

Management Audit of the County of Santa Clara Adult/Adolescent Sexual Assault Forensic Exam Program

**Prepared for the Board of Supervisors of the
County of Santa Clara**

November 30, 2021



**Prepared by the
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November 30, 2021

Supervisor Otto Lee, Chair
Supervisor Cindy Chavez, Vice Chair
Board of Supervisors' Finance and Government Operations Committee
70 West Hedding Street San Jose, CA 95110

Dear Supervisors Lee and Chavez:

We have completed the Management Audit of the Adult/Adolescent Sexual Assault Forensic Exams (SAFE) program. This audit was added to the Management Audit Division's FY 2021-22 work plan by the Board of Supervisors of the County of Santa Clara, pursuant to the Board's power of inquiry specified in Article III, Section 302(c) of the Santa Clara County Charter. This audit was conducted in conformity with generally accepted government auditing standards as set forth in the 2018 revision of the "Yellow Book" of the U.S. Government Accountability Office. The audit commenced with an entrance conference on July 29, 2021, and a confidential draft report was furnished to program management and other relevant parties for review and comment 72 days later, on October 8, 2021. The report contains five findings and 12 recommendations. The estimated known increased cost to implement all recommendations is up to \$119,475 per year. Other recommendations could result in additional costs that are undetermined.

In the attached responses to this audit, the SAFE program management agrees with all 12 recommendations. One recommendation is directed to the Board of Supervisors.

If implemented, the recommendations would:

- Amend the Santa Clara County Sexual Assault Protocol to define minimum facility requirements and expectations of SAFE response locations and include information about new SAFE Program response sites, these sites' respective workflows, and training expectations for program partners, and add an Extra-Help position to assist with this effort, as well as meeting planning and facilitation, establishing training schedules, and coordinating with agency partners.
- Identify private space at St. Louise Regional Hospital, outside of the SAFE exam room, that can be used for patient interviews and waiting space for those who accompany patients when SAFE exams commence there.

Board of Supervisors:

Mike Wasserman
District 1

Cindy Chavez
District 2

Otto Lee
District 3

Susan Ellenberg
District 4

S. Joseph Simitian
District 5

County Executive: Jeffrey V. Smith

- Amend the County's agreement with Stanford Health Care to specify the facilities that are committed for use by the SAFE Program at Stanford Hospital.
- Assess the Program's progress in hiring and retaining new staff for its growing number of patients, and whether changes are needed to adequately staff the program; and resume and expand partnerships with universities to provide in-person simulated and hands-on training and continuing education.
- Provide support services to address/prevent SAFE program employee burnout.
- Develop a strategic plan for the SAFE Program that outlines the Program's strategic priorities, goals, and milestones.
- Provide printed materials in several languages that sexual assault patients can review while they await the arrival of the SAFE nurse.

We would sincerely like to thank SAFE program management and staff for their timely, helpful, and professional assistance throughout this audit. We would also like to thank Stanford Health Care for its cooperation and assistance.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read "Cheryl Solov".

Cheryl Solov
Management Audit Manager

CC: Supervisor Mike Wasserman
Supervisor Susan Ellenberg
Supervisor S. Joseph Simitian
James R. Williams, County Counsel



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Executive Summary

Section 1: SAFE Program Response Locations

The U.S. Department of Justice's national protocol for sexual assault medical forensic examinations states that exam sites should provide patients with private and secure waiting areas, exam rooms, and areas for interviews. The Adult/Adolescent Sexual Assault Forensic Exam (SAFE) Program's response location at Santa Clara Valley Medical Center (SCVMC) in San Jose has a dedicated building for the SAFE Program as well as designated waiting space in the emergency department. At the commencement of this audit, the SAFE Program response location at Stanford Hospital in Palo Alto had a designated, but not dedicated, private waiting area, exam room, and bathroom and shower facility. During our fieldwork, Stanford was planning permanent renovations and implementing interim improvements to the spaces used by the SAFE Program to create dedicated space for the SAFE Program, including a dedicated waiting space and exam room. The County should amend its agreement with Stanford Health Care to include specific language related to the facilities that are committed for use by the Program at Stanford to ensure that changes underway will meet expectations when complete and that any future needs will be addressed contractually. In contrast to both the SCVMC and the Stanford response locations, the planned SAFE Program response location at St. Louise Regional Hospital in Gilroy, which is anticipated to open by the end of 2021, does not have either a designated or dedicated private patient interview space outside of the exam room or a waiting area for individuals accompanying the patient. The SAFE Program and St. Louise Regional Hospital should work to dedicate or designate private space, outside of the exam room, that can be used for SAFE Program waiting areas and interviews. Neither the County's Sexual Assault Protocol nor its agreement with Stanford Health Care specify the facility requirements for SAFE response locations. The County's Sexual Assault Response Team (SART) Committee should amend the County's Sexual Assault Protocol to define minimum facility requirements for SAFE response locations.

Section 2: Adequate Staffing of SAFE Nurses

The SAFE Program projects that by the end of 2021, the number of SAFE exams performed annually will have increased by 116 percent from 2015 to 2021. In addition to higher exam volumes, the Program has undergone significant service expansion since 2019, including increased on-call staffing hours, the opening of new response locations, and the addition of forensic examinations for survivors of strangulation, all concurrent with the COVID-19 pandemic. During this period of growth, the SAFE Program has not been able to increase its nurse staffing to match its expansion. According to SAFE Program leadership, staffing and retention of SAFE nurses are ongoing challenges due to the difficult nature of the work, the training requirements and limited availability of medical forensic training, and employee burnout. As a result of increased demand for services and stagnant staffing, SAFE nurses are working more on-call hours and conducting more exams, which may result in patients experiencing longer response times and delays in accessing care, as well as SAFE nurse burnout and higher attrition. As of October 2021, the County was in the process of transitioning to an in-house staffing model and plans to hire on-call SAFE nurses as County employees by December 2021. By June 2022, the SAFE Program should evaluate and report to the Board of Supervisors on the Program's success at hiring SAFE nurses as County employees, and assess whether additional compensation or other incentives are needed to attract and retain SAFE nurses. The Program should

also monitor whether SAFE nurses incur non-reimbursable training costs. As soon as reasonably possible, the Program should resume and expand its efforts to schedule local in-person SAFE trainings and simulations. Finally, the Program should work with the Employee Services Agency and the County's Employee Assistance Program to explore opportunities to provide additional support to SAFE Program nurses to reduce burnout and attrition.

Section 3: SAFE Program Growth and Long-Term Planning

The SAFE Program has recently undergone significant expansion in both its response locations and its provision of services, as well as changes to its staffing model. Demand for SAFE Program services has increased since at least 2015, and the Program is being asked to provide additional services, open new response locations, and serve a broader population than it ever has before. However, the SAFE Program has no long-term strategic plan or guiding document to establish Program goals, outline its major initiatives and timelines, and formalize what is feasible and sustainable for the Program to accomplish. A strategic plan would also communicate this information to the Board of Supervisors and the Program's agency partners. As the Program responds and grows to meet an increasing need for its services, without a formal long-term plan there is a risk that the Program takes on too much at one time, over-extends its staff, or inefficiently manages its resources, all of which have the potential to impact the patient experience as well as the overall sustainability of the Program. The SAFE Program should develop a strategic plan or long-term plan for the SAFE Program that outlines its strategic priorities, goals, and milestones. Given the Program's significant period of transition during the fall and winter of 2021, we recommend that this strategic planning process not begin until at least January 2022.

Section 4: Information and Materials Provided to Patients

Upon arrival at SAFE Program response location, patients wait for the arrival of the SAFE nurse, a sexual assault survivor advocate, and/or law enforcement, as well as medical clearance, before beginning the SAFE exam. According to a Process Map and Time Study Report released in January 2020, patients wait on average three and a half hours between the time of arrival at the hospital and the beginning of the SAFE exam. The SAFE Program does not currently provide written materials to patients that describe the SAFE exam process, including information about what the patient can expect and the estimated time for the exam, for the patient to review while the patient waits for the SAFE nurse to arrive or before beginning the SAFE exam. The U.S. Department of Justice's national protocol for sexual assault medical forensic examinations recommends that health care providers and other responders provide information that is easy for patients to understand, in the patient's language, that can be reviewed at their convenience. In addition, a recent survey of survivors of sexual assault in Santa Clara County found that some respondents would have liked to receive more information about the SAFE exam earlier in the process. The SAFE Program should prepare a packet of materials for SAFE patients to review and reference before, during, and after their SAFE exam. The SAFE Program should distribute these materials to all Program response locations and update workflows to ensure that these materials will be given to patients as soon as they identify as victims of sexual assault. These materials should be provided to patients to keep and should be translated into, at minimum, Spanish and Vietnamese, consistent with the County's Language Access Guidelines and Procedures and Board Policy 3.58, and into additional languages according to needs identified by the Program.

Section 5: SART Committee Operations and Sexual Assault Protocol

The SAFE Program is part of Santa Clara County's interagency Sexual Assault Response Team (SART) Committee, which provides a forum for interagency coordination and making improvements to the local sexual assault response system. In 2019, the SART Committee published the County of Santa Clara Sexual Assault Protocol, which describes the roles and responsibilities of the primary agencies involved in responding to a sexual assault. Although the Sexual Assault Protocol states that it should be reviewed and updated annually, it has not been updated since 2019. Because the County has opened new SAFE Program response locations since the Protocol's publication, the document does not contain current information about all SAFE response locations. Separately, while the Protocol acknowledges that member agencies will provide and participate in cross training opportunities, it does not detail a training schedule. Lastly, the Protocol lacks detailed information on how the County can support the needs of specific populations, such as patients with limited English proficiency, patients with disabilities, or patients from different cultural groups, in the County's response to sexual assault. The SAFE Program should work with the SART Committee to update the Protocol to include the additional SAFE Program response locations, training expectations for partners, and detailed plans on how partners ensure access to culturally competent services for specific populations. The County should create and hire an extra-help position to assist with updating the Protocol, SART Committee meeting planning and facilitation, establishing training schedules, and coordinating partners. This position could be located in the Office of Gender-Based Violence Prevention.

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Introduction

INTRODUCTION

This management audit of the Adult/Adolescent Sexual Assault Forensic Exam (SAFE) Program was added to the Management Audit Division's Fiscal Year 2021-22 work plan by the Board of Supervisors, pursuant to the Board's power of inquiry specified in Article III, Section 302(c) of the County of Santa Clara Charter, via approval of a Board Referral at the June 22, 2021 Board of Supervisors meeting.

PURPOSE, SCOPE, AND OBJECTIVES

The purpose of the audit was to evaluate the Adult/Adolescent SAFE Program operations at the Santa Clara Valley Medical Center (SCVMC) Hospital in San Jose ("SCVMC") and Stanford Hospital in Palo Alto, as well as planned operations at St. Louise Regional Hospital in Gilroy; to compare program operations to best practices; to identify potential areas for improvement; and to assess whether the workflow, facilities, practices, equipment, and level of service provided at the Santa Clara County SAFE Program locations (SCVMC, Stanford Hospital, and St. Louise Regional Hospital) are comparable across locations.

Work on this audit began with an entrance conference on July 29, 2021, and a draft report was issued to the department on October 8, 2021. We also provided the draft audit report to the County's Office of the County Counsel. We also provided Section 1, starting on page 27, *SAFE Program Response Locations*, and Attachment A, starting on page 77, *SAFE Response Location Photographs*, to Stanford Health Care management for their review.

An exit conference was held with SCVMC and SAFE Program management on October 20, 2021 and a revised draft incorporating feedback from the exit conference was provided to SCVMC and SAFE Program management for written response. This final report includes the written response as Attachment B, starting on page 99.

AUDIT METHODOLOGY

We interviewed SAFE Program leadership, including the Program's Nurse Manager, Nurse Coordinators, and the Director of Nursing for Critical Care and Administrative Services at SCVMC. We also met with executive leadership and physician and nursing representatives from Stanford Health Care and St. Louise Regional Hospital, as well as representatives from the County's Sexual Assault Response Team (SART), which includes survivor advocacy organizations, the District Attorney's Office, Santa Clara County Crime Laboratory, and law enforcement agencies. In August 2021, we conducted three site visits to observe the facilities at existing and planned Adult/Adolescent SAFE Program response locations in Santa Clara County: SCVMC in San Jose, St. Louise Regional Hospital in Gilroy, and Stanford Hospital in Palo Alto. We returned to Stanford Hospital at the end of September 2021 to view changes that had been made to its facilities since our August site visit. We also visited the Children's Advocacy Center in San Jose, which serves as the Pediatric SAFE Program response location, in August 2021.

We reviewed relevant federal and state laws, regulations, and guidance related to the SAFE Program; the program's historical budgeted and actual revenues and expenditures; the Program's shift schedules from Fiscal Years (FYs) 2018-19, 2019-20, and 2020-21; the Program's established policies and workflows; contracts, professional agreements, and memoranda of understanding related to the SAFE Program; anonymized and de-identified feedback about the SAFE Program provided by Program patients; blueprints and drawings of Program response spaces, when available; County legislative reports detailing Program activities and initiatives; and measures of Program activities and workload.

COMPLIANCE WITH GENERALLY ACCEPTED GOVERNMENT AUDITING STANDARDS

This management audit was conducted under the requirements of the Board of Supervisors Policy Number 3.35 as amended on May 25, 2010. That policy states that management audits are to be conducted under Generally Accepted Government Auditing Standards (GAGAS) issued by the U.S. Government Accountability Office. We conducted this performance audit in accordance with GAGAS as set forth in the 2018 revision of the "Yellow Book" of the U.S. Government Accountability Office. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives. In accordance with these auditing standards, we performed the following procedures:

Audit Planning – This management audit was performed at the direction of the Board of Supervisors via approval of a Board Referral at the June 22, 2021 Board of Supervisors meeting. After audit selection by the Board, a detailed management audit work plan and estimate of audit work hours were developed and provided to the Department.

Entrance Conference – An entrance conference was held with SCVMC and SAFE Program management to introduce the audit team, describe the audit program and scope of review, and respond to questions. The audit work plan was also provided prior to the entrance conference.

Pre-Audit Survey – Audit staff reviewed documentation and other materials to obtain an overall understanding of the SAFE Program's operations, and to isolate audit areas that warranted more detailed assessments.

Field Work – Field work activities included the following: (a) interviews with SAFE Program representatives and representatives from the County's SART Committee; (b) site visits for in-person observations of facilities, equipment, and workflows; (c) reviews of SAFE Program policies and procedures, professional agreements and contracts, and relevant federal and state guidelines, laws, and regulations; (d) reviews of shift schedules and training requirements; (e) anonymized and de-identified feedback provided by Program patients; and (f) measures of Program activities and workload.

Draft Report – On October 8, 2021 a draft report was provided to SCVMC and the SAFE Program to describe the audit progress, and to share general information on our preliminary findings and conclusions. We also provided the draft report to the County's Office of the County Counsel, and Section 1, starting on page 27, *SAFE Program Response Locations*, and Attachment A, starting on page 77, *SAFE Response Location Photographs*, to Stanford Health Care management.

