Minutes

1. The meeting was called to order at 9:02 a.m. by Chair, Andrew Cain. A quorum was present. Committee members in attendance: Andrew Cain, Penny Blake, Carol Rhoads, Fran Bergman Naylor, Steve Baron, Stacy Castle, Mary Ritter, Jane Odell, Marlene Sturm, Suzanne Frank, Theresa Bovey, and Carmen Castillo. Others present: Anthony Pham, Wendy Kinnear-Rausch, and Julie McKellar.

2. Public Comment: Wendy Kinnear-Rausch noted that Dan Little is now the Interim Director of DFCS. Wendy is now an Assistant Director. There are now domino vacancies in upper management. Entities can express interest in participating in the hiring process. There are three levels of panel interviews. Time frame- Wendy is getting the list for the higher level positions. The CAPC retreat is Friday, 1/10.

3. November’s committee meeting minutes were approved. (Motion Jane Odell; Second: Steve Baron; Approved: All)

4. Discuss / Approve Committee Business
   A. ICC Work Plan FY 2021
      i. Needs to be approved at next ICC meeting, 2/12.
      ii. Consider any additional or changed goals and proposed activities between now and next meeting.
      iii. This year there will be an additional 60k for committees to use. Historically ICC has not asked for money, other than $600.00.
      iv. Comments: Be sure goals/activities incorporate or specifically call out involvement with CAC creation, oversight of RAIC, report out on Differential Response from DFCS and CBO providers to get specific data on referrals and completion rates.
   B. Approve Committee Member Roster- deferred to February
   C. RAIC Update- Wendy Kinnear-Rausch provided information regarding the RAIC:
      i. Where things stand: On 9/30 DFCS decided to keep younger kids and new intakes at the RAIC separated from youth needing higher level of care. Wendy Kinnear-Rausch moved to RAIC oversight in October 2019 to address ongoing RAIC issues. As of 1/1/2020 there are no kids at the Enborg RAIC. Today, new kids are initially taken to 725 E. Santa Clara (Keiki). Increased efforts are being made to move straight from removal to placement. The process is fluid. In addition 353 W. Julian Street has a room originally designated for family visitation w/ a sink and microwave that will be purposed to be a transition space when there will only be a few hours after removal and before placement (eg. courtesy hold for several hours for...
another county, someone getting off of work to come pick up child). There
are no beds and no sleeping at Julian.

ii. All children are now going to Keiki after removal if not directly to placement.
In the last three weeks only three came to Keiki at three different times. All
others have been diverted to placement/relative care.

iii. County looking at lease opportunities as satellite locations. Three houses
leased, signed, within Santa Clara County. The model is that the County is
providing space, a CBO providing the professional parent for the home. This
could be for those kids needing more than 23 hours, 59 minutes before
placement. Doing all paperwork to comply with licensure.

iv. DFCS is holding on to the County three-day “shelter” license but building a
system that is 23 hours 59 minutes.

v. DFCS is working upstream to plan for 3 and 7 day notices, warrants. DFCS is
piloting paying more for emergency placements. DFCS is trying to more
seamlessly support placements and looking at barriers (ie. transportation)

vi. Discussion about medical exams for removed children. Wendy noted that law
enforcement placing into p.c. should be calling for a joint response with info
about the kids. While sw going to the scene, placement sw starts working.
SW at the scene should get a medical consent signed by parents (barrier is if
parent already arrested and unavailable). If child placed, notification given to
SPARK clinic and care givers contacted to take child to SPARK. An additional
step is to get the care giver to take the child to SPARK and for a behavioral
health screening. Transportation is an issue. Hop Skip and Drive being used
for transport but issues identified- more being spent on rides canceled by
care givers than for rides.

vii. Concern expressed by committee member about filings being down- are
kids not being placed into p.c.? If not, what is happening with diversion?
What is the data?

viii. Concern expressed by committee member that oversight might be lost with
using CBO services. Wendy noted that there are 8:30 a.m. phone calls every
day with Probation, Behavioral Health, sw, and CBOs to talk about any child
coming into care. Over last three months Wendy has handled/observed 75%
of the kids coming into care to see where things are stuck, what is working.
Care giving by CBOs- FFAs, therapeutic foster care, professional parents,
ITFCS. Wendy will provide printout of these options.

