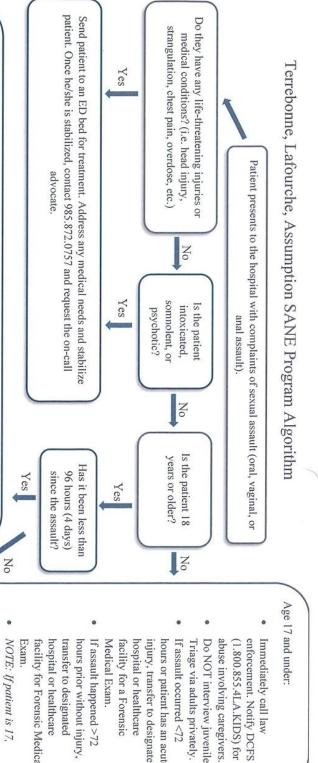
BE IT KNOWN, that on this 1st day of July, 2024, the following duly elected Coroners for the parishes stated, by their signature below, do hereby appoint and designate the HAVEN as the lead entity for sexual assault examinations under the Region 3 Louisiana Department of Health, Public Health, Sexual Assault Response Plan for Adults and Children for the year 2023, all in accordance with LSA R.S. 13:5713 F, and,

BE IT KNOWN, that the HAVEN, a duly licensed Louisiana Corporation, doing business under the laws of the State of Louisiana, and certifying that it possesses all qualifications necessary to perform a forensic medical examination on all alleged victims or a sexually-oriented criminal offense, and that the HAVEN does accept this designation by its undersigned signature,

CORONERS

	DocuSigned by:
ASSUMPTION PARIS	At - tacking franchistal
	81BR: KE師H LANDRY Docusigned by:
LAFOURCHE PARISH	kayla G. Braus
ST. CHARLES PARIS	Dr. Briggs Brooks
	□ DREBRIAN BROGLE
ST. JAMES PARISH	Docusigned by:
31. JAMES PARISH	Vr. Randall Poche
	Docusigned by:
ST. JOHN THE BAPTI	STDr. Christian L. Monteaut
	→ ®R.º @HRISTIAN L. MONTEGUT
TERREBONNE PARIS	Docusigned by:
	1 Vr. fatrick V. Walker
	GDR SPATRICK D. WALKER
T	DocuSigned by:
THE HAVEN	JULIE PELLEGEIN
	ー 本MSの地址E M. PELLEGRIN EXECUTIVE DIRECTOR
	EXECUTIVE DIRECTOR

APPENDIX B- SANE PROGRAM ALGORITHM



- For any questions, call 985.872.0757 & request to speak to the on-call advocate

Allow advocates & (when reported prior) law enforcement to remain with patient unless patient declines

Never send patient back into the waiting room. Have them wait for advocate/SANE in an ED bed. Allow

Be compassionate & respect the patient's confidentiality & autonomy.

change out of clothing until after SANE exam when possible.

friends/family to stay with the patient for support.

If patient must void now, collect urine "dirty catch" & save toilet tissue in a separate bag, Label & give to SANE

Preserve evidence. Avoid touching patient. They should not eat, drink, smoke, wash, void, defecate, brush hair, or

who wish to report. Unreported kits are an option for adults.

Do not ask for details of the assault beyond what is medically necessary.

Revised April 2023

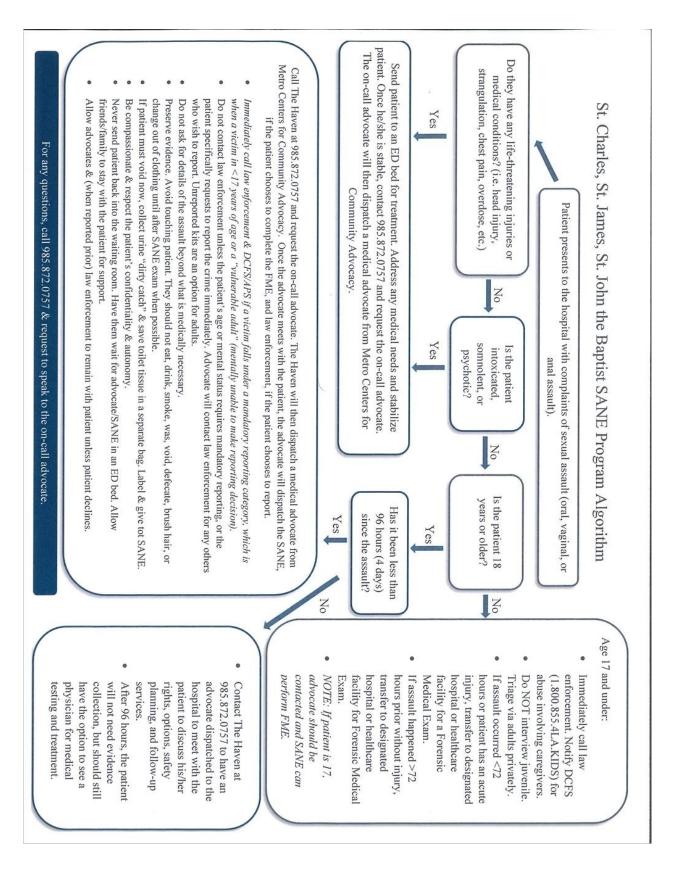
- enforcement. Notify DCFS abuse involving caregivers. (1.800.855.4LA.KIDS) for
- injury, transfer to designated hours or patient has an acute
- hours prior without injury, facility for Forensic Medical
- advocate should be contacted and SANE can perform FME.

will dispatch the SANE, if the patient chooses to complete the FME, and law enforcement, if the patient chooses to report Call The Haven at 985.872.0757 and request the on-call advocate, once the advocate meets with the patient, the advocate

when a victim is <17 years of age or a "vulnerable aduli" (mentally unable to make reporting decision). Immediately call law enforcement & DCFS/APS if a victim falls under a mandatory reporting category, which is

patient specifically requests to report the crime immediately. Advocate will contact law enforcement for any others Do not contact law enforcement unless the patient's age or mental status requires mandatory reporting, or the

- Contact The Haven at planning, and follow-up patient to discuss his/her services. rights, options, safety hospital to meet with the advocate to respond to the 985.872.0757 for an
- After 96 hours, the patient physician for medical have the option to see a collection, but should still will not need evidence testing and treatment



APPENDIX C- LOUISIANA STATEWIDE KIT CONTENT LIST

Louisiana S	tatewide Kit Content List
(1) Louisiana State Police SAK Tracking Card	(1) Pubic Hair Combings Envelope- Step 13
	(1) Comb
	(1) Debris Bundle
(30) Tracking Labels with Barcode	(1) External Genitalia Swab Envelope- Step 14
	(2) Set of 2 Swabs
	(2) Swab Boxes
(1) Instruction Sheet	(1) Perineal Swab Envelope- Step 15
	(2) Set of 2 Swabs
	(2) Swab Boxes
(1) Consent Form	(1) Vaginal/Cervical Swab Envelope- Step 16
	(2) Set of 2 Swabs
	(2) Swab Boxes
(1) 11-Page Paper Chart	(1) Penile Swab Envelope- Step 17
	(2) Set of 2 Swabs
	(2) Swab Boxes
(1) Foreign Material Drape- Step 1	(1) Anus/Perianal Swab Envelope- Step 18
	(2) Set of 2 Swabs
	(2) Swab Boxes
(2) Outer Clothing Bags- Step 2	(1) Rectal Swab Envelope- Step 19
	(2) Set of 2 Swabs
	(2) Swab Boxes
(2) Undergarment Bags- Step 3	(1) Known Blood Sample Envelope- Step 20
	(1) Blood Card
(1) Oral Evidence Swab Envelope- Step 4	(1) Large Brown Evidence Bag
(2) Set of 2 Swabs	
(2) Swab Boxes	
(1) Perioral Swab Envelope- Step 5	(1) Biohazard Label
(2) Set of 2 Swabs	
(2) Swab Boxes	
(1) Reference Buccal Swab Envelope- Step 6	(2) Disposable 2in./5cm. Scale
(2) Set of 2 Swabs	
(2) Swab Boxes	(20) F. 11
(1) Left Fingernail Swab Envelope- Step 7	(30) Evidence Labels
(1) Set of 2 Swabs	
(1) Swab Boxes	
(1) Debris Bindle	(1) FDA I
(1) Left Hand Palm Swab Envelope- Step 8	(1) FDA Insert
(1) See of 2 Swabs	
(1) Swab Boxes	
(1) Debris Bindle	
(1) Right Fingernail Swab Envelope- Step 9 (1) Set of 2 Swabs	
(1) Set of 2 Swabs (1) Swab Boxes	
(1) Swar Boxes (1) Debris Bindle	
(1) Bebris Bilidie (1) Right Hand Palm Swab Envelope- Step 10	
(1) Set of 2 Swabs	
(1) Swab Boxes	
(1) Debris Bindle	
(2) Breast Swab Envelopes- Step 11	
(4) Set of 2 Swabs- 2 in Each Envelope	
(4) Swab Boxes - 2 in Each Envelope	
(5) Additional Swab Envelopes - Step 12	
(10) Set of 2 Swabs- 2 in Each Envelope	
(10) Swab Boxes- 2 in Each Envelope	

APPENDIX D- LA CRIME VICTIMS REPARATIONS BOARD FME REIMBURSEMENT FORM

LA CVR FME Reimbursement-08-23-2023.pdf



LOUISIANA CRIME VICTIMS REPARATIONS BOARD FORENSIC MEDICAL EXAM REIMBURSEMENT PROGRAM Office (225) 342-7786 - Faz. (225) 342-1672. National Golf-ree, (888) 6-90TIM P.O. 60x 3133 - Baton Roug, LA 70821-2133 - idea la gov/program/cr



- Poucy AND PROCEDURES

 If you are a healthcare provider or healthcare facility seeking reinhularsment for a forestix medical exam performed on a patient who presents with a chief complete of sexual states, or child sexual above, you must submit a claim to our program to be reimbursed. The patients health insurance should not be billed. Our program is the primary payer for healthcare services rendered in conducting a forential medical exam.

 The healthcare provider who performed the forential medical exam will be reimbursed 500.00. The thealthcare facility where the forential medical exam.