Exit Conference – An exit conference was held with SCVMC and SAFE Program management on October 20, 2021 to obtain views on the report findings, conclusions, and recommendations, and to make fact-based corrections and clarifications as appropriate. Following this meeting, a Revised Draft was provided to SCVMC and SAFE Program management on November 1, 2021 for use in preparing their formal written responses.

Final Report – A final report was prepared and issued on November 30, 2021. Written responses are attached to this report.

BACKGROUND

SCVMC has operated the Adult/Adolescent Sexual Assault Forensic Exam (SAFE) Program, which provides acute forensic medical exams for victims¹ of sexual assault 12 years and older, since 1987. The functions of the SAFE Program are to provide early trauma-responsive medical care to survivors of sexual assault, and to secure time-sensitive evidence of assault.

SAFE Exams

California Penal Code § 13823.9(b) requires that each county with a population of more than 100,000 have, present in a hospital or on call, professional personnel trained in the examination of victims of sexual assault.

Penal Code § 13823.95(b)(1) requires that a victim of sexual assault be provided with a standardized medical evidentiary examination, using report forms and protocols developed by the California Office of Emergency Services. The elements of the examination are defined in Penal Code § 13823.11 and include consent for the examination, examination for the presence of injuries and evidence of sexual assault, the collection of physical evidence, photographs of injuries, and the taking of a medical history and history of sexual assault.

In Santa Clara County, SCVMC operates the Sexual Assault Forensic Exam (SAFE) Program to perform the sexual assault forensic examination (referred to in this report as the "SAFE exam" or "exam") for victims of sexual assault. The Adult/Adolescent SAFE Program performs exams for patients 12 years old and older,² within ten days of sexual assault.

-
- 1 A person who has been sexually assaulted can be identified by different terms, depending on the professional discipline involved. In the California Penal Code and the criminal justice system, the person is the victim of a crime; in medical contexts, including the forensic medical exam, the person is a patient; and for advocacy groups and rape crisis centers, the person is referred to as a survivor or a client. We use all four terms throughout this report, depending upon the professional discipline.
 - 2 The Adult/Adolescent SAFE Program works in partnership with the Pediatric SAFE Program, which sees patients younger than 12 years old.

Patients may present to the Adult/Adolescent SAFE Program either on their own or accompanied by law enforcement, emergency medical services providers, a sexual assault survivor advocate, and/or a support person who is a family member or friend. If the patient presents at a SAFE Program response location (as of October 2021, the Santa Clara County response locations were the SCVMC emergency department and the Stanford Hospital emergency department), the SAFE exam is conducted at that location; if the patient presents at a location that is not a SAFE Program response location, the patient must travel or be transported to a Program response location to receive the SAFE exam. If the patient is between 12 and 17 years old, the SAFE exam may also be conducted at the Children’s Advocacy Center in San Jose, depending on circumstance.

When the patient presents to the emergency department at a SAFE Program response location, the patient is first seen for a limited initial assessment and medical screening exam conducted by either a SAFE nurse or an emergency department physician. The purpose of the medical screening exam is to identify any medical concerns that need to be addressed before the SAFE exam can be performed. If any medical concerns outside the scope of the SAFE exam are identified, the patient is first treated for those concerns before the SAFE exam is performed. If no medical concerns are identified, the SAFE nurse interviews the patient to obtain medical history and a history of the sexual assault circumstances, and then conducts the SAFE exam. If the patient is accompanied by law enforcement, law enforcement also interviews the patient before or after the SAFE exam. If the patient is accompanied by a sexual assault advocate, the advocate explains the patient’s rights and talks through the process with the patient. The advocate provides other confidential and support services as needed.

After the SAFE exam, the patient may shower and is provided with new clothes to wear. The SAFE nurse discharges the patient and provides the appropriate follow-up instructions or medications upon discharge. After the patient has been discharged, the SAFE nurse packages the sexual assault evidence collection kit and writes up the examination report. Law enforcement takes custody of the evidence collection kit and the report and transports the materials to the Santa Clara County Crime Laboratory for testing. The SAFE nurse then finishes the rest of the paperwork related to the exam (the medical assessment and other documentation), which concludes the SAFE exam process.

In a September 2021 report, the SAFE Program projected that it would conduct more than 575 exams by the end of calendar year 2021. As shown in Figure I.1 below, the number of SAFE exams has increased since 2015 each year except for 2020, when exam volumes temporarily decreased (likely due to COVID-19 shelter in place orders).

Figure I.1: SAFE Exams by Calendar Year, 2015 to 2021 (Projected)

Calendar Year	2015	2016	2017	2018	2019	2020	2021 (proj.)	Pct. incr. 2015-21
SAFE Exam Count	266	290	349	422	477	447	575*	116%

Source: Adult/Adolescent SAFE Program, September 22, 2021 report to Health and Hospital Committee.

Note:

**The projection of 575 exams is based on actual exam volume of 386 exams conducted through August 31, 2021.*

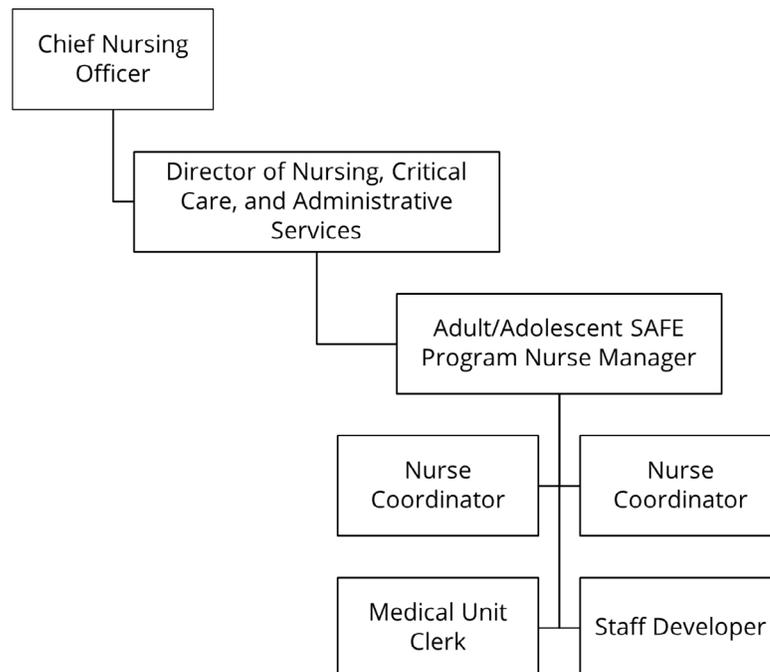
In January 2020, the Santa Clara County Sexual Assault Response Team (SART), which is discussed in more detail later in this section, released a Process Map and Time Study Report that contained statistics about the SAFE exam process based on a sample of 91 Adult/Adolescent SAFE exams performed between January 1 and June 30, 2019. (As noted in the Process Map and Time Study Report, these 91 cases do not represent the total instances of sexual assault that were perpetrated during this time frame. The cases reviewed were limited to those where a survivor reported to law enforcement, consented to a SAFE exam, and had a SAFE exam kit submitted to and processed by the Crime Laboratory.) Based on this sample, the report found that:

- 89 percent of SAFE patients identified as female
- 11 percent of SAFE patients identified as male
- 23 percent of SAFE patients were adolescents (between 12 and 17 years old)
- 43 percent of SAFE patients arrived at SCVMC between 4pm and midnight
- 35 percent of SAFE patients arrived at SCVMC between 8am and 4pm
- 22 percent of SAFE patients arrived at SCVMC between midnight and 8am
- The average time between arrival of a SAFE patient at SCVMC and discharge was six hours and two minutes. (Of the 91 cases reviewed, 89 documented the time interval.)

SAFE Program Organizational Structure and Staffing

The Adult/Adolescent SAFE Program is managed by a Nurse Manager, who oversees two Nurse Coordinators, one Staff Developer, and one Medical Unit Clerk, as shown in Figure I.2 below. The Nurse Manager and Nurse Coordinators oversee a pool of contracted SAFE nurses. The SAFE Program's Nurse Manager reports to SCVMC's Director of Nursing, Critical Care, and Administrative Services, who reports to SCVMC's Chief Nursing Officer.

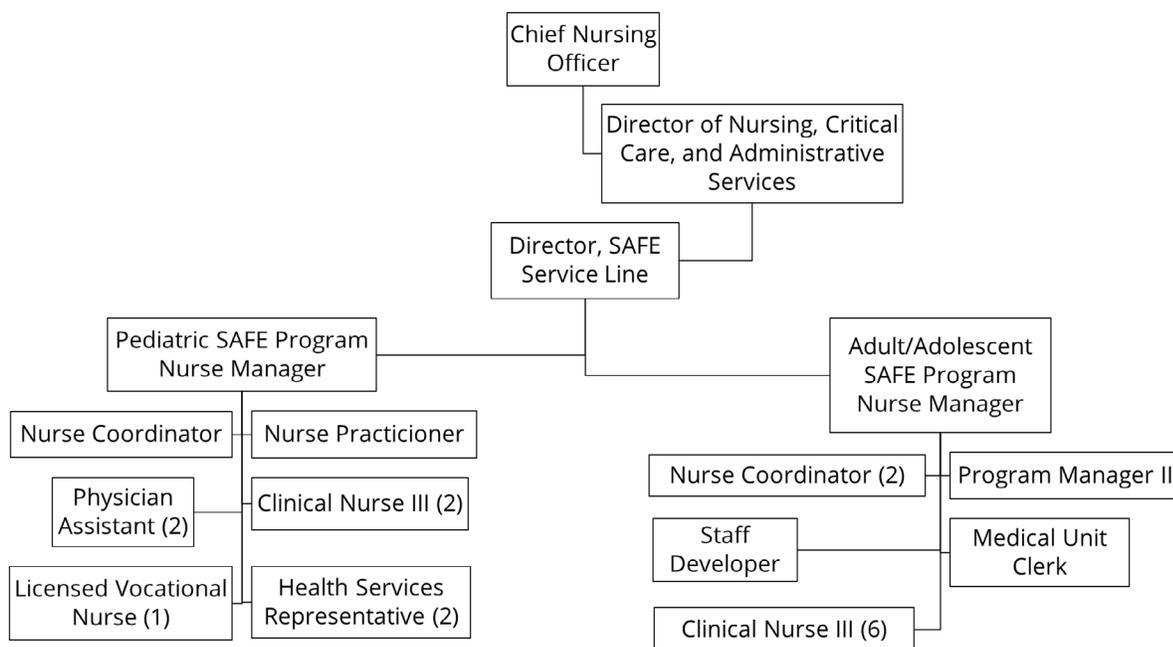
Figure I.2: Adult/Adolescent SAFE Program Organizational Chart, FY 2020-21



Source: SAFE Program.

The County's FY 2021-22 budget authorized additional positions to support the Adult/Adolescent SAFE Program and to align it with the Pediatric SAFE Program. The new positions include a SAFE Service Line Director to oversee both the Adult/Adolescent and Pediatric SAFE Programs, as well as additional nursing and program management resources for both SAFE Programs. These positions were authorized as of July 1, 2021, and as of October 2021 were in the process of being filled. The full organizational chart of SAFE Program positions, including Pediatric SAFE, that are authorized as of FY 2021-22 is shown in Figure I.3 below.

Figure I.3: SAFE Program Organizational Chart, FY 2021-22



Source: SAFE Program.

The organizational charts in Figure I.2 on page 9 and Figure I.3 on page 10 display the SAFE Program's County management and leadership positions, but the Program also has a pool of on-call SAFE nurses who respond to calls for SAFE exams and perform the exams. Since 2014, the County has contracted with Accountable Healthcare Staffing, Inc. to provide the Program's on-call SAFE nurse staffing services, and prior to 2014, the County contracted with Supplemental Provider Services to provide SAFE staffing services.³ The Adult/Adolescent SAFE Program's Nurse Manager and two Nurse Coordinators also perform SAFE exams, but all other SAFE nurses are part of the on-call contracted SAFE nurse pool.

Under the terms of the agreement, Accountable Healthcare Staffing provides on-call staffing for the Adult/Adolescent and Pediatric SAFE response teams, as well as administrative support, invoicing, and payroll services. For the Adult/Adolescent SAFE response team, the Accountable Healthcare Staffing agreement supports a SAFE nurse or nurses to be on-call 24 hours per day each day to provide SAFE exams. The on-call SAFE nurses who perform SAFE exams are employees of Accountable Healthcare Staffing, but they may also be regular coded or extra help/per diem employees of the County and other Bay Area hospitals. The nurses who are also County employees hold various classifications in their regular County assignments,

³ The agreement with Accountable Healthcare Staffing was approved in December 2014, but effective January 1, 2015.

such as Licensed Vocational Nurse, Nurse Coordinator, Nurse Practitioner, and Public Health Nurse Specialist. They are on the on-call SAFE Program rotation schedule outside of their regular County work schedule and do not perform SAFE exams while in their regular County classifications. When these nurses are on-call for the SAFE Program, they are only reimbursed once for this work in their capacity as employees of Accountable Healthcare Staffing.

The Third Amendment to the agreement with Accountable Healthcare Staffing, which was approved by the Board of Supervisors in June 2019, extended the agreement through December 31, 2021. The Third Amendment increased the agreement's not-to-exceed amount to provide funding for (a) increases in compensation for SAFE nurses, and (b) increases in SAFE staffing coverage to fund one SAFE nurse on call 24 hours per day each day, a second SAFE nurse on call for weekday evenings/nights, and a third SAFE nurse on call for weekend evenings/nights. The Fourth Amendment to the agreement, which was approved in January 2020, further increased the agreement's not-to-exceed amount to increase on-call coverage to provide SAFE Program services at multiple locations throughout the County, and to provide forensic examinations for victims of domestic violence and intimate partner violence.

As of October 2021, the SAFE Program was in the process of transitioning from its current contracted services model to hiring all SAFE nurses as County employees. In June 2021, the Employee Services Agency-Human Resources released a Classification Report recommending that the County (a) establish a Sexual Assault Response Team (SART) Special Assignment Pay that will apply to regular or temporary employees in classifications represented by County Employees' Management Association (CEMA), Registered Nurses Professional Association (RNPA), or Service Employees International Union (SEIU), Local 521 who are assigned to the SAFE Program; and (b) eliminate the agreement between the County and Accountable Healthcare Staffing. SAFE nurses who are already County employees will continue to schedule on-call SAFE assignment time during their off-duty hours as an assignment within their existing classification, and SAFE nurses who are not currently County employees may be hired into per diem or extra help opportunities. CEMA, RNPA, and SEIU concurred with these recommendations, and in August 2021, the Board of Supervisors approved the SART Special Assignment Pay. The SAFE Program has begun the interview and hiring process for SAFE nurses, and upon expiration of the agreement with Accountable Healthcare Services in December 2021, all SAFE Program nurses will be County employees.

SAFE Program Budget

The SAFE Program's primary expenditures are on personnel salaries and benefits and on contracted staffing services. Prior to FY 2019-20, SAFE Program expenditures were budgeted as SCVMC emergency department costs and not recorded in a separate cost center, and are unable to be separated from the overall SCVMC emergency department expenditures. Beginning in FY 2019-20, a separate cost center was created to record SAFE Program revenues and expenditures, which are shown in Figure I.4 on page 12.