ix. Concerns expressed by committee member- Is there pressure to divert rather
than file/place because of how difficult it is to find placement? Why is
emergency placement better than waiting for the first and best placement?
Medical exams are critical in deciding all the next courses of action. Wendy
noted that placing at an emergency foster home is better than waiting in
congregate care for same thing. Wendy noted that child is supposed to get
to SPARK within 48 hours of removal. Data being gathered on that. She
further noted that consistency is needed with using safety planning and
RSDM in the field by social workers.
x. What is vision in 18-24 months- that DFCS operate a receiving and intake center and, if so, will it be Keiki? Wendy- DFCS is looking for space for a Keiki alternative and is in discussions with CBOs.

xi. Committee member requests that the same data that had been provided for Enborg (now Keiki and other) be collected and provided in monthly reports.

xii. “Blind removals” raised by committee member as a practice in other jurisdictions.

xiii. Wendy is coaching and supporting those moving into the ongoing work. Alma Duarte is acting manager over care of the children coming into care (Keiki). Misty McNay is manager over placement options. Cheryl Thomas-Washburn will move back into the role Alma Duarte is handling. Probation still a partner and available as needed. Psychotropic public health nurse will come on site when kids come into care on medications. Supervisor positions will be added to do the ongoing intake/RAIC work.

xiv. When is probation involvement appropriate? Wendy noted it is appropriate when there is a DIY placement disruption and otherwise on a case by case. There is probation consultation vs. going out with the social worker.

xv. Regional Center- Wendy noted there is discussions with the state to better understand roles as they see themselves as “agency of last resort” when DFCS is involved vs. SARC eligible child when DFCS not involved. Need increased partnership. DFCS has its first youth in SARC START program (wrap around types services).

xvi. CSEC- Mary Ritter noted that when kids come in, they have option for a medical exam at the hospital regardless of future status (filing, release).

xvii. DFCS is committed to supporting the CAC as a key player.

xviii. Wendy expressed commitment to maintain continued focus and monitoring on the RAIC and to be held accountable. In return Wendy asked for support, partnership.

xix. Andrew Cain asked for CAPC next steps suggested by ICC Committee members:

1. CAPC should be following the statistics closely. Should a person be identified? Or a committee? Steve Baron identified. Steve makes a request of Wendy: Tracking medical exams for each child removed, when the medical exam occurs and who did it.

2. Have Wendy come back with updates. Wendy commits to coming to ICC monthly meetings.

D. Youth Voice Work Plan - To move forward someone needs to be dedicated to oversee the action items. Press conference in Sacramento to create statewide youth advisory council as part of governor’s office. Probation has youth advisory council and Andrew would like to see DFCS have a mirror council. Committee funds could be available to facilitate the work plan if in the ICC budget.

E. Existing resource directories for child abuse prevention resources- Carol Rhoads reports that the DIY subcommittee is discussing how to have a county-wide resource list that partners can populate. Patty Irwin from DFCS/CAST will report to the Under-14 subcommittee 1/14 and Carol will report back.
F. Child Sexual Abuse Prevention Task Force Update- The task force will continue through this year to focus on two areas- family court system and the CAC.

G. CCR Update-
   i. Steve Baron noted that DFCS Differential Response via CBOs (Gardner, UPLIFT and Rebekhas) provide services referred by DFCS for voluntary services or if an allegation is unfounded and to post-adoption and post dismissal cases. There is an 8% engagement rate with “no investigation” cases. There is over 30% engagement rate when there was an investigation. Steve would like feedback on this program to ICC. Steve, Andrew and Anthony Pham will talk offline about getting the data.
   ii. There are now 6 STRTP beds in county and all other beds are out of county. How can ICC provide an advisory role? One suggestion is that this can be addressed by regular meetings by CAPC Chair with DFCS to get updates or raise as a concern and request for report-back.

H. Medical Update- Why is SPARK not available on the weekends? The next all-county SCAN will be on Monday 1/13 at Kaiser Santa Clara. Issue of oversight of ACES training and screening reimbursement protocol mentioned. Online training available at acesaware.org. Andrew will report back.

5. Items for future agendas- No additional
6. Announcements- None
7. The meeting adjourned at 10:32 a.m. The next ICC meeting is February 12, 2020.