DATE: January 9, 2020, Regular Meeting
TIME: 2:00 PM
PLACE: Board of Supervisors’ Chambers

AGENDA

-- The recommended actions appearing on the agenda are those recommended by staff. The Committee may take other actions relating to the issues as may be determined following consideration of the matter and discussion of the recommended actions.

-- Items that will require action by the Board of Supervisors may be forwarded to a future Board of Supervisors meeting for consideration.

-- Language interpretation services are available. Please contact the Office of the Clerk of the Board at (408) 299-5001 no less than three business days prior to the meeting to request an interpreter.

-- Persons wishing to address the Committee on any item on the agenda are requested to complete a Request to Speak Form and give it to the Deputy Clerk so the Chairperson may call speakers to the podium when the item is considered. Request to Speak Forms must be submitted prior to the start of public comment for the desired item, and for items on the Consent Calendar or added to the Consent Calendar, prior to the call for public comment on the Consent Calendar.

-- In compliance with the Americans with Disabilities Act and the Brown Act, those requiring accommodations in this meeting should notify the Clerk of the Board’s Office 24 hours prior to the meeting at (408) 299-5001, or TDD (408) 993-8272.

-- To obtain a copy of any supporting document that is available, contact the Office of the Clerk of the Board at (408) 299-5001.

-- Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the County to all or a majority of the Board of Supervisors (or any other commission, or board or committee) less than 72 hours prior to that meeting are available for public inspection at the Office of the Clerk of the Board, 70 West Hedding Street, 10th Floor, during normal business hours.

-- Persons wishing to use the County’s systems to present audio/video materials when addressing the Committee must provide the materials to the Office of the Clerk of the Board at least two business days in advance of the meeting. Speakers with audio/video materials must adhere to the same time limits as other speakers and will not be granted additional time to address the Committee. The County does not guarantee the ability to present audio/video material, and the Chairperson may limit or prohibit the use of the County’s systems for the presentation of such material.

COMMUTE ALTERNATIVES: The Board of Supervisors encourages the use of commute alternatives including bicycles, carpooling, and hybrid vehicles. Public transit access is available to and from the County Government Center, 70 West Hedding St., San Jose, California by VTA bus lines 61, 62, 66, 181 and Light Rail. For trip planning information, visit www.vta.org or contact the VTA Customer Service Department at (408) 321-2300.

Notice to the Public

Please be advised that Supervisors Dave Cortese and Cindy Chavez preside over both the Children, Seniors, and Families Committee (CSFC) and the Finance and Government Operations Committee (FGOC), and constitute a quorum of both Committees.
This meeting is therefore noticed as both a CSFC and FGOC meeting. However, this meeting focuses on items under the purview of the Children, Seniors, and Families Committee.

Opening

1. Call to Order.

2. Public Comment.

   This item is reserved for persons desiring to address the Committee on any matter not on this agenda. Members of the public who wish to address the Committee on any item not listed on the agenda should complete a Request to Speak Form and place it in the tray near the podium. The Chairperson will call individuals to the podium in turn.

   Speakers are limited to the following: three minutes if the Chairperson or designee determines that five or fewer persons wish to address the Committee; two minutes if the Chairperson or designee determines that between six and fourteen persons wish to address the Committee; and one minute if the Chairperson or designee determines that fifteen or more persons wish to address the Committee. All Request to Speak Forms must be submitted prior to the start of Public Comment.

   The law does not permit Committee action or extended discussion of any item not on the agenda except under special circumstances. If Committee action is requested, the Committee may place the matter on a future agenda. Statements that require a response may be referred to staff for reply in writing.

3. Approve Consent Calendar and changes to the Committee's Agenda.

   Items removed from the Consent Calendar will be considered at the end of the regular agenda for discussion. The Committee may also add items on the regular agenda to the Consent Calendar.

   Notice to the public: there is no separate discussion of Consent Calendar items, and the recommended actions are voted on in one motion. If an item is approved on the consent vote, the specific action recommended by staff is adopted. Members of the public who wish to address the Committee on Consent Calendar items should comment under this item. Each speaker is limited to two minutes total.

Regular Agenda - Items for Discussion

4. Receive report from the Office of Gender-Based Violence Prevention relating to sexual assault process mapping and time study. (Referral from April 15, 2019, Item No. 2) (ID# 98862)

5. Receive report from Social Services Agency, Department of Family and Children’s Services, on improved communication processes between the Department of Family and Children’s Services, resource parents, and community partners. (Referral from October 31, 2019, Item No. 6) (ID# 99868)
6. Receive report from the Social Services Agency, Department of Family and Children’s Services, relating to the Child Abuse and Neglect Center. (Referral from October 31, 2019, Item Nos. 4 and 7) (ID# 99926)


8. Receive report from Social Services Agency, Department of Aging and Adult Services, relating to In-Home Supportive Services staffing recommendations. (ID# 99863)

9. Receive verbal report from Director, Social Services Agency.

10. Receive verbal report from Director, Department of Child Support Services.

**Consent Calendar**

11. Approve minutes of the December 3, 2019 Regular Meeting.

**Adjourn**

12. Adjourn. The next regular meeting of the Children, Seniors, and Families Committee that focuses on items under the purview of the Children, Seniors, and Families Committee is on Thursday, February 13, 2020, at 2:00 p.m. in the Board of Supervisors' Chambers, County Government Center, 70 West Hedding Street, San Jose.
DATE: January 9, 2020

TO: Children, Seniors, and Families Committee

FROM: David Campos, Deputy County Executive

SUBJECT: Sexual Assault Process Map and Time Study Report No. 1

RECOMMENDED ACTION

Receive report from the Office of Gender-Based Violence Prevention relating to sexual assault process mapping and time study. (Referral from April 15, 2019, Item No. 2)

FISCAL IMPLICATIONS

There are no fiscal implications with the acceptance of this report.

REASONS FOR RECOMMENDATION

During an April Special Hearing on Sexual Assault (Item No. 2), a request was made for a report that included a process map and a time study of sexual assault forensic exams. It was unclear which department was best suited to answer this request. However, a multidisciplinary group of government, community, and law enforcement agencies have met since 2016 to work collaboratively as part of the Santa Clara County Sexual Assault Response Team (SART) Committee. Work to complete a process map was in progress but the complexity of issues and efforts for an accompanying time study stalled. In September 2019, the Board of Supervisors established the Office of Gender-Based Violence Prevention within the Division of Equity and Social Justice and this new office immediately joined the SART Committee. By November 2019, a renewed commitment to this effort was underway. This report summarizes the first report on these efforts.

CHILD IMPACT

The recommended action will have a positive impact on children and youth, particularly those whose families are impacted by sexual assault, through Every Child Safe indicator by supporting safe and stable families during times of crisis.

SENIOR IMPACT

The recommended action will have a positive impact on seniors, particularly those who are victims of sexual assault.

SUSTAINABILITY IMPLICATIONS
The recommended action will have no/neutral sustainability implications.

**BACKGROUND**

Each year in Santa Clara County, there are hundreds of sexual assaults reported and more that are committed that are never reported. Perpetrators prey on victims with no regard to their humanity and victims of all ages, genders, and backgrounds are harmed. Since 2016, a multidisciplinary group of government, healthcare, community, and law enforcement agencies have met to work collaboratively as part of the Santa Clara County SART Committee. This Committee has assumed no small task as members have researched and analyzed protocols and best practices to be more trauma-informed and aligned in service delivery to our residents who have survived sexual assault.

To that end, the SART Committee has spent the last two years focusing on better understanding the roles and service capabilities of the SART agencies, paying attention to service misalignment that creates unintended consequence or delayed response within agency workflows. By September of 2019, all SART agencies adopted the first County Sexual Assault Protocol that provides better alignment in SART agency response; however, it does not answer all of the questions that persist for decision-makers, as well as the greater community: 1) What happens to someone during a SAFE exam, 2) Is the process trauma-informed, 3) Are we doing our best to support survivors during this challenging time, and 4) Is our best sustainable?

Fortunately, the SART Committee includes precisely the right representatives needed to answer these big questions. These questions are also just the start of the development of a Data Collection and Analysis Agenda that will guide the County and all decision-makers on challenges, barriers, and gaps in services while highlighting best practices for service response.

A person reports a sexual assault. Then what? Even a simple question like this quickly reveals a complex process that shows there are no fast, straightforward answers. And the process is just part of the story. How long does the process take? And then the bigger question to answer: Why? This report has attempted to answer these difficult questions.

To set a reasonable context so that data can be compared and aggregated in a meaningful way highlighting what happens, how long process steps take, and why, the SART Committee reviewed only cases from January 1 through June 30, 2019, where a SAFE exam was conducted. This took a huge number of cases to a more manageable and measurable subset of 98. The time study allowed us to analyze then and set the context for a process that, when done well, is often a lengthy process; when done best, it is also trauma-informed.

Some context on the time it takes:

- How long does it take from the time someone calls 911 to the time the exam is over?
  - *An average of 9 hours and 13 minutes*

- How long do different parts of the process take from the time someone calls 911?
Community advocates arrive within 30 minutes to one hour
Law enforcement averages 1 hour and 23 minutes
Once at the hospital patients wait on average 3.5 hours for an exam
Following a SART exam, advocates report counseling appointments and linkage to services happen within 18 to 48.5 hours
Crime Laboratory- Toxicology receives evidence from law enforcement within 1.5 days and the average time to process in-house is 30 days; the average time to process additional tests at a private lab is 50 days
Crime Laboratory – DNA receives evidence from law enforcement on average within 3.1 days and the average time to process is 86.7 days

For more context, some agencies, such as the District Attorney’s Office, reported on a larger set of data. This data reveals:

- In 2018, the average time needed to investigate a case by law enforcement was 239.4 days
- In 2019, the average time needed to investigate a case dropped to 203.1 days
- In 2018, it took the DA’s office an average of 7.7 days to review a sexual assault case
- In 2019 to date, the average time to review a sexual assault case has decreased to 5.4 days

The data yields different results if looking at the smaller SJPD subset, whereas yet, only 41 of their 91 cases have been sent to the DA:

- 51% resulted in charges being filed
- A complaint was filed on 21 cases
- A complaint was rejected by the DA on 18 cases
- 2 cases are under review waiting for a response

Importantly, regardless of whether charges are filed, in most cases, victims will choose to receive ongoing support from rape crisis support centers as well as some who will also access support services through the District Attorney’s Victim Service Unit.

Moreover, this focused study of 98 cases is only of victims who qualified for, consented to, and completed a SAFE exam. As noted throughout this study by law enforcement, medical providers, and victim advocates, the number of sexual assault victims who qualify for and then consent to a SART exam is only a single piece of a large puzzle. However,
understanding this process shines a light on many issues to identify common themes, gaps, and next steps for exploration.

Next Steps

As noted in the beginning, there are several on-ramps that victims of sexual assault may access to secure support in the County, depending on their age and circumstances. The SART Team Process Map & Time Study Report No. 2 will likely look at other on-ramps not explored in this report, including pediatric cases that come from the Department of Family and Children Services. Additionally, concerns that have been raised by contributors in this report demand more attention:

- **Data Collection.**
  - Some agencies did not have the bandwidth to commit to this study; those that did commit were highly taxed. A Data Collection & Analysis Agenda must be prioritized so that an MOU is established within the SART Committee regarding data.
  - Limitations to cross-agency tracking of data that currently does not exist (perhaps looking to the K_King data collection system in the San Jose Police Department)

- **Survivor Input on Barriers to Reporting.**
  - Law enforcement reported that most cases end because survivors do not cooperate with the investigation. These cases are labeled “refusal to cooperate,” but work must happen to explore in trauma-informed ways why this may be and what can be done to better support cooperation.

- **Time waiting for exams.**
  - Further analysis is needed on reducing delays in receiving a SAFE exam or care due to being directed first to a non-SART facility.
  - Further analysis of the length of exam and process is needed to confirm whether this is a service gap (waiting for an officer, advocate, or SAFE nurse) or the emergency department scheduling and medical clearance that is necessary and required before a SAFE exam can happen;
  - Further analysis is needed to ensure survivors are provided trauma-informed support during the time spent waiting for a SAFE exam, regardless of where a survivor enters the system to make a report. This could be accomplished with in-depth interviews with victims, as the issues can be varied and include cultural acceptance, shame, fear of retaliation, blaming of self, not wanting to put family members through trauma, fear of law enforcement and the unknown of what will happen to both the victim and their loved ones following the reporting of the crime, etc.
Though the committee started with a seemingly simple plan to map the process a person in Santa Clara County undergoes after reporting sexual assault, it ended up with additional questions regarding location and availability of data and how to consistently define workflow parameters for correct measurement. This Process Map & Time Study Report No. 1, the first for our Santa Clara County Sexual Assault Response Team, has provided a good snapshot of the general process; however, additional work is needed to gain a more comprehensive view of the processes involved. This will set the foundation from which to continue the combined goal to provide an integrated, cohesive, and trauma-informed response for every survivor of sexual assault.

**CONSEQUENCES OF NEGATIVE ACTION**

The Children, Seniors, and Families Committee will not receive the requested information.

**LINKS:**
- Created: 96120 : Special hearing on sexual assault, domestic violence, and human trafficking.
- Linked To: 98162 : Receive report from Santa Clara Valley Medical Center relating to the Sexual Assault Response Process.
- Linked To: 98520 : Receive report from the Office of the County Executive relating to completion of a Sexual Assault Response Process Map.