 The healthcare provider who performed the forential medical exam will be reimbursed 500.00. The healthcare facility where the forential medical exam was conducted with the reimbursed 500.00.00. The reimbursed 500.00. The neimbursed 1500.00. The healthcare facility where the forential interval is the forential medical exam including down the healthcare facility where the forential is not in 1.4. Forential examined and the provider of the forential control of the forential examined for the provider of the providers of the providers of the forential examined claim examined providers of the provid

- any door electrical securious reviewed that are not except before the healthcare retained as the special cannot be finded as in insurance plan for other healthcare stain dust not such as the special electrical plan for other healthcare services.

 If all information is submitted correctly, you will receive a payment within 30 days from the date the claim is received by our program.

 Please inform the parties that our program may be able to assist with any medical little bety receive that are a direct result of a violent crime.

 REMINIUS/SMENT CLAIM FOURIM INSTRUCTIONS

 The nainbursceners claim from should be filed as of a side of the parties of

Mail all completed and signed forms to the: Louisiana Crime Victims Reparations Board Office P.O. Box 3133 Baton Rouge, LA 70821-3133



LOUISIANA CRIME VICTIMS REPARATIONS BOARD FOR INSIC MEDICAL EXAM ATTESTATION FORM FOR HEALTHCARE PROVIDERS O'Let [23] 50-756 - hazer [50] 50-1872 - harmored in large [18] 50-761 hazer [18] 50-761 - dehagoofpragnes/see



Revised August 1, 2023

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Date of Bst**	Social Scourity #
Date of incident	Date of Esam
location of Incident (City/Patish and State)	
Sacility Where Exam Was Conducted	
Agency the Incident Was Reported To	
hereby attest that I am the healthcare provider who performed a force	A STATE OF THE STA
hereby allest that i and the healthcare provider who performed a fore amend patient, also attests subject to the penalty of fine and/or impri and correct to the best of my knowledge.	nate madeal exem, as defined in LARS, 15962, or the abo some st, that all the information provided on this form is s
amed patient. I also attest, subject to the penalty of fine and/or impri	asia medical econs, as detended in LAISS, 15,9922, or the che somment, must all the information arroyled distribution in License Number:
urred ballent. I also attest, subject to the penuity of fine and/or impri nd correct to the hest of my knowledge.	soument, that all the information provided on this form is a

Acdresa City Did the incident occur while the putient was intercent ed? | Des | Did | If yes, the correctional buildity must be contacted for payment | Disc be incident occur while the publish seem recovers with | Pro- | Disc | Byes, the conventional willing must be conducted for preparent.
| This information is taked below in voluntary and willing use for stratical propers only.
| The properties of the publish of the publ Did the incident occur in Louisiana? Yes No Date of Incident Date Reported Was the indicent reported to law enforcement or another Investigative agency? Types TiNo Durling the visit, was a forensic median exam performed on the gardent?

Net
No
No
Date of Dane
If you answered no to the above question, do not submit a claim to our program. The patient most be billed. Name and Crepertials of Examine-Acdress State Zin Code Jeb Title Кота Final Transit Control of the beat share withly researcing strinks remont, lead-boltz this completed form to the restored in accordance with all applicable lases. I agree and certify that on person shall later any logal labelity to me by relaxative any information pursuant to this authorization. All processing reversal transit control of the district of relaxation in the control of the district production of this quarter of relaxation when the restored accordance is the control of the district production of the size of relaxation of the district production of the size of the control of the control of the district production of the size of the control of the district production of the size of the control of the district production of the size of the control of the district production of the size of the control of the size of the size of the control of the size of the size of the control of the size of the size of the control of the size of the size of the size of the size of the control of the size of th

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APPENDIX E- OPH REGION 3 SANE/SART STEERING COMMITEE

Dr. Eric Brooks, MD Region 3 Medical Director

Louisiana Department of Health Office of Public Health 1434 Tiger Dr. Thibodaux, LA 70301 985.449.4703 eric.brooks@la.gov

Kayla Breaux Lafourche Parish Coroner

525 Justin St. Lockport, LA 70374 985.537.7055 kaylagbreaux@lpcorner.net

Dr. Patrick Walker, MD Terrebonne Parish Coroner

876 Verret St. Houma, LA 70360 985.873.6440 tpcoroner@gmail.com

Dr. Brian Brogle, MD St. Charles Parish Coroner

14530 River Road Destrehan, LA 70047 985.785.3693 coroner@stcharlesgov.net

Dr. Randall Poche', MD St. James Parish Coroner

P.O. Box 855 Lutcher, LA 70071 225.869.3493 rpochemd@gmail.com

Dr. Christian Montegut, MD St. John the Baptist Parish Coroner

429-B W. Airline Hwy. LaPlace, LA 70068 985.652.3344 stjohnco@rtconline.com

Dr. Keith Landry, MD Assumption Parish Coroner

114 Hwy. 403 Paincourtville, LA 70391 985.369.3600 keith.landry@thibodaux.com

Captain Bobbie O'Bryan Houma Police Department

500 Honduras St. Houma, LA 70360 985.637.6088 bobryan@tpcg.org

Julie Pellegrin Executive Director, The Haven

P.O. Box 4279 Houma, LA 70361 985.346.3960 julie@havenhelps.org

Maci Lapeyrouse Region 3 SART Coordinator

P.O. Box 4279 Houma, LA 70361 985.790.4396 maci@havenhelps.org

APPENDIX F- FORENSIC MEDICAL REPORT FORM

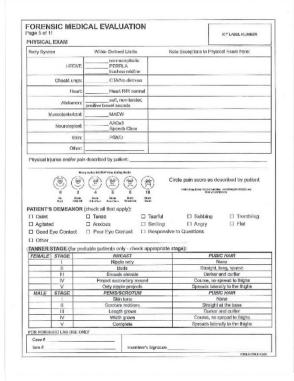
AUTHORIZATION TO COLLECT AND RELE	FLOUISIANA EASE EVIDENCE AND INFORMATION AND TO TO HEALTH INFORMATION
Date: To:	Hospital or other Health Care Provider
Re:	
Name, DOB, and other identifying informati	ion of Pallent
release this Information. I understand that the Hospitic routament, payment, enrollment, or oligibility for bene- cornot be released without authorized written permit records are personal and private, however, lighe em; put shove to release a <u>certified copy</u> of this Information to any results of any HIV lests. The above listed informa- the District Attorney and other law enforcement agend requised are no costassay, I understand that my permit time occopt when the information has eliesely been regioned 250 eight from the date listed above. I understand paying 1250 eight from the date listed above. I understand to be a subject to re-disclosure by the no-splent and from the payment of the present and the present authorization to sign on behalf of the person, whether I further freely consent to a flow ovidence concerning a sexual assault. DNA profiles do called CODISE (Combined DNA Index) System) whereas	minority, or other mental, physical, or legal debilitation sentative of the person listed above and have the leg
(NDIS)	PACE THE PROPERTY AND ADDRESS OF THE PACE THE PA
	Physical Evidence Recovery Kit) has been fully explain
to me, and I agree to the following: Y N I authorize the facility/hospital and its agents	to release the laboratory specimens, medical records.
and related pertinent information of this incid	lent to appropriate law enforcement officials,
	ital and its agents from any and all liability and claims or
Injury in pursuance of evidence collection. Y N authorize the taking of photographs and un-	derstand that the photographs will be released only to
the appropriate law enforcement officials upo	
Y N I agree to the examination, including examina	
	dical investigations to diagnose any medical problems
related to this incident.	
Y N I agree to the collection of specimens for crin Y N I agree to provide a verbal and/or written stal	
Y N II agree to provide a verbal and/or written stall Y N I agree to have blood drawn for HIV testing.	terribute to posice of other investigators.
	Vor the hospital to notify and bill my health insurance for
my forensic medical exam:	
Signature:	Signature:
Patient or Parent/Guardian/Representative	Witness
	Signature:
Address:	Witness
Phone:	
FIIOII6.	PERLACON