Figure I.4: SAFE Program Revenues and Expenditures, FY 2019-20 to FY 2021-22

	FY 2019-20 (Actual)	FY 2020-21 (Actual)	FY 2021-22 (Budget)
<u>Sources and revenues</u>			
Transfers in	\$2,257	\$0	\$0
Misc. income	\$0	286,296	96,070
Total sources and revenues	\$2,257	\$286,296	\$96,070
<u>Expenditures</u>			
Salaries, overtime, and premium pay	456,617	1,002,390	1,546,507
Fringe benefits and accrued comp.	264,312	476,295	876,198
Contracted nurse staffing*	732,384	1,030,989	0
Other expenditures	6,136	12,347	4,634
Total expenditures	\$1,459,448	\$2,522,021	\$2,427,339

Source: County financial system, cost center 6750.

Note:

*Amount reported for contracted nurse staffing is total amount recorded in General Ledger number 5259000 "Purchased Svcs-Oth" which is where the Program's expenditures under the contract with Accountable Healthcare are recorded.

As shown in Figure I.4 above, the SAFE Program's primary expenditures are on personnel salaries and benefits and on contracted staffing services, which accounted for 99.5 percent of the Program's total expenditures in FY 2020-21. The SAFE Program receives revenue under "miscellaneous income" as reimbursements from: (1) the County of Santa Cruz for SAFE exams provided by the Santa Clara County SAFE Program at Dominican Hospital in Santa Cruz, and (2) the Office of Gender-Based Violence Prevention for SAFE exams provided to victims of strangulation. The reimbursement process and context are described briefly below.

SAFE Exam Reimbursement

California Penal Code § 13823.95(a) states that costs incurred by health care professionals, hospitals, clinics, sexual assault forensic examination teams, and other emergency medical facilities for a medical evidentiary exam of a victim of sexual assault shall not be charged, directly or indirectly, to the victim. Under Penal Code §§ 13823.95(c) and (d), the cost of the examination is to be treated as a local cost, and charged to and reimbursed by the local law enforcement agency in whose jurisdiction the assault occurred at a locally negotiated rate.⁴ For example, if a sexual assault occurred within the jurisdiction of San Jose Police Department, the SAFE Program would perform the SAFE exam on the patient, and SCVMC would then file a claim for reimbursement of the cost of the exam with the San Jose Police Department.

⁴ The County's FY 2021-22 rates for SAFE exams range from \$244 for a follow-up exam to \$2,018 for a Level III "Extensive" exam.

The reimbursements received by SCVMC for SAFE exams are not recorded in the cost center associated with the SAFE Program as revenues, except in two cases. First, Santa Clara County has an agreement with Santa Cruz County for the operation of a SCVMC SAFE Program response location at Dominican Hospital in Santa Cruz, and reimbursements from Santa Cruz County under this agreement are recorded as SAFE Program revenue. Second, as part of the County's Strangulation Response project, in January 2020 the SAFE Program began conducting medical forensic exams on patients who have been strangled. This project is overseen and funded by the Office of Gender-Based Violence Prevention. Strangulation exams are not reimbursable by law enforcement under the Penal Code, and accordingly, the Office of Gender-Based Violence Prevention reimburses the SAFE Program for the costs of those exams.

SAFE Program Response Locations and Program Expansion

The SAFE Program's operational center and primary response location is the main SCVMC emergency department in San Jose. Beginning in 2019, the Program has experienced significant expansion of both its response locations and its provision of services.

- In 2019, the County's Sexual Assault Response Team (SART, which is discussed in more detail below) released the County's Sexual Assault Protocol. The Protocol was developed with the input of the SAFE Program, which is an integral part of the County's interagency team that responds to sexual assault. The SAFE Program's SART representative is a co-chair of the SART Committee.
- In January 2020, the SAFE Program began a project to conduct medical forensic exams on patients who have been strangled within the past ten days as part of the County's Strangulation Response project at SCVMC.
- In February 2020, the County entered into an agreement with Stanford Health Care to establish a SCVMC SAFE response location in the emergency department of Stanford Hospital in Palo Alto.
- In March 2020, Santa Clara County and Santa Cruz County entered into an agreement to establish a SCVMC SAFE response location at Dominican Hospital in Santa Cruz.
- In April 2021, the Pediatric SAFE Program, which was historically co-located with the Adult/Adolescent SAFE Program at SCVMC, moved to a new location at the Children's Advocacy Center in San Jose.
- In August 2021, the Board of Supervisors approved Appropriation Modification No. 30, which transferred \$1,000,000 in one-time services and supplies funding to SCVMC for the SAFE Program to pay for renovations to vacant office space at the SAFE response site on the main SCVMC campus. This space will be renovated to provide training rooms, additional exam rooms, and administrative space to support the expanded SAFE staff and Program. The one-time funding will also be used to purchase forensic exam equipment to outfit the renovated space.
- In August 2021, the County entered into a Memorandum of Understanding with the United States Army Garrison, Presidio of Monterey (USAG POM) to provide SAFE exams for USAG POM service members and their dependents stationed at the Presidio.
- In August and September 2021, the SAFE Program implemented changes to its workflow at Stanford Hospital to respond to concerns about patient waiting spaces and processes.

- As of October 2021, the SAFE Program was transitioning away from its current SAFE nurse staffing contract and towards hiring all SAFE nurses as County employees. The SAFE Program was also funded for 13 new positions in the County's FY 2021-22 budget to support the expansion of the Program and to align the Adult/Adolescent and Pediatric SAFE Programs, and was in the process of interviewing candidates and hiring these positions.
- As of October 2021, the SAFE Program was planning to open another Program response location at St. Louise Regional Hospital in Gilroy by December 2021.
- As of October 2021, the SAFE Program was planning to expand the strangulation medical forensic exam project to other response locations by December 2021.

Sexual Assault Response Team and the County's Response to Sexual Assault

The SAFE Program is part of Santa Clara County's interagency Sexual Assault Response Team (SART) that is defined in California Penal Code § 13898 and includes law enforcement agencies, the Office of the District Attorney, Crime Laboratory, and rape crisis centers. The Penal Code states that counties may establish and implement an interagency SART program to provide a forum for interagency cooperation and coordination, to assess and make recommendations for the improvement in the local sexual assault intervention system, and to facilitate improved communication and working relationships to effectively address the problem of sexual assault.

In 2019, the SART Committee published the County of Santa Clara Sexual Assault Protocol, which outlines the roles and responsibilities of the primary agencies involved in the County's response to reports of sexual assault. The published Protocol document states that SART Committee members will meet regularly to: (1) identify successes and areas for improvement in cross-agency coordinated response; (2) review and update the County's Protocol annually; (3) conduct case review; (4) share and gather baseline data; and (5) report annually to the Board of Supervisors. Member agencies also commit to attending and providing cross training opportunities, and to providing internal training on the Protocol and any updates to their own agencies.

As outlined in the County's Sexual Assault Protocol, the roles and responsibilities of the primary agencies involved in the County's response to reports of sexual assault are described, briefly, below.

- **Dispatch:** The dispatcher who receives a call reporting sexual assault should dispatch an officer or officers to every reported incident, identify the needs of the caller and any suspect information, and instruct the caller regarding the preservation of evidence. If the dispatcher receives a call from a SAFE Program facility for evidence collection when the victim does not want to report to law enforcement, the dispatcher should provide an agency case or incident number and dispatch an officer to collect the evidence when requested.

- **Law Enforcement:**
 - *Initial interview.* The officer who responds to a call of sexual assault should determine whether a crime has occurred and assess the immediate safety and/or medical needs of the victim. The officer should offer to contact a sexual assault advocate (described below), conduct an initial interview with the victim, and explain the victim's rights. If the victim has a SAFE exam conducted, the officer should remain at the SAFE response location for the duration of the exam to ensure chain of custody of the evidence. The officer accompanying the victim is responsible for transportation and appropriate storage of all evidence.
 - *Investigation.* The investigator assigned to the case should review the original report, complete an investigation (including conducting follow up interviews and securing evidence), and submit a written report to the District Attorney's office for review or upon arrest of a suspect. The investigator maintains contact with the victim to provide updates on the status of the case.
- **Adult/Adolescent SAFE Program:** The SAFE Program nurse should provide medical treatment to the patient and conduct the SAFE exam. The SAFE nurse should ensure that the sexual assault advocate has been notified, discuss examination options with the patient, and obtain informed consent from the patient throughout the examination. The SAFE nurse should offer a shower and clean clothing prior to discharge and provide discharge information about the treatment and care received, follow up instructions, and referral information. The SAFE nurse should secure evidence, including the SAFE kit, toxicology specimens, and forensic documentation, and maintain chain of custody until evidence is transferred to law enforcement.

The types of Adult/Adolescent SAFE exams provided are:

- *Standard acute medical forensic exams* are performed on patients 12 years and older within 10 days of assault. Standard acute exams are authorized by law enforcement when the patient decides to report the assault to law enforcement.
 - *Non-investigative acute exams* are performed on patients 12 years and older at the request of the patient without reporting to, and without the authorization of, law enforcement.
 - *Non-evidentiary medical exams* are performed on patients 12 years and older when the patient wishes to receive medical treatment but declines evidence collection.
- **Sexual assault advocate:** There are two rape crisis centers in Santa Clara County, one serving the north and central part of the County and one serving the south part of the County, that provide sexual assault counselor/victim advocate services. The rape crisis centers are available on-call 24 hours a day, and should provide crisis intervention services, information, referrals, counseling, accompaniment, and support throughout the SAFE exam and any ensuing law enforcement and criminal justice interactions.

- **Santa Clara County Crime Laboratory:** The Santa Clara County Crime Laboratory (Crime Lab) should analyze and interpret the evidence, including biological material, trace evidence, and toxicological samples, collected by medical and law enforcement personnel during a SAFE exam and in response to the report of sexual assault. The Crime Lab should communicate its findings to law enforcement agencies and the District Attorney's office in written reports, and to the courts through testimony. The goal of the Crime Lab's analysis is to provide information useful in implicating or exonerating persons suspected of committing a crime and corroborating or reconstructing the events in question. In addition to its analysis, the Crime Lab should provide training on evidence collection and preservation, and also provide feedback to SAFE nurses and law enforcement regarding the manner in which evidence was collected and the quality of specimens.
- **Santa Clara County District Attorney's Office:** The District Attorney's Office should decide whether to press charges in a sexual assault case. Once the District Attorney's Office issues a criminal case, the victim should be notified and a Deputy District Attorney should be assigned to the case. The court process involves arraignment in court, pretrial court dates, a preliminary hearing, trial, and sentencing.
 - The **Victims Services Unit** is a unit within the District Attorney's Office that provides victim advocacy services to individual victims and/or their family members. Victim advocates can connect victims to resources, liaise with prosecutors, law enforcement, and other criminal justice agencies, and support the victim throughout the criminal justice process. The Victim Services Unit also helps victims file claims with the California Victim Compensation Program, which can help pay for crime-related and non-reimbursed expenses.

The County's Sexual Assault Protocol also describes the County's response to victims of sexual assault who are younger than 12 years old, as well as the correctional officer response for assaults that occur in correctional facility settings.

TOPICS REQUIRING ADDITIONAL REVIEW

During the course of a management audit, certain issues may be identified and brought to the attention of the agency being audited and the Board of Supervisors, even though a specific finding is not included in the report. Three such matters are described below.

SAFE Exam Costs and Reimbursement

As described above, under California Penal Code § 13823.95, the cost of conducting a SAFE exam may not be charged to the individual receiving the exam. Instead, the cost is charged to and reimbursed by the local law enforcement agency in whose jurisdiction the assault occurred. However, we were unable to determine whether the County is being adequately and consistently reimbursed by local law enforcement agencies for costs associated with SAFE exams because SCVMC did not respond to our requests related to this topic in time for inclusion in this audit report.

The Penal Code states that the cost of conducting a sexual assault forensic medical examination should be reimbursed by local law enforcement agencies at a locally negotiated rate. After the SAFE Program conducts a SAFE exam, SCVMC files a claim for reimbursement to the appropriate local law enforcement agency according to these locally negotiated rates, with documentation from the SAFE Program regarding what services were performed. For forensic exams performed on victims of strangulation, which are not reimbursable by law enforcement under the Penal Code, SCVMC is reimbursed by the Office of Gender-Based Violence Prevention, which provides the funding for the strangulation exams. These reimbursement rates are shown in Figure I.5 below.

Figure I.5: SAFE Exam Reimbursement Rates, FY 2021-22

Procedure Name	Rate
Level I / Consultation	\$438
Level II / Routine	\$1,361
Level III / Extensive	\$2,018
Level IV / Non-Evidentiary Medical Exam	\$271
Level V / Non-Investigative	\$1,361
Follow-up Exam	\$244
Strangulation Forensic Exam	\$1,500

Source: SCVMC (law enforcement rates); Office of Gender-Based Violence Prevention (strangulation rates).

As part of our fieldwork, we attempted to evaluate whether the locally negotiated reimbursement rates above are sufficient and comprehensive to cover all the costs incurred by the SAFE Program—and, by extension, SCVMC and the County—in the provision of SAFE exams. We requested that SCVMC provide us with details about the basis for these rates and how these rates were established. SCVMC did not respond to this request in time for inclusion in this audit report. As a result, we were unable to determine whether the County's locally negotiated rates adequately cover costs associated with SAFE exams.

As part of our fieldwork, we also requested that SCVMC provide us with the total reimbursement amounts received by the County from law enforcement agencies during FYs 2018-19, 2019-20, and FY 2020-21. With the exception of the strangulation forensic exam costs and reimbursements from Santa Cruz County, these amounts are not recorded in the SAFE Program's cost center in the County's financial system. We also requested a referral to SCVMC's Revenue Integrity Department to better understand the process for filing the reimbursement claims from law enforcement, and whether any reimbursement claims are denied and how SCVMC would address claim denials. SCVMC did not respond to these requests in time for inclusion in this audit report. Therefore, we were unable to report the total reimbursement amounts received by the County for SAFE exams, unable to confirm whether the County is being consistently reimbursed by local law enforcement agencies for costs associated with SAFE exams, and unable to identify whether or not a County reimbursement claim has ever been denied by a law enforcement agency.

Penal Code §§ 13823.95(c) and (d) are very clear that the cost of sexual assault forensic exams should be reimbursed by law enforcement agencies at the locally negotiated rate. Law enforcement agencies may subsequently seek reimbursement from the California Office of Emergency Services (Cal OES) to offset the cost to the law enforcement agency of reimbursing SAFE exam costs. The primary sources of funding for sexual assault forensic exam reimbursements from Cal OES to law enforcement agencies are: (1) the Victims of Crime Act (VOCA) Victim Assistance Formula Grant Program,⁵ and (2) the Services-Training-Officers-Prosecutors (STOP) Violence Against Women Formula Grant Program.⁶ As of October 2021,⁷ Cal OES reimburses law enforcement agencies to partially offset the cost of SAFE exams as follows:

- **Up to \$911** for victims who are undecided, at the time of an examination, whether to report the assault to law enforcement. (In Santa Clara County and in Figure I.5 on page 17, these exams are referred to as “non-investigative exams.”) Examinations must have occurred on or after October 1, 2020.
- **Up to \$1,127** for victims who have determined, at the time of an examination, to report the assault to law enforcement. Examinations must have occurred on or after July 1, 2021.