**ATTACHMENTS:**
- SART Process Map Working Draft (PDF)
- SCC SART Process Map and Time Study Report No 1. FINAL_final (PDF)
- LF98862 PP SA process map and time study.1.9.20 (PDF)
SANTA CLARA COUNTY SEXUAL ASSAULT RESPONSE TEAM (SART)  
PROCESS MAP & TIME STUDY REPORT NO. 1 

PRESENTED JANUARY 9, 2020  
CHILDREN, SENIORS AND FAMILIES COMMITTEE

PREPARED BY THE SART SUBCOMMITTEE

CHAIRS

LINH TRAN-PHUONG, CRISIS INTERVENTION MANAGER, YWCA – SILICON VALLEY
KIM WALKER, NURSE MANAGER, SCVMC ADULT/ADOLESCENT SAFE PROGRAM

MEMBERS

BRIAN ANDERSON, SAN JOSE POLICE DEPARTMENT
CARLA COLLINS, SCC OFFICE OF GENDER-BASED VIOLENCE PREVENTION
ERICA ELLIOTT, COMMUNITY SOLUTIONS
ERIN GOODELL, PALO ALTO POLICE DEPARTMENT
CLARISSA HAMILTON, SCC OFFICE OF THE DISTRICT ATTORNEY
LINDSEY MANSFIELD, YWCA – SILICON VALLEY
TAHNEE MEHMET, SCC CRIME LABORATORY
MARY RITTER, SCC CENTER FOR CHILD PROTECTION, DEPARTMENT OF PEDIATRICS
JEFF TAYLOR, STANFORD DEPARTMENT OF PUBLIC SAFETY
MARCELA VELASCO, SCC CRIME LABORATORY

AND:

CARLA DARTIS, CONSULTANT
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PROCESS WORKFLOW AND TIME STUDY FOR SURVIVORS OF SEXUAL ASSAULT WHO COMPLETE A SEXUAL ASSAULT FORENSIC EXAM IN SANTA CLARA COUNTY

In 2016, the Sexual Assault Response/Resource Team (SART) Committee of Santa Clara County was formed pursuant to California Penal Code 13898. The multi-agency Committee compiled Sexual Assault Protocols to provide a common understanding and framework for the provision of services to survivors of sexual violence, to enable greater coordination and collaboration between community partners, and to respond to issues and trends with respect to sexual assault in the County. The County SART Protocol, signed by all SART agencies, was formally adopted in September 2019.

In addition to compiling the Protocol, the SART Committee has embarked on its first data collection and analysis project. Data to establish baselines and track progress along with annual reporting to the County Board of Supervisors by the SART Committee is intended to provide insights that may be deemed critical when considering and funding recommendations that improve effectiveness of services and allocation of resources to achieve justice for victims of sexual assault. Throughout 2020 the SART Committee will be developing a Data Collection and Analysis Agenda that more closely examines trends to improve victim outcomes and the performance of community partners.

Contained herein is the SART Committee’s first data report that assess any short comings in the investigation and prosecution of sexual assault cases found in a small subset of 98 reported cases of sexual assault1 (i.e. cases involving violence, unwelcomed touching, rape) by San Jose Police Department, Stanford Department of Public Safety, and Palo Alto Police Department. These 98 cases, in which SAFE Kits were collected and tested, occurred January 1 through June 30, 2019 in Santa Clara county.

The sample size for the time study is small and the information collected does not fully represent the scale and impact of the collective efforts of all SART Committee members. The cases reviewed only involved those where a survivor reported to law enforcement, consented to a sexual assault medical forensic exam which yielded a sexual assault forensic exam (SAFE) kit, and had a SAFE kit submitted to and processed by the Crime Laboratory. For this initial review of SART workflows, it was important to include cases with a complete trajectory through the SART process, so a comparative assessment could be performed. It does not include those cases that received some services but did not fully involve all SART partners, and it certainly does not address the instances of sexual assault that occurred

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1 The original sample size for the time period of January 1 to June 30, 2019 was forecasted as 117 cases based on raw data collected by Santa Clara Valley Medical Center, YWCA, Community Solutions, the County Crime Laboratory, and law enforcement agencies; however, the sample size was reduced to 98 cases because not all participating law enforcement agencies were willing to share data or invest resources in analyzing their data sets within the prescribed time frame.
where survivors chose not to report, or no report was made. As a result, this study must be considered an accurate snapshot of the comprehensive SART processes involved. This study is not a complete assessment of the total instances of sexual assault that were perpetrated during this same time frame. By conducting the time study, the SART Committee begins to lift up data for measuring gaps and achievements of the participating agencies.

Summaries provided by each agency contain a brief discussion of concerns that add context to the larger issue of serving sexual assault victims in the County. For example, the SART Pediatric Clinic of the Santa Clara Valley Medical Center, Stanford Public Safety Department, Office of the District Attorney and its Victim Services Unit and crises response provider Community Solutions present client demographics regarding sexual assault cases and/or victims served beyond those representative of the 98 cases tracked in the sample size.

Lastly, the report culminates by directly responding to inquiries by the County of Board of Supervisors regarding the efficiency and effectiveness of the processes used to investigate cases of sexual assault in Santa Clara County.

**Sexual Assault Investigation Process Mapping**

There are several on-ramps that victims of sexual assault, depending on their age and circumstances, may access to secure support in the County. Consequently, experiences may differ considerably. Notwithstanding this diversity in condition and circumstance among victims, the SART Committee has compiled a generalized process map for Santa Clara County that includes specific procedures adhered to by San Jose Police Department, the law enforcement agency with the largest number of sexual assault cases.

The critical take-aways from the process map are the complexity of the processes involved, the vital importance of the victim’s cooperation throughout the process, and the timely collaboration required from each partnering agency. For example, child victims under the age of 18 years shall be interviewed at the Child Interview Centers. Non-acute cases involving children under the age of 18 years are referred to Pediatric SART at the SCVMC Center for Child Protection. The cost for any forensic exams not approved by the local law enforcement agency must be approved and provided by California Department of Justice. Community Solutions and the YWCA only close cases with victims when services are completed or refused, and not contingent upon the disposition of criminal proceedings.

**Time Study Analysis of Individual Agencies Participating in 98-Case Subset**

AGENCY REPORTS:

**Santa Clara Valley Medical Center Sexual Assault Forensic Examination (SAFE) Team (Adult/Adolescents)**

A medical forensic examination is a trauma-informed and supportive process that provides both medical care and evidence collection that is based on the survivor’s specific needs. This
may include laboratory testing pertinent to the case. SAFE nurse examiners ensure survivors are provided information on their rights and understand that they may choose what happens during a medical forensic exam. No part of the exam is performed without the survivor’s informed consent. In addition to having a SAFE nurse examiner, the survivor will have an opportunity to meet a community advocate from YWCA or Community Solutions, who can provide support and information about ongoing services and counseling. Based on the survivor’s choice, advocates may be present during the exam process.

The Adult/Adolescent SAFE team provides acute medical forensic exams for persons 12 years of age and older who have reported sexual assault within the last 10 days. Medical forensic examinations were performed for all 98 reviewed cases of which 7 pediatric cases were referred to the Pediatric SART Clinic at Santa Clara Valley Medical Center. The following section examines the adult/adolescent cases.

- Final sample size is 91 cases
  - 89% (81/91) identified as female
  - 11% (10/91) identified as male
  - 23% (21/91) were adolescent patients (12-17yo)
  - 77% (70/91) were adult patients (18+yo)
  - 43% (39/91) arrived at SCVMC between 4pm-12midnight
  - 22% (20/91) arrived at SCVMC between 12midnight – 8am
  - 35% (32/91) arrived at SCVMC between 8am – 4pm

- 100% (91/91) of the patients in the sample had a medical forensic exam performed
  - These do not include the 15 Non-investigative report (NIR) exams completed in this time period, since the sample is limited to cases with evidence submitted to the Crime Laboratory

In the 91 cases reviewed, average time was calculated for the following:

Time of law enforcement response to SCVMC after hospital notification
- In 55% of cases, law enforcement was present with patient on arrival at SCVMC
- Arrival time for law enforcement was only documented in 7 cases (average: 2 hours 43 minutes)

Time between law enforcement arrival at SCVMC and notification of Sexual Assault Nurse Examiner (SANE) to respond
- Information was documented in 53 cases (average: 1 hour 9 minutes)
- Unable to determine whether a law enforcement interview was completed at SCVMC, based on hospital records.

Time between notification of SANE and arrival of SANE at SCVMC
- Unable to calculate this interval since only time of notification is documented

Time between arrival of patient at SCVMC to the time the SAFE exam starts
- Information documented in 87 cases (average: 3 hours 39 minutes)
Time interval between notification of SANE and discharge of patient after the exam
- Information documented in 89 cases (average: 4 hours 26 minutes)

Time interval between discharge of patient after exam to law enforcement departure with evidence
- Information documented in only 4 cases (average: 1 hour 10 minutes)
- Data for law enforcement departure is only captured in State electronic forensic document, currently being beta tested by the SCVMC SAFE Program

Time interval between arrival of patient at SCVMC and discharge of patient after the exam
- Information documented in 89 cases (average: 6 hours 2 minutes)

CONCERNS:

The average times for SAFE exams are as expected, accounting for the SANE response time, instances where medical clearance in the Emergency Department is needed prior to SAFE exams, the exam process itself, including monitoring for adverse response to medications prior to discharge, and any additional service needs. A further look into cases that exceeded the average time to complete is needed to confirm why a delay occurred and whether the delay was justified or not.

In California, SAFE exams are documented on a paper version of Cal OES SAFE form, making data abstraction almost entirely a manual process. An electronic version of this form (e923) is currently being beta tested by 27 SAFE exam teams in the State, including SCVMC SAFE. Data from the e923 are more robust, providing more of the information needed in this time study, even calculating the delta for segments of the exam process. If the e923 is adopted by Cal OES, the scope of SAFE exam data available for reporting and analysis will be exponentially increased and easily accessible.

Pediatric SART Clinic at Center for Child Protection at Santa Clara Valley Medical Center

The Pediatric SART Clinic offers acute child sexual abuse medical examination for children 11 years of age and under. The Pediatric SART Clinic provides non-acute examinations for all children up to 18 years of age. Non-acute exams are provided for minors 0-11 years, if assault was more than 72 hours prior, and for minors 12-17 years, if assault was more than 10 days prior. 117 children were examined in 2018, and that same number was examined in 2019 as of 12/15/2019.

- A small percentage of those cases, 10-20% per year, present acutely, within 72 hours of the last alleged child sexual abuse event.
- The vast majority of the cases seen by the Pediatric SART team – 80-90% of the cases – are children and teens who present non-acutely, well after the 72-hour or 10-day windows, depending on age, many of them several weeks, months or years after the
event. Regardless of the amount of time since the assault, for minors, it is never “too late” for an exam.

From January to December 15, 2019, the Pediatric SART team has seen 117 children, and of those, 20 were acute and 97 were non-acute exams. **7 cases included forensic evidence SAFE Kits, which were submitted to the Santa Clara County Crime Lab and are included in the current review.** These cases included children ranging in age from 2 years to 11 years. 5 cases had an identified suspect, and two children had suspicious symptoms but no alleged sexual contact. Suspects included an adult in a store, two fathers, one stepfather, and a great uncle.

**Referrals to the Pediatric SART Clinic** come from law enforcement patrol officers and detectives, from the SPARK Foster Care Clinic, and from physicians and parents.

**CONCERNS:**

**Pediatric SART evaluations are provided to only a small percentage of the children reported for sexual abuse in Santa Clara County.** Most children reported for child sexual abuse are not given the option to have a Pediatric SART exam at Santa Clara Valley Medical Center.

- A number of reports are made to Law Enforcement agencies in Santa Clara County because of concerns regarding the occurrence of child sexual abuse. Some reports do not presuppose or hold allegations that could be supported by identifiable forensic evidence. As a result, these reports are not referred out for Pediatric SART exams. Forensic evidence may not necessarily be revealed in these cases, but the child’s family, medical provider and/or the child themselves may nevertheless want an examination. The children and their families who are not informed of the opportunity to conduct a non-acute Pediatric SART examination is of concern to us.
  
  From January 01, 2019 to June 30, 2019, the number of children 11 and under who were victims of offenses categorized under Child Molest (offenses that do not involve penetration) was 317. For the same time frame, the number of children 11 and under who were victims of offenses categorized under Rape (offenses involving penetration) was 30. An unknown number of children were also reported to the other 17 Law Enforcement Agencies (LEA) in Santa Clara County.

- 30 to 50 children are interviewed at the Child Interview Center each month. 10 children are seen for medical examination at the Pediatric SART Clinic each month. **Many interviewed children are not examined at the Pediatric SART or Adult/Adelescent SAFE Clinic at SCVMC.**

- Pediatric SART Clinic staff is in conversation with the Sexual Assault Investigative Unit at the SJPD and other jurisdictions, and DFCS about ways to offer the Pediatric SART examination to every child and family who has reported child sexual abuse concerns.
Moreover, the opening of a Child Advocacy Center in Santa Clara County is anticipated. The CAC will be a single place where children will be brought for evaluation and services when child sexual abuse is being investigated. It is intended the Child Advocacy Center will set the standard for all children and families that are offered a state of the art Pediatric SART or Adult/Adolescent SAFE examination.

San Jose Police Department

During the time study period, San Jose Police Department logged 803 cases of reported sexual assault. A closer examination into these cases reveals the following:

A total of 91 SAFE Kits/Report were submitted, which translates into only 11.3% of total cases reported receiving SAFE Kits during the time period. SAFE Kit authorization is based on the County Protocol and rarely ever denied to a victim reporting a sexual assault.

- Majority (63.7%) of SAFE Kits submitted were conducted after a PC 261 Rape
  - The average time from Dispatch to Arrival on-scene was 1 hour and 23 minutes
  - The average time from Arrival on-scene to the SAFE Kit being booked into evidence was 13 hours and 27 minutes
- Most SAFE Kits were submitted within 0-1 Day of Occurrence of the incident
  - The average time it took a SAFE Kit to get to the crime lab from evidence was 1 day, 6 hours and 47 minutes.
- The average time it took from a case being Dispatched to being assigned to a Detective was 1.17 days (based on a 5-day work week).
- 41 of the 91 cases were sent to the DA (Office of District Attorney) and resulted in the following:
  - A complaint was filed on 21 cases
  - A complaint submitted to the DA and waiting for a response on 2 cases
  - A complaint was rejected by the DA on 18 cases
- On average approximately 76% of all sexual assault cases are closed due to a lack of victim cooperation or the victim requests to close the case. This mirrors the same trends noted by the Department in 2018, whereby 38% of victims requested the case be closed, and another 38% could not be reached or would not respond to follow-up efforts following the initial call. However, depending on clinical analysis results and evidence gathered, the District Attorney's Office can go forward with the case without victim testimony.
CONCERNS:

As previously stated, the average time from when a victim called dispatch to when an officer arrived was 1 hour and 23 minutes. This includes four outliers of 5 hours or more. Without the outliers, the response time improves to 1 hour and 3 minutes.