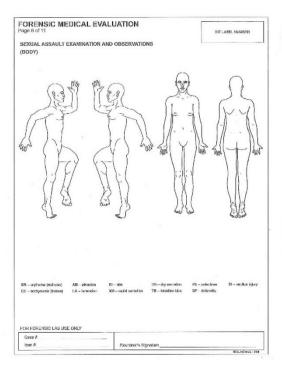
			Signature:	Wilness
Address:				Witness
Phone:				
				roccu
FORENSIC MEDI	OAL EV	AL HATIO	. D. T	
Page 2 of 11 Report to Law Enforcemen			IN.	KIT LABEL NUMBER
Report to Law Enforcement Agency Case Number:				
			Agency:	
Responding Detective:			Agency:	
AGENCY NOTIFICATION				
		Yes D No	If no explain:	
Notification of Buyocacy of	ormore Li	1509 LI 190	Name of Advocate:	
Adult Protective Services	notified? [7]	Vap [] No.		10:
DCFS notified?		Yes □ No		10.
Elder Abuse Report?				ie:
Elder Abuse Report? Disabled Persons Report?		Yes □ No		
Interpreter used?		Yes □ No		
interbrater riseu r		100 LI NO	Name of Interpreter	0
INCIDENT INFORMATION				
Date/Time of Examination	:		Hospital/Facility pr	oviding service:
Date/Time of Assault:			Location of Assaul	:
		Witn	esses? Yes N	If yes, how many?
Total number of assallants:				
Total number of assailants: ASSAILANT NAME	AGE	GENDER	ETHNICITY	RELATIONSHIP TO PATIENT
	AGE	GENDER	ETHNICITY	RELATIONSHIP TO PATIENT
ASSAILANT NAME	AGE	GENDER	ETHNICITY	RELATIONSHIP TO PATIENT
ASSAILANT NAME #1	AGE	GENDER	ETHNICITY	RELATIONSHIP TO PATIENT
ASSAILANT NAME #1 #2	AGE	GENDER	ETHNICITY	RELATIONSHIP TO PATIENT
#1 #2 #3 #4 #5			-	
#1 #2 #3 #4 Examples of relationship to be	fient: Parent/S	Hen-Parent, Spo	sse/Live-In Pertner, Ex-Spo	useiLivo-In Partner, Parent's Live-In Partner
#1 #2 #3 #4 #5 Examples of relationship to pa Boyriend/Giffitiond, Ex-Boylinidian (Ex-Boylinidian)	fient: Parent/S	Step-Parent, Spot Date, Acquaintan	ise/Live-In Partner, Ex-Spr ce, Friend, Stranger, Sock	useiLivo-In Partner, Parent's Live-In Partner
ASSAILANT NAME #1 #2 #3 #4 #5 Examples of relationship to pa Boyfriend/Gliffitiond, Ex-Boyfili Did the patient injure the ass	fient: Parent/S and/Girlifrend, aliant(s) in a	Step-Parent, Spot Date, Acquaintan ny way (i.e., bite	ssefl.ive-in Partner, Ex-Spc ce, Friond, Stranger, Sock a, kick, scratch, etc.)?	useiLivo-In Partner, Parent's Live-In Partner
ASSAILANT NAME #1 #2 #3 #4 #5 Examples of relationship to pa Boyfriend/Griffriend, Ex-Boyfrif Did the patient injure the ass	fient: Parent/S and/Glififend, aliant(s) in a □ Bjeedin	Step-Parent, Spot Date, Acquaintan ny way (i.e., bite g Describe:	sse/Live-In Partner, Ex-Spc ce, Friend, Stranger, Socia a, klick, scratch, etc.)?	useiLivo-In Partner, Parent's Live-In Partner
#1 #2 #3 #4 #5 Examples of relationship to pa Boy/riend/Griffriend, Ex-Boyfrie Did the patient injure the ass No Any injuries to assailant resul	fient: Parent/Sind/Girlifend, saliant(s) in a	Step-Parent, Spot Date, Acquaintan ny way (i.e., bitu g Describe: _ ilng? □ Yes	isseff.lve-In Partner, Ex-Spr ce, Friend, Strenger, Socie o, kick, scratch, cic)?	usei(Livo-In Partner, Parent's Live-In Partne
ASSAILANT NAME #1 #2 #3 #4 #5 Examples of relationship to pa Boytherd/Sciffrion4, Ex-Moyth, influence to assailant riss Did did sepation lingue the assailant riss Did assailant figure pation ti	fient: Parent/s and/Girlifend, aliant(s) in a Bleedin alting in bleed any way (i.e.	Step-Parent, Spot Date, Acquaintan y way (i.e., bite g Describe: ling? □ Yes e., bite, kick, sor	sseri.lve-In Partner, Ex-Spo ce, Friend, Stranger, Socke b, kick, scratch, cic.)?	useiLivo-In Partner, Parent's Live-In Partner
ASSAILANT NAME #1 #2 #3 #4 #5 Examples of relationship to pa Boylvierd/Griffriend, Ex-Boylvien Did the patient in jurce the asset Yes No Any injuries to assailant results Yes No	fient: Parent/S and/Glifflend, aciliant(s) in a □ Bleedin atting in bleed an any way (i.e.	step-Parent, Spot Date, Acquaintan ny way (i.e., bite g Describe: ling? U Yes s., bite, kick, sor g Describe: _	serf.lve-In Partner, Ex-Spc ce, Friend, Stranger, Sock a, kick, scratch, etc.)? [] No Specify: altch, etc.)?	usei(Livo-In Partner, Parent's Live-In Partne
ASSAILANT NAME #1 #2 #3 #4 #5 Examples of mistionship to pa Soylines/Gold/fillow), Ex-Boyline Did the pation liquice but Yes In No Any injulies to assaltant result Yes In No Was a weapon used or three	fient: Parent/S and/Gliffiend, aciliant(s) in a ID Bleedin alting in bleed a any way (i.e. ID Bleedin atened during	Step-Perent, Spot Date, Acquaintan ny way (i.e., bite g Describe: _ ling? U Yes _, bite, kick, sor g Describe: _ assault? U	sseff.lve-In Partner, Ex-Spe ce, Friend, Stranger, Socie b, Idde, scratch, etc.)? I No Specify: atch, etc.)?	used Live-In Partner, Parent's Live-In Patine Media Contact, Unitariown
ASSAILANT NAME #1 #2 #3 #3 #4 #4 #5 Examples of relationship to pa Boyliverckfoldifforad, Ex-Boylind Dild the patient in lique the ass 'es 'No Any injuries to assaliant rajuro patient Did assaliant rajuro patient Ves 'No Was a weapon used or thire- Vestal Threatis.' 'Yes Vestal Threatis.' 'Yes	tient: Parent/s and/Girlifend, aniant(s) in a ID Bleedin alting in bleed any way (i.e. ID Bleedin altened during ID No	Step-Parent, Spot Date, Acquaintan or way (i.e., bitu g Describe: ling? Yes s, bite, kick, sor g assautt? Yes	sseff.lve-In Partner, Ex-Spe ce, Friend, Stranger, Socie b, Idde, scratch, etc.)? I No Specify: atch, etc.)?	used Live-In Partner, Parent's Live-In Parlne Mode Contact, Unknown , Spoolfly:
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ASSAILANT NAME #1 #2 #3 #4 #5 Escappies of mistionship to pa Boytines/Gidfirlond, Ex-Boyting Did the patient in lique the ass Did sessalismt injure patient in lique to patient in lique patient in lique patient in lique to pati	isint: Paron/S ind/Sidfifend, aailant(s) in a I Bleedin itting in blood any way (i.e. Bleedin I Bleedin I No I No No	Step-Parent, Spot Date, Acquaintan ny way (i.e., bite g Describe:	seed live-in Partner, Ex-Spices, Friend, Otensper, Society, Society, Society, Society, Society, Society, Society, Spices, Spic	used Live-In Partner, Parent's Live-In Partner Models Contact, Unknown Specify:
ASSAILANT NAME #1 #2 #3 #3 #4 #5 Examples of reliationship to pa Boytiens/dicifficing, Ex-Roysie In the patient lingue the assignment In the patient lingue the patient lingue the patient In the patient lingue the patient lingue the patient In the patient lingue the patient linguistic ling	Figure 1: Parent/S cont/Cirifiend, continent (s) in a I Bleedin iffing in bloed a any way (i.e. Bleedin No No No	Step-Parent, Spool Date, Acquaintan ny way (i.e., bita) g Describe: 	seet.he-in Partner, Ex-Spoon. oe, Friend, Sterager, Society, Society, Society, Society, Society, Society, Specify: No Specify: Into Specify: No Type:	used Live-In Partner, Parent's Live-In Partner Models Contact, Unknown Specify:
ASSAILANT NAME #1 #2 #3 #3 #4 #5 Examples of relisfonship to pa Boythers/Scifffront, Ex-Boyth Option Poss of relisfonship to pa Boythers/Scifffront, Ex-Boyth Option Poss of relisfonship to pa Poss of relisfonship to pa Poss of relisfonship to pa Poss of relisfonship Option Poss of relisfonship Option Poss of relisfonship Option Poss of relisfonship Option O	Sent: Parent/Sinififend, aliant(s) in a liant(s) in a liant(s) in a liant(s) in a liant(s) in shoot a lian	Step-Purent, Spool Date, Acquaintan ny way (i.a., bitle, ing? Yes , bite, kick, sor g Describe: _ assault? Specify: Specify: Specify: Specify: Specify:	cont heels Partone, Ex-Sp. co., Friend, Stranger, Sodie No Specially: No Specially: Jatah, etc.)? No Type:	ussoluhe-ih Partner, Parent's Live ih Partner Mode Contact, Ushinoven , Specify:
ASSAILANT NAME #1 #2 #3 #3 #4 #5 Examples of reliationship to pa Boytherd/ciriffront, Ex-Roystic Ide the patient injure the ass Injury to the second of the patient injure the ass Injury to the second of the patient injure the ass Injury to the patient injury to patient in Ide assailant injury opation the Verbal Threatis Vas Strangulation: Yes Restraints: Vas Strangulation: Yes Restraints: Vas House of Force: Yes Physical Force: Yes	isint: Parent% cont/Cliffiend, calient(s) in a Bleedin tiling in bloce a any way (i.e. Bleedin telened during No No No No No No	Sten-Purent, Spot Date, Acquaintan ny way (i.e., bite) jing? Yes , bite, kick, sor g Describe; g Describe; Specify; Specify; Specify; Specify; Specify;	isset.hve-ln Pertner, Ex-Spo. ce, Friend, Strenger, Sode l, kick, scratch, otc.)? I No Specify: altch, etc.)? Yes I No Type: Specify:	ussoluve-in Partner, Parent's Uve-in Partner Mode Contact, Unknown , Specify:
ASSAILANT NAME #1 #2 #3 #4 #5 Examples of relationship to pa Boythers/Gliffitimal, Ex-Boyth Glif the pathon lingue the ass Did reassailant lingue the ass Did assailant injure patient in Pose No. Was a weapon used or three Verbail Threatis: Use Stranguistion: Uses Did assailant takes anything?	isint: Paront/Sinfitent, abilant(s) in a Bleedin Bleedin siny way (i.e. Bleedin No No No No No No	Sten-Purent, Spot Date, Acquaintan ny way (i.e., bite) jing? Yes , bite, kick, sor g Describe; g Describe; Specify; Specify; Specify; Specify; Specify;	cont heels Partone, Ex-Sp. co., Friend, Stranger, Sodie No Specially: No Specially: Jatah, etc.)? No Type:	ussoluve-in Partner, Parent's Uve-in Partner Mode Contact, Unknown , Specify:
ASSAILANT NAME #1 #2 #3 #4 #5 Examples of relationship to pa Boythers/Girlfriend, Ex-Boyth Girl the pation linyue the ass Did resealtent injure the Press No Was a weapon used or three Verbail Threatis: Use Strangulation: Use Strangulation: Use Strangulation: Use Chamical(6): Use Chamical(6): Use Strangulation: Use S	isint: Paront/Sinfitent, abilant(s) in a Bleedin Bleedin siny way (i.e. Bleedin No No No No No No	Sten-Purent, Spot Date, Acquaintan ny way (i.e., bite) jing? Yes , bite, kick, sor g Describe; g Describe; Specify; Specify; Specify; Specify; Specify;	isset.hve-ln Pertner, Ex-Spo. ce, Friend, Strenger, Sode l, kick, scratch, otc.)? I No Specify: altch, etc.)? Yes I No Type: Specify:	ussoluhe-ih Partner, Parent's Live ih Partner Mode Contact, Ushinoven , Specify:

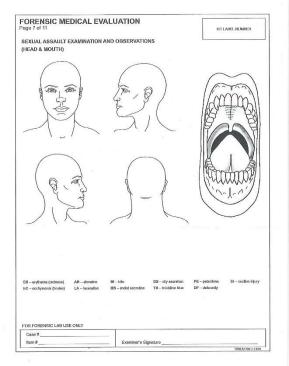
Page 1 of 11				IT LABEL NUMBER	
MEDICAL HISTORY		_	-		
Patient Name:					
Sex: Age:		OB:			
Current Medications:			4		
Allergies:			931.00		
Past medical history, surgeries, and/or pre-existing physical injuri	es:				
Date of LMP:					
Currently pregnant? ☐ Yes ☐ No ☐ Unsure If pregn	ant, how m	any wee	ks?		
Tubal ligation/hysterectomy/gynecological surgery/birth control m	ethod:				_
Last consensual intercourse (date/time):	Specify typ	ie;			
Contraceptive use: ☐ Yes ☐ No Contraceptive type:					
Was shower, douche, or bath taken between assault and last cor If yes, date and time:	sensual in	tercourse	e? [☐ Yes ☐ No	
Any recent (60 days) and or genital injuries, surgeries, diagnosti	o procedur	es, or me	edical	treatment which	may
		300000			
affect physical findings?					
	disabilities	7 0 1	res l	□ No	
affect physical findings?	disabilities	? 🗆 ነ	es l	□ No	
Physical disabilities? ☐ Yes ☐ No Montal	disabilities	? 🗆 ነ	res I	□ No	
Physical disabilities? ☐ Yes ☐ No Montal	disabilities	? 🗆 9	res l	□ No	
Physical disabilities?	disabilities	? = \	fes l	□ No	
Physical disabilities?					
Physical disabilities?					
Physical disabilities?	□ Yes	□ No	0	Unsure	
Physical disabilities?	□ Yes	□ No	0	Unsure	
Physical disabilities?	□ Yes	□ No	0	Unsure	
Physical disabilities?	☐ Yes ☐ Yes ☐ Yes ☐ Yes	□ No	0	Unsure Unsure Unsure	
Physical disabilities?	☐ Yes ☐ Yes ☐ Yes ☐ Yes	□ No	0	Unsure Unsure Unsure Unsure	
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Physical disabilities?	☐ Yes	□ No □ No □ No □ No		Unsure Unsure Unsure Unsure	
Physical disabilities?	☐ Yes	□ No □ No □ No □ No		Unsure Unsure Unsure Unsure	

ge 3 of 11					КП	LABEL	NUMBER	
CTS DESCRIBED BY PATIENT:						_	-	_
las lubricant used?				Yes	□ No	П	Unsure	
If yes, specify:								
las a condom used?				Yes	□ No		Unsure	
enetration of female sexual organs?				Yes	□ No		Unsure	
Used: ☐ Penis ☐ Fing	er		Mouth/Ton	gue	☐ Foreign Object			
Did ejaculation occur?				Yes	□ No		Unsure	
enetration of the mouth?				Yes	□ No		Unsure	
Used: ☐ Penis ☐ Fing	jer		Mouth/Ton	gue	☐ Foreign Object			
Did ejaculation occur?				Yes	□ No		Unsure	
enetration of the anus?				Yes	□ No		Unsure	1
Used: Penis Fing	jer		Mouth/Ton	gue	☐ Foreign Object			
Did ejaculation occur?				Yes	□ No		Unsure	
ondling of the patient?				Yes	□ No		Unsure	
If yes, specify:								_
las the patient forced to touch/fondle If yes, specify:	e the a	esaila	ant? 🗆	Yes	□ No	П	Unsure	9
id the assailant lick, kick, or spit on If yes, specify:	the pa	tient?		Yes	□ No		Unsure	
OST-INCIDENT HYGIENE:								
hanged clothes?	□ Yes	s D	No E	Bathed/s	showered/washed off?	DY	/es 🗆	N
rushed/washed hair?	□ Yes	s 🗆	No 8	Smoked	?	DY	/es □	N
rushed teeth?	□ Ye	s 🗆	No U	Jsed mo	outhwash?		/es □	N
omited?	□ Yes	s 🗆	No F	ood or	drink?	DY	∕es □	N
rinated?	☐ Yes	s 🗆	No I	Douched	d?		/es □	N
emoved tampon/pad/sponge/etc?	□ Yes	s 🗆	No I	Defecate	ad?		/es □	N
ecent history of constination?	☐ Yes	s 🗆	No t	Jsed en	ema?	0 1	/es □	N
omments:								
ecent history of constipation?			32	Jsed en	ema?	- Y	/es □	

ORENSIC MEDICAL EVALUA ago 4 of 11	TION	KIT LADEL NUMBER
ATIENT'S REPORT OF INCIDENT:		
- Bit		
		V. 12
ontinued on back? ☐ Yes ☐ No		
DR FORENSIC LAB USE ONLY		
Case #		3150
ltem # E	Examiner's Signature	







FORENSIC MEDICAL EVALUATION		RENSIC MEDICAL EVAL	UATION	
Page B of 11	THE CONTRACTOR OF THE CONTRACT	e 9 of 11 CUAL ASSAULT EXAMINATION AND	OBSERVATIONS	KIT LABEL NUMBER
SEXUAL ASSAULT EXAMINATION AND OBSERVATIONS (MALE GENITALIA)		MALE GENITALIA)	OBSERVATIONS	
GENITAL/ANAL EXAMINATION	GE	NITAL/ANAL EXAMINATION illion of patient for exam: Lithotom	ny Other (specify)	
Position of patient for exam: Circumcised	Yes 🗆 No Lut	rication used during speculum exam?	Yes □ No □ Not Applicable	If yes, specify:
Anal Exemination	Hyr	nen Shape (mark only if pediatric patier ☐ Annular ☐ Fimbriated ☐ S	nt): eptate □ Cribriform □ Other	
Buttocks:	Ana	l Examination	opaco is onanomi is onoi_	
Anal tone:		Buttocks:		
Additional comments:		Anal tone:		
	n e	Additional comments:		
		R	B) L	
ER – eyflorine (rodness) AB – shristein BI – bite DB – dry secretion PE – pole CG – exchymosine (braken) LA – luceration MB – moist entrelien TB – lobielion blue DF – defe	mily ER			E – potechiae 81 – suction injury F – deformity
FOR FORENSIC LAB USE ONLY	FO	R FORENSIC LAB USE ONLY		P 05 38000
Case # Examiner's Signature		ane #	Exeminer's Signature	
	RESEATEWAR I SIZE		Examiner a dignature	RESUA;EVALS:150
		DRENSIC MEDICAL EVAL	UATION	KIT LABEL NUMBER
age 10 of 11 SODY MAP DESCRIPTION: or PHOTOGRAPH LIST: Collected to retain COLPOSCOPY: Collected to retain	KIT LABEL NUMBER Pai	ne 11 of 11 RSING DIAGNOSIS Powerless related to soxual assault High risk for self-harm related to post-trauma syndromo	☐ High risk for post to sexual assauli	t trauma response related t lective family coping related
age 10 of 11 SODY MAP DESCRIPTION: or PHOTOGRAPH LIST: HIGHTAL: Collected to retain Colposcopy/Photography ALRAVI vigit receisor?	KIT LAREL NUMBER NU I I I indicated	ne 11 of 11 RSING DIAGNOSIS Powerless related to soxual assault High risk for self-harm related to post-trauma syndrome Alteration in ekin integrity	☐ High risk for post to sexual assault ☐ High risk for ineft	t trauma response related t lective family coping related
2007 MAP DESCRIPTION:	KIT Lees NUMBER NUL C Indicated Pro	pe 11 of 11 RSING DIAGNOSIS Powerless related to soxual assault High risk for self-herm related to post-trauma syndrome Alteration in ekin integrity st-Exam Report Given Tor	☐ High risk for post to sexual assault ☐ High risk for ineft	t trauma response related t lective family coping related
Page 10 of 11 BODY MAP DESCRIPTION: or PHOTOGRAPH LIST: DIRITAL: collected to retain	KIT LAREL NUARRET NU C Indicated Indicated LA H	is 11 of 11 RSING DIAGNOSIS Powerless related to soxual assault High risk for self-herm related to post-traum a syndrome Atheration is slid in labejity It-Exam Report Given To? 3 STUDIES 7	☐ High risk for post to sexual assauld ☐ High risk for ineff ☐ to sexual assauld	t trauma response related lective family coping related //domestic abuse
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age 10 of 11 SODY MAP DESCRIPTION: or PHOTOGRAPH LIST:	KIT LABEL NUAGER NI Indicated I indicated I indicated LA I I I I I I I I I I I I I I I I I I I	re 11 of 11 RSING DIAGNOSIS Powerless related to sexual assault High risk for self-harm related to post-trauma syndrome Alteration in eldn Integrity HEExam Report Given To: 3 STUDIES 7 7 Yes 98 P3 Ves RVDR1.7 Yes 98 P3 Yes P4 P5 Yes P5 P6	High risk for post to sexual asseut High risk for including the post of the sexual asseut High risk for including the post of the sexual asseut No	t trauma response related lective family coping related domestic abuse suits suits suits
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Above forms can be found in the Louisiana Statewide Physical Evidence Recovery Kit.

APPENDIX G- STAKEHOLDER MEETING AND NOTIFICATIONS

Meeting Notifications, Attendance, and Minutes



We will hold our next SART Meeting on November 7, 2024, at 9:30am. This meeting will be held at the St. Charles Parish Sheriff's Office located at 260 Judge Edward Dufresne Pkwy, Luling.

Soch year, the Louisiana Department of Health, through the medical directors of each of its nine region health service districts, shall coordinate an annual sexual assuad response plan for each district. This effective Pelsonary Flora for the Conference of the Con

Discussion at this SART meeting will be centered upon the proposed sexual assault response plan. Attached to this email is a rough draft of the plan. If possible, we kindly ask you and/or a member of you team to review the plan to be able to discuss any necessary revisions or additions.