In Santa Clara County, the locally negotiated exam rates (which are paid by law enforcement agencies to SCVMC) are higher than the amount that Cal OES will distribute to law enforcement agencies. In other words, the funding from Cal OES only partially offsets law enforcement agencies’ costs for SAFE exams. As a result, most SAFE exams generate costs for local law enforcement agencies that are not fully reimbursed by the State, and law enforcement agencies must use other sources of funds to offset the remainder of the SAFE exam costs in their budgets.

SART Database

There have been significant delays in progress on the SART database initiative that is being developed to allow for consistent tracking of patient wait times and data sharing related to the County’s response to sexual assault. The County entered into an agreement with a vendor for this project in October 2021, more than a year after the originally planned date.

5 The VOCA Formula Grant Program is authorized by the Victims of Crime Act of 1984 (34 U.S.C. § 20103 (a) and (b)). VOCA authorizes federal financial assistance to states through the VOCA Formula Grant Program for the purpose of supporting eligible crime victim assistance programs that: 1) respond to the emotional and physical needs of victims of crime; 2) help primary and secondary victims of crime to stabilize their lives after a victimization; 3) help victims of crime understand and participate in the criminal justice system; and 4) provide victims of crime with a measure of safety and security.

6 The STOP Violence Against Women Formula Grant Program was authorized in 1994 through the Violence Against Women Act (VAWA). The STOP Formula Grant Program promotes the development and the implementation of effective, victim-centered law enforcement, prosecution, and court strategies to address violent crimes against women and the development and enhancement of victim services in cases involving violent crimes against women.

7 Prior to October 2021, Cal OES reimbursed law enforcement agencies \$300 only for exams in which the patient was undecided, at the time of the exam, whether to report to law enforcement or not.

In January 2020, the SART Committee released a Process Map and Time Study Report that identified several barriers to data collection and inadequate tracking and reporting of information related to the County's response to sexual assault. These barriers impair the County's ability to identify and address gaps or delays in care for survivors of sexual assault, and by extension they hamper the County's ability to improve the patient experience; to date, these barriers have not been addressed. Specifically, the Process Map and Time Study Report revealed that:

- A number of key data points in the SART workflow are not recorded or tracked consistently, and are therefore unable to be reported on or monitored for improvement.
 - The time interval between when the SAFE Program is first notified of a SAFE patient and the arrival of the SAFE nurse at the response location, which is required in the County's agreement with Accountable Healthcare Staffing to be within 60 minutes, cannot be tracked because the time of arrival of the SAFE nurse at the response location is not documented.
 - The time interval between the discharge of a patient after the SAFE exam to the departure of law enforcement with evidence was only documented in four percent of the cases selected for review in the Process Map and Time Study Report.
 - The time interval between the arrival of law enforcement and the notification of the SAFE Program was only documented in 58 percent of the cases selected for review in the Process Map and Time Study Report.
- The agencies that are involved in the County's response to sexual assault all have their own databases, and not all of these databases effectively link or "talk" to one another, which impairs the County's ability to monitor system-wide activity and does not provide a broader understanding and tracking of the County's response to sexual assault. The tracking of response time data and understanding how a survivor moves through the County's response system cannot be easily pulled out of these data systems.
 - Several law enforcement agencies within the County were unable to participate in the Process Map and Time Study Report because they did not have the staff bandwidth to extract the necessary data.

Regular and consistent tracking of data, including patient wait times and outcomes, is critical for the County to improve the effectiveness of services and the allocation of resources for survivors of sexual assault. The Process Map and Time Study Report found that the time elapsed from when a survivor first calls 9-1-1 to report a sexual assault to when the SAFE exam is concluded is, on average, more than nine hours. As noted in the U.S. Department of Justice's national protocol for sexual assault medical forensic examinations, every minute a patient spends waiting to be examined may cause loss of evidence as well as undue trauma to the patient. During the course of our fieldwork, we heard anecdotal reports of delays and unnecessary patient wait times at nearly every part of the SART workflow. However, without the ability to easily identify and regularly monitor the most common causes of delays or unnecessary wait times, the County's ability to address these gaps or workflow breakdowns is impaired.

The SART Committee and the Office of Gender-Based Violence Prevention are working on the development of a database software that will allow for secure SART data collection, sharing, and analysis. In September 2020, the Office of Gender-Based Violence Prevention presented a database project workplan that outlined a timeline for completion of the database project, including the securing of a vendor by September 2020 and a goal to begin using the developed tool by August 2021. However, the workplan has been significantly delayed. The County entered into an agreement with a vendor for this project in October 2021.

Sexual Assault Survivor Engagement Survey Results

Results from a recently concluded survivor engagement survey show that there are multiple opportunities to improve the County's response to sexual assault, not just for the SAFE Program but for all of the agencies involved. Given the timing of the release of the survivor survey report, which was first publicly presented in September 2021, we were not able to fully explore each of the survey areas and recommendations, and we focused primarily on conclusions and recommendations related to the SAFE Program. However, the full survey results are necessary to understand the patient experience, identify opportunities to improve the County's overall response to sexual assault, and reduce the risk that the survivor is re-traumatized by the County's process. Therefore, we have summarized the survey's key conclusions and recommendations below to ensure the survivor experience is included in our report.

The January 2020 Process Map and Time Study Report identified the need for survivor input on a variety of topics, including: whether survivors are provided trauma-informed support during the time spent waiting for a SAFE exam, and what barriers exist that prevent survivors from reporting their assault to law enforcement. Accordingly, the Survivor Engagement project team, a sub-committee of the County's SART Committee (including the Office of Gender-Based Violence Prevention, the SAFE Program, and the County's two rape crisis centers, the YWCA of Golden Gate Silicon Valley and Community Solutions), worked with a third-party consulting firm to conduct a survivor engagement survey. The results of the survivor engagement survey were publicly presented in September 2021.

Survivor feedback was collected through an online survivor experience survey, which yielded 112 unique responses, and in-depth interviews conducted with eight individual survivors. It should be noted that the survey was not available to any survivor who had an active or ongoing criminal case, in order to ensure that ongoing investigations would not be compromised. Because cases can take several years, this inclusion criteria likely resulted in a higher proportion of respondents with less recent incidents and less recent experience with the County's sexual assault response process, as well as a lower proportion of respondents with criminal court experiences. Fifty percent of respondents indicated that they experienced an incident of sexual assault 10 or more years ago. As a result, the survivor experience they reported may be different than the experience of a survivor in 2021.

Survey results directly related to the SAFE Program are discussed in Section 4, starting on page 61, *Information and Materials Provided to Patients*, and Section 5, starting on page 67, *SART Committee Operations and Sexual Assault Protocol*. In addition to these topics, one other area outside the scope of this audit that may benefit from additional review is the availability and staffing of the survivor advocacy organizations. Survivor survey results show that the emotional and practical support that survivors receive from advocates is very beneficial, and many survivors reported

that out of all of their interactions with different agencies, their most positive experiences were with advocacy organizations. However, the availability of survivor advocates has been limited as a result of the COVID-19 pandemic. One of the advocacy organizations limited or halted in-person responses, and both organizations reported difficulties maintaining adequate staffing levels.

The key conclusions and recommendations from the survivor engagement survey are summarized below.

- **Public education and awareness:** “The lack of public awareness about the types of behavior that constitute sexual assault, limited knowledge of available services, and the general shame and stigma associated with experiencing sexual assault are significant barriers to reporting and accessing services.”

Respondents reported that they were often aware they could report to police, but did not always know about the other types of sexual assault response services available. It was particularly challenging for individuals who did not report the assault to law enforcement to connect with services.

Survivor recommendations related to public education and awareness include:

- Increase outreach to the community (through schools, public transit, social media, and local businesses)
 - Provide age-appropriate early education in schools about boundaries, inappropriate behavior, how to identify a problem, safe adults, and available resources
 - Focus education regarding how loved ones can support and help survivors
 - Increase outreach about available crisis services, emphasizing options other than law enforcement
 - Promote new and existing virtual resources, including an app, hotline, or text line, where people can access information and ask questions anonymously
- **Trauma-informed response:** “Many survivors do not feel that they are truly heard or spoken to with compassion by professionals involved in the sexual assault response system, which can negatively impact their mental health, their likelihood of reporting, and their engagement in services.”

Respondents cited challenging and insensitive interactions with law enforcement, investigators, and prosecutors in particular, and stated that these interactions exacerbated the trauma of the initial incident.

Survivor recommendations related to trauma-informed response include:

- Require professionals and providers who may serve survivors to be trained in trauma-informed practices
- Ensure law enforcement receive sensitivity training is tailored to engaging with survivors of sexual assault, including appropriate and considerate language and strategies to avoid suggesting the survivor is at fault

- **Survivor advocacy organizations:** “The emotional and practical support received from community-based sexual assault/rape crisis advocates was helpful for survivors at multiple points of engagement with the County’s response system.”

Survivor advocates may accompany individuals during police investigations, share resources, provide technical assistance navigating the response system, and offer transportation to and from services. Some respondents indicated that when advocates were present, law enforcement and prosecutors treated them differently than when advocates were not present.

Survivor recommendations related to survivor advocacy services include:

- Increase community outreach about the availability of advocacy services
 - Increase outreach to other agencies in the response system to ensure they understand the role of advocates
 - Educate survivors about the role of an advocate and types of support available
 - Provide multiple opportunities for survivors to connect with advocacy organizations
- **Support services:** “Emotional and mental health support services—including counseling or therapy, peer support, and support groups—are critical to survivors’ healing, yet are not easily accessible for all survivors.”

Barriers in accessing counseling or therapy identified by survivors included limited awareness of what was available, scheduling and billing challenges, long wait times, and difficulty locating providers who would accept their insurance. Respondents also emphasized the importance of peer support, group counseling, and support groups.

Survivor recommendations related to support services include:

- Reduce wait times for counseling and therapy sessions, regardless of survivors’ insurance status
 - Continue to offer telehealth and virtual services
 - Help link survivors to counseling or therapy when survivors report to law enforcement, medical personnel, or a community-based provider
 - Offer more group counseling, therapy, and support groups
 - Increase the availability of peer support for survivors
 - Offer support groups led by peers
- **Setting clear expectations:** “Survivors who choose to engage with the sexual assault response system often do not know what to expect and want increased and transparent communication at each stage of the process.”

Respondents reported being unclear about the process of legally reporting the incident and what to expect during court proceedings. Respondents who received a SAFE exam reported that they would have liked more information about the exam before initiating the process, including the examination activities and the approximate length of time the exam would take. According to the SAFE Program, this need for more information was related to the survivor’s experience and interactions before the arrival of the SAFE nurse,

and that survey respondents would have liked more information from law enforcement, advocates, and/or other agency partners about the SAFE exam before the nurse's arrival; however, this distinction was not reported in the survivor survey results, and we were unable to independently verify this focus. In addition, some respondents also noted that having the exam located at only one location in the County was a barrier to receiving a SAFE exam (prior to 2020). Some respondents indicated that they were unsure of how to engage with the sexual assault response system more broadly and wanted more information about what services to engage with and when.

Survivor recommendations related to improving understanding of the criminal justice process include:

- Inform survivors of the specific steps in the investigation process when they first report the incident to law enforcement
- If the District Attorney files the case, notify survivors as soon as possible and explain the anticipated court proceedings
- Provide survivors with realistic communication timelines so they know when to expect follow-up calls.

Survivor recommendations related to the SAFE exam process include:

- Facilitate connections to forensic exam locations for survivors who visit a medical center where the exam is not offered
 - Have medical staff, rather than law enforcement or security, escort survivors from the hospital to the exam location (relevant at the SCVMC response location)
 - Review the exam process with survivors in advance, including what the exam entails and how long it is expected to take
 - Provide multiple opportunities for survivors to invite an advocate, friend, or family member to accompany them during the exam process
 - Continue to offer clean, comfortable, and appropriate clothing to wear home after the exam
- **Criminal justice and accountability:** "Survivors who have experienced sexual assault are often disappointed with the reporting outcome. They want reporting to result in accountability for the person who has caused them harm and are interested in alternatives to the criminal justice system when legal action is not possible or when the survivor prefers not to take action through the legal system."

Legal cases can take a long time to process, and perpetrators of sexual assault are infrequently prosecuted or found guilty. Respondents reported being disappointed with the legal reporting process, and feeling that the process feels biased against survivors.

Survivor recommendations related to the criminal justice process include:

- Work with survivors to explore forms of accountability that would help them feel supported when their case is not prosecuted, when the person who harmed them is found not guilty, or when they choose not to take legal action
- Review prosecution policies and ways to take on cases that might be more difficult to prove, either due to the type of evidence available or the number of years that have elapsed since the incident

DEPARTMENT ACCOMPLISHMENTS

Audits typically focus on opportunities for improvements within an organization, program, or function. To provide additional insight into the Adult/Adolescent SAFE Program's recent activities and accomplishments, we requested that it provide some of its noteworthy achievements. These are highlighted as Attachment C, starting on page 105.

RECOMMENDATION PRIORITIES

The priority rankings shown for each recommendation in the audit report are consistent with the audit recommendation priority structure adopted by the Finance and Government Operations Committee of the Board of Supervisors, as follows:

Priority 1: Recommendations that address issues of non-compliance with federal, State and local laws, regulations, ordinances and the County Charter; would result in increases or decreases in expenditures or revenues of \$250,000 or more; or, suggest significant changes in federal, State or local policy through amendments to existing laws, regulations and policies.

Priority 2: Recommendations that would result in increases or decreases in expenditures or revenues of less than \$250,000; advocate changes in local policy through amendments to existing County ordinances and policies and procedures; or, would revise existing departmental or program policies and procedures for improved service delivery, increased operational efficiency, or greater program effectiveness.

Priority 3: Recommendations that address program-related policies and procedures that would not have a significant impact on revenues and expenditures but would result in modest improvements in service delivery and operating efficiency.

ACKNOWLEDGMENTS

We would like to thank the leadership of the SAFE Program and Santa Clara Valley Medical Center, as well as Stanford Hospital and St. Louise Regional Hospital, for their collaboration throughout our audit work.

CONTACT INFORMATION

Survivors of sexual assault can access services and support at the following points of contact:

If it is an emergency, please call 9-1-1

Adult/Adolescent SAFE Program (ages 12 and older):

- Patient care needs: (408) 885-5000, "0"
- Non-urgent needs: (408) 885-6466

Pediatric SAFE Program (ages 11 and younger):

- (669) 299-8810

Survivor advocacy organizations:

- North and central Santa Clara County: YWCA Golden Gate Silicon Valley
 - 1-800-572-2782 (24-hour hotline)
- South Santa Clara County and San Benito County: Community Solutions
 - 1-877-363-7238 (24-hour hotline)

Victim Services Unit – District Attorney's Office

- 408-295-2656

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Section 1: SAFE Program Response Locations

Background

The Adult/Adolescent Sexual Assault Forensic Exam (SAFE) Program began in 1987 and operated a single, central response location at Santa Clara Valley Medical Center (SCVMC)'s main campus in San Jose until 2020, when the Program began expanding locations. As of October 1, 2021, there were two SAFE Program response locations located within Santa Clara County: one at SCVMC and one at the Stanford Health Care emergency department in Palo Alto, which opened in February 2020. The Program plans to open an additional response location at St. Louise Regional Hospital in Gilroy by the end of 2021.