Sexual Assault cases that are not in progress with a suspect that is not still on scene are typically typed Priority 3, which means the patrol officer assigned to that area will be dispatch once he or she is available to respond. Sexual Assault Cases that are considered as Priority 1 or 2 cases are those when suspect is still at the scene. Priority 1 cases require immediate dispatch of the closest officer. Priority 2 requires the dispatch of available units within that district.

San Jose Police Department authorized staffing is 1,151 sworn officers. The Department’s net staffing is 1,142 officers. Removing officers that are on disability, modified, or on other leaves equals Actual Full Duty Sworn 927 (as of 12/6/2019).

<table>
<thead>
<tr>
<th>General Information</th>
<th>SJPD</th>
<th>OPD</th>
<th>SDPD</th>
<th>SFPD</th>
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<td>927</td>
<td>747</td>
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<td>2,280</td>
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</tbody>
</table>

The high percentage of victim’s refusal to cooperate with law enforcement investigations (76%) deserves deeper study and analysis, including interviewing victims to learn better ways to keep victims engaged and participating throughout the process.

For prevention purposes, tracking specific zip codes and rates of sexual assaults as well as other victim demographics beyond age, such as high-risk concerns such as homelessness would be beneficial.

**Palo Alto Police Department**

The Department utilizes the same techniques used by San Jose Police Department to monitor its compliance with trauma informed investigation practices.

The Palo Alto Police Department\(^2\) responded to 30 broadly defined sexual assault cases during the first nine months in 2019; however, only 6 cases included booking a SAFE Kit during the time study period.

\(^2\) Palo Alto PD has 90 sworn officers and approximately 13 vacancies, which is still considered short-handed for the city’s population count.
On average it took 45 minutes for a patrol officer to respond to each of the 6 cases because the response time for 2 of the cases was close to 2.25 hours. The quickest time was 2 minutes and the longest time was two hours and 19 minutes. The 2-minute response time, as well as other quick response times, was due to the fact that the crime had just occurred. Slower response times were due to the fact that the reports were cold and based on officers' availability.

The average time for a patrol officer leaving Central Supply to respond to victim in Palo Alto and then take them to Santa Clara Valley Medical Center (SCVMC) for a SAFE exam is 2.20 hours and this does not include time to conduct victim interviews. The shortest time was 1 hour and 35 minutes. The longest time was 2 hours and 48 minutes. During this time, officers are obtaining the victim's statement and trying to collect information in order to gather evidence. Also, during this time officers are contacting Detectives on the phone to relay information about the case, allowing detectives to provide further direction.

The next time to be reviewed is the time the officer is en route to Valley Medical Center to the time the officer is leaving Valley Medical Center to either give the victim a ride to their desired destination or go back to PAPD. The shortest time was 5 hours and the longest time was 9 hours and 42 minutes. The average time was just under 7 hours. This includes the 25-mile drive to SCVMC, checking into the Family Room at the Emergency Room Department, meeting the Victim Advocate, getting blood drawn, and completion of the SAFE exam. Like San Jose Police Department, the Palo Alto patrol officer stays with the victim until SAFE examination and evidence collection is completed.

Cases are assigned from Patrol Officers to Detectives on the same or next day following the incident date.

CONCERNS:

The Department reports that the response time from the Crime Lab on analyzing and providing reports on collected evidence from SAFE Kits have been timely and without incident.

There is satisfaction with the District Attorney’s Office response to cases, particularly rejections are returned to the Department very quickly. The challenge is the turnaround time for a warrant to be issued on a suspect is quite long. Warrant issues are a process that involves judicial approval and execution. Cases in which charges are filed, however, take several weeks for warrants to be issued. For example, the Department has a current case that was submitted to the District Attorney’s Office over 30 days ago. Although the Detective heard from her Court Liaison Officer just a week later that the DA’s Office was going to file charges, the warrant for the suspect in that case still has not been issued - three weeks after hearing charges were going to be filed.
The time from when a SAFE Kit is booked into evidence at central supply and when it is sent to the crime lab is not tracked. The raw data is limited to the date that the evidence is submitted to the crime lab by law enforcement.

Supervisors have noted the need to continue training and encouraging sworn officers to not inadvertently discourage victims from undergoing SAFE exams.

**Stanford Department of Public Safety**

In the 98 cases-sample, Stanford Department of Public Safety (Stanford DPS) had 1 case that included a SAFE exam and Kit, which was requested and completed.

This particular case began out of county. The victim went to the on-campus Emergency Room, where staff reported to police as mandated reporters. The victim was subsequently re-directed to Santa Clara Valley Medical Center for the SAFE exam. The victim provided initial statements to responding Deputies but opted not to move forward with a criminal investigation. The case became a non-investigated report (NIR).

It is rare that a victim of sexual assault from an incident at Stanford chooses to proceed with a criminal investigation, even when they have elected to have a SAFE exam. It is far more common that victims avail themselves of the non-criminal options available to them through university resources, such as a Title IX proceeding. Often this means law enforcement will not be the first point of contact to report a sexual assault.

Stanford DPS has the highest percentage of NIR versus standard exams compared to other agencies in the County.

Also during the time-study period, Stanford DPS received 12 reports of sexual assault from Campus Security Authorities (CSA). These incidents were reported by DPS by CSAs in compliance with California Education Code 67380 (see below). The vast majority of the victims in these cases chose not to provide a statement to law enforcement. The crime classification was based on the information provided by the CSA. In other words, if a CSA said a person had been raped, that report was taken at face value as being a rape. Because the information provided to the CSA was usually limited and because DPS was unable to speak with the victims, the exact type of assault was often unknown. If a victim told a CSA that s/he had been sexually assaulted, and provided no additional information, the crime was presumed to be rape until and unless additional information came to light during a Title IX proceeding. None of these 12 reports generated a SAFE examination. It is believed that most of these individuals utilized alternative University resources and reporting avenues (Title IX, CST, Callisto, SARA, CAPS, etc.). It is unknown if any of these incidents would have been the type for which a SAFE exam would have been of value.
CONCERNS:

Anecdotally, it is believed that more victims from Stanford will participate in a SAFE process, even for non-investigative purposes, if the exams are performed closer to campus.

Santa Clara County Crime Laboratory - Toxicology Unit

The Toxicology Unit at the Santa Clara County Crime Laboratory analyses biological samples (e.g. blood, urine) to determine the presence or absence of alcohol and/or drugs in an individual. Sexual assault cases that are suspected of involving the consumption of alcohol/drugs are referred as Drug Facilitated Sexual Assaults (DFSAs) and make no distinction between voluntary or involuntary consumption.

• Of the 98 SART cases reviewed, 87 had Toxicology evidence submitted to the Crime Laboratory for analysis.

  Note: Not every SART case has Toxicology evidence. SART cases without Toxicology samples may fall under one of the following categories:
  − It is a pediatric case
  − It is not suspected to be a Drug Facilitated Sexual Assault (DFSA)
  − SAFE exam takes place after appropriate time window for collection of blood and urine (i.e. survivor receiving a SAFE exam long after the date of incident)
  − The patient refuses
  − Unable to void urine or draw blood
  − Other

• The Crime Laboratory has the capability of testing for a limited number of drugs. When a SART case is received, Toxicology samples are analyzed for a basic panel of drugs according to the Laboratory’s Standard Operating Procedures. If additional testing is necessary, the Laboratory will communicate with LEA to determine if additional specialized testing can be conducted in-house or if the sample should be sent to a private lab for analysis.
The main reasons why toxicology samples were not sent out to a private lab for further analysis were because drugs were not suspected of being involved in the assault, LEA did not respond to analysis inquiry, the laboratory’s scope of analysis was deemed sufficient by the agency, or the victim was not cooperating with the investigation.

The average time for LEA to respond to an inquiry regarding additional testing was approximately 4.5 days.

24 cases did not receive a response from LEA to determine need for additional testing; therefore, samples only received basic analysis.

Average times for Toxicology analysis:

- An additional 3 weeks were necessary to allow for private lab testing after in-house testing had been completed.

Results of analysis:
- Drug(s) detected in 57% of cases and drug(s) not detected in 43% of cases with Toxicology samples.

**Note:** Drug identification includes alcohol, drugs and drug metabolites of some drugs (samples were not tested for all known drugs).
- **Positive results**: mean that the substance(s) tested was found to be present in the patient’s system at the time the sample was collected.
  - Any interpretation of when the substance was consumed or the effect of it in an individual requires further information.
  - This data does not provide any information regarding voluntary or involuntary use of the drug.
- **Negative results**: mean that the substance(s) tested was not present in the patient’s system at the time the sample was collected. This may indicate one of the following:
  - The substance was not consumed any time prior to the sample being collected, OR
  - The substance was consumed sometime prior, but it had already been eliminated from the patient’s system by the time the sample was collected.

- 52% of submissions included blood and urine samples. 43% of submissions included blood samples only. For determining the presence of drugs in DFSA cases, urine is the preferred matrix.

**Concerns:**

The laboratory’s biggest challenge is determining when a sample may need additional testing for a wider panel of drugs. Accreditation requirements demand that the laboratory obtains approval from the submitting agency before a sample can be sent out to a private lab for testing. Furthermore, this testing must be completed by an accredited laboratory for cases that are undergoing court proceedings and, if necessary, laboratory analysts must be available to testify. The testing cost to analyze each individual evidence sample when sent to a private laboratory is approximately $400 and does not include travel costs to participate in court proceedings. The Crime Laboratory and LEA have been working to improve communication to better evaluate when a sample may require further analysis, however, the number of cases with no agency response still needs to be reduced. Increasing the capacity of the Crime Laboratory to test for additional drugs may facilitate analysis of DFSA cases, reduce costs and shorten the turnaround time for lab results.

**Next steps:**

- Implement processes to identify SART cases that are suspected of involving drugs and thus may require additional Toxicology testing.
  - Revise envelope for evidence submission to distinguish SART cases from other cases and permit proper analysis (in progress).
  - Treat all SART cases as DFSA cases to expedite triaging of samples and shorten the time it takes for the agency to get results, but it would be at great cost (to be evaluated).
- Expand the scope of drug testing to preempt the need of sending samples to a private lab for further analysis and thus speed up the process of getting results to the agencies (in progress).
- Develop an outreach training program to educate agency sexual assault units on drug-facilitated crimes and the capabilities of modern forensic toxicology (in progress).
Santa Clara County Crime Laboratory – Forensic Biology/DNA Unit

Forensic Biology/DNA Unit triaged every SAFE Kit with incidents during the time period to
determine the order of the testing. The triage includes:

1) Assigning priority level of the case (i.e. stranger rape)
2) Reviewing required documentation including the police report and CalOES
   923 SAFE Form submitted with SAFE Kit
3) Determining whether the laboratory is in possession of information to verify
   Combined DNA Index System (CODIS) eligibility. CODIS is the database that
   houses DNA profiles from offenders and evidence from other crime scene
   samples and maintains strict rules about which DNA profiles are permitted to
   be entered.

Once a SAFE Kit is triaged, it is assigned to an analyst for testing. The analyst then takes
the five “best” samples, which are processed using a streamlined, “straight to DNA” approach.
Going forward, conventional screening methods (i.e. testing for semen, saliva, blood) will no
longer be used to identify best samples for DNA testing.

- As of October 2019, biology/DNA testing was completed for 57 of the 98 SAFE Kits
evaluated.
  - The majority of the “pending” SAFE Kits were outsourced to a private
    contracted laboratory to assist with backlog reduction.
  - 4 cases were returned to the LEA without testing.

- The average time for LEA to submit the SAFE Kit to the laboratory for testing is 2.7
days, which is substantially lower that state standards:
  - Sexual Assault Victim’s Bill of Rights State of California Penal Code 680 states
    that LEA should submit SAFE Kits to laboratory the Laboratory within 20
days.
  - Of the 98 cases, one outlier of 46 days was found. After removing the outlier
    from this dataset, the average time for LEA to submit the SAFE Kit to the
    laboratory lowers to 1.9 days.

- The average time that a Forensic Biology/DNA Report is completed as measured
  from evidence receipt to report date to LEA is 79 days. However, the average
  turnaround time from the analyst assignment to the report release date to LEA is
  actually 45 days, substantially less than 120 days required by State Penal Code 680.
  - On average, it takes 4.4 days to make the report available to LEA after it is
    completed. This includes time to release the report in the Laboratory
    Information Management System (LIMS) and scan to LEA.
Of the 57 completed cases:
  - A DNA profile eligible for CODIS upload was not obtained in 33 cases. The inability to generate a CODIS eligible profile can be due to a variety of issues, but most often is related to the DNA testing resulting in no foreign DNA from the victim.
  - A DNA profile eligible for CODIS upload was obtained in 24 cases (42.11%), and a CODIS hit was obtained in 11 cases (45.83%).

Updated Forensic Biology/DNA Unit Process (11/18/19-present)
  - As of 11/18/19, the Laboratory initiated a new processing approach where cases are assigned immediately after submission. The cases will receive minimal triage and testing will be initiated within a few days of receipt. This change was made in attempt to meet a 30-day TAT from evidence submission to release date in LIMS. Any backlog that existed prior to 11/18/19 was outsourced so that the laboratory can focus on the real-time processing of kits as they are submitted.