As a reminder, to ensure that we have a clear vision and direction for the SART, and that we respect the space limitations, we limitly ask that each agency sends one dedicated representative to lead the SART efforts. We understand that this person may not be able to attend every meeting, so a substitute can be a ranaged if necessary. Please respond to this email if you are the dedicated representative, or have a designer, and are able to attend

If you have any questions, please feel free to contact me



Re: St. James SART Meeting

From maci havenhelps.org <maci@havenhelps.org> Date Tue 11/12/2024 2:09 PM

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Just sending out a reminder regarding the SART meeting on Thursday, November 14th at 9:30am. This meeting will be held in a meeting room at the St. James Parish Hospital (1645 Lutcher Ave, Lutcher).



Maci Lapeyrouse, MA, LPC, NCC Sexual Assault Program Director I Region 3 SART Coordinator

Phone: 985.346.3957 Mobile: 985.790.4396 Crisis: 985.872.0757 Emall:maci@havenhel

P.O. Box 4279 Houma, LA 70361

Outlook

St. James SART Meeting

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This evert ocurred 2 months ago (Tla 11/14/2024 930 AM - 1030 AM)
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Greetings,

We will hold our next SART Meeting on November 14, 2024, at 9:30am. This meeting will be held in a meeting room at the St. James Parish Hospital (1645 Lutcher Ave, Lutcher). If facing the hospital and the medical complex is to your left and meetical complex is to your right—you will wall: through the double doors on your left (into the hospital). The meeting room will be the first door on your left one you're in the hospital).

Each year, the Lauisiana Department of Health, through the medical directors of each of its nine region health service districts, shall coordinate an annual sexual response plans for each district. This proposed plan is submitted to the secretary of the state for review and the approaced plans that Receive Technory first of the following year. The plan outlines, in detail, the region's standards and procedures in responding to sexual associal survivors. When developing the annual response plan, the department shall solicit the input of interested stateholders in the region.

Discussion at this SART meeting will be centered upon the proposed sexual assault response plan.
Attached to this email is a rough draft of the plan. If possible, we kindly ask you and/or a member of your team to review the plan to be able to discuss any necessary revisions or additions.

As a reminder, to ensure that we have a clear vision and direction for the SART, and that we respect the space limitations, we kindly ask that each agency sends one dedicated representative to lead the SART efforts. We understand that this person may not be able to attend every meeting, so a substitute can be arranged if necessary. Please respond to this email if you are the dedicated representative, or have a designee, and are able to attend every and are able to attend every.

If you have any questions, please feel free to contact me.



Re: St. John SART Meeting

Date To: 11/12/2004-212 PM

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Just sending out a reminder regarding the SART meeting on Thursday, November 14th at 11:00am. This meeting will be held in a meeting room at River Place Behavioral Health, located at 500 Rue de Sante in LaPlace.

Please see the original email below for more information.



P.O. Box 4279 Houma, LA 70361

From: max in havenholps.org

Sent: Tuarday, October 22, 2024 12:21 PM

To bolivanuel@tiplonds.com - delimans@siplonds.com; bobryan@tpcg.org - dobryan@tpcg.org; brandon.barbow@tiplonbenderifl.org; carsandralillot@grand.com

cassandralilot@grand.com. Dr. Christy Monteger sciphonogitronline.com; jenni.estraca@glipinnherifl.org; carsandralilot@grand.com

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Greetings,

We will hold our next SART Meeting on November 14, 2024, at 11:00am. This meeting will be held in a meeting room at River Place Behavioral Health, located at 500 Rue de Sante in LaPlace.

Each year, the Louisiano Department of Health, through the medical directors of each of its nine regional health service districts, shall coordinate an annual seasal ansult response plan for each district. This proposed plan is submitted to the secretary of the state for review and the approved plan shall become reflective February ists of the following year. The plan outlines, in detail, the region's standards and procedures in responsing to sexual assault survivors. When developing the annual response plan, the department shall sociate the just of interested stakeholders in the region.

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As a reminder, to ensure that we have a clear vision and direction for the SART, and that we respect the space limitations, we kindly ask that each agency sends one declicated representative to lead the SART efforts. We understand that this person may not be able to attend every meeting, so a substitute can be arranged if necessary. Please respond to this email if you are the dedicated representative, or have a designer, and are able to attend every.

If you have any questions, please feel free to contact me.



Maci Lapeyrouse, MA, LPC, NCC Sexual Assault Program Director I

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Seete Tiersday, October 22, 2024 1:23 PM

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We will hold our next SART Meeting on November 18, 2024, at 2:00pm. This meeting will be held at Terrebonne General Health System in the Emergency Department Conference Room.

Each year, the Leuisiana Department of Health, through the medical directors of each of its nine regional health service districts, shall coordinate an annual sexual associal response plan for each district. This proposed plan is a usefulfied to the security of the text for it review and the opproved plan shall abcome effective February first of the following year. The plan outline, is whetly, the region's standards and procedures it responding to sexual associal services. When selventinging the annual response plan, the disquestment shall solicit the input of interested stakeholders in the region.

Discussion or this SART meeting will be centered upon the proposed sexual assault response plan. Attached to this rend is a rough drift of the plan if possible, we kindly ask you and/or a member of your team to seview the plan to be able to discuss oney necessary revolutions or additions.

As a reminder, to ensure that we have a clear vision and direction for the SART, and that we respect the space limitations, we kindly ask that each agency sends one declicated representative to lead the SART efforts. We understand that this person may not be able to attend every sweeting, so a substitute can be arranged for excessary. Please respond to this enablify this are the declicated representative, or have a decigner, and are able to attend.

If you have any questions, please feel free to contact me.

Outlook

Re: Terrebonne SART Meeting

From maci havenhelps.org <maci@havenhelps.org> Date Wed 11/13/2024 8:47 AM

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- Cc Crystal Gienger <Crystal.Gienger@fletcher.edu>; Reynolds, Lisa <Lisa.Reynolds@tgmc.com>; McNabb, Teresita <Teresita.McNabb@tgmc.com>; Gary Williams <GaryWilliams@tpda.org>

2 attachments (3 MB)
 2025 Region 3 Sexual Assault Response Plan.pdf; ACT 669.pdf;

Good morning,

Just sending out a reminder regarding the SART meeting on Monday, November 18th at 2:00pm. This meeting will be held at Terrebonne General Health System in the Emergency Department Conference Room.

Please see the original email below for more information.



Phone: 985.346.3957 Mobile: 985.790.4396 Crisis: 985.872.0757 Email:maci@havenhel

P.O. Box 4279 Houma, LA 70361

www.havenhelps.

G Outlook

Re: Lafourche SART Meeting

- From total havembergs.cog. small@membergs.cog.

 Date: Worl 1717.000 8.89.AM

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Good morning.

Just sending out a reminder regarding the SART meeting on Monday, November 18th at 12 00pm. This meeting will be held at Ochanier St. Anne Hospital. The meeting noon has been changed to the formal Classoom. You can park in the back parking lot off of Cypress St., between the hospital and the clinics. You'll enter the hospital through the back door—it is badge accept, however Danielle will be filter to fell you!

My cell number is 965-790-4396. Please call if you have trouble finding the meeting room.

Please see the original email below for more information.



Front: mad haveshelps.org Sent: Tursday, October 22, 2024 1:20 PM

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Greetings,

We will hald our next SART Meeting on November 18, 2024, at 12:00pen. This meeting will be held at Ochsens St. Anne Hespital in Raesland. Please onter through the Nain fortrance of the hospital, take as immediate right, wolk through the double door, and press the betton to be bussed in. We will be in the Manager's Noveting Room.

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As a reminder, to ensure that we have a clear siston and direction for the SART, and that we respect the space limitations, we kindly ask that each agency sends one dedicated representative to lead the SART efforts. We understand that this person may not be able to attend every meeting, so a substitute

can be arranged if necessary. Please respond to this ensel if you are the dedicated representative, or have a designer, and are able to attend.

If you have any questions, please feel free to contact me.



Re: Assumption Parish SART Meeting

From mad havenhelps.org +mad@havenhelps.org+ Date: Wed 11/13/2014 8:15 AM

B 2 attachments (3 MH) 2005 Region I Sonuel Associt Response Plenadt; ACT 685 polit

Good morning.

Just sending out a reminder regarding the SART meeting on Monday, November 18th at 9:00am. This meeting will be held at Cur Lady of the Lake Assumption Community Hospital. You can enter through the Main Entrance at the front of the hospital.

Please see the original email below for more information.

I am looking forward to meeting with you all,



Mad Lapregrouse, MA, LPC, MCC Scoool Asseult Program Cirectur - Region 3 SANT Carardinatur

Phone: 985.346.3957 Mobile: 985.795.4396 Grido 985.872.0757 Tanalizmus@havenhet

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Greetings.

We self hold a Sexual Assault Response Team Moeting on November 18, 2024, at 8:00wn. This meeting will be hold at Our Luly of the Lake Assumption Community Hespital. You can enter through the Main Entrance at the front of the hospital.

Each year, the Louisiana Organizment of Health, through the medical directors of each of its nine region health service districts, shall coordinate an annual sensal ensual response plan for each district. The proposed plan is subsected to the secretary of the fall for evidence and the approved plan shall become districts. The regions of plan is subsected to the secretary part of the following year. The plan coolines, in detail, the region's standards and procedures in respectably as around associated works. When developing the annual response plan, the department shall such the people of a terested state-following the site of the plan.

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If you have any operations, please feel free to contact me.