Problem, Cause, and Adverse Effect

The U.S. Department of Justice's national protocol for sexual assault medical forensic examinations states that exam sites should provide patients with private and secure waiting areas, exam rooms, and areas for interviews. The SCVMC location has a *dedicated* building for the SAFE Program that is within walking distance of the emergency department, as well as designated waiting space in the emergency department. As of the commencement of this audit, the Stanford location had a designated, but not dedicated, private waiting area, exam room, and bathroom and shower facility. During our fieldwork, Stanford was planning permanent renovations and implementing interim improvements to its SAFE location to create dedicated space for the SAFE Program. Stanford Health Care leadership anticipate completing this work by September 2022. The St. Louise location was not yet operational during our fieldwork but is anticipated to have a dedicated private exam room with a private bathroom and shower. However, as of August 16, 2021, the St. Louise location was not planned to have either a designated or dedicated private interview space or waiting area for individuals accompanying the patient outside of the exam room. Neither the County's Sexual Assault Protocol nor its agreement with Stanford Health Care specify the facility requirements for SAFE response locations.

Recommendations

The SART Committee should amend the County's Sexual Assault Protocol to define minimum facility requirements for SAFE response locations. Staff with the SAFE Program and St. Louise Regional Hospital should work to dedicate or designate private space, outside of the exam room, that can be used for SAFE Program waiting areas and interviews. The specifics of the intended facility spaces should be in writing. In addition, the County should amend its agreement with Stanford Health Care to include specific language related to the facilities that are committed for use by the Program at Stanford to ensure that changes underway will meet expectations when complete and that any future needs will be addressed contractually.

Savings, Benefits, and Costs

By including language in the County's Sexual Assault Protocol and partner agreements that specifies the facility requirements of a SAFE response location, the Program will communicate expectations and will be able to hold current and future response locations and institutional partners to these standards.

FINDING

The County's Existing SAFE Program Response Locations

Santa Clara County has two active Adult/Adolescent Sexual Assault Forensic Exam (SAFE) Program response locations that operate within the County.^{8,9} The Program's primary response location and operational center is located at Santa Clara Valley Medical Center's main campus in San Jose (SCVMC), where it operates out of a building that is dedicated for SAFE Program use. The SCVMC location also uses the SCVMC emergency department, which is within short walking distance of the SAFE Program building, for patient intake, a patient waiting area prior to the SAFE nurse's arrival, medical screening, and additional medical treatment as needed.

In 2019, SAFE Program staff began exploring opportunities to expand the number of response locations to better serve the north and south parts of the County as a result of increasing case numbers and feedback from survivors and community members. In February 2020 the Program opened a second response location in partnership with Stanford Health Care in the newly built Stanford Hospital emergency department in Palo Alto to serve north Santa Clara County. At the commencement of this audit, the Stanford location operated almost entirely out of designated space in the emergency department. However, Stanford and SAFE Program staff, as described in more detail in this section, are renovating space adjacent to the emergency department that will be dedicated for SAFE Program use.

The SAFE Program had planned to open an additional location at St. Louise Regional Hospital in Gilroy to serve the southern part of the County in March of 2020, but due to space constraints related to the hospital's COVID-19 response, the opening was delayed. The Program now anticipates opening this location by the end of 2021. In anticipation of this location's opening, the scope of our audit work includes the St. Louise response location.

8 The Santa Clara SAFE Program operates at a third location outside of the County at Dominican Hospital in Santa Cruz. Because the scope of this audit was limited to Program response locations within the County, this report does not address the Santa Cruz County response location.

9 The County's Pediatric SAFE Program, which serves patients younger than twelve years old, operates out of the Children's Advocacy Center in San Jose, which is a newly designed space that provides all medical forensic exam services, investigative services, and wraparound physical and mental health supports in one facility. The Adult/Adolescent SAFE Program will, on occasion, perform exams on patients between 12 and 17 years old at the Children's Advocacy Center; however, the Children's Advocacy Center is not considered an official Adult/Adolescent SAFE Program response location.

National Recommendations for SAFE Program Response Locations

The U.S. Department of Justice's *National Protocol for Sexual Assault Medical Forensic Examinations* ("the National Protocol") provides guidance to local jurisdictions on how to develop and implement their own SAFE protocols as well as specific recommendations related to the exam process and response locations. The National Protocol emphasizes the importance of a victim-centered approach that gives sexual assault patients priority, provides the needed means to ensure patient privacy, and adapts the exam to address the unique needs of each patient. The National Protocol states that communities may wish to designate local exam sites and may also wish to develop basic requirements for these locations, such as:

- The site be within a "reasonable" distance from the area it serves, recognizing that reasonable will be defined locally.
- The site will alert a SAFE nurse when a patient seeking medical forensic care arrives.
- The site will ensure that its admission staff have the resources and knowledge to respond and assist the patient until either the SAFE nurse or sexual assault advocate arrive.
- Interpretation services will be made available in the patient's preferred language.
- The site will provide patients with a "private, secure, and quiet waiting area."
- The site will have a private and secure area for the investigative interview.
- The site will provide a private exam room and take measures to ensure that the patient has privacy.
- The site will have bathroom facilities, which preferably include showers, that are available for a patient to use after the forensic exam.

The National Protocol emphasizes spaces for "designated exam sites," but does not discuss or make recommendations related to *dedicating* space that would be exclusively used for forensic exams or forensic exam program operations. However, in our opinion, dedicating space to the SAFE Program may increase patient privacy, ensure that facilities are always available for SAFE Program use, and may help provide care that is more trauma-responsive and patient-centered.

Comparing Program Response Locations with National Protocol Recommendations

Our audit team conducted site visits to the SCVMC, Stanford, and St. Louise response locations in August 2021. We returned to the Stanford location on September 30, 2021 to see updates to the new dedicated space for SAFE Program use. During these site visits, our team walked through the workflows and viewed the facilities of each response location.

Based on these site visits and discussions with staff at each location, we conclude that the SAFE response locations that are currently operational provide comparable access to a SAFE exam performed by a trained SAFE nurse, but that the locations differ in terms of workflow and space.

- At the commencement of our audit, only one of the three locations, SCVMC, had dedicated space for the SAFE exam, a separate dedicated space for patient interviews, and a bathroom/shower facility that is directly connected to the exam room.
- At the commencement of our audit and during our August site visit, the Stanford response location had only designated, but not dedicated, spaces for the SAFE Program within its emergency department.
 - Stanford had begun the process of creating a dedicated space that will be similar to the dedicated SCVMC SAFE Program facility in a suite of rooms previously occupied by translator and international medicine staff, but this space was not ready for use by the SAFE Program during our August site visit.
- When we returned to Stanford on September 30, 2021, Stanford had dedicated a private waiting room within the emergency department for SAFE patients to use in the interim before the new SAFE Program suite is fully available. We also observed in September that Stanford had made notable progress on making the new dedicated SAFE suite ready for the Program to use, including changes to furniture and fixtures and the addition of a bed and a sink in the exam room.
- As of our August site visit, the St. Louise location planned to have a dedicated exam room with a connected bathroom and shower for the SAFE Program, but there was not a designated or dedicated interview space separate from the SAFE exam room. Of the two designated spaces in the emergency department for patients to wait for the SAFE nurse's arrival, only one of them is fully private; the second designated waiting space is in a room with four chairs, separated by curtains, that is not suitable for private conversations. In addition, unlike at the SCVMC location, there was no convenient separate area for individuals accompanying the patient to wait.

In addition to differences in space availability, all three response locations have variations in the furniture and fixtures within the response spaces. Each location has a different feel given the varying ages and configurations of the hospital buildings. These differences, while understandable, have the potential to result in different patient experiences.

Figure 1.1 on page 32 compares the facilities and workflows across each of the three existing/planned County response locations with the standards recommended in the National Protocol for response location facilities. This figure is based on our audit team's observations during site visits, interviews with Program and hospital staff, and our review of written workflows and other materials. There are a number of factors that may require the Program to modify the workflow or the facilities used at each location, including: whether the patient has an acute medical condition that must be treated before the SAFE exam can be performed; whether the patient self-identifies early on as a victim of sexual assault upon presenting to the emergency room; whether the patient is intoxicated upon arrival at the emergency room; and whether designated space typically used for SAFE patients is occupied (by another SAFE patient or by another individual). This figure shows the SAFE response locations as they are intended to operate when the patient self-identifies early on as a victim of sexual assault and is medically cleared to proceed with the exam in the dedicated or designated space.

Figure 1.1 on page 32 also includes the Santa Clara Children's Advocacy Center (CAC), which opened in April 2021 and is the County's central location for conducting Pediatric SAFE exams for children under age 12. Patients of the Adult/Adolescent SAFE Program between the ages of 12 and 17 may also use the CAC depending on their case and circumstances. While the scope of this audit was limited to the Adult/Adolescent SAFE Program response locations within the County, we heard from SAFE Program leadership that the CAC is in many ways a model for how to provide patient-centered, trauma-responsive care, and therefore we have included it in Figure 1.1 on page 32 for comparative purposes.

Figure 1.1: SAFE Program Facilities at Santa Clara County Response Locations as of October 1, 2021

Facility space	Reception, triage, and medical screening exam (MSE)	Space to wait for the SAFE nurse	Exam room	Bathroom and shower	Access to clothing, personal items, food, etc.	Interview space	Waiting space for accompanying support person, advocate, etc.	Comparison to National Protocol standards
U.S. Department of Justice National Protocol for Sexual Assault Medical Forensic Exams (2013)	Give sexual assault patients priority. "Individuals who disclose a recent sexual assault should be quickly transported to the exam location, promptly evaluated for serious injuries, and offered a medical forensic exam."	The site will have a private, secure, and quiet waiting area.	The site will provide a private exam room.	The site will have a bathroom (preferably with shower facilities) available for patients' use following the completion of the exam.	Comfort supplies may include clean and ideally new replacement clothing, toiletries, food and drink, and a phone or access to a phone* in as private of a location as possible.	The site will provide a private and secure setting for the investigative interview.	The site will have a private, secure, and quiet waiting area.	Establishes Standards ✓ Space should be designated for the SAFE Program for waiting, exams, and using a bathroom and shower. Space should also be available for interviewing and for people accompanying the patient to wait.
Santa Clara Valley Medical Center (San Jose)	The patient is admitted to the emergency department (ED) and escorted to a private room in the ED to wait for the SAFE nurse, who performs the MSE.	The patient waits in the Family Room, a designated private waiting space. This is a small room with a couch and chairs located in the SCVMC ED.	Patients are escorted out of the ED and to a separate building dedicated to the SAFE Program. Two private rooms are available in this building for the exam.	The exam rooms have a connected private bathroom and shower that are dedicated for use by patients only.	Clothing and personal items are located in the exam rooms and food/drinks are visible to the patient in the waiting room.	Private, dedicated area available for interviews as needed.	Private waiting space in the dedicated SAFE facility.	Exceeds Standards ✓+ Space is dedicated for the SAFE Program exam, interviews, and accompanying people. Private waiting space is designated in the ED prior to the SAFE nurse's arrival.
Children's Advocacy Center (CAC)	The CAC waiting area is a bright, private, secure area with seating and child-friendly design and toys. Access to the CAC clinical space is controlled by badge access.	There are multiple waiting areas that are designed to meet the needs of children of different ages, from young children to adolescents.	There are dedicated, private exam rooms stocked with needed equipment and supplies.	Private, dedicated bathroom and shower facilities are connected to the exam rooms.	There are clothing and personal items available in each room. Food is stored in a kitchen area that is connected with one of the waiting areas.	Private rooms are dedicated for interviewing. Law enforcement may interview on the other side of the CAC, separate from the medical space.	Multiple waiting areas throughout the CAC. Law enforcement has dedicated space on the other side of the CAC, separate from the medical space.	Greatly Exceeds Standards ✓++ Dedicated exclusively to children who are victims of physical or sexual abuse. The space is newly renovated, clean, private, and thoughtfully designed.

Facility space	Reception, triage, and medical screening exam (MSE)	Space to wait for the SAFE nurse	Exam room	Bathroom and shower	Access to clothing, personal items, food, etc.	Interview space	Waiting space for accompanying support person, advocate, etc.	Comparison to National Protocol standards
Stanford (August-September 2021)	Patient is checked in at ED reception and assigned a priority of 2 on the Emergency Severity Index (1 is most urgent and 5 is least urgent). The MSE is completed by a Stanford physician in a private triage room. The patient is also assigned a Stanford ED nurse to accompany them as their liaison.	The Zen Room is located in the ED and used as a designated private waiting space. The room has multiple seating options, dimming lights, TV, books, and tablet. Sept. 2021: Stanford added a new dedicated private waiting room in the ED for SAFE patients.	There is a private, designated exam room within the ED. A locked cart across from the exam room stores all the SAFE supplies.	The bathroom and shower are in a single room that is down the hall from the exam room. If a SAFE patient wants to use the facility, the nurse will clean and prepare it and place a sign on the door to maintain privacy.	There are clothing and personal items available. The liaison nurse assists with getting any food or drink the patient may request.	The Zen Room may be used, but there is not dedicated interview space outside from the Zen Room. Sept. 2021: Stanford added a new dedicated private waiting room in the ED for SAFE patients that could be used.	There is a quiet waiting area just outside the emergency department but there is no dedicated waiting area for advocates and support people.	Meets Standards ✓ Space is designated for the SAFE Program for waiting, exams, and using a shower or bathroom. While there was not dedicated interview or waiting space in August 2021, there was the Zen Room and quiet areas nearby that may serve this purpose. By Sept. 2021, Stanford added a dedicated waiting/interview room in the ED.
Stanford proposed long-term plan (anticipated Sept. 2022)	Check-in and triage will work similarly to the current process outlined above.	Patient will wait in the private, dedicated onsite SAFE suite, located adjacent to the ED.	The private dedicated exam room will be located in the SAFE Program suite.	Bathroom and shower will be located within the SAFE exam room and for dedicated use by SAFE patients.	There will be clothing and personal hygiene items provided. The renovated space may also allow for a food/drink area within the space.	Dedicated private space will be available within the suite.	Dedicated private waiting area within the suite.	Exceeds Standards (anticipated) ✓+ Space will be dedicated for the SAFE Program exam, patient bathroom and shower, interviews, and waiting all in one location.
St. Louis Regional Hospital (anticipated end of 2021)	Patient is checked into the ED and escorted to a designated waiting area within the ED to wait for the SAFE nurse, who performs the MSE.	Private designated room in the ED or a chair in a semi-private room that accommodates four patients (separated by curtains) within the ED.	Dedicated private room on the second floor of the hospital, outside of the ED.	The exam room has a private connected bathroom and shower for dedicated use by SAFE patients.	Not yet established. We anticipate that these items will also be offered as they are at other locations.	The exam room may be used for interviewing but there is not separate designated or dedicated interview space.	This space has not been identified. There are chairs in a hallway on the second floor outside the hospital wing where the SAFE room is located, but they are not near the exam room.	Opportunity to Improve ✓ Spaces in the ED are designated for SAFE patients to wait, but one of these spaces is not fully private. The exam room is dedicated and private. There is not separate space identified for interviewing or for accompanying people to wait.