CONCERNS:

Expansion of Suspect SAFE Kit collection:
  - Collection and testing of known suspect SAFE kits can be an invaluable piece of evidence in the investigation of a sexual assault. These collections are currently conducted through private practice by medical forensic examiners at Valley Medical Center or, alternatively, by law enforcement personnel. Moving forward, Valley Medical Center is developing capacity to expand collection of suspect SAFE kits. Continued support for the collection of suspect SAFE kits including education and training of law enforcement to initiate collection will increase the number of cases where this evidence is preserved.
YWCA Silicon Valley (Rape Crisis Center)

**RESPONSE OUTCOMES**

- Advocate Not Called: 3.1%
- Responded
- Declined Services

"Accepted Services" Outcome

- 92%
- 3%
- 2%
- 1%
- 2%
- Received Follow-ups
- Declined
- No Phone
- Already has Advocate (other Org)
- No data/file
Disclaimer:

During the first half of 2019, YWCA was still in the process of fully digitizing all of their data files and case notes. Only a third of the information needed for this study could be easily found on their data management system. The rest had to be hand-checked either by pulling physical files or sifting through internal communications. For example, checking whether the advocates got called for a response was very easy to confirm, as YWCA's answering service automatically logs and timestamps every single call advocates receive. However, details like the time an advocate left a response could only be found handwritten in files. Given that responses can be lengthy, and advocates are preoccupied with supporting the clients, sometimes they did not write down when the response ended. This is why for the calculations on their average response time, they utilized a smaller sample size to calculate from than the overall number of responses they went on. This issue, as well as other issues around missing pieces of data, has been fixed. Currently all advocates are required to enter their responses onto our data management system and compliance is checked twice a week by a manager. They are also now pulling intervention data monthly for staff meetings to reflect efforts and areas for improvement.

Takeaways:

YWCA were called for 95 responses. When YWCA advocates arrived at these responses, their services were accepted 90% of the time. The average amount of time an advocate spent at responses where services were accepted was 4 hours and 29 minutes. For responses where services were not accepted, an advocate would spend an average of 1 hour and 58 minutes. Of the people who received services at the response, 92% received a follow-up call. Reasons why someone would not receive follow-up calls: they asked advocates not to call them, they did not have a phone, or they are already working with a case manager at a different agency.
YWCA’s average follow-up rate for the cases in this dataset was 2.5 business days (which is below the required standard of 3 business days). Follow-up services provided to this group of cases included criminal justice advocacy, legal support, social services advocacy, emergency moteling, counseling, and therapy.

Areas of concern:

Of the 98 responses present in the dataset, YWCA only received calls for 95. Since the cases reviewed for the time study are all within the YWCA service areas, an advocate should have been called for all 98 cases.

Also troubling is that of the clients who wanted services at the exam, only about 65% of them eventually indicated they wanted continued services. Of the other 35%, only 8 clients actually declined services (2 at the initial response and 6 at the time of the follow-up call). Most of the other people we simply could not get a hold of. The conversion rate is not too surprising—a lot of time clients do not want to be reminded of the trauma they experience, so they will not return follow-up calls. Nevertheless, more internal monitoring is needed to evaluate whether there are any barriers to services that the agency can eliminate.

The Larger Context:

The data presented here showcases 95 crisis interventions to which YWCA advocates responded. This is only about one third of the total responses advocates performed during that time. For the time period measured (January 2019 through June 2019), YWCA advocates actually responded to a total of 278 crisis interventions for sexual assault. These crisis interventions include sexual assault exams not included in this dataset, law enforcement interviews, responses requested by non-criminal justice community partners, walk-ins, referrals from the YWCA Support Line, and responses to juvenile and adult detention facilities. During this time, YWCA also received 425 sexual assault crisis calls on its Support Line. This highlights that while the cases in this dataset can shed light on some aspects of YWCA sexual assault responses, it is not a comprehensive reflection of the services YWCA provides, nor is it an accurate representation of the population of sexual assault survivors in YWCA’s service area.

Community Solutions (Rape Crisis Center)

Community Solutions serves South Santa Clara County for sexual assault cases; the area includes Morgan Hill, San Martin, Gilroy, and the unincorporated areas in South County services by Sheriff’s Office. Community Solutions has up to 1 hour to respond to a victim following the initial call. Of the 117 cases looked at in this time study, 7 cases were from South Santa Clara County. Four cases from Gilroy Police Department, two from Morgan Hill Police Department, and one from the Santa Clara Sheriff’s Office. Unfortunately, the law enforcement in this area were not able to complete data sets requested within the prescribed timeframe therefore South County is not included in the 98-case subset data.
the cases from the larger sample identified Community Solutions served 6 of 7 survivors; one case Community Solutions was not called to respond. For the 6 survivors Community Solutions responded to:

- All 6 survivors accepted advocacy services when offered.
- Community Solutions responded to two partner locations in South County as during the investigation phase, prior to accompany the client to Valley Medical Center for the forensic exam.
- After the initial response, on average, Community Solutions advocates follow up with survivors 18 hours after the SAFE exam was completed.
- The District Attorney only charged 2 of the cases due to inadequate evidence or lack of cooperation by victim.
- Of the survivors served, Community Solutions provided 135 follow up phone calls, 37 peer counselings, 17 accompaniments with survivors to interviews, courts, or other case related appointments, in 2 cases our agency assisted the survivor in obtained restraining orders, and numerous referrals to partners such as victim compensation and therapy.

CONCERNS:

The data in the time study only reflects a small subsection of all sexual assault survivors. During this same timeframe, Community Solutions supported an additional 49 sexual assault survivors, of those 5 included pediatric forensic exams and 1 non-investigative report case. Some of these cases were from survivors who chose to report a case that may have occurred outside the window of the forensic exam (which is only 10 days). Additionally, many cases are delayed disclosures where a survivor was assaulted and then reports an assault months or years later. From October 2019 to September 2019, Community Solutions served 180 survivors of sexual assault; of those only 27 received a forensic exam. On average Community Solutions has an 87% follow up rate and service rate for survivors of sexual assault.

Sexual Assault Unit of the Office of the District Attorney

The small sample of 98 cases proved problematic to the Office, from a data perspective, since only 46 of those cases have been submitted for review by law enforcement agencies (i.e. 44 from San Jose Police Department and 2 from Palo Alto Police Department) to the Office of the District Attorney and 53% were not (or perhaps have not yet) been submitted for review by the DA’s Office. In 23 of the 46 cases, criminal charges were filed.

In the subset, the average number of days to review was 2.6 days. Although this number is likely affected by the higher percentage of cases with a swift arrest, and an in-custody defendant, for whom a charging decision must be made within 2 days that court is in session. On average, it took the Sexual Assault Unit 108.2 days to make decisions on these cases. Many of these cases were reported close in time to the incident, with a swift arrest.
Cases with longer periods of investigation from this group likely have not yet been submitted to the DA’s Office.

To get an accurate data assessment of Sexual Assault cases reviewed by the Santa Clara Office of the District Attorney it was necessary to analyze all sexual assault cases reviewed in 2018. All sexual assault cases reviewed in the first six months of 2019 were also analyzed. The cases reviewed involved victims of all ages and included all victims, whether or not they received a SAFE examination.
2018 versus 2019 Data Trends

In 2018, the Office of the District Attorney reviewed 893 sexual assault cases, of which 511 resulted in the Office of the District Attorney filing criminal charges. In the first half of 2019, 528 cases have already been reviewed. The Office of the District Attorney has filed charges in 294 of those cases. Accordingly, the number of cases reviewed by the Office of the District Attorney appears to be increasing.

In 2018 the average time needed to investigate a case by law enforcement was 239.4 days. In 2019 the average time needed to investigate a case dropped to 203.1 days.

In 2018 it took the DA’s office an average of 7.7 days to review a case. Thus far in 2019, the average time to review a sexual assault case has decreased to 5.4 days.

These significant decreases in the time necessary to investigate and review sexual assault cases benefit victims. Victims of sexual assault are often anxious about whether a case will be investigated and prosecuted. Even if a decision is made that a case cannot be filed, because for example it is beyond the statute of limitations, a timely answer is better than uncertainty.

In 2020 there will be an additional deputy district attorney assigned to review cases so the days needed to review a case should further decline.

Source of Referrals

San Jose Police Department referred the vast majority of sexual assault cases to the Office of the District Attorney in both 2018 and 2019. The Office of the Sheriff referred the second largest amount of cases.
## 2018 Referrals from LEA

<table>
<thead>
<tr>
<th>Agency</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Campbell Police Department</td>
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</tr>
<tr>
<td>DA Bureau of Investigation Santa Clara Co</td>
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<tr>
<td>Department of the Air Force</td>
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<tr>
<td>Gilroy Police Department</td>
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<tr>
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<td>UC Berkeley Police Department</td>
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<tr>
<td><strong>Grand Total</strong></td>
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</tr>
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</table>

### Cases Submitted for DA Review 2018

- **San Jose Police Department**: 53%
- **Santa Clara County Sheriff Office**: 12%
- **San Jose Evergreen College Police Department**: 2%
- **Los Altos Police Department**: 1%
- **Los Gatos/Monte Sereno Police Department**: 1%
- **Los Gatos Police Department**: 1%
- **Morgan Hill Police Department**: 2%
- **Milpitas Police Department**: 3%
- **Mountain View Police Department**: 4%
- **DA Bureau of Investigation Santa Clara Co**: 2%
- **Palo Alto Police Department**: 1%
- **Gonzales Police Department**: 1%
- **Santa Clara Police Department**: 1%
- **UC Berkeley Police Department**: 1%
- **Campbell Police Department**: 2%
- **Department of the Air Force**: 1%
- **San Jose State University Police Department**: 1%
- **Santa Clara Police Department**: 1%
- **Sunnyvale Department of Public Safety**: 1%
- **Stanford Department of Public Safety**: 1%
### First 6 Months of 2019 Referrals from LEA

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<th>Cases</th>
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<td><strong>Grand Total</strong></td>
<td><strong>528</strong></td>
</tr>
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### Cases Submitted for DA Review 1st Half of 2019

- **San Jose Police Department** 55%
- **Santa Clara County Sheriff Office** 9%
- Campbell Police Department
- Los Altos Police Department
- Los Gatos Police Department
- Los Gatos/Monte Sereno Police Department
- Morgan Hill Police Department
- Palo Alto Police Department
- San Jose Police Department
- Stanford Department of Public Safety
- Sunnyvale Department of Public Safety
- Stanford Department of Public Safety
- San Jose State University Police Department
- Santa Clara County Sheriff Office
- Milpitas Police Department
- Mountain View Police Department
- San Jose Evergreen College Police Department
**Victim Witness Services Unit**

In the subset cases, 21 of the 23 cases where charges were filed, a DA Victim Witness Services advocate was assigned. In some cases, like the remaining 2, a victim chooses to not work with the DA’s Office.

**2018 Victim Services**

In 2018, the Victim Services Unit at the Office of the District Attorney served 1,021 sexual assault victims or an average of 85 victims per month.

- Adults Sexually Abused as Children: 65
- Child Pornography: 9
- Human Trafficking (Sex): 4
- Sexual Assault – Adult Victim: 400
- Sexual Assault – Minor Victim: 543

As stated during 2018, the Sexual Assault Team filed criminal charges in 511 cases and accordingly **503 of the victims served by the Victim Services Unit were for cases not filed by the DA’s Office.** It is important for victims that even if a case cannot be proven beyond a reasonable doubt they are supported with any and all available services such as counseling.

It should also be noted that services were also provided to victims based on approximately 300 additional referrals from DFCS, but because of the way these cases are tracked in the Office of the District Attorney’s computer system, a hand count is necessary to determine how many of these were sexual assault cases.

**2019 Victim Services**

In the first six months of 2019 the Victim Services Unit served 754 victims or a monthly average of 108 victims per month, a significant increase from 2018 statistics:

- Adults Sexually Abused as Children: 51
- Child Pornography: 0
- Human Trafficking (Sex): 14
- Sexual Assault – Adult Victim: 341
- Sexual Assault – Minor Victim: 348

Note that in the first half of 2019, the Sexual Assault Team filed criminal charges in 294 cases, so 460 of these victims were for cases not yet referred to or not filed by the DA’s Office. It should also be noted that services were also provided in approximately 150 additional referrals from DFCS. However, without a hand count regarding these referrals, it is not possible to determine how many of these were sexual assault cases.
CONCERNS:

In general, the turnaround time between 2018 and 2019 Sexual Assault Case results by the Office of the District Attorney have improved. It is expected that further improvements will be noted in 2020, since staffing of the Unit will increase from one highly competent attorney to two.

CONCLUSION & NEXT STEPS

Each year in Santa Clara County there are hundreds of sexual assaults reported and more that are committed that are never reported. Perpetrators prey on victims with no regard to their humanity and victims of all ages, genders, and backgrounds are harmed. Since 2016, a multidisciplinary group of government, healthcare, community, and law enforcement agencies have met to work collaboratively as part of the Santa Clara County SART Committee. This Committee has assumed no small task, as members have researched and analyzed protocols and best practices to be more trauma-informed and aligned in service delivery to our residents who have survived sexual assault.

To that end, the SART Committee has spent the last two years focusing on better understanding the roles and service capabilities of the SART agencies, paying attention to service misalignment that creates unintended consequence or delayed response within agency workflows. By September of 2019, all SART agencies adopted the first County Sexual Assault Protocol that provides better alignment in SART agency response; however, it does not answer all of the questions that persist for decision makers, as well as the greater community: 1) What happens to someone during a SAFE exam, 2) Is the process trauma-informed, 3) Are we doing our best to support survivors during this very difficult time, and 4) Is our best sustainable?

Fortunately, the SART Committee includes exactly the right representatives needed to answer these big questions. These questions are also just the start to the development of a
Data Collection and Analysis Agenda that will guide the County and all decision-makers on challenges, barriers, and gaps in services while highlighting best practices for service response.

A person reports a sexual assault. Then what? Even a simple question like this quickly reveals a complex process that shows there are no fast, easy answers. And process is just part of the story. How long does the process take? And then the bigger question to answer: Why? This report has attempted to answer these difficult questions.

To set a reasonable context so that data can be compared and aggregated in a meaningful way, highlighting what happens, how long process steps take, and why, the SART Committee reviewed only cases from January 1 through June 30, 2019, where a SAFE exam was conducted. This took a huge number of cases to a more manageable and measurable subset of 98. The time study allowed us to then analyze and set context for a process that, when done well, is often a long process; when done best, is also trauma-informed.