Hook forward to movting each of your



Maci Lapeyrouse, MA, LPC, NCC Semal Assault Program Direct Region 3 SART Coordinator

Phone 985.346.3 957

2025 SARP Planning Meeting Notifications

Meeting & Date	Notification Sent	Reminder Sent	Invited	Attendance
11.14.24 St. James Quarterly SART Meeting	via email on 10.22.24	via email on 11.12.2024	Capt. Bobbie O'Bryan (Houma Police Department), Kelli Randazzo (St. James Parish Hospital), Melanie Lerille (River Place Behavioral Health), Nicole White (St. James Sheriff's Office), Shirley Young (Metro Centers for Community Advocacy), Shalither Cushenberry (River Parishes Community College), Dr. Eric Brooks (Louisiana Department of Health), Chad Usey (Acadian Ambulance Service), Brent Dicharry (Gramercy Police Chief), Cassandra Billiot (Region 3 SANE Coordinator), Dwan Boswer (Lutcher Police Chief), Ebony White (St. James Sheriff's Office), Julie Pellegrin (The Haven), Monica Credidio (St. James Sheriff's Office), Nicole Cohen (The Haven), Rebecca Rainey (Metro Centers for Community Advocacy), Rhonda Zeringue (St. James Parish Hopsital), Dr. Randall Poche' (St. James Coroner)	Dr. Eric Brooks (Louisiana Department of Health), Julie Foret (The Haven-SANE), Shalither Cushnberry (River Parishes Community College), Melanie Lerille (River Place Behavioral Health), Monica Credido (St. James Sheriff's Office), Kelli Randazzo (St. James Parish Hospital), Rhonda Zeringue (St. James Parish Hospital), Capt. Bobbie O'Bryan (Houma Police Department), Maci Lapeyrouse (Region 3 SART Coordinator), Shirley Young (Metro Centers for Community Advocacy), Dr. Will Freeman (St. James Parish Hospital)
11.14.24 St. John Quarterly SART Meeting	via email on 10.22.24	via email on 11.12.2024	Capt. Bobbie O'Bryan (Houma Police Department), Dr. Christy Montegut (St. John Parish Coroner), Melanie Lerille (River Place Behavioral Health), Shirley Young (Metro Centers for Community Advocacy), Lillian Agnelly (Ochsner-River Parishes), Regina Griffin (River Place Behavioral Health), Dr. Eric Brooks (Louisiana Department of Health), Shalither Cushenberry (River Parishes Community College), Bridget Dinvaut (St. John District Attorney's Office), Brandon Barlow (St. John Sheriff's Office), Cassandra Billiot (Region 3 SANE Coordinator), Jenni Estraca (St. James Sheriff's Office), Julie Pellegrin (The Haven), Maria Cristina Rivas (Ochsner- River Parishes), Nicole Cohen (The Haven), Robin Bailey (St. John District Attorney's Office), Rebecca Rainey (Metro Centers for Community Advocacy), Staty Lewis (St. John Sheriff's Office, Sandra Prather (Ochsner- River Parishes)	Julie Foret (The Haven- SANE), Dr. Eric Brooks (Louisiana Department of Health), Capt. Bobbie O'Bryan (Houma Police Department), Shalither Cushenberry (River Parishes Community College), Heather Champagne (Ochsner- River Parishes), Cristina Rivas (Ochsner- River Parishes), Staty Lewis (St. John Sheriff's Office), Nicole Williams (St. John Coroner's Office), Jennifer Phillips (River Place Behavioral Health), Jarret Guillory Jr. (River Place Behavioral Health), Beverty Pack (River Place Behavioral Health), Regina Griffin (River Place Behavioral Health), Shirley Young (Metro Centers for Community Advocacy), Maci Lapeyrouse (Region 3 SART Coordinator)

11.18.2024 Assumption Quarterly SART Meeting	via email on 10.22.24	via email on 11.13.2024	Brooks (Louisiana Department of Health), Nicole Cohen (The Haven), Lindsey Wells (Our Lady of the Lake Assumption Hospital), Crystal Gienger (Fletcher Community College), Tonia Pierre (Our Lady of the Lake-Assumption Hospital), Leland Falcon (Assumption Parish Sheriff's Office), Dr. Landy (Assumption Parish Coroner), Darl Babin (Assumption District Attorney's Office), Donnie Calamia (Assumption Parish Sheriff's Office), Julie Pellegrin (The Haven), Tammy Oconner (Our Lady of the Lake Assumption Hospital), Crystal Gienger (Fletcher Community College)	Dr. Eric Brooks (Louisiana Department of Health), Lindsey Wells (Our Lady of the Lake Assumption Hospital), Donald Calamia Jr. (Assumption Sheriff's Office), Capt. Bobbie O'Bryan (Houma Police Department), Julie Foret (The Haven-SANE), Maci Lapeyrouse (SART Coordinator), Brian Tripode (Our Lady of the Lake Assumption Hospital), Nicole Cohen (The Haven)
11.18.24 Lafourche Quarterly SART Meeting	via email on 10.22.24	via email on 11.13.2024	Brooks (Louisiana Department of Health), Heidi Irwin (Lafourche District Attorney's Office), Kendra Barnes (Thibodaux Police Department), Leigh Terry (Thibodaux Regional Health System), Melanie Lerille (River Place Behavioral Health), Melissa Simmons (Lafourche Sheriff's	Nicole Cohen (The Haven), Maci Lapeyrouse (Region 3 SART Coordinator), Julie Foret (The Haven), Melanie Lerille (River Place Behavioral Heatth), Leigh Terry (Thibodaux Regional Heatth System), Shelby Mike (Lafourche Parish District Attorney's Office), Melissa Simmons (Lafourche Parish Sheriff's Office), John Landry (Nicholls State University PD), Alison Hadaway (Nicholls State University PD), Alison Hadaway (Nicholls State University Title IX), Crystal Gienger (Fletcher Community College), Robert Mason (Lafourche Parish Sheriff's Office), Capt. Bobbie O'Bryan (Houma Police Department), Dr. Eric Brooks (Louisiana Department of Health), Danielle Duplantis (Ochsner- St. Anne)

11.18.24	via email on	via email on	Ben Rhodes (Ochsner- Chabert Medical Center), Capt.	Julie Foret (The Haven SANE), Capt. Bobbie
Terrebonne	10.22.24	11.13.2024	Bobbie O'Bryan (Houma Police Department), Dr. Eric	O'Bryan (Houma Police Department), Storm Fitch
	10.22.2		Brooks (Louisiana Department of Health), Jason Pellegrin	(Houma Police Department), Cody Doiron (Houma
Quarterly SART			(Terrebonne Parish Sheriff's Office), Nicole Cohen (The	Police Department), Nicole Cohen (The Haven),
Meeting			Haven), Crystal Gienger (Fletcher Commnity College Title	Maci Lapeyrouse (Region 3 SART Coordinator),
			IX), Lisa Reynolds (Terrebonne General Health System),	Roxanne Hernandez (Terrebonne General Health
			Teresita McNabb (Terrebonne General Health System),	System), Lisa Reynolds (Terrebonne General
			Gary Williams (Terrebonne Parish District Attorney's	Health System), Crystal Gienger (Fletcher
			Office), Cassandra Billiot (Region 3 SANE Coordinator),	Community College Title IX), Dr. Eric Brooks
			Chris Erny (Terrebonne Parish District Attorney's Office),	(Louisiana Department of Health), Nicholas
			Cher Pitre (Terrebonne Parish Sheriff's Office), Dennis Elfert	Pellegrin (Terrebonne General Health System)
			(Terrebonne Parish District Attorney's Office) Julie Pellegrin	
			(The Haven), Kristina Payne (Houma Police Department),	
			Dr. Walker (Terrebonne Parish Coroner's Office), Jim	
			Warren (Terrebonne Parish Coroner's Office), PJ Allrige,	
			(Terrebonne Parish Coroner's Office) Travis Theriot (Houma	
			Police Department Cheif), Crystal Gienger (Fletcher	
			Community College- Title IX)	

11.07.24	via email on	Capt. Bobbie O'Bryan (Houma Police Department), Jarrett Dr. Eric Brooks (Louisiana Department of Health),
St. Charles	10.22.24	Fuselier (Ochsner St. Charles Hospital), Kevin Maci Lapeyrouse (Region 3 SART Coordinator),
	10.22.2	Hollingsworth (St. Charles Sheriff's Office), Lillian Agnelly Barry Minnich (St. Charles Coroner's Office), Nancy
Quarterly SART		(Ochsner St. Charles Hospital), Melanie Lerille (River Place Whann (St. Charles Coroner's Office), Tommy
Meeting		Behavioral Health), Shirley Young (Metro Centers for Plaisance (St. Charles Sheriff's Office), Kevin
		Community Advocacy), Tommy Plaisance (St. Charles Hollingsworth (St. Charles Sheriff's Office),
		Sheriff's Office), Dr. Eric Brooks (Louisiana Department of Giovanni Tarullo (St. Charles Sheriff's Office),
		Health), Dr. Brian Brogle (St. Charles Coroner), Nancy Lillian Agnelly (Ochsner St. Charles Hospital),
		Whann (St. Charles Coroner's Office), Barry Minnich (St. Capt. Bobbie O'Bryan (Houma Police Department),
		Charles Coroner's Office), Casey Dieck (St. Charles District Julie Foret (The Haven- SANE), Nicole Cohen (The
		Attorney's Office), Cassandra Billiot (Region 3 SANE Haven), Steven Fontenot (St. Charles Sheriff's
		Coordinator), Donald Smith (St. Charles Sheriff's Office), Grice), Kevin Tennison (St. Charles Sheriff's
		Julie Pellegrin (The Haven), Maria Lopez (Ochsner St. Office), Harper Fant (Metro Centers for Community
		Charles Hospital), Nicole Cohen (The Haven), Rebecca Advocacy), Shirley Young (Metro Centers for
		Rainey (Metro Centers for Community Advocacy), Walter Community Advocacy), Melanie Lerille (River Place
		Banks (St. Charles Sheriff's Office) Behavioral Health), Kristina Payne (Houma Police
		Department), Jubriel Singleton (Houma Police
		Department), Shalither Cushenberry (River
		Parishes Community College Title IX)
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St. Charles SART

ALLENGANCE:

Maci Lapeyrouse-SART Coordinator, Nicole Cohen-The Haven, Kristina Payne-Hourna Police
Department, Barry Minnich-Coroner's Office, Nancy Whann-Coroner's Office, Tommy PlaisanceSCSQ, Keving Hollingsworth-SCSQ, Gliwanni Tarulu, S-SCQ, Lillan Applely-St. Charlet ED, Capt.
Böbble O'Byan-HPD, Julie Foret-The Haven, Steven Fontonot-SCSQ, Harper Fant-METRQ, Shirley
Young-METRQ, Malanie Lerille-RiverPlace, Jabriel Singleton-HPD, Shalither Cushenberry-RPCC, Dr.
Eric Brooks-OPH

MEETING MINUTES Agenda Items

Welcome
 a) Members of the team introduced themselves.