Source: Management Audit Division site visits and analysis of U.S. Department of Justice National Sexual Assault Medical Forensic Exam Protocol, 2013.

Notes:

* The SAFE Program reports that all sites provide patients with access to phone chargers or phones as needed/requested, but we did not observe the chargers during our site visits.

**This figure is based on the audit team's observations during site visits, interviews with Program and hospital staff, and written workflows. There are a number of factors that may change the workflow or the facility spaces that are used.

Based on the criteria in the National Protocol and our assessment of each of the sites, we determined that the SCVMC location exceeds the National Protocol standards, as it has dedicated or designated space for the patient to use throughout the SAFE exam process. The Stanford location at the commencement of the audit met the National Protocol standards with its designated spaces, and the future proposal that dedicates a suite of rooms to the SAFE Program will exceed these standards. However, the County should update its agreement with Stanford Health Care that establishes the operation of the Stanford SAFE response location to include the details of the updated SAFE Program space and facilities at the Stanford response location.

The St. Louise location poses concerns due to the lack of a dedicated or designated private interview space outside of the exam room, the fact that one of the two designated waiting areas within the emergency department is not fully private (though it is separated by curtains), and the lack of a designated private waiting area for individuals accompanying a patient. We recommend that the SAFE Program and St. Louise Regional Hospital work to find dedicated (if possible) or at least designated private space, outside of the exam room, that can be used for patient interviews, along with a waiting area for support people and advocates that is closer to the SAFE exam room. We also recommend that the specifics of the intended response location rooms be established in writing.

Identifying these additional spaces outside of the SAFE exam room at St. Louise is important and has the potential to improve the patient experience at St. Louise. Identifying these spaces will also make the St. Louise response location more comparable to the SCVMC and Stanford response locations. However, we do not recommend delaying the opening of the St. Louise response location in order to identify this space. Through our survey interviews, we heard that there is a need for a SAFE Program response location to serve the community in south Santa Clara County, and that traveling to SCVMC for a SAFE exam is a significant barrier for many sexual assault victims living in south County. Given that the dedicated private exam room and bathroom/shower facilities are already secured at St. Louise, the SAFE Program should work to identify additional space for interviews and waiting areas concurrently with its other work to open this response location, or if necessary, continue this work after opening the response location.

Santa Clara County SAFE Exam Response Location Detailed Workflows

This section provides detailed descriptions of the workflows and facilities summarized in Figure 1.1 on page 32. These descriptions are based on our audit team's observations during the visits to each of the response locations, interviews with SAFE Program and hospital staff, and written documentation describing the workflows. Much of the SAFE Program's workflow is dependent upon other partner agencies, including all the various law enforcement agencies in the County, advocacy organizations, and emergency department and hospital staff. As a result, there may be instances when a patient experiences a different workflow or cannot access the specific rooms that we observed and describe here. We did not conduct any observations while SAFE patients were being seen or interview any SAFE patients about individual experiences.

The SCVMC, Stanford, and St. Louise response locations each provide, or in the case of St. Louise anticipate providing, patients with the same SAFE exam services performed by a trained SAFE nurse. The SAFE Program uses an on-call staffing model, and at least one SAFE nurse, and oftentimes two or three SAFE nurses, are on-call to respond

to any one of the Program's response locations to conduct an exam. The same group of on-call SAFE nurses responds to all the County's SAFE Program locations as needed. The SAFE Program staff report that SAFE nurses operate under a standardized protocol and offer the same elements of care to patients no matter the location. Our audit found no concerns or reported differences in how the exam is conducted, the quality of the forensic evidence collected, or the capability of the nurses administering the exam across exam locations. In addition to offering every patient access to the same exam and medical services, we observed that the workflows for the patient experience are designed similarly across locations in a number of critical ways, including:

- Access to and support from survivor advocates from one of the County's sexual assault advocacy organizations/rape crisis centers. If an advocate is not already onsite at the response location, the SAFE nurse will call the advocate as soon as the nurse is called to respond.
- The SAFE nurse will discuss the exam options with each patient and obtain consent before the exam and throughout the exam.
- Patients are informed of their right to decide whether or not they wish to report the sexual assault to law enforcement, including their right to have a forensic exam but not report the assault.
- All facilities are accessible for disabled patients, are clean and hygienic, offer patients access to interpreter services if needed, and appeared to have the required medical supplies.
- Patients are all offered access to a bathroom with a shower facility as well as personal hygiene items, new clothing, food and drink, phone chargers and/or access to a phone if needed, and other comfort items.

However, because these are different facilities, the overall workflows of each location vary. While these differences would ideally be undetectable to a patient, they have the potential to result in different patient experiences. The patient experience is also dependent on partner agencies following the established workflows and protocols. Overall, we conclude that the response locations provide relatively comparable experiences in terms of access to services and facilities, but there are opportunities for improvement at each location. Given the length of time a patient will spend in these spaces—the average time between when a patient arrives at the SCVMC facility to when the patient is discharged is roughly six hours¹⁰—improvements to the response location spaces have the potential to materially improve the patient experience.

Below is an overview of the workflows at each of the three Adult/Adolescent SAFE response locations located within the County. Each of these workflows begins with the patient arriving at the emergency department after having experienced a sexual assault, and then receiving a SAFE exam for the collection and preservation of evidence of the assault. These summaries do not discuss how a patient may arrive at the hospital. The reported workflows may change and have the potential to take longer if a patient presents with additional acute medical issues, does not disclose their sexual assault upon initial intake or triage, or is intoxicated upon their arrival at the emergency department.

¹⁰ This estimate is based on a sample of 91 Adult/Adolescent SAFE exams performed between January 1 and June 30, 2019 that were analyzed as part of the January 2020 Process Map and Time Study Report prepared by the County's Sexual Assault Response Team.

Attachment A, starting on page 77, contains images of the facilities from each of the three response locations.

Santa Clara Valley Medical Center – San Jose

Upon arrival at the emergency department at SCVMC's main campus in San Jose, a SAFE patient checks in with the charge nurse and is registered. At this time, if the SAFE nurse has not already been called, the charge nurse and/or law enforcement officer, if the officer is accompanying the patient, calls the SAFE nurse. If an advocate from the local sexual assault advocacy organization is not present, the SAFE nurse calls the appropriate organization to ensure they send an advocate to the location.

If the patient has medical issues that need to be addressed, they are prioritized for a room in the emergency department for medical care. If there are no medical issues, the patient waits for the arrival of the SAFE nurse in the Family Room, which is a small space outside of the main emergency department doors that is designated for SAFE Program use. The accompanying law enforcement officer, advocate, and/or support person may wait with the patient for the arrival of the SAFE nurse if the patient chooses. The Family Room has a small couch and multiple chairs with seating for approximately six people, a sink, and door that can be closed and locked with restricted keypad access. There is a sign on the wall of the Family Room alerting the accompanying law enforcement officer to call the SAFE nurse to ensure they are on their way.

The Family Room space is not a dedicated SAFE Program space and is also used for private conversations and delivering medical news to family members of patients in the emergency department. As a result, there are instances where the room is unavailable because it is occupied by another individual or group. In those cases, emergency department staff must find alternative space where the patient may wait.

Once the SAFE nurse arrives to the SCVMC emergency department, they meet the patient in the Family Room, discuss the patient's rights and the exam process, collect the patient's vitals, draw bloodwork if this has not already been done, and assess whether there are any medications (for example, HIV prophylaxis) that an emergency department physician needs to prescribe. Following this process, the patient is escorted to the dedicated SAFE Program building, which is a separate building within easy walking distance from the emergency department, where the interview and exam will take place. This building is dedicated space for the SAFE Program.

In the dedicated SAFE Program building there are two private exam rooms with private bathroom and shower facilities that are accessible from inside the exam room. Each exam room contains hygiene items for the patient if they choose to shower, and access to new clothing and shoes. The building also contains a waiting space and lobby area that are quiet and allow for private conversations. In the waiting area there is a small food area with a coffee maker, a microwave, and non-perishable food items for the patient if they would like something to eat or drink, as the exam and interview process can take many hours.

The SCVMC emergency department can be a hectic and busy environment. The separate, dedicated SAFE Program facility provides a quieter, calmer environment by comparison and offers more space for private conversation; however, having the separate dedicated building outside the emergency department requires the patient to walk, in public and outside, from one location to the other. In addition, the SAFE Program building at SCVMC is older and has not been updated in a number of years,

and could be improved with updates to the furniture, wall colors, and fixtures to make the physical space more comfortable and modern. The SAFE Program plans to make improvements to the location with the \$1 million in funding recently approved by the Board of Supervisors. The timeline for making improvements to the space is still being determined.

Stanford Health Care Emergency Department – Palo Alto

Patients arrive at the Stanford location through the emergency department main entrance or in the back through the ambulance bay. If the patient enters through the main entrance, they go through security and then are directed to the emergency department reception desk, where the patient is checked in. When a patient discloses that they have experienced a sexual assault, reception calls the SAFE nurse and assigns the patient at least a 2 on the Emergency Severity Index (ESI) scale, which triages patients for care on a 1-5 scale, with 1 being most urgent and 5 least urgent. Patients may arrive accompanied by law enforcement, and Stanford Health Care staff report that law enforcement has been told to escort SAFE patients through the ambulance bay entrance and not through the main entrance. However, it is not clear that law enforcement consistently uses the ambulance bay entrance.

Stanford assigns a liaison nurse to accompany a SAFE patient throughout their time at Stanford Hospital. The liaison nurse calls the SAFE nurse to ensure someone is on their way, and the SAFE nurse calls the sexual assault advocate to respond. The liaison nurse also helps accompany the patient, works to ensure that evidence is preserved prior to the arrival of a SAFE nurse, and acts as another source of support for the patient.

Stanford has three private triage spaces where a physician performs the medical screening exam for a SAFE patient. If a patient needs medical care to address an acute medical condition, the acute medical needs are addressed before the SAFE exam begins. Otherwise, the Stanford physician medically clears the patient. As of August 2021, the SAFE patient was escorted to a designated waiting space referred to as the Zen Room, located in another area of the emergency department, to wait for the SAFE nurse and/or sexual assault advocate to arrive. This room has seating for approximately four to five individuals, including a small couch and lounge chairs. The room contains a television, tablet, books, and light dimming switches, which help create a calming space. Similar to the Family Room at SCVMC, this space is shared by the emergency department and may also be used to comfort families or individuals receiving medical news. If this room is not available when a SAFE patient arrives, the Stanford liaison nurse must find an alternative waiting space that allows for patient privacy. As of September 2021, Stanford has dedicated a separate room exclusively for SAFE patients to use while they wait for the SAFE nurse to arrive. This room was previously used as an office but has been rearranged to be a private waiting space dedicated for the SAFE Program.

Once the SAFE nurse arrives, they meet with the patient, describe the SAFE exam process and the patient's rights, and receive initial consent to perform the exam. The SAFE nurse then prepares the designated exam room, which is located in another wing of the emergency department. All of the SAFE nurse's equipment is located in a locked cart that only the SAFE nurse and Stanford pharmacy have access to. The cart is stored across from the designated exam room in a storage closet. Stanford's pharmacy regularly checks the medication and replaces any expiring medications, but other than the pharmacy, Stanford personnel do not have access to the contents of the SAFE cart. An advantage of the Stanford location is that all the medications are located in the cart and easily accessible by the SAFE nurses; at SCVMC, some medications require prescriptions that can only be obtained from emergency department physicians.

The Stanford exam room itself is private and designated for use by the SAFE Program. If the designated area is not available, Stanford has alternative exam rooms nearby that may be used. Following the exam, the patient may use the designated bathroom and shower that are located around the corner and down a hall from the exam room. The designated bathroom and shower are together in a single room and are generally available for use by others in the hospital, but when there is a SAFE Program patient who wants to use the facility, the Stanford liaison nurse will first clean the bathroom and then place a sign on the door that stating that the bathroom is occupied and directing other people looking for a restroom to use alternate facilities. Stanford provides new clothing, hygiene products, food and drink, and other comfort items requested by the patient. Because the program is not in a dedicated space, these items are located in different storage areas, and not as centrally located as they are at SCVMC.

The Stanford emergency department is a new and modern facility, and this feeling comes across in the SAFE Program response areas. The Program response areas are mostly contained within the emergency department, which conveys the feeling of being in a hospital more than the SCVMC dedicated SAFE facility does. A patient may also interact with more hospital personnel at Stanford than they would at SCVMC, because a Stanford physician conducts the medical screening exam and there is a Stanford liaison nurse assigned to each SAFE patient. Stanford and the SAFE Program staff report that these individuals are trained not to ask questions beyond what is medically needed or what the patient wishes to discuss.

Transition at Stanford

Stanford Health Care is currently working on a set of medium- and long-term solutions that will eventually allow for the SAFE Program to have a dedicated space with a private waiting area and private, dedicated bathroom and shower, and has identified a suite of rooms just outside the emergency department that can be used exclusively by the Program. Most notably, the longer-term vision for the suite involves Stanford planning to remodel the space to build out the bathroom to include a private shower, adjust the exam room and bathroom doors so that the bathroom is only accessible from the exam room, and create additional separate waiting and office space. Eventually, this suite as described to us will include a dedicated private waiting area and a dedicated exam room with a connected bathroom and shower. In the medium-term, the space will be refitted with furnishings and exam equipment to fit the space as it is currently configured, including using the bathroom that only has a toilet and sink. If a patient would like a shower they will continue to use the current single-stall designated shower.

Stanford Health Care received flex-waiver approval from the California Department of Public Health on September 3, 2021 to use this new space for the SAFE Program. The longer-term construction and remodeling plan is contingent upon approval from California's Office of Statewide Health Planning and Development (OSHPD), which Stanford reports is currently underway. OSHPD approval is required prior to starting and completing the construction project. As of the September 22, 2021 County Health and Hospital Committee meeting, Stanford anticipated completing construction on the space in approximately one year, with an estimated completion date of September 2022. Based on our understanding of the planned dedicated SAFE Program suite and our September 2021 visit to the interim space, we conclude that the dedicated SAFE Program space planned by Stanford will likely provide a calming environment and level of privacy that is comparable to what the SCVMC site currently offers.

St. Louise Regional Hospital – Gilroy

St. Louise Regional Hospital is the proposed SAFE Program response location that will serve the southern part of Santa Clara County. This location was initially planned to open in March 2020 but was delayed due to reallocating hospital space for its COVID-19 response. SAFE Program staff report that the location is set to open by the end of 2021, as long as staffing needs can be met and pending a reduction in COVID-19 cases in south County. Although the St. Louise location is not yet operational, the planned location workflow described to us is similar to the workflows in place at SCVMC and Stanford, with adjustments to account for St. Louise's layout.

As of August 16, 2021, the planned workflow we observed begins with the patient presenting at St. Louise's emergency department. The emergency department has a designated private room for triage and potentially for the patient to wait for the arrival of the SAFE nurse, if the room is not occupied by another emergency room patient. At the time of our visit, this designated private room was occupied, and we were not able to enter or photograph it. If this space is unavailable, as it was during our visit, there is an alternative room that is a semi-private space with four chairs separated by curtains where the patient may wait for the SAFE nurse. At the time of our visit this space was quiet and felt removed from the rest of the emergency department, but it is not fully private and not suitable for interviewing or confidential conversations.