Some context on the time it takes:

- **How long does it take from the time someone calls 911 to the time the exam is over?**
  - An average of 9 hours and 13 minutes

- **How long do different parts of the process take from the time someone calls 911?**
  - Community advocates arrive within 30 minutes to one hour
  - Law enforcement averages 1 hour and 23 minutes
  - Once at the hospital, patients wait on average 3.5 hours for an exam
  - Following a SART exam advocates report counseling appointments and linkage to services happen within 18 to 48.5 hours
  - Crime Laboratory- Toxicology receives evidence from law enforcement within 1.5 days and average time to process in-house is 30 days; average time to process additional tests at a private lab is 50 days
  - Crime Laboratory – DNA receives evidence from law enforcement on average within 3.1 days and average time to process is 86.7 days

For more context, some agencies, such as the District Attorney’s Office, reported on a larger set of data. This data reveals:

- In 2018, the average time needed to investigate a case by law enforcement was 239.4 days
- In 2019, the average time needed to investigate a case dropped to 203.1 days
- In 2018, it took the DA’s office an average of 7.7 days to review a sexual assault case
- In 2019 to date, the average time to review a sexual assault case has decreased to 5.4 days

The data yields different results if looking at the smaller SJPD subset, where as yet, only 41 of their 91 cases have been sent to the DA:

- 51% resulted in charges being filed
- A complaint was filed on 21 cases
- A complaint was rejected by the DA on 18 cases
- 2 cases are under review waiting for a response
Importantly, regardless of whether charges are filed, in most cases victims will choose to receive ongoing support from rape crisis support centers as well as some who will also access support services through the District Attorney’s Victim Service Unit.

Moreover, this focused study of 98 cases is only of victims who qualified for, consented to, and completed a SAFE exam. As noted throughout this study by law enforcement, medical providers, and victim advocates, the number of sexual assault victims who qualify for and then consent to a SART exam is only a single piece of a large puzzle. However, understanding this process shines light on many issues so we can identify common themes, gaps, and next steps for exploration.

Next Steps

As noted in the beginning, there are several on-ramps that victims of sexual assault may access to secure support in the County, depending on their age and circumstances. The SART Team Process Map & Time Study Report No. 2 will likely look at other on-ramps not explored in this report, including pediatric cases that come from the Department of Family and Children Services. Additionally, concerns that have been raised by contributors in this report demand more attention:

- **Data Collection.**
  - Some agencies did not have the bandwidth to commit to this study; those that did commit were highly taxed. A Data Collection & Analysis Agenda must be prioritized so that an MOU is established within the SART Committee regarding data.
  - Limitations to cross-agency tracking of data that currently does not exist (perhaps looking to the K_King data collection system in the San Jose Police Department)

- **Survivor Input on Barriers to Reporting.**
  - Law enforcement reported that most cases end because survivors do not cooperate with the investigation. These cases are labeled “refusal to cooperate” but work must happen to explore in trauma-informed ways why this may be and what can be done to better support cooperation.

- **Time waiting for exams.**
  - Further analysis is needed on reducing delays in receiving a SAFE exam or care due to being directed first to a non-SART facility.
  - Further analysis of the length of exam and process is needed to confirm whether this is a service gap (waiting for an officer, advocate, or SAFE nurse) or the emergency department scheduling and medical clearance that is necessary and required before a SAFE exam can happen;
  - Further analysis is needed to ensure survivors are provided trauma-informed support during the time spent waiting for a SAFE exam, regardless of where a survivor enters the system to make a report. This could be accomplished with in-depth interviews with victims, as the issues can be varied and include cultural acceptance, shame, fear of retaliation, blaming of self, not wanting to
put family members through trauma, fear of law enforcement and the unknown of what will happen to both the victim and their loved ones following the reporting of the crime, etc.

Though we started with a seemingly simple plan to map the process a person in Santa Clara County undergoes after reporting sexual assault, we ended up with additional questions regarding location and availability of data and how to consistently define workflow parameters for correct measurement. This Process Map & Time Study Report No. 1, the first for our Santa Clara County Sexual Assault Response Team, has provided a good snapshot of the general process; however, additional work is needed to gain a more comprehensive view of the processes involved. This will set the foundation from which we can continue our combined goal to provide an integrated, cohesive, and trauma-informed response for every survivor of sexual assault.
Sexual Assault Process Mapping & Time Study
Report No. 1
January 9, 2020
Overview

1. Overview of Study
2. Major Highlights
3. Next Steps

Attachment: LF9862 PP SA process map and time study 1.9.20 (98862 : Sexual Assault)
Cases from January 1 to June 30, 2019 where SAFE exam was conducted

- 98 Total Cases
  - 91 Adult/Adolescent (≥12 years old)
  - 7 Pediatric (≤11 years old)

Acute SAFE exams - sexual assault is reported within 10 days for Adults/Adolescents 12 yrs and older; 72 hours, if under 12 yrs

- Non-acute exams for disclosure beyond evidence collection window
- Unreported cases
- Additional partner agency workflows

**During Same Time Frame**: Rape Crisis Centers report about 2/3 more cases that did not meet sample requirements and over 4 times as many crisis calls through Support Line
Report No. 1
Study Questions

- What happens to someone who has a SART exam?
- Is this process trauma-informed?
- Are we doing our best to support survivors during this very difficult time?
- Is our best work sustainable?
Working Draft of Process Map

1. Acute Adult/Adolescent Exam
   - Nir is made available
     - 18+ Yrs
     - 12-17 Yrs
     - 0-11 Yrs
     - 0-11 Yr Report is w/in 72 hrs?
     - 12-17 y/o Report is w/in 10 days?
     - How old is the Survivor?
       - Yes
         - 18+ yrs
         - 12-17 yrs
         - 0-11 yrs
         - 0-11 yrs Report is w/in 72 hrs?
         - Yes
           - Non-Acute Pediatric Exam
           - Acute Pediatric Exam
         - No
           - Interview with Law Enforcement (@ CIC FOR 17 AND UNDER)
     - No
       - SART is Picked up by LE and transported to Central Supply
       - SART is sent to Crime Lab for Testing
       - Documents Tested by Unit
       - Non-Tested Lab
   - Yes
     - Collection of Evidence
       - Records & Database Check
         - Yes
           - Canvassing
           - Media Assistance/Press Release
           - Photo Line Up
           - Prepare Pre Text
         - No
           - Analyze and Examine Evidence
           - Prepare for Pre Text
       - No
         - Lethal
         - Safety Planning
         - Liaison
         - Support
         - CIC Support

Attachment: LF98862 PP SA process map and time study 1.9.20 (98862 - Sexual Assault)
Next Steps

Data Collection & Analysis Agenda
Survivor Input on Barriers to Reporting
Further Analysis: Time Waiting for Exams

SART Team Process Map & Time Study Report No. 2
Thank You
DATE: January 9, 2020
TO: Children, Seniors, and Families Committee
FROM: Robert Menicocci, Social Services Agency Director
SUBJECT: Update on Communication Processes at the Department of Family and Children’s Services

RECOMMENDED ACTION
Receive report from Social Services Agency, Department of Family and Children’s Services, on improved communication processes between the Department of Family and Children’s Services, resource parents, and community partners. (Referral from October 31, 2019, Item No. 6)

REASONS FOR RECOMMENDATION
On October 31, 2019, the Children, Seniors, and Families Committee (CSFC) held a study session that focused on recommendations made by the Joint Foster Youth Task Force (JFYTF) that endeavor to significantly improve outcomes for children and youth within the County of Santa Clara’s child welfare system.

At the study session, the Santa Clara County Kinship, Adoptive, and Foster Parent Association (KAFPA) provided CSFC with its annual report on services provided to dependent children and resource families (Item no. 6). Issues regarding communication between DFCS and resource families were discussed. The Administration was asked to provide CSFC with an update on actions and strategies to improve communication between DFCS and resource parents. This report is in response to that request.

Communication
Resource families are important partners within the child welfare system. They provide safe and supportive care to children who are unable to remain in their home environments. In July 2018, the DFCS reinitiated the Quality Parenting Initiative (QPI) as a key priority to improve partnerships and collaboration between DFCS, resource parents, and other stakeholders. QPI strives for quality parenting by fostering collaboration between those who are responsible for the parenting and care of children in the dependency system. Building relationships and shared understanding is crucial in preventing children from experiencing multiple placements and further trauma.
Four key workgroups were formed out of this initial relaunching with communication as a primary priority. The QPI Placement Stability Work Group met over the course of a year, and in the summer of 2019, created a draft communication protocol, explanation letters, and other supporting documents, including a flow chart of how “cases” flow through the child welfare system, a roster with contact information for DFCS supervisors and managers, and important phone numbers. The goals of the protocol and related documents are to provide transparency, to formalize expectations, and to increase communication between resource parents and DFCS staff. The documents provide information that enable resource families to better understand the complexity of the child welfare system and to identify whom to call during each phase of a child’s dependency case. The protocol outlines the processes for every day communication, time-sensitive communication, and crisis communication. For review, attached are copies of the draft DFCS operational policy memorandum and draft letters to resource families and social workers that reflect the proposed communications protocol.

As in the past, resource parents are encouraged to begin communication with the child’s social worker at the time the child is place in a home. When immediate communication is required, the protocol advises resource parents to contact the case-carrying social worker’s supervisor via email and to include the Resource Family Approval (RFA) social worker and a representative from the resource family’s contracted support agency\(^1\). The protocol further details the process for lifting the matter forward within DFCS until the resource parent can get a helpful response.

The proposed communication protocol also provides a shift in DFCS’s culture where all levels of staff share in the responsibility to support and communicate with resource parents, rather than relying solely on the social worker. Similarly, this culture shift supports the view that a call to one’s supervisor is not punitive, but a means to fully respond to a child’s needs as quickly as possible. Because this shift requires adjustment and enhancement of support systems for social workers and resource homes, rollout and implementation is deliberative to ensure saturation and buy-in from social workers and their supervisors. Adjustments include leveraging a network of supervisors, RFA social workers, and contracted agencies’ staff to ensure acknowledgment of concerns and plans of action that are created to address those concerns.

The communication protocol and supporting documents, including any policy updates, will be provided to a resource family each time a child enters a home. To determine the protocol’s effectiveness, DFCS will utilize the Resource Parent Advisory Group for feedback and suggestions for refinement. Other established communication loops will be utilized for feedback, such as regular Resource Parent-Social Worker Meet and Greets and contract monitoring with resource parent support agencies.

**Increased Communication with KAFPA**

In addition to the communication protocol, DFCS’s Family Resource Bureau manager and Resource Family Approval division manager have established a standing monthly meeting

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\(^1\) Examples of a contracted resource agency include, but are not limited, Resource Advocacy Support Services at Seneca Family of Agencies, Kinship Support Team at Catholic Charities, and KAFPA.
with KAFPA. These meetings enable DFCS to address system-wide issues in an expeditious manner. Since the initial meeting between KAFPA and DFCS managers, DFCS is addressing two core issues raised by KAFPA: 1) increasing transportation support for resource families and 2) ensuring the Behavioral Health Services Department’s (BHSD) transition support coordinator is better integrated into the decision-making process for children transitioning from one placement to another next placement, including return to birth parents. DFCS’s acting director is available to meet with KAFPA as needed.

In response to transportation needs, DFCS will amend its current school-of-origin transportation service agreement to provide additional support for child-oriented services and to initiate a pilot program to better understand challenges, needs, and staffing requirements. DFCS is also exploring whether to add one transportation officer position to ensure flexibility in responding to transportation needs.

Related to the transition support coordinator, DFCS is continuing to engage with BHSD’s leadership on strategies to better integrate this staff person into the decision-making process. Meetings continue to be coordinated and are in progress.

**Resources for Foster Parents**

Resource and advocacy support services (RASS) are provided through an agreement between DFCS and Seneca Families of Agencies (Seneca). RASS supports (1) newly resource families recruited, probationary-approved resource families and portability transfers to Santa Clara County and (2) current County-approved resource families who are providing out-of-home care for children receiving DFCS services. RASS activities focus on providing support to ensure families have access to needed resources to maintain and stabilize children in placements. Services are available via phone, mail, e-mail, home visits, appointments, and meetings. The meetings can be, but are not limited to, staffing, matchings, child and family team meetings, transitions, permanency reviews, service providers’ meetings, and group functions. The RASS program also administers the Respite Care Program and the Lice Treatment Program.

RASS advocates are available to support resource families Monday through Friday during regular business hours. Additionally, RASS maintains a crisis support line that resource families can access afterhours, weekends, and holidays. If issues emerge during non-business hours that require supports for a resource family, the crisis line staff contacts the RASS program manager who then contacts the RASS advocate for follow up, if needed. Resource parents also utilize DFCS’s Child Abuse and Neglect Center (CANC) hotline to access support during emergency situations outside of regular business hours.

**Update on the Online Portal**

In February of 2018, the Social Services Agency Technology Services and Solutions (SSA-TSS) began building out a web page for DFCS’s RFA program that included a link to resources readily accessible by resource parents. Though initiated in 2018, the plan later shifted to developing a new website for SSA and its various departments and programs. This new build out will also include a page for the RFA program along with updated and
accessible resource information for parents. SSA’s website is tentatively scheduled to live on April 28, 2020.

Next Steps

- Finalize the draft communication protocol and its roll out to DFCS staff, resource parents, and community partners by the end of January 2020.
- Continued to collaborate with County and community partners to address matters of concern for resource families. The next standing meeting between KAFPA and DFCS management is scheduled for January 13, 2020.
- Continue to collaborate with SSA-TSS to ensure the information provided on the new SSA website is thorough and provides clear and thorough information that is easily accessible to participants and partners within the child welfare system.

CHILD IMPACT

The recommended action will have a positive impact on the Every Child Safe, Safe and Stable Families indicator by ensuring that children and families are provided relevant information in a timely manner.