THE WINDS

II. Overview of SART Statistics

- Maci Lapoyrouse provided documentation on 2024 SART statistics for the current year for the region and the parish.
- i) Giovanni Tarullo asked if other regions of meetings like this one to go over stats and give updates. Capt. Bobble O'Bryan said not many do. Capt. Bobble O'Bryan, Maci Lapeyrous and Dr. Brooks met with Dr. Saussy from OPH. Capt. O'Bryan said maybe three regions meet. Dr. Saussy was discussing a possible statewide Sexual Assault Response Plan.

III. SANE Training

a) Maci Lapeyrouse introduced the new SANE, Julie Foret. She will cover any lapse in the SANE schedule.

IV. SA Kit Tracking System

a) Maci Lapeyrouse discussed an update about the new Sexual Assault Tracking System. The tracking system is going great. St. Charles Parish has not had an SA call out that needed a FME since May, so they have not been able to use the new system.

V. New Legislation

- a) Maci discusses a new Act 669 that was signed by the Governor in late July that reads we are to keep blind FMEs for at least 20 years. The law did read that blind kits are to be stored for I year.
- b) The new Act also reads that they are required to transfer of evidence in 72 hours.

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St. James SART

Attendance:

Aucet and Ne.

Maci Lapperyouse-SART Coordinator, Capt. Bobbie O Bryan-Hourna Police Department, Kelli
Randazzo-St. James Parish Hospital, Monica Credido-SJSO, Rhonda Zeringue-St. James Parish
Hospital, Shirley Young-Merto, Dr. Eric Brooks-OPF, Shalther Cushenberry-RPCC, Melanie LerilleRher Place, Dr. Will Freeman-St. James Parish Hospital

MEETING MINUTES

Agenda Items

Welcome
 a) Members of the team introduced themselves.

Overview of SART Statistics
 Maci Lapeyrouse provided documentation on 2024 SART statistics for the current year for the region and the parish.

III. SANE Training

- a) Maci Lapeyrouse introduced new full-time SANE Julie Foret. She will be covering any lapse in schedule, as well as going over paperwork and training the other nurses.
- b) Capt, O'Bryan mentioned that the LSU funding is ending for SANE training, the program got the grant without any funding. We have decreased the timeframe for SANE Training, with LSI it was a year. Currently with Internation Association of Forensic Nurses it is approximately 90-120 days.

IV. SA Kit Tracking System

- a) Maci Lapeyrouse shared an update about the new Sexual Assault Tracking System. Monica Credido said that currently St. James has not used the program due to not having an FME completed since before July ¹⁷. They are currently working on administration access due to the changing of personnel.
- Monica said she will contact Maci to schedule a meeting to discuss policy and procedures in reference to the collection of kits.

V. New Legislation

a) Maci discusses a new law ACT 669 that was approved that reads we are to keep blind FMEs for at least 20 years. The law read that blind kits are to be stored for 1 year. The team discussed

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c) There is a new Bill of Rights, very similar to old Bill of Rights, just some slight changes

VI. Discussion

- a) 2025 Sexual Assault Response Plan
- i) On pg. 19- Steven Fontenot discusses the wording for Law enforcement to pick up the completed FME within an hour, Steven Fontenot discusses how he thinks it should possibly be changed to a "reasonable amount of time" him and other members of the team feel like they cannot always be there in that amount of time.

b) Chain of Custody form

i) Maci also reminded the team that the kit tracking system is not the chain of custody form and we still need to complete that

VII. Adjournment-Questions, Concerns, and Comments

Maci Lapeyrouse reminded the team of the Louisiana Oversight Sexual Assault Commission Meeting that is being held on Wednesday, November 20° at 1:00PM in the Thomas Jefferson Rooms 1 - 136C (Ist Floor) of the Claiborne Building, 1201 N. Third St., Boton Rouge, LA 70802. a) Maci Lapeyro

Minutes taken by: Nicole Cohen, Medical Advocate

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there is no statute of limitations on rape and the survivor should be able to report when she/he would feel comfortable to do so. The reported kits are kept forever.

Maci will check to clarify general questions about when to bill and when not to bill a patient referring to pages 6-7, 20-21 of the Act.

VI. Chain of Custody

Monica Credido said they previously completed the chain of custody form online but has recently changed to a physical form for all evidence collected.

VII. 2025 Regional Sexual Assault Response Plan

- a) Dr. Eric Brooks discusses the possibility of developing a Statewide sexual assault response plan. Dr. Saussy is starting with a blank page. He asked if there is anything we like or dislike about our current plan to let him or Mad incon. He aloa saked if there are any changes that you think need to be made to let him and Maci know so we can revise it.
- b) Monica Credido said their new Chief of Police was Dennis Jenkins.

a) Shallther Cushenberry gave information regarding Title IX.

IX. Adjournment-Questions, Concerns, and Comments

- a) Maci Lapeyrouse reminded the team of the Louisiana Oversight Sexual Assault Commission Meeting that is being held on Wednesday, November 20° at 100PM in the Thomas Jefferson Rooms 1 136C [Ist Floor) of the Claiborne Building, 1201 N. Third St., Baton Rouge, LA 70802
- b) Maci Lapeyrouse also mentioned having the next SART meeting in mid-January or February

Minutes taken by: Maci Lapeyrouse, SART Coordinator

St. John SART

Attendance:

Attendance:

Maci Lappryones-SART Coordinator, Capt. Bobbie O Bryan-Hourna Police Department, Shirley
Wasi Lappryones-SART Coordinator, Capt. Bobbie O Bryan-Hourna Police Department, Shirley
Young-Metro, Dr. Eric Brocke-OPH, Shirler Cushenberry, RPCC, Helante Lordina, Fabre-Deric Mellows-Shirler Champagner, RPVC ED, Cristian RivasKIMM-I/ RVPH ED, Staty, Lewis-S19SO, Noclow Williams-St. John Corone's Office, Johnson Police
Millow-Place, James Cullions-Webser, Descriptor, How Place, Register Griffen PillipeRiver Place, James Cullions-Webser, Descriptor, How Place, Register Griffen PillipeRiver Place, James Cullions-Webser, Descriptor, How Place, Register Griffen PillipeRiver Place, James Cullions-Webser, Descriptor, How Place, Register Griffen PillipeRiver Place, James Cullions-Webser, Descriptor, How Place, Register Griffen PillipeRiver Place, James Cullions-Webser, Descriptor, How Place, Register Griffen PillipeRiver Place, James Cullions-Webser, Descriptor, Des

MEETING MINUTES

Agenda Items

Welcome
 Members of the team introduced themselves.

II. Overview of SART Statistics

a) MacLapsyrouse provided documentation on 2024 SART statistics for the current year for the region and the parish.

III. SANE Training

- a) Maci Lapeyrouse introduced new full-time SANE Julie Foret. She will be covering any lapse in schedule, as well as going over paperwork and training the other nurses.
- b) Capt. O'Byan mentioned that the LSU funding is ending for SANE training, the program got the grant without any funding. We have decreased the timeframe for SANE Training, with LSU it was a year. Currently with internation Association of Forensic Nurses it is approximately 90-120 days.

IV. SA Kit Tracking System

- a) Maci Lapeyrouse shared an update about the new Sexual Assault Tracking System.
- b) Lt. Staty Lewis said he has two personnel with access to the system. He also discussed the time frames of the entries.

V. New Legislation

a) Maci discusses a new law ACT 669 that was approved that reads we are to keep blind FMEs for at least 20 years. The law read that blind kits are to be stored for 1 year. The team discussed there is no statute of limitations on rape and the survivor should be able to report when she/he would feel comfortable to do so. The reported kits are kept forever.

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Assumption SART

Attendance:

Maci Lapegrouse-SART Coordinator, Nicole Cohen-The Haven, Capt. Bobbie O'Bryan-HPD, Julie Foret: The Haven, Dr. Eric Brooks-OPH, Lindsey Wells-Ot.Ol. Assumption Community Hospital, Donald Calarnia Jr., - Assumption Parish Sheriff Office

MEETING MINUTES Agenda Items

Welcome
 a) Members of the team introduced themselves.

II. Overview of SART Statistics

- use provided documentation on 2024 SART statistics for the current year for the Maci Lapeyrouse provie region and the parish.
- il I incise Wells stated they have only had adolescents come into the hospital, no adults.

III. SANE Training

MacI Lapeyrouse introduced the new SANE, Julie Foret. She will cover any lapse in the SANE schedule. She will be headed to Minnesota to complete her SANE training and hopefully be on schedule by mid-January.

IV. SA Kit Tracking System

- a) Maci Lapeyrouse discussed an update about the new Sexual Assault Tracking System. The tracking system is working well.
- Donald Calamia Jr. said he did his training but has not been able to use it so he needs to go back and look at it again. He asked if the tracking system was live, Macl Lapeyrouse si yes, since July 1, 2024.

- a) Maci discusses a new Act 669 that was signed by the Governor in late July that reads we are to keep blind FMEs for at least 20 years. The law <u>did</u> read that blind kits are to be stored for 1 year.
- b) The new Act also reads that they are required to transfer all evidence in 72 hours.
- Donald Calarnia Jr. asked Why, sometimes the FME is not needed to prosecute.
 Sometimes they have enough evidence that they do not need FME. Capt. O'Bryan discussed the situation.

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Maci will check to clarify general questions about when to bill and when not to bill a patient referring to pages 6-7, 20-21 of the Act.

VI. Chain of Custody

a) Lt. Staty Lewis said they use both forms chain of custody forms, electronically and physical.

VII. 2025 Regional Sexual Assault Response Plan

a) Dr. Eric Brooks discusses the possibility of developing a Statewide sexual assault response plan. Dr. Saussy is starting with a blank page. He asked if there is anything we like or dislike about our current plan to let him or Maci know. He also asked if there are any changes that you think need to be made to let him and Maci know so we can revise it.

a) Shalither Cushenberry gave information regarding Title IX.

IX. Adjournment- Questions, Concerns, and Comments

- a) Maci Lapeyrouse reminded the team of the Louislana Oversight Sexual Assault Commission Meeting that is being held on Wednesday, November 20" at 100PM in the Thomas Jefferson Rooms 1 136C (Ist Floor) of the Claiborne Building, 1201 N. Third St., Baton Rouge, LA 70802
- b) Maci Lapeyrouse also mentioned having the next SART meeting in mid-January or February

Minutes taken by: Maci Lapoyrouse, SART Coordinator

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Capt. Bobble O'Bryan reminded the team to take a look at Act 669, and make sure policies match the Act (ex. Billing).