Once the SAFE nurse arrives and the exam room is ready, the patient will be escorted from the emergency department to the second floor of the hospital where a room is dedicated for use by the SAFE Program. The room is in a quieter part of the hospital that is only open during business hours; after business hours SAFE nurses will be able to access the space with key cards. The room has a connected private bathroom and shower dedicated for the patient's use. The SAFE Program reports that this location will be set up with the proper equipment, clothing, hygiene products, and any other comfort items a patient may request, similar to the other response locations; however, the room had not been outfitted with these items at the time of our site visit.

One notable difference between the St. Louise location and the other SAFE Program response locations is that there is not a private patient interview space other than the exam room. As of August 2021, it appeared that a patient's interview would likely take place in the exam room itself, which is a significant difference between locations. At both Stanford and SCVMC, the SAFE nurse and law enforcement are able to interview

the patient in a room that is not the room in which the SAFE exam will be conducted, which may provide for a more comfortable and less traumatic or intimidating interview experience for the patient. In addition, at the St. Louise location, there is not an easily identifiable space for a patient's support person, law enforcement, or the advocate to wait while the exam is occurring. There are chairs in a hallway on the second floor outside the hospital wing where the SAFE room is located, but they are not near the exam room.

Documenting and Agreeing Upon Response Location Minimum Requirements

Overall, the SAFE Program response locations meet and in many ways exceed the standards set in the National Protocol. However, the Program has not established, in writing, requirements for response locations that describe what is expected in terms of Program facilities. Specifically, the Program has not established minimum requirements that outline whether space should be designated and/or dedicated, what type of space should be used for waiting and interviews, and what space should be available for accompanying support people and advocates to wait. The County's Sexual Assault Protocol, which serves as the interagency protocol for how partners respond to a sexual assault locally, discusses the SAFE Program's general workflow, but it does not detail expectations of what response location facilities must include.

In the August 25, 2021 report to the County Health and Hospital Committee, the County's SAFE Program stated that it uses state and federal guidance and best practices when considering what type of facility to select for a Program response location. Considerations include: 1) Selecting locations that are within timely availability to survivors in the Program's service areas; 2) 24/7 access to the location facility; 3) Safety and security of the patient and first responders; 4) The facility offers physical and psychological comfort for the patient; 5) Capacity to accommodate patients with disabilities; 6) Access to laboratory and pharmaceutical resources; and, 7) Proximity to acute medical care beyond the SAFE exam by co-locating at emergency departments. The County's SAFE Program reports that it also seeks locations that have immediate availability of: standardized triage and screening practice, ability to communicate with SAFE Program responders, capacity to partner with the Program, onsite lab services, private and safe settings for interviews and history taking, private exam rooms, private bathroom and shower facilities, environmental cleaning, access to phone and Wi-Fi/internet services, and response location liaisons who are able to participate in ongoing quality assurance at the response location.

The National Protocol suggests that communities may want to develop basic requirements for designated response locations. The SAFE Program's recent report to the Board is helpful as it provides guidance on what the SAFE Program looks for when selecting response locations. However, this level of detail is not committed to in the County's agreement with Stanford Health Care or in the County's Sexual Assault Protocol. In addition to the planned renovations at Stanford discussed above, both SCVMC and St. Louise Regional Hospital have long-term plans to renovate or modify emergency room facilities and other hospital space, which could impact SAFE Program spaces and operations. Because SAFE facility standards have not been established and agreed to in writing, variation in response location facilities may occur, and existing SAFE Program response locations are not prevented from modifying facilities or workflows in a way that may negatively impact SAFE Program operations or the patient experience. In addition, not having standards detailed and agreed to in writing means that there are no established requirements for any future response locations.

Prior to the expansion of response locations, the SAFE Program may have not needed such explicit discussion of response location facilities because SCVMC was its sole response location. However, given the current expansion and anticipated opening of new response locations, the SAFE Program should work with the SART Committee to amend the Santa Clara County Sexual Assault Protocol to define minimum facility requirements and expectations of SAFE response locations. Detailing these requirements will help improve communication and coordination both among partners and with the public.

Updating the Stanford Agreement with Response Location Space Expectations

The County's current agreement with Stanford Health Care for the operation of the SAFE Program's Stanford response location was initially signed on February 3, 2020. The agreement outlines the terms and effort between Stanford Health Care and the County to implement a SAFE response location at the Stanford Hospital. The initial term of the agreement was through December 31, 2020, with the option to renew the agreement by signed amendment for four one-year terms. The agreement was amended and renewed effective January 1, 2021, and this first amendment extends through December 31, 2021.

This agreement commits Stanford to providing an exam space that is "a mutually agreeable secure exam room...with a gynecological bed with appropriate access available for SAFE Nurses to provide SAFE evidentiary exams in the SHC Emergency Department." In addition, the agreement stipulates that Stanford Health Care will provide a confidential space and "ensure that a confidential space or spaces for required accompaniment with appropriate access at the Premises is available to SAFE Nurses on a 24/7 basis."

Based on our site visits and review of workflows and protocols, Stanford is meeting the current terms of its agreement with the County. However, the language of this agreement is not specific enough to hold Stanford accountable for providing the space that it has committed for SAFE Program use. The agreement does not provide any detail related to what type of waiting space will be available, any mention of bathroom/shower facilities, or any language that establishes whether the spaces will be dedicated or designated for use by the SAFE Program. As a result, the County's agreement with Stanford is not precise regarding what type of space that Stanford will allow the SAFE Program to use, and it does not commit Stanford to designating or dedicating particular facilities. Committing to a "mutually agreeable exam room space" leaves too much flexibility in what the County and the SAFE Program can expect from Stanford. Therefore, the County should amend its agreement with Stanford Health Care to include specific language that details the facilities committed for use by the SAFE Program at Stanford, including the medium- and long-term space changes described earlier in this section, to ensure that changes underway now will meet expectations when complete and that any future needs will be addressed contractually.

CONCLUSION

The two existing and third planned Adult/Adolescent SAFE Program response locations in the County are comparable in many ways, including in the type and quality of the exam patients receive, and access to designated or dedicated private exam spaces and bathroom and shower facilities. SAFE Program response locations meet and in many ways exceed the standards set in the U.S. Department of Justice's National Protocol. However, each response location is in a different hospital facility that has a unique atmosphere and different SAFE Program workflows. Differences in facility spaces, including the availability of designated compared to dedicated spaces, may lead to variations in a patient's experience. In general, the SAFE Program can be more proactive by establishing a standardized, written, and agreed upon set of expectations for all response locations. Including these requirements in written agreements with each response location, as well as incorporating them into the County's Sexual Assault Protocol, will more clearly communicate response location expectations and what will be available at each response location.

RECOMMENDATIONS

The Santa Clara County SAFE Program should:

- 1.1 Work with the SART Committee to amend the Santa Clara County Sexual Assault Protocol to define minimum facility requirements and expectations of SAFE response locations. (Priority 2)
- 1.2 Work with staff at St. Louise Regional Hospital to find dedicated, if possible, or at minimum designated private space, outside of the SAFE exam room, that can be used for patient interviews and waiting space for those who accompany the patient. The specifics of the intended design should be in writing. (Priority 2)

Santa Clara Valley Medical Center should:

- 1.3 Work with County Counsel and the Procurement Department to amend the County's agreement with Stanford Health Care to specify the facilities that are committed for use by the SAFE Program at Stanford Hospital, in order to ensure that changes underway now will meet expectations when completed and that any future needs will be addressed contractually. (Priority 2)

SAVINGS, BENEFITS, AND COSTS

These recommendations will require one-time administrative time from the SAFE Program, SCVMC, and its partners. By including language in the County's Sexual Assault Protocol and partner agreements that specify the facility requirements of a SAFE response location, the SAFE Program will clearly communicate expectations and will have the ability to hold current and future facilities to these standards. This language will help to ensure a more comparable patient experience across response locations.

Section 2: Adequate Staffing of SAFE Nurses

Background

Since 2014, the County has contracted with Accountable Healthcare Staffing, Inc. to provide the Sexual Assault Forensic Exam (SAFE) Program's on-call SAFE nurse staffing services. As of October 2021, the County was in the process of transitioning to an in-house staffing model and plans to hire on-call SAFE nurses as County employees by December 2021. SAFE personnel require additional, specialized training.

Problem, Cause, and Adverse Effect

The SAFE Program projects that by the end of 2021, the number of SAFE exams performed annually will have increased by 116 percent from 2015 to 2021. In addition to higher exam volumes, the Program has undergone significant service expansion since 2019, including increased on-call staffing hours, the opening of new response locations, and the addition of forensic examinations of survivors of strangulation, all concurrent with the COVID-19 pandemic. During this period of growth, the Program has not been able to increase its staffing to match its expansion. In 2019, the SAFE Program's stated staffing goal was to have and retain 26 trained SAFE nurses; however, the Program has had difficulty hiring and retaining staff to match personnel attrition levels. As of October 2021, the Adult/Adolescent SAFE Program had only 19 on-call SAFE nurses, in addition to its two Nurse Coordinator positions.

According to SAFE Program leadership, staffing and retention are ongoing challenges due to the difficult nature of the work, the training requirements and limited availability of medical forensic training, and employee burnout. In addition, the COVID-19 pandemic has limited training resources and locations and placed additional stress on healthcare providers. As a result of increased demand for services and stagnant staffing, SAFE nurses are working more on-call hours and conducting more exams, which may result in patients experiencing longer response times and delays in accessing care, as well as SAFE nurse burnout and higher attrition.

Recommendations

By June 2022, the SAFE Program should evaluate and report to the Board of Supervisors on the Program's success at hiring SAFE nurses as County employees, and assess whether additional compensation or other incentives are needed to attract and retain SAFE nurses. The Program should also monitor whether SAFE nurses, once they become County employees, incur any non-reimbursable costs associated with training requirements. As soon as reasonably possible, the Program should resume and expand its efforts to schedule local in-person SAFE trainings and simulations. Finally, the Program should also work with the Employee Services Agency and the County's Employee Assistance Program to explore opportunities to provide additional support to SAFE Program nurses to reduce burnout and attrition.

Savings, Benefits, and Costs

Increases in SAFE Program positions and SAFE nurse compensation have already been approved by the Board of Supervisors. Higher staffing levels will benefit both Program employees and patients by distributing workload and decreasing patient wait times. Evaluating and reporting on staffing levels will require a small amount of administrative time from SAFE Program staff.

FINDING

SAFE Nurse Training Requirements and Staffing Structure

An adult/adolescent sexual assault forensic examiner must maintain a current State of California license as one of the qualified healthcare professionals identified in California Penal Code § 13823.5(e): nurse or nurse practitioner, physician or surgeon, or physician assistant. Penal Code § 13823.93 establishes a standardized training curriculum that adult/adolescent sexual assault forensic examiners must complete in order to perform medical evidentiary exams. The California Clinical Forensic Medical Training Center (CCFMTC), the state-wide hospital-based medical forensic training center, and CalSAFE, the non-profit California Sexual Assault Forensic Examiners Association, both offer a 40-hour adult/adolescent sexual assault forensic examiners course that qualified healthcare professionals must complete in order to become an adult/adolescent sexual assault forensic examiner to satisfy the Penal Code requirement. There is a separate 40-hour training for pediatric sexual assault forensic examiners.

Other than a valid license as one of the qualified healthcare professionals and completion of the 40-hour training, no additional licensing or certification is required for sexual assault forensic examiners in California. (Registered nurses may become certified by the International Association of Forensic Nurses as a Sexual Assault Nurse Examiner-Adult/Adolescent [SANE-A] or a Sexual Assault Nurse Examiner-Pediatric [SANE-P], but this certification is not required.) However, in addition to completion of the 40-hour training, the Santa Clara County Adult/Adolescent Sexual Assault Forensic Examination (SAFE) Program requires that new SAFE nurses also complete an orientation process that includes hands-on training on a minimum of ten supervised SAFE exams, as well as regular quality assurance meetings. The typical orientation period for a new SAFE nurse lasts nine months, but varies depending on the on-call schedule and overall case volume.

Since 2014, the County has contracted with Accountable Healthcare Staffing, Inc. to provide the SAFE Program's on-call SAFE nurse staffing services. The on-call SAFE nurses who perform SAFE exams are employees of Accountable Healthcare Staffing, but they may also be regular coded or extra help/per diem employees of the County and other Bay Area hospitals. The nurses who are also County employees hold various classifications in their regular County assignments, such as Licensed Vocational Nurse, Nurse Practitioner, or Public Health Nurse Specialist. These individuals are on the on-call SAFE Program rotation schedule outside of their regular County work schedule and do not perform SAFE exams while in their regular County classifications. In 2019 and 2020, the County amended its agreement with Accountable Healthcare Staffing to provide funding for (a) increases in compensation for SAFE nurses; (b) increases in staffing coverage to have multiple SAFE nurses on call during weekends and evenings; (c) increases in on-call coverage to provide services at multiple response locations; and (d) forensic examinations for victims of domestic violence and intimate partner violence.

The Adult/Adolescent SAFE Program's on-call shift schedule divides each day into three eight-hour shifts: 12am-8am (the night shift), 8am-4pm (the day shift), and 4pm-12am (the afternoon/evening shift). The Program has, at minimum, one SAFE nurse on-call 24 hours a day, 7 days a week, in the "first call" shift. The Program also staffs a "second call" shift during the afternoon and night shifts, and sometimes a "third call" shift during weekend afternoon and night shifts, which provides for a second and/or

third SAFE nurse on call during those periods who is available to respond to patients if the “first call” SAFE nurse is already responding to another patient. SAFE nurses are paid for their on-call hours, and in the event that they are called in to perform a SAFE exam during their shift, are also paid for each exam that they perform. The on-call and examination rates are established in the County’s Agreement with Accountable Healthcare Staffing and are discussed in more detail later in this section.

During our audit fieldwork, the SAFE Program was in the process of hiring additional full-time staffing while simultaneously transitioning from a contracted staffing model to an in-house staffing model. By December 2021, the SAFE Program plans to:

- Complete the hiring of six new Clinical Nurse III positions that were approved in the Program’s FY 2021-22 budget. These six Clinical Nurse III positions are planned to fully cover the Program’s 24-hour “first call” shifts in order to provide consistent and stable on-call coverage. Although the hiring process was still in process as of October 2021, the Program anticipates that at least some of these Clinical Nurse III positions will be filled by SAFE nurses who are currently part of the existing contracted staffing pool as employees of Accountable Healthcare Staffing.
- Have SAFE nurses who are already County employees continue to schedule on-call SAFE assignment time during their off-duty hours as an assignment within their existing classification, and be paid at County rates.
- Hire the remainder of its pool of on-call SAFE nurses as per diem employees of the County, so that these individuals are also paid at County rates.

Increases in Program Activity without Concurrent Increases in Staffing

The SAFE Program has experienced a period of significant growth, both in the volume of exams and in the scope and location of its services, but the Program has not been able to increase its staffing levels to keep up with this growth. As a result, SAFE Program nurses on average are working more on-call hours per month and conducting more SAFE exams, and the Program is not always able to staff extra coverage shifts on weekends and evenings/nights.

Increases in SAFE Program Workload and Services

The workload of the SAFE Program has grown significantly since 2015. Between 2015 and 2019, the number of SAFE exams conducted by the Program increased by 79 percent, from 266 exams in 2015 to 477 exams in 2019. The number of exams decreased from 477 to 447 in 2020, likely due to shelter-in-place orders related to COVID-19; however, between January and August 2021, the program conducted 386 exams, which represented a 27 percent increase over the same time period in 2020. The Program projects that the number of SAFE exams conducted in 2021 will exceed 575, which would represent a 116 percent increase in the number of SAFE exams performed over the six-year period from 2016 to 2021.

In addition to performing more exams, the SAFE Program has nearly doubled the number of on-call shifts that it staffs. In June of 2019, the Third Amendment to the agreement between the County and Accountable Healthcare Staffing, Inc. increased the agreement’s not-to-exceed amount to provide funding for increases in staffing coverage to have multiple SAFE nurses on call during weekends and evenings/nights. These nurses are designated the second and/or third call, and are dispatched if the first call SAFE nurse is already responding to another patient.

Prior to 2019, the SAFE Program had one SAFE nurse on call 24 hours a day, 7 days a week, which required the Program to staff 21 eight-hour shifts per week (three eight-hour shifts per day).¹¹ With the expanded coverage funded in 2019, the Program's coverage model increased to five shifts per day on Monday through Thursday (two shifts during weekday evenings and nights, and one shift during weekday days), six shifts per day on Friday (one extra shift on Friday evenings, 4pm-12am), and seven shifts per day on Saturday and Sunday (two extra shifts on Saturday/Sunday evenings, 4pm-12am, and nights, 12am-8am).¹² This expanded coverage model increased the number of on-call shifts from 21 to 40 per week, nearly twice as many eight-hour shifts than the Program had staffed previously, as shown in Figure 2.1 below.

Figure 2.1: Growth in SAFE Program On-Call Staffing Coverage

	Original coverage	Expanded coverage
No. of 8-hour shifts per week: Mon-Thurs	12 (3 shifts, 4 days)	20 (5 shifts, 4 days)
No. of 8-hour shifts per week: Friday	3	6
No. of 8-hour shifts per week: Sat-Sun	6 (3 shifts, 2 days)	14 (7 shifts, 2 days)
Total 8-hour shifts per week	21	40
Total on-call hours per week	168	320

Source: Third Amendment to the Agreement with Accountable Healthcare Staffing, Inc. (ID# 95986 B); SAFE Program shift schedules.

Expansion of SAFE Program Services and Population

In addition to conducting a higher volume of exams and staffing more on-call shifts, the SAFE Program has expanded its services. The Program is now conducting medical forensic exams on victims of strangulation at the SAFE Program's central response location at Santa Clara Valley Medical Center (SCVMC)'s main San Jose campus, with plans to offer these exams at other locations in the future. In addition, the Program is performing SAFE exams at multiple response locations (SCVMC, Stanford Hospital in Palo Alto, Dominican Hospital in Santa Cruz, and a planned location at St. Louise Regional Hospital in Gilroy). Lastly, under an August 2021 agreement with the United States Army Garrison, Presidio of Monterey (USAG POM), the SAFE Program will begin providing SAFE exams for USAG POM service members and their dependents stationed at the Presidio. (USAG POM patients will be transported to SCVMC for the SAFE exam; the SAFE Program will not operate a local response site.)

¹¹ We use the model of three eight-hour shifts per day for comparative purposes, but SAFE nurses sometimes work partial or split shifts, and some nurses will work multiple shifts in a row.

¹² The expanded coverage model states that the Program will have three nurses on call during "weekend evenings/nights" but does not define the specific time periods that are considered weekends. For the purposes of this comparison, we consider "weekend evening/night" shifts to be Friday evenings (4pm-12am), Saturday early mornings (12am-8am), Saturday evenings (4pm-12am), Sunday early mornings (12am-8am), and Sunday evenings (4pm-12am). Our review of SAFE Program shift schedules also found that the SAFE Program typically staffs two day shifts on Saturdays and Sundays; however, for this comparison we calculate only one weekend day shift according to the description of the Program's expanded coverage model.

In 2020, the SAFE Program conducted 30 forensic exams for victims of strangulation at its SCVMC response location; the number of strangulation exams is expected to increase as the SAFE Program expands this service at other response locations. The operation of new response locations at Stanford, Santa Cruz, and the planned response location at St. Louise Regional Hospital in Gilroy all require, or will require, program coordination and managerial support, in addition to SAFE nurse travel and examination time. While the precise increase in exams resulting from the additional response locations cannot be isolated from the SAFE Program's overall caseload, it is likely that the opening of new response locations has resulted in some increase in demand for SAFE exams by removing barriers to exam access and/or transportation time. For example, before the opening of the Stanford response location, a victim of sexual assault in north Santa Clara County would have had to travel to SCVMC; it is likely that this transportation requirement led to some victims not seeking SAFE exams, and that by opening the north County response location, the SAFE Program increased demand for exam services.

Relatively Flat Staffing Despite Program Expansion

Despite the growth described above, the SAFE Program's on-call staffing levels have remained relatively unchanged since 2019. In June of 2019, when the Board of Supervisors approved the Third Amendment to the Agreement between the County and Accountable Healthcare Staffing, Inc. to fund additional on-call coverage, the SAFE Program's stated staffing goal was to have and retain 26 trained SAFE nurses to cover this extended coverage staffing model. However, a review of the SAFE Program's shift schedules shows that the number of SAFE nurses on the Program's monthly shift schedules fluctuated but has not materially increased since June of 2019; while the Program has succeeded in hiring several new nurses, those new hires have been offset by attrition of existing SAFE nurses.¹³

Because staffing levels fluctuate throughout the year due to hiring, training, attrition, and staff leave, we conducted a point-in-time comparison of the Program's shift schedules in June 2019 (prior to the shift expansion), June 2020, and June 2021 to evaluate SAFE Program workload, as shown in Figure 2.2 on page 48. This comparison shows that while the number of nurses on the call schedule has not significantly increased since June 2019, the number of staffed shifts has increased, resulting in higher average monthly on-call hours for SAFE Program nurses.

¹³ In 2019 and 2020, the Program successfully filled five permanent SAFE Program leadership and support positions, including the Program's Nurse Manager, two Nurse Coordinators, a Staff Developer, and a Medical Unit Clerk. These positions are separate from the Program's pool of on-call nurses, although the Nurse Coordinators do take SAFE shifts and, along with the Program's Nurse Manager, provide extra coverage in the case of absences.

Figure 2.2: Comparison of Actual SAFE Nurse On-Call Staffing Levels and Coverage

	June 2019 (prior to coverage expansion)	June 2020	June 2021
Number of SAFE nurses on call schedule*	15	18	16
First call coverage: 24-hours	24-hour first call coverage met	24-hour first call coverage met	24-hour first call coverage met
Second call coverage: evenings and nights	n/a	1 evening or night shift uncovered	- 4 evening or night shifts uncovered - 4 evening or night shifts only partially covered
Third call coverage: weekend evenings and nights	n/a	2 weekend evening or night shifts uncovered	- 17 weekend evening or night shifts uncovered** - 1 weekend evening or night shift only partially covered
Total actual staffed on-call hours (includes first, second, and third call)	720	1,427	1,403
Average actual monthly hours on-call per SAFE nurse	48	79	88

Source: SAFE Program shift schedules for June 2019, June 2020, and June 2021.

Notes:

* Includes Program nurses who are listed on the schedule but assigned 0 hours for that particular month.

** The SAFE Program indicated that it adjusted its staffing coverage in 2021 to respond to changes in demand for SAFE exams as a result of COVID-19, and that many of the "third call" weekend evening and night shifts are not currently being staffed.

As shown in Figure 2.2 above, between June 2019 and June 2021, the average number of actual on-call hours worked per month for a SAFE nurse increased by approximately 83 percent, from 48 hours per month to 88 hours per month. In addition, as shown above, the Program is at times not able to fully staff its original evening/night and weekend coverage goal, although it consistently meets its 24-hour coverage requirement.

Staff Retention and Training

According to SAFE Program leadership, maintaining adequate staffing levels is an ongoing challenge for the Program due to training requirements and limited training opportunities, the difficult nature of the work and employee burnout, and low SAFE nurse retention rates. A 2016 report produced by the United States Government Accountability Office (GAO), *Sexual Assault: Information on Training, Funding, and the Availability of Forensic Examiners* (GAO-16-334), reached similar conclusions based on GAO's literature review and interviews with experts and officials from six selected states (Colorado, Florida, Massachusetts, Nebraska, Oregon, and Wisconsin). GAO found that there are multiple challenges to maintaining a supply of sexual assault forensic examiners, including: the limited availability of training and technical support; weak stakeholder support and low compensation for examiners; and low examiner retention rates. Each of these factors is discussed in more detail below.

Limited Availability of Training, Technical Assistance, and Supportive Resources

GAO's report identified the limited availability of classroom, clinical, and continuing education training, along with technical assistance and other supportive resources, as a barrier to maintaining a supply of trained examiners. Specific challenges include the infrequency of classroom training sessions, a lack of qualified instructors to run training sessions, and barriers to obtaining clinical experience and continuing education in rural areas where SAFE exams are only performed a few times a year. GAO also noted that examiners and examiner programs need, and may have difficulty obtaining, technical assistance in several specific areas, including testifying in court, performing certain types of procedures, and working with special populations.

The California Clinical Forensic Medical Training Center (CCFMTC) offers the 40-hour forensic medical examination training that qualified healthcare professionals are required to complete in order to become a sexual assault forensic examiner in California.¹⁴ Prior to the COVID-19 pandemic, this 40-hour training was held twice a year in person over the course of several days at various locations around the state. For Santa Clara County-based trainees, attending the 40-hour training required the individual to schedule time off of work (most trainee medical forensic examiners are already working primary jobs as qualified healthcare professionals in some other capacity) and pay for transportation and lodging if the training was not held local to Santa Clara County. The CCFMTC course also requires a registration fee of \$400, which, because of their status as contractors, was the responsibility of the trainee to pay. After completion of the 40-hour training, the Santa Clara County SAFE Program requires that new SAFE nurses also complete a County orientation process that includes hands-on training on a minimum of ten supervised SAFE exams, as well as regular quality assurance meetings.

¹⁴ As mentioned above, CalSAFE, the non-profit California Sexual Assault Forensic Examiners Association, also offers a training course that satisfies the 40-hour requirement. However, CalSAFE's course has only been available since 2021, and the CCFMTC training has historically been the primary training resource available to the SAFE Program.

Prior to shelter-in-place orders related to the COVID-19 pandemic, the Santa Clara County SAFE Program was working on several initiatives to increase the availability of examiner training and technical assistance, including collaboration with CCFMTC to offer a third 40-hour training in Santa Clara County, a partnership with the UCSF School of Nursing to offer simulated training opportunities, and a partnership with the School of Nursing at San Jose State University to offer hands-on skills training and simulated exam training. However, the COVID-19 pandemic halted several of these initiatives and generated new training challenges. Specifically, as a result of COVID-19, the CCFMTC switched to an online-only training model, which eliminated not only the local training opportunity but also the hands-on, in-person skills training. In addition, the SAFE Program was no longer able to use training facilities at San Jose State University, and a decrease in demand for SAFE exams during 2020 limited opportunities for new SAFE nurses to perform the required number of supervised exams. Given the importance of ongoing, easily accessible training, the SAFE Program should resume and expand, as soon as reasonably possible, its partnerships with UCSF and San Jose State University to provide in-person simulated and hands-on training and continuing education.

Increasing the availability of training and removing barriers to access to training is critical for the sustainability of the SAFE Program, both to ensure the County has well-trained, capable examiners and to balance high examiner turnover rates (discussed below). The first in-person CCFMTC training since the COVID-19 pandemic began is scheduled for October 25 to 28, 2021 at Shasta Regional Medical Center in Redding, California, which is approximately 250 miles north of SCVMC. Once SAFE nurses are hired as County employees, the 40-hour training course fees, along with some types of associated travel and lodging expenses, will be fully or partially reimbursable under existing labor agreements and County policy. Beginning in January 2022, the SAFE Program should evaluate whether SAFE nurses, as County employees, continue to incur any non-reimbursable costs or face barriers associated with completion of the required training. If so, the SAFE Programs should work with the Employee Services Agency to address these barriers.

Compensation for Examiners, Stakeholder Support, and Low Retention

GAO's report identified weak stakeholder support and low compensation for examiners as a second set of challenges to maintaining a supply of trained examiners, along with overall low examiner retention rates. GAO found that in some cases hospitals either do not pay examiners to be on-call or that the on-call examiners are paid significantly less than other on-call medical professionals. GAO also found states that the physically and emotionally demanding nature of sexual assault forensic examiner work contributes to low retention rates and employee burnout.

Employee burnout manifests itself in a variety of ways, including apathy, cynicism/resentfulness, mental and physical fatigue, depression, emotional exhaustion, depersonalization, and/or a feeling of low personal accomplishment. Santa Clara County's SAFE Program also faces these challenges, and Program leadership report that the challenging and traumatic nature of the work causes high attrition and impairs its ability to maintain adequate staffing. SAFE Program leadership estimates that only one out of nine nurses who begin the County's SAFE Program training complete the training, and that excluding three long-tenured outliers, the average retention period of a SAFE nurse is less than a year and a half.

The Santa Clara County SAFE Program has taken steps to increase examiner compensation in an effort to attract and retain SAFE nurse staffing. The Third Amendment to the agreement with Accountable Healthcare Staffing (approved in 2019) significantly increased pay rates for SAFE nurses, especially for the “first call” on-call hourly rate and the examination rates for experienced nurses, as shown in Figure 2.3 below.

Figure 2.3: SAFE Nurse Compensation Rates, 2015-2019 and 2019-2021

	2015-2019 Rates	2019-2021 Rates
On-call hourly rate	\$15/hour	- First call: \$30/hour - Second call: \$20/hour - Third call: \$20/hour
Examination fee	\$330/exam	- 0–30 exams performed: \$350/exam - 31–99 exams performed: \$400/exam - 100–249 exams performed: \$450/exam - 250+ exams performed: \$500/exam Plus \$25/exam for exams performed on County holidays

Source: Third Amendment to the Agreement with Accountable Healthcare Staffing, Inc. (ID# 95986 B).

As mentioned above, the County is in the process of hiring all on-call contracted SAFE nurses as County employees, either as regularly staffed positions or as per diem positions. Once hired as County employees, in accordance with recommendations contained in a June 2021 classification report from the Employee Services Agency-Human Resources, SAFE nurses will be compensated at County rates and will also receive special assignment pay, as described below:

- For each on-call hour worked, SAFE nurses will receive earn one-half their base rate.
- If a SAFE nurse is called in to do a SAFE exam while on call, they will receive one and one-half their base rate of pay for a minimum of four hours. This pay will be simultaneous with on-call pay, which will effectively double the base rate of pay for each hour worked conducting an exam.
- Depending on the applicable memoranda of understanding, overtime, weekend, and shift differential pay may also apply to shifts worked by SAFE nurses as County employees.

The actual compensation rates for SAFE nurses following the transition from Accountable Healthcare Staffing will depend on a variety of factors, including how many exams are performed and their duration, the classification and step