SENIOR IMPACT

The recommended action will have no/neutral impact on seniors.

SUSTAINABILITY IMPLICATIONS

The recommended action will have no/neutral sustainability implications.

BACKGROUND

DFCS’s mission is to keep children safe and families strong. With respect and cultural humility, DFCS partners with the County’s diverse community to ensure that every child and youth who is at risk or has suffered abuse or neglect is safe, cared for, and grows up in a stable, loving family. Resource families provide safe and loving homes for children who have entered the County’s child welfare system. Resource families are individuals, couples, and families who may be related to the child, have a familiar or mentoring relationship with the child, or have no previous relationship with the child.

Santa Clara County KAFPA is a non-profit organization dedicated to supporting kinship, adoptive, and resource caregivers. Its services focus on supports and resources required by families, such as training, a resource library, a resource center as well as events and activities that build a network of support for resource families. Many families rely on KAFPA’s services for mutual support, guidance, training, friendship, mentorship, and advocacy.

CONSEQUENCES OF NEGATIVE ACTION

The report will not be received as a consequence of negative action.

STEPS FOLLOWING APPROVAL

The Clerk of the Board will follow the usual process for this type of legislative file.
ATTACHMENTS:

- Draft DFCS Memorandum_ Reciprocal Communication Standards between Social Workers and Resource Families_Parents (PDF)
- Draft Letter to Resource Parents (PDF)
- Draft Letter to Social Workers (PDF)
DFCS Memorandum

Reciprocal Communication - Policy between Social Workers and Resource Families/Parents

**Background**

In keeping with the Quality Parenting Initiative (QPI) and the Child & Family Practice Model (CFPM) values, the Department of Family and Children’s Services (DFCS) has been working with resource families to increase our partnership. To clarify and standardize the processes for reciprocal communication between social workers and resource families, DFCS is issuing this memorandum to DFCS staff (see attached letters), to social workers and resource parents. The QPI Steering Committee and work groups, including social workers and resource parents, and the DFCS Executive Management developed this policy. The intention is to reduce miscommunication and ensure timely responses for the parenting needs of children.

**Communication Standards & Guidelines**

Due to the nature of the work, an immediate (or within 24-hours) response from the case-carrying social worker is not always possible. However, meeting the needs of our resource parents must remain a priority, especially given that their inquiries represent the needs of children. Therefore, the developed standards encourage resource families to reach out for additional assistance (from supervisors, managers and support agencies) when the social worker is unavailable to ensure children’s needs are met and that the responsibility for meeting those needs is shared.

**Everyday Communication**

For everyday communications and matters that do not require an immediate response, social workers and resource parents are encouraged to identify together what their preferred methods of communication are (i.e. phone calls, texts, emails, etc.).

**Time-Sensitive Communication or Crisis Response**

Please see attached “Recommendations for Standardized Process for Reciprocal Communication between Social Workers and Resource Families/Parents”, flow-chart for Time-Sensitive responses and letters to social workers and resource parents.

**Contacts:**

Reviewed by:
Greetings resource parents,

Let me begin by saying thank you for all you do every day for children and families.

In keeping with the Quality Parenting Initiative (QPI) and the Child & Family Practice Model (CFPM), the Department is working to increase its partnership with resource families. This letter is to clarify and standardize the processes for reciprocal communication between social workers (and other DFCS Staff) and resource families. The intention is to reduce miscommunication and ensure timely response for the parenting needs of our children.

Due to the nature of the work, an immediate (or within 24-hour) response from the case-carrying social worker is not always possible. However, meeting the needs of our resource parents remains a priority. Resource parents are encouraged to reach out for additional assistance in the event the social worker is unavailable, as meeting the needs of children and families is a shared responsibility within the agency.

Recommendations Specific to Resource Parents

Time-Sensitive Communication

When time-sensitive, non-crisis needs or concerns arise (e.g. visitation changes, travel arrangements, pressing school needs), resource parents are advised to use email to communicate with social workers and other DFCS staff. This will initiate and track the process while expediting a response. Refer to the enclosed DFCS Roster or call the DFCS Lobby at 408/501-6300 for contact information:

- **Step 1**: Email child’s social worker – give the social worker at least 24- business hours to respond - if response needed sooner or no response within 24 business hours - proceed to **Step 2**;
- **Step 2**: Forward the original email to the social worker’s supervisor and include the social worker, the Resource Family Approval (RFA) Social Worker and Cc your resource family support agency:
  - Resource Advocacy Support Services - RASS – Seneca – For recruited resource families,
  - Relative/NREFM Support Team – RST - Catholic Charities – For relative or Non-Related Extended Family Members (NREFM) resource families,
  - Kinship Adoptive Foster Parent Association – KAFPA - For all resource families with a membership (please note the first year membership fee is waived for all newly approved resource families – when resource family enrolls);
- **Steps 3**: If the matter continues to need attention, forward the email chain (including all other parties), to the supervisor’s manager and the RFA Manager (see roster).
*If you do not have access to email, please follow the same steps via phone, taking note of who and when you called each party. Please be sure to leave messages detailing the specific needs you are calling for.

*If you need immediate assistance during Business Hours - Call 408-501-6300 and ask for the Officer Of the Day (OD) for the social worker’s unit.

Crisis Support

For crises/emergencies (threats of harm to self or others, threats of running away, severe emotional instability) that need an immediate response, do not wait 24 hours for a response from the social worker. Use the following resources:

- Seneca Rapid Response Team – Resource Advocacy Support Services RASS – 408-316-0438
- Uplift Family Services Mobile Crisis Program 408/379-9085 or toll free 1-877-41CRISIS
- Alum Rock Mobile Crisis Response & Counseling (MCRC) 408/294-0579
- After Business Hours – Child Abuse & Neglect Center (CANC) – 1-833-722-5437(KIDS)

*In the event of an immediate life-threatening emergency, call 911.

Recommendations for Both Resource Parents & Social Worker

Everyday Communication

For everyday communications and matters that do not require an immediate response, social workers and resource parents are encouraged to identify together what their preferred methods of communication are (i.e. phone calls, texts, emails, etc.). As a courtesy, both social workers and resource parents appreciate an acknowledgement that a message was received.

*For the purposes of this letter, business hours are defined as the hours the office is open (8:00am – 5:00pm).

Recommendations Specific to Social Workers

Time-Sensitive Communication

When time-sensitive needs for resource-family response arise, social workers have been advised to reach out to the resource family via their preferred means of communication. The following process has been advised:

- **Step 1**: Contact child’s resource parent via their preferred method of communication – give the resource parent at least 24-hours to respond. If no response or a response is needed sooner proceed to step 2;
- **Step 2**: Email Resource Family Approval (RFA) Social Worker and Cc the resource parent and the appropriate resource family support agency:
  - Resource Advocacy Support Services - RASS – Seneca – For recruited resource families,
  - Relative/NREFM Support Team – RST - Catholic - Charities – For relative or Non-Related Extended Family Members (NREFM) resource families,
Kinship Adoptive Foster Parent Association – KAFPA - For all resource families with a membership (please note automatic first year membership for all newly approved resource families);

- **Steps 3**: If the matter continues to need attention, forward the email chain (including all other parties), to the RFA Supervisor and Cc your own supervisor;
- **Step 4**: If the matter continues to need attention, forward the email chain to the RFA Manager (including all other parties) and Cc your own manager.

**Crisis Response**

For other crises/emergencies that need an immediate response (suspected child abuse, threats of harm to self or others, threats of running away, or general concern about safety or wellbeing), do not wait the 24 hours for a response from support agencies or RFA staff. Use the following resources or make a Suspected Child Abuse Report (SCAR) to the CANC or conduct a home visit.

- Seneca Rapid Response Team – Resource Advocacy Support Services RASS – 408-316-0438
- Uplift Family Services Mobile Crisis Program 408/379-9085 or toll free 1-877-41CRISIS
- Alum Rock Mobile Crisis Response & Counseling (MCRC) 408/294-0579
- After Business Hours – Child Abuse & Neglect Center (CANC) – 1-833-722-5437 (KIDS)
- **In the event of an immediate life-threatening emergency, call 911.**

Thank you for taking the time to read this letter. We understand the complex and emotionally challenging processes that are handled in the Child Welfare System. Due to these challenges, effective communication is critical to support productive relationships and everyone’s wellbeing. Those relationships and their communication can influence placement stability, reunification and permanency.

If you have any questions or thoughts you would like to share, feel free to call or email the QPI Coordinator, Amber Brandom at (408) 501-6391 or amber.brandom@ssa.sccgov.org.

Sincerely,

The QPI Steering Committee and Work Groups (including social workers and resource parents) and DFCS Executive Management.

Board of Supervisors: Mike Wasserman, Cindy Chavez, Dave Cortese, Susan Ellenberg, S. Joseph Simitian

County Executive: Jeffrey V. Smith
Greetings social workers,

Let us begin by saying thank you for all you do every day for children and families.

In keeping with the Quality Parenting Initiative (QPI) and the Child & Family Practice Model (CFPM), the Department is working to increase its partnership with resource families. This letter is to clarify and standardize the processes for reciprocal communication between social workers and resource families. The intention is to reduce miscommunication and ensure timely responses for the parenting needs of children.

Due to the nature of the work, an immediate (or within 24-hours), response from the case-carrying social worker is not always possible. However, meeting the needs of our resource parents remains a priority, especially given that their inquiries represent the needs of children. Encouraging resource families to reach out for additional assistance (from supervisors, managers and support agencies) when the social worker is unavailable is to ensure children’s needs are met and that the responsibility for meeting those needs is shared within the Department.

Recommendations Specific to Social Workers

Time-Sensitive Communication

When time-sensitive, non-crisis needs or concerns arise (e.g. visitation changes, travel arrangements, pressing school needs), social workers are advised to use the following steps to communicate with resource parents:

- **Step 1:** Contact child’s resource parent via their preferred method of communication – give the resource parent at least 24-hours to respond. **If no response or a response is needed sooner proceed to step 2;**
- **Step 2:** If unresolved, email Resource Family Approval (RFA) Social Worker and include the resource parent and the appropriate resource family support agency:
  - Resource Advocacy Support Services - RASS – Seneca – For recruited resource families,
  - Relative/NREFM Support Team – RST - Catholic Charities – For relative or Non-Related Extended Family Members (NREFM) resource families,
  - Kinship Adoptive Foster Parent Association – KAFPA - For all resource families with a membership (please note the first year membership fee is waived for all newly approved resource families – when resource family enrolls);
- **Steps 3:** If the issue continues to be unresolved, forward the email chain (including all other parties), to the RFA Supervisor and Cc your own supervisor;
- **Step 4:** If the issue continues to be unresolved, forward the email chain to the RFA Manager (including all other parties) and Cc your own division manager.

Board of Supervisors: Mike Wasserman, Cindy Chavez, Dave Cortese, Susan Ellenberg, S. Joseph Simitian
County Executive: Jeffrey V. Smith
**Crisis Response**

For other crises/emergencies that need an immediate response (suspected child abuse, threats of harm to self or others, threats of running away, or general concern about safety or wellbeing), do not wait the 24 hours for a response from support agencies or RFA staff. Use the following resources or **make a Suspected Child Abuse Report (SCAR) to the CANC or conduct a home.**

- Seneca Rapid Response Team – Resource Advocacy Support Services **RASS** – 408-316-0438
- Uplift Family Services Mobile Crisis Program 408/379-9085 or toll free 1-877-41CRISIS
- Alum Rock Mobile Crisis Response & Counseling (MCRC) 408/294-0579
- After Business Hours – Child Abuse & Neglect Center (CANC) – 1-833-722-5437 (KIDS)
- *In the event of an immediate life-threatening emergency, call 911.*

For contact information for resource parents or Foster Family Agencies please visit:

**Shared Drive/Documents from the G Drive/Placement Info/Vacancy County Licensed Homes**

**Shared Drive/Documents from the G Drive Placement Info/FFA Roster**

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**Recommendations for Both Resource Parents & Social Workers**

**Everyday Communication**

For everyday communications and matters that do not require an immediate response, social workers and resource parents are encouraged to identify together what their **preferred methods of communication** are (i.e. phone calls, texts, emails, etc.). **As a courtesy, both social workers and resource parents appreciate an acknowledgement that a message was received.**

*For the purposes of this letter, business hours are defined as the hours the office is open (8:00am – 5:00pm).*

**Recommendations Specific to Resource Parents**

**Time-Sensitive Communication**

When time-sensitive, non-crisis needs or concerns arise (e.g. visitation changes, travel arrangements, pressing school needs), resource parents have been advised to use email to communicate with social workers and other DFCS staff, following the process below:

- **Step 1:** Email child’s social worker – give the social worker at least 24- business hours to respond - if response needed sooner or no response within 24 business hours - proceed to **Step 2**;
- **Step 2:** Forward the original email to the social worker’s supervisor and **include the social worker**, the Resource Family Approval (RFA) Social Worker and Cc your resource family support agency:
  - Resource Advocacy Support Services - **RASS** – Seneca – For recruited resource families,
  - Relative/NREFM Support Team – **RST** - Catholic - Charities – For relative or Non-Related Extended Family Members (NREFM) resource families,
Crisis Support

Crises/emergencies (threats of harm to self or others, threats of running away, severe emotional instability) that need an immediate response do not wait 24 hours for a response from the social worker. Use the following resources:

- Seneca Rapid Response Team – Resource Advocacy Support Services RASS – 408-316-0438
- Uplift Family Services Mobile Crisis Program 408/379-9085 or toll free 1-877-41CRISIS
- Alum Rock Mobile Crisis Response & Counseling (MCRC) 408/294-0579
- After Business Hours – Child Abuse & Neglect Center (CANC) – 1-833-722-5437 (KIDS)
- In the event of an immediate life-threatening emergency, call 911.

Thank you for taking the time to read this letter. We understand the complex and emotionally challenging processes that are handled in the Child Welfare System. Because of those challenges, effective communication is critical to support productive relationships and everyone’s wellbeing. Those relationships and their communication can influence placement stability, reunification and permanency.