VI. Protocol Procedures

- a) Maci Lapeyrouse went over the algorithm and discussed steps of call out.
- b) Donald Calarria Jr. said he does not want to wait an hour to be able to get to a crime scene due to a advocate being almost an hour out from hospital location. He said the more time goes by the more the crime scene gest destroyed. The team discussed the survivor's rights and how that can affect the survivor. Also reminded the team that most sexual assaults that come in are delayed over 10 to 12 hours from the time of the SA. If there is a large crime scene miss survivor call law enforcement first. Ether way, it is up to the survivor to report SA or not.
- Brian Tripode asked, "Why collect evidence if they decide not to report?". Maci Lapeyrouse answered and said if the survivor decides to report the SA Jater on, they would be able to have evidence available to test.

VII. Discussion

- a) 2025 Sexual Assault Response Plan
 - ii) Dr. Eric Brooks discusses the possibility of developing a Statewide sexual assault response plan. Dr. Saussy is starting with a blank page. He asked if there is anything we like or dislike about our current plan to be thim or Madi Kown. He also asked if there are any changes that you think need to be made to let him and Maci know so we can revise it.
 - Lindsey Wells said their Acute Pediatric FMEs facility is changed from Children's Hospital to Our Lady of the Lake Children's Hospital in Baton Rouge.
 - (2) Capt. O'Bryan mentioned the current plan says law enforcement agencies are to up the FME within an hour of notification. We are going to change it to say in a reasonable amount of time.
 - (5) Donald Calamia Jr. asked if he could possibly set up a meeting with his detectives to go educate and train them on procedures. Maci and Capt. O'Bryan agreed just give us some dates and we can plan on it.

b) Chain of Custody form

- Maci also reminded the team that the kit tracking system is not the chain of custody form and we still need to complete that.
- Donald said they do mostly electronic chain of custody. The do paper form if they are transferring evidence to another human and not putting it in a locker.

VIII. Adjournment-Questions, Concerns, and Comments

a) Maci Lapeyrouse reminded the team of the Louislana Oversight Sexual Assault Commission Meeting that is being held on Wednesday, November 20° at 100PM in the Thomas Jefferson Rooms 1-136C (Ist Floor) of the Claiborne Building, 1201 N. Third St., Baton Rouge, LA 70802.

Minutes taken by: Nicole Cohen, Medical Advocate

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- Dr. Eric Brooks discusses the possibility of developing a Statewide sexual assault response plan. Dr. Saussy is starting with a blank page. He asked if there is anything we like or dislike about our current plan to let h
- b) Chain of Custody form
- Maci also reminded the team that the kit tracking system is not the chain of custody form and we still need to complete that.
- ii) Cody said they do mostly electronic chain of custody,
- VII. Adjournment- Questions, Concerns, and Comments
 - Maci Lapeyrouse reminded the team of the Louisiana Oversight Sexual Assault Commission Meeting that is being held on Wednesday, November 20° at 100PM in the Thomas Jefferson Rooms 1-136C (1st Floor) of the Caliborne Suidingh, 210 Nt. Initial St, Baton Rouge, LA 70902.

Minutes taken by: Nicole Cohen, Medical Advocate

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Lafourche SART

Attendance:

Attendance.

MacLappropuse-SART Coordinator, Nicole Cohen-The Haven, Capt. Bobbie O'Bryan-HPD, Julie Foret. The Haven, Dr. Eric Brooks-OPH, Melanie Larille-River Place, Leigh Terry-Thibodaux Regional, Shelby Mike-LPDA, Melissa Simmons-LPSO, John Landy-Nicholis State, Alion Haldavay, Hicholis State, Cystal Clenger-Fletcher, Robert Mason-LPSO, Danielle Duplantis-Ochsner-St. Anne

MEETING MINUTES

Welcome
 Members of the team introduced themselves.

Overview of SART Statistics
 Maci Lapeyrouse provided documentation on 2024 SART statistics for the current year for the region and the parish. Maci also added, since we last met in September, we have had 5 callo

III. SANE Training

- Maci Lapeyrouse introduced the new SANE, Julie Foret. She will cover any lapse in the SANE schedule. She will be headed to Minnesota to complete her SANE training and hopefully be on schedule by mid-January.
- ii) Capt. Bobble O'Bryan added that LSU funding ending for SANE training. LSU was awarded the Program grant but without any funding. Her discussed the decrease in timeframe for SANE training. Previously with LSU it took! year to complete training, working with the International Association of Forensic Nurses it will take approximately 90-120 days for a SANE to be completely trained.

IV. SA Kit Tracking System

- a) Maci Lapeyrouse asked the sheriff's office how the tracking system was going. Robert Mason said it was all good, they have not had any issues.
- Capt. Bobbie O'Bryan went over the tracking system, what it is and how it works for the new team members in the room.

V. Discussion

a) 2025 Sexual Assault Response Plan

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- Maci Lapeyrouse reminded the team of the Louisiana Oversight Sexual Assault Commission Meeting that is being held on Wednesday, November 20th at 1,00PM in the Thomas Jefferson Rooms 1 136C (Ist Floor) of the Claiborne Building, 1201 N. Third St., Baton Rouge, LA 70802.
- b) Maci Lapeyrouse also mentioned having the next SART meeting in mid-January or February

Minutes taken by: Nicole Cohen, Medical Advocate

Terrebonne SART

Attendance:

MacLangerouse-SART Coordinator, Nicole Cohen- The Haven, Capt. Bobbie O'Bryan-HPD, Julie Foret: The Haven, Crit Ericoles-OFH, Storm Fitch- HPD, Roxanne Hernandez- TGHS, Lisa Reynolds-TGHS, Color John J. Chen. C

MEETING MINUTES

Agenda Items

Welcome
 Members of the team introduced themselves.

II. Overview of SART Statistics
a) Maci Lapeyrouse provided documentation on 2024 SART statistics for the current year for the region and the parish.

III. SANE Training

Maci Lapeyrouse introduced the new SANE, Julie Foret. She will cover any lapse in the SANE schedule. She will be headed to Minnesota to complete her SANE training and hopefully be on schedule by mid-January.

IV. SA Kit Tracking System

- a) Maci Lapeyrouse discussed an update about the new Sexual Assault Tracking System. The tracking system is working well.
- i) Capt. Bobbie O'Bryan went over the Chain of custody with Storm and Cody.

V. New Legislation

- Maci discusses a new Act 669 that was signed by the Governor in late July that reads we are to keep blind FMEs for at least 20 years. The law <u>did</u> read that blind kits are to be stored for 1 year.
- b) The new Act also reads that they are required to transfer all evidence in 72 hours.
- Capt. Bobbie O'Bryan reminded the team to take a look at Act 669, and make sure policies match the Act (ex. Hospital Billing).

VI. Discussion

a) 2025 Sexual Assault Response Plan

Page [1

- Dr. Eric Brooks discusses the possibility of developing a Statewide sexual assault response plan. Dr. Sauzsy is starting with a blank page. He asked if there is anything we like or dislike about our current plan to let him or Mad inow. He also asked if there are any changes that you think need to be made to let him and Mad inow so we can revise it. He reminded the team that they are all stakeholders in the plan.
- (i) Capt. O'Bryan introduced Crystal Glenger from Fletcher Technical College where she is the Title IX coordinator. She said her role is to make sure the students are not discriminated against, and that her confidential advisors have all the resources they need when meeting with other students on campus. Capt. O'Bryan mentioned expanding on 83 on pg. 10 to involve Title X rome in the regional plan.
- (2) Dunielle Duplantis mentioned clarifying coverage on pg. 12 when SANE is unavailable. She said that it currently says ER Physician with aid of an IR ruse. She mentioned how sometimes the ER Physician could have more than 15 patients to see and if could be impossible to complete a 2-4 hour FME. Possibly rewording it to say "trained medical staff". Leigh Terry also agreed with Danielle.
- (3) Capt. Bobbie O'Bryan mentioned putting as a goal to get the medical staff in hospital trained in completing FME to moving forward on pg. 23.
- (4) Melissa Simons mentioned adding Victim Notifications form to pg. 9 for law
- (5) Capt. O'Bryan mentioned the current plan on pg. 19 says law enforcement agencies are to pick up the FME within an hour of notification. We are going to change it to say in a reasonable amount of time.
- (6) Mac Lapeyrouse asked Danielle and Leigh where they send their acute pediatric FME's to, they said Children's Hospital in New Orleans. They said they will send them wherever it is necessary. Maci and Capt O'Bryan said it is up to the DA and Sheriff where they would like to send them, and Robert Mason and Sheriff where they would like to send them, and Robert Mason and Sheriff which will find out and get back to Maci with which hospital they would like to use.
- (7) Danielle Duplantis and Leigh Terry both like being able to just call The Haven and have everything taken care of.
- b) Chain of Custody form
 - i) Robert Mason said they do both electronically and physical paperwork.
- VI. Adjournment-Questions, Concerns, and Comments

APPENDIX H- CORONERS' SIGNATURES OF APPROVAL OF 2025 SARP

Per ACT No. 354 (2024 Regular Session):

The coroner shall implement, fulfill, and comply with all obligations, duties, and requirements imposed upon her/him by R.S. 40:1216.1 and by the regional sexual assault response plan approved for the coroner's health service district pursuant thereto, which the coroner shall annually sign to indicate his/her approval pursuant to RS. 40:1216.1(E)(4).

Assumption Parish Coroner	
esigned by:	7/10/2025
Dr. Keith Landry, MD	Date
Lafourche Parish Coroner	
Eayla Breaux	7/2/2025
Kayla Breaux	Date
St. Charles Parish Coroner	
Brian Brogle	7/2/2025
Dr. Brian Brogle, MD	Date
St. James Parish Coroner Signed by:	7/7/2025
Dr. Randall Poche', MD	Date
St. John the Baptist Parish Coroner	
— Signed by: Cluristian Montegut	7/7/2025
Dr. Christian Montegut, MD	Date
Terrebonne Parish Coroner	
Signed by: ANAXOV	7/7/2025
Dr. Patrick Walker, MD	Date