If you have any questions or thoughts you would like to share, feel free to call or email the QPI Coordinator, Amber Brandom at (408) 501-6391 or amber.brandom@ssa.sccgov.org

Sincerely,

The QPI Steering Committee and Work Groups (including social workers and resource parents) and DFCS Executive Management.
DATE: January 9, 2020

TO: Children, Seniors, and Families Committee

FROM: Robert Menicocci, Social Services Agency Director

SUBJECT: Status Updates on Joint Foster Youth Task Force Recommendations Numbers One and Eleven.

RECOMMENDED ACTION

Receive report from the Social Services Agency, Department of Family and Children’s Services, relating to the Child Abuse and Neglect Center. (Referral from October 31, 2019, Item Nos. 4 and 7)

REASONS FOR RECOMMENDATION

The Children, Seniors, and Families Committee (CSFC) held a study session regarding the Joint Foster Youth Task Force (JFYTF) recommendations on October 31, 2019. The meeting included updates on the 34 recommendations that endeavor to significantly improve outcomes for children within the County of Santa Clara’s (County) child welfare system. Additionally, a robust discussion was conducted on multiple recommendations during the study session. CSFC provided input on, and posed questions for, several recommendations.

This report provides the committee with updated information and responds to questions posed for JFYTF recommendations number one and eleven: Recommendation #1 - A partnership with Child Abuse and Neglect Center (CANC) and non-profit agencies to provide an immediate and warm hand-offs for families in need (agenda item no. 7) and Recommendation #11 - Establish the County objective to achieve 100% of foster youth receiving timely medical and dental examinations (agenda item no. 4).

**Recommendation 1: A partnership with Child Abuse and Neglect Center (CANC) and non-profit agencies to provide an immediate and warm hand-offs for families in need.**

DFCS was asked to provide an update on prevention and intervention efforts at the earliest level; to report on CANC calls on low-level risk families in relationship to prevention and intervention; and to provide an analysis on other California programs that tackle child abuse prevention and future implementations.

*Prevention Services*
Prevention services are offered to families who have been identified to be at risk of child abuse or neglect but who have no involvement with the County’s child welfare system. These services are managed by DFCS and provided by four contracting agencies. Families are connected to services prior to being called to the attention of DFCS. Three new strategies for this pathway include:

1. School-based programs starting with Gilroy and Morgan Hill Unified School Districts. Status memorandums of understanding are targeted to be completed by January 2020 for immediate launch and acceptance of referrals. After a six-month pilot with these high-needs districts, expansion to other high-needs districts will be explored.

2. Engagement with five First 5 Family Resource Centers (FRCs) where relationships are already under development. By mid-January 2020, training will be provided to First 5 staff on how to make referrals immediately to one of the prevention services contracting agencies. After a six-month pilot with the five FRCs, expansion to the remaining First 5 FRCs will be explored.

3. Social Service Agency referrals from Department of Employment and Benefit Services (DEBS) and In-Home Support Services (IHSS). Exploratory and process design meetings to be held beginning in January 2020 with launch of referrals expected by June 1, 2020.

Prevention efforts/Child Abuse and Neglect Center

Based on a review of other county models within California, Orange County’s Neighbor to Neighbor program appears to be a viable strategy worth consideration. Casey Family Programs is assisting DFCS in securing outcome data for Orange County’s model to ensure that this outreach strategy is resulting in higher family engagement.

Automation of the Child Abuse and Neglect Report

As stated in the December 2019 Semi-Annual Child Abuse and Neglect Center report submitted to the Finance and Government Operations Committee (item no. 14), the Child Abuse and Neglect Center (CANC) has been given the approval to move forward with the Continuing Quality Improvement (CQI) team and Social Services Agency Technology Services and Solutions (SSA-TSS) program to automate the Child Abuse and Neglect Report and screener narrative used by CANC social workers. This new reporting feature would require CANC screening social workers to record call information received from a reporting party into an electronic application. The data entered would ultimately yield a detailed manuscript of the call. The response identified by the screener would either be in-person and entered in the Child Welfare Services/Case Management System (CWS/CMS) or codified so that DFCS can maintain data on calls that do not meet the threshold of child abuse or neglect.

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1 DFCS has agreements for prevention services with Seneca Family of Agencies, Gardner Health Network, Rebekah Children’s Services, and Uplift Family Services.
2 CWS/CMS is a statewide tool that improves the lives of children and families by giving social workers information to improve case work services.
Additionally, while automation of the Child Abuse and Neglect Report and screener narrative is being designed, SSA-TSS is scheduled to relaunch a searchable non-report database through a scanning project. This project would allow staff to search previous reports that do not meet the threshold for child abuse and neglect and forward the reports to DFCS’s Differential Response team for review. It is anticipated that a project manager will be appointed to the project and the effort will begin early in 2020 with a targeted completion date of June 30, 2020.

*Triage and mechanism used for triage*

CANC social worker screeners are responsible for collecting relevant information for a referral via engagement and inquiry with the reporting party. With the information gathered, a CANC social worker makes a response determination. If there is an opportunity, the social worker refers the caller to 211 or agencies for services (e.g. Department of Child Support Services, Mental Health Services Department, Department of Employment and Benefit Services, etc.). An assessment can take anywhere from 20 minutes to more than an hour to complete. Screener social workers may later contact reporting parties if additional information as needed. Additionally, screening social workers are responsible for retrieving and following up on voice mail messages and written referrals when sufficient contact information is provided. Screeners must process the referral based on the information provided. The aforementioned activities must all be processed using the following tools (social worker assessment, Structured Decision Making (SDM) tool, and Online Policy and Procedures including local protocols and depending on assessment outcome, a CWS/CMS referral is generated, or Non-Report).

Referrals that require an in-person follow-up are categorized as Joint Response, Immediate Response, or 10-Day Response. A DFCS Emergency Response social worker would be assigned to respond as follows:

- **Joint Response** require a 60-minute response time and are initiated by a law enforcement agency when child abuse or neglect has occurred or there is a substantial risk of abuse and or neglect. The responding law enforcement officer remains at the scene until there is a determination as how to best protect the child, including whether to place the child into protective custody. The purpose of a joint response is to perform a joint investigation where social worker and officer’s mandates are met with the intent to decrease trauma to the child and family while keeping the child safe.

- **Immediate Response** require a two-hour response time. The social worker responds to the location of the child to assess the health and safety of the child. Depending on the severity and type of injury, or disclosure of abuse by the child, the social worker may call law enforcement for assistance.

- **10-Day Response** is when no immediate risk to the health or wellbeing of a child is presented. DFCS contacts the child within ten days of the report being made. These allegations are less severe and do not appear to pose an immediate health or safety risk to the child.
If a referral does not require an in-person response, it will be categorized as an Evaluate Out or Non-Report.

- **Evaluate Out** - A report was taken and referral was generated, but there was no current abuse or neglect. All referrals are an opportunity for a family to be referred to services by DFCS’s Differential Response staff person – Path I services.
- **Non-Report** – There was no indication of abuse or neglect of a child based on the information reported and/or the alleged abuse or neglect does not fall under DFCS’s jurisdiction.

**Recommendation 11: Establish the County goal to achieve 100% of foster youth receiving timely medical and dental examinations.**

DFCS was asked to provide CSFC with information on medical sign-off rates and time limits for County of Los Angeles’s Department of Children and Family Services. Additionally, CSFC requested that children’s health passports be accessible to families after reunification. Responses to those questions are below.

**County of Los Angeles Timely Medical and Dental Rates**

County of Los Angeles has the practice of parents or guardians signing a medical consent form at the time of removal. This practice has been in place for a number of years and is not recently implemented.

For September 2019, SafeMeasures® data shows that, despite having this practice in place and a focus on family finding, County of Los Angeles had 29% of children in out-of-home placement missing required wellbeing medical exams while the County of Santa Clara had 28% missing wellbeing medical exams. Data regarding dental wellbeing shows that the County of Los Angeles had 41% of children missing exams while the County of Santa Clara had 40% missing for the same time period.

**Healthier Kids Foundation**

DFCS reached out to the Healthier Kids Foundation (HKF) to understand data regarding medical professionals available in Santa Clara County. While the HKF does not have information regarding medical professionals, they were able to provide information regarding dentists who accept DentiCal. HKF updates information every quarter regarding DentiCal dentists who have current availability and is willing to assist the DFCS in tracking and scheduling dental appointments for foster youth. Further exploration regarding a collaboration is planned for early 2020.

**Portability of a Child’s Health and Education Passport**

DFCS mails a copy of a child’s Health and Education Passport to the parents once the child returns home.

**Next Steps**

- Move forward with new prevention strategies and evaluate their progress at regular intervals.
• Continue to evaluate Orange County’s Neighbor to Neighbor model to determine if would be a beneficial program in Santa Clara County.
• Continue to work with SSA-TSS on projects to improve CANC case information collection and reporting.

**CHILD IMPACT**
The recommended action will have a positive impact on the *Every Child Safe, Safe and Stable Families* indicator by ensuring information that would impact the safety and wellbeing of children and families is received.

**SENIOR IMPACT**
The recommended action will have no/neutral impact on seniors.

**SUSTAINABILITY IMPLICATIONS**
The recommended action will have no/neutral sustainability implications.

**BACKGROUND**
The mission of the DFCS is to keep children safe and families strong. DFCS recognizes that the best way to confront child abuse and neglect is to prevent it from happening in the first place.

DFCS’s Prevention Bureau focuses on strategies to help children by surrounding them with healthy parental, family, and community-based relationships that are physically and emotionally safe, respectful, supportive, and never violent or abusive. Recognizing the enormity of such efforts, DFCS has directed its focus on expanding interconnections across a broader circle of system partners to bring better service alignment and more deliberate and collective support to families and children.

DFCS’s CANC serves as the central call center for reports relating to child abuse and neglect in Santa Clara County. The CANC is dedicated to providing efficient and effective services to the community. From January 1, 2019 through October 31, 2019, the CANC received 23,157 calls from law enforcement, mandated reporters, and members of the public. CANC social worker screeners identify the types of allegations being reported, whether the facts presented meet the legal definition of child abuse and neglect, and whether there is sufficient evidence and information that would warrant additional DFCS involvement. Referrals that do not meet the statutory definition of abuse or neglect, but which indicate that a family could benefit from, are transferred to DFCS’s Prevention Bureau for further review and for possible connections to services.

Ensuring timely dental and medical exams for all children in the County’s child welfare system is a high priority for DFCS. Regular status reports regarding DFCS’s efforts to improve the timeliness in which children receive medical and dental services are provided to CSFC. These reports identify resource needs, current efforts relating to timely medical and dental exams, results and works in progress, as well as action plans to improve outcomes.

On November 15, 2015, CSFC and the Santa Clara County Board of Education (SCCBE) addressed ways to improve outcomes for foster children. At that meeting, SCCBE requested...
that the County form a Joint Foster Youth Task Force as a means to collaborate to ensure the wellbeing and successful trajectory of all children within the child welfare system. On December 18, 2018, the County’s Board of Supervisors approved the JFYTF recommendations. On October 31, 2019, CFCS received status updates on multiple JFYTF recommendations.

**CONSEQUENCES OF NEGATIVE ACTION**

The report will not be received as a consequence of negative action.

**STEPS FOLLOWING APPROVAL**

The Clerk of the Board will follow the usual process for this type of legislative file.

**LINKS:**

- Linked To: 99521: Receive semi-annual report from the Social Services Agency, Department of Family and Children's Services, relating to the Child Abuse and Neglect Center.
DATE: January 9, 2020
TO: Children, Seniors, and Families Committee
FROM: Robert Menicocci, Social Services Agency Director

RECOMMENDED ACTION


REASONS FOR RECOMMENDATION

The Department of Family and Children’s Services (DFCS) submits an out-of-home placement report annually to the Children, Seniors, and Families Committee (CSFC). The fiscal year (FY) 2018-2019 report provides an overview of the demographics of children, ages 0 through 17, in out-of-home placement and reviews services available to children and families that support reunification, stable placements, and successful transitions out of the child welfare system.

Highlights of the report include:

- A new tool, the Child and Adolescent Strengths and Needs Assessment, has been added to the Child and Family Team meeting process, providing a more in-depth understanding of how families might be served.
- In May 2019, the DFCS launched DFCSlink, a technology platform designed to assist staff with the completion of paperwork. One mobile form has been launched and the automation of referrals to the Public Health Department’s Home Visitation program has been piloted. The DFCS continues to collaborate with SSA’s Technology Services and Solutions to automate all DFCS forms.
- Meetings between San Andreas Regional Center and the DFCS are now held monthly, rather than the previous quarterly basis.
- Ethnicity and age ratios of children first entering the child welfare system in FY 2018-2019 were similar to the previous fiscal year.
- The number of children served with Special Funds and Victim Witness funds was similar to the previous fiscal year. Special Funds provide for a variety of activities for children,
such as summer camp and ice skating lessons, and provide monies for items such as school pictures and graduation caps and gowns. Victim Witness provides individual and family counseling services to victims of crime and is available to child victims of abuse or neglect.

Data for this report was obtained from sources that include:

- Child Welfare Services/Case Management System (CWS/CMS)
- SafeMeasures©
- DFCS’s Placement Bureau
- Contracted agencies

**CHILD IMPACT**

The recommended action will have a positive impact on the Safe and Stable Families indicator by providing CSFC with an annual report that provides an overview of children in out-of-home placement and services provided that may inform policy in serving this population.

**SENIOR IMPACT**

The recommended action will have no/neutral impact on seniors.

**SUSTAINABILITY IMPLICATIONS**

The recommended action will have no/neutral sustainability implications.

**BACKGROUND**

The mission of DFCS is to keep children safe and families strong. In carrying out this mission, DFCS partners with the community to create safe and stable homes for children under its supervision. The family’s circle of support plays a major role in this effort. Made up of youth, parents, extended family, service providers, and community members, the circle of support shares in the care of children, provision of services to families, and establishment of safe environments.

Children are placed in out-of-home care by order of the juvenile dependency court when determined that they cannot be safely maintained with their families of origin. While in placement, supportive services and resources are provided to children while their parents address safety and risk concerns that brought their families to the attention of the child welfare system.

DFCS prepares monthly factsheets that are provided to the County of Santa Clara’s Board of Supervisors. The factsheets provide information on several programs within DFCS, including the number of children in out-of-home placement and in each service program area, as well as the number of children in group homes and short-term residential therapeutic placements.

**CONSEQUENCES OF NEGATIVE ACTION**

The Out-of-Home Placement report for fiscal year 2018-2019 would not be received as a consequence of negative action.

**STEPS FOLLOWING APPROVAL**
The Clerk of the Board will follow the usual process for this type of legislative file.
DATE: January 9, 2020
TO: Children, Seniors, and Families Committee
FROM: Robert Menicocci, Social Services Agency Director
SUBJECT: Report on In-Home Supportive Services Staffing Recommendations

RECOMMENDED ACTION
Receive report from Social Services Agency, Department of Aging and Adult Services, relating to In-Home Supportive Services staffing recommendations.

REASONS FOR RECOMMENDATION
On October 16, 2019, the Children, Seniors, and Families Committee (CSFC) received an annual report from the Social Services Agency, Department of Aging and Adult Services, relating to the In-Home Supportive Services (IHSS) Public Authority for 2018-2019 (Item No. 7). Under advisement from that meeting, the Committee requested that Administration provide a report relating to IHSS staffing recommendations to solve ongoing workload issues, consumer and provider turnover, classification and duties of IHSS providers, increased support for hiring providers and improving service response time for clients, and employee satisfaction and work satisfaction.

CHILD IMPACT
The recommended action will have no/neutral impact on children and youth.

SENIOR IMPACT
The recommended action will have no/neutral impact on seniors.

SUSTAINABILITY IMPlications
The recommended action will have no/neutral sustainability implications.

BACKGROUND
Application Readiness Classifications
The Application Readiness Unit currently comprises one Eligibility Work Supervisor, six Program Services Aides, two Client Services Technicians, and one Eligibility Worker II. The Application Readiness Unit is responsible for processing all incoming referrals that come into IHSS, referring out applicants who do not qualify, answering limited questions
regarding Medi-Cal eligibility, and assisting providers with completing their Workers’ Comp Claims.

In 2018, an Arbitration Decision involving the Program Services Aides determined the Program Services Aides were performing work duties not suitable for their classification. As a result, those duties were immediately removed from the Program Services Aides and assigned to the Eligibility Work Supervisor. The limitations within the classification of Program Services Aides has proven to be an impediment to the IHSS recipient receiving a phone call to collect the demographic information necessary to initiate an IHSS application and providing quality services at the front end of IHSS.

In November 2019, The Department of Aging and Adult Services requested an Executive Initiated Classification Study. This classification study, conducted by an outside party, will examine the appropriateness of our Program Services Aides and whether they should remain as Program Services Aides or if they should be classified otherwise. This process will take some time to complete, but it is the necessary next step in addressing the backlog of work that is created partially by a classification that no longer functions in the most efficient way.

While the Executive Initiated Classification Study is pending, IHSS will be requesting to augment the Application Readiness with one Client Services Technician. This position in this unit will work in the capacity of the Program Services Aides. In addition, the Client Services Technician will screen applicants for qualification purposes, recommend applications to be denied if they do not qualify for services, and recommend actions to be taken by the assigned intake Social Worker for an intake home visit assessment. A Client Services Technician will deliver a more complete application to the Social Worker who will conduct the assessment and consider the recommendations given by the Client Services Technician.

Efficiencies

Additionally, the CSFC is aware that our response time to prospective IHSS recipients is 10 business days at best. As the caseloads grow, the need for support staff to answer and return phone calls, attend to voice mails from the public, and address payroll matters also increases.

IHSS has been participating in a Continuous Quality Improvement (CQI) project to examine the office workflow and identify areas of improvement and efficiency. The CQI discussions revealed areas we could improve with existing staff and many have already been implemented. A process map has been created, data information sharing has increased from clerical staff to the Program Services Aides, and a necessary form has been provided to our staff in Vietnamese overall improving the services to our applicants. Our goals are to decrease the wait time for an intake home visit assessment, reduce phone call volume, and increase our reassessment compliance with CDSS.

Workload

As the aging population continues to increase in Santa Clara County, the IHSS Program caseload has also shown a steady growth rate of about 3-6% with each passing year. IHSS is unable to conduct approximately 2,000 home visits in a year due to the caseload growth rate. Also, the California Department of Social Services (CDSS) requires annual face to face
reassessments of each IHSS case. The Santa Clara County IHSS program has recently dropped below the CDSS minimum reassessment rate of 80% and continues to drop by approximately 1.16% per month. Historically, IHSS has not had nor is currently sufficiently staffed with Social Workers to complete the required CDSS minimum reassessments.

Santa Clara County In-Home Supportive Services (IHSS) currently has an active caseload of 25,871 recipients with 25,321 care providers. IHSS is currently allocated 85 Social Worker staff. Currently, each IHSS Social Worker carries an average caseload of 345-355. In addition, Santa Clara County IHSS averages 415 new intake applications per month which are ready for intake home visits. Furthermore, the rate of new intake application continues to surpass the closure rate by nearly an average of three times. IHSS needs at least 19 additional Social Worker II/I’s and two Social Work Supervisors to reduce the time to complete the intake process in a timely manner and to meet the state annual assessment timelines. According to CDSS, the ideal timeline for a social worker to conduct the intake home visit is 45 days following the date of the application.

Currently, each IHSS Social Worker carries an average caseload of 345-355. In addition, Santa Clara County IHSS averages 415 new intake applications per month which are ready for intake home visits.

As of December 2019, IHSS is at 75.76% compliance on annual required CDSS minimum reassessments. In the past, CDSS imposed a corrective action plan when Santa Clara County fell to a 79.9% compliance. The corrective action usually involves a monthly monitoring and justification of efforts to reach 100% compliance rate. Out of 58 counties, Santa Clara is ranked as county 55.

**CONSEQUENCES OF NEGATIVE ACTION**

The CSFC would not receive the In-Home Supportive Services Staffing Recommendations Report.

**STEPS FOLLOWING APPROVAL**

The Clerk of the Board will follow the usual procedure for a report of this type.

**LINKS:**
- Linked To: 98643 : Receive annual report from the Social Services Agency, Department of Aging and Adult Services relating to the In-Home Supportive Services Public Authority for 2018-2019.

**ATTACHMENTS:**
- IHSS Leg File 2020 PowerPoint (PDF)
Social Services Agency
Department of Aging and Adult Services
In-Home Supportive Services

Children, Seniors, and Families Committee
January 9, 2020
Requested FY 21 IHSS Positions = 26

- 19 Social Worker I/II’s
- 2 Social Work Supervisors
- 1 Client Services Technician / Office Specialist III
- 1 Client Services Technician
- 1 Account Clerk II
- 1 Data Office Specialist
- 1 Administrative Assistant
IHSS Program Growth

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Santa Clara County, Large Counties and Statewide Trend Comparisons

- Provided by CDSS QA Monitoring Review Visit
  - December 2019

- Santa Clara County peaked in performance FY 2016-18
  - Hired 3 new social worker units
  - New SEIU 521 contract explaining social worker home visit expectations

- Current FY is Santa Clara County lowest performance
  - Arbitration Decision re: bilingual cases
  - SEIU 521 Sideletttter Agreement July 2019
Long Term IHSS Goals

- Meet CDSS minimal overdue reassessment compliance of 80%
- Decrease wait time for intake assessment
- Reduce phone volume
- Maintain staff in proportion to projected caseload growth rate
- Screen applicants prior to creating a new case
- Capture relevant data to maximize efficiency
- Implement Continuous Quality Improvement recommendations
Notice to the Public

Please be advised that Supervisors Dave Cortese and Cindy Chavez preside over both the Children, Seniors, and Families Committee (CSFC) and the Finance and Government Operations Committee (FGOC), and constitute a quorum of both Committees.

This meeting was therefore noticed as both a CSFC and FGOC meeting. However, this meeting focused on items under the purview of the Children, Seniors, and Families Committee.

Opening

1. Call to Order.

Chairperson Chavez called the meeting to order at 4:04 p.m. A quorum was present.

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<th>Title</th>
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<tr>
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<tr>
<td>Dave Cortese</td>
<td>Vice Chairperson</td>
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2. Public Comment. (ID# 99658)

One individual addressed the Committee.

3. Approve Consent Calendar and changes to the Committee's Agenda.

Item No. 4 was added to the Consent Calendar.

3 RESULT: APPROVED AS AMENDED [UNANIMOUS]

MOVER: Dave Cortese, Vice Chairperson
SECONDER: Cindy Chavez, Chairperson
AYES: Chavez, Cortese
Regular Agenda - Items for Discussion

4. Receive report from the Office of the County Executive relating to the semi-annual Intergovernmental Relations report.  (ID# 99446)

   Added to the Consent Calendar at the request of Chairperson Chavez.

4 RESULT:  RECEIVED

5. Receive quarterly report from the Office of the County Executive and the Facilities and Fleet Department relating to the Vietnamese American Service Center.  (ID# 99439)

   Roberto Mendoza, Capital Projects Manager, Facilities and Fleet Department, provided a presentation outlining the project schedule for the Vietnamese American Service Center.

5 RESULT:  RECEIVED

6. Receive annual report from the Office of Immigrant Relations relating to recent activities and services.  (ID# 99477)

   Three individuals addressed the Committee.

   Mike Gonzalez, Interim Director, Office of Immigrant Relations (OIR), Milina Jovanovic, Immigrant Services Coordinator, OIR, and Katalin Robles, Senior Management Analyst, Office of the County Executive, provided a presentation summarizing Fiscal Year 2019 OIR activities, programs, and projects, including an overview of operations performed by OIR staff and community partners in various areas of immigration services based on agreements with the County.

   Chairperson Chavez requested that Administration provide an assessment of OIR legal service contracts for Board consideration on date uncertain, and clarify funding allocations and associated charges for legal services provided to undocumented clients.

6 RESULT:  RECEIVED

7. Receive annual report from FIRST 5 Santa Clara County.  (ID# 99558)

   Jolene Smith, Chief Executive Officer, FIRST 5 Santa Clara County (FIRST 5), Tyson Jue, Chief of Communications and Special Projects, FIRST 5, and Tracey Hause, Chief of Finance and Administration, FIRST 5, provided a presentation outlining the Fiscal Year 2018-2019 FIRST 5 report, including client services, proposed Sustainability Plan, annual revenue portfolio, partnerships, and initiatives.

7 RESULT:  RECEIVED

8. Receive report from the Office of the County Executive and County Counsel relating to options for implementing a basic income pilot program for current...
Two individuals addressed the Committee.

Brian Darrow, Program Manager III, Office of the County Executive, and Sandhya Hermon, Deputy Director, Program Support, Research and Evaluation, Social Services Agency, provided a presentation relating to implementing a Universal Basic Income (UBI) pilot program for foster youth.

Vice Chairperson Cortese requested that Administration contact Gisele Huff, President, Gerald Huff Fund for Humanity, and the University of Notre Dame Wilson Sheehan Lab for Economic Opportunities relating to possible UBI grant opportunities and partnerships.

Vice Chairperson Cortese requested that Administration report to the Committee in March 2020 relating to options and recommendations to proceed with the pilot program, including income thresholds and requirements, for lengths of one year, 18 months, and two years.

Chairperson Chavez requested that Administration report to the Committee in March 2020 with a summary of the studies, efforts, and subsequent outcomes of other relevant jurisdictions that provide an auto-reinvestment into the community analogous to UBI from revenues generated from the use and exploration of natural resources, such as the Alaska Permanent Fund Dividend.

The Committee requested that Administration report to the Committee in March 2020 with options to implement a program evaluation model without denying assistance to a control group to measure outcome data.

8 RESULT: RECEIVED

9. Receive report from the Social Services Agency, Department of Family and Children’s Services, relating to prevention efforts to support child safety and well-being, and to prevent maltreatment of children and their entry to the child welfare system. (ID# 95318)

Nineteen individuals addressed the Committee.

Rocio Abundis, Program Manager, Department of Family and Children's Services (DFCS), Social Services Agency, provided a presentation summarizing activities of the DFCS Prevention Bureau, including participation in the Well-Being Project, prevention pathways, and community outreach and education.

Chairperson Chavez requested that Administration provide an off-agenda report on date uncertain relating to aggregate data retained by the Child Abuse and Neglect Center to identify the appropriate interventions for families.
Chairperson Chavez requested that Administration report to the Committee prior to the next child welfare system update relating to discussions among County social justice offices regarding contract management, organizational alignment, contract structure, and opportunities for leverage.

**9 RESULT: RECEIVED**

**10. Receive verbal report from Director, Social Services Agency.**

Robert Menicocci, Director, Social Services Agency, provided a verbal report relating to donation opportunities for foster children and families in need.

**10 RESULT: RECEIVED**

**11. Receive verbal report from Director, Department of Child Support Services.**

Regina Martin, Deputy Director, Department of Child Support Services, advised of efforts to restructure the Superior Court calendars to match the case load and associated staffing for child support cases starting in January 2020.

**11 RESULT: RECEIVED**

**Consent Calendar**

**12. Approve minutes of the October 16, 2019 Regular Meeting.**

**12 RESULT: APPROVED [UNANIMOUS]**

**MOVER:** Dave Cortese, Vice Chairperson  
**SECONDER:** Cindy Chavez, Chairperson  
**AYES:** Chavez, Cortese

**Adjourn**

**13. Adjourn. The next meeting of the Children, Seniors, and Families Committee that focuses on items under the purview of the Children, Seniors, and Families Committee is on Friday, December 20, 2019, at 10:00 a.m. in the Board of Supervisors' Chambers, County Government Center, 70 West Hedding Street, San Jose.**

Chairperson Chavez adjourned the meeting at 6:09 p.m.

Respectfully submitted,

Colin Kutch  
Deputy Clerk of the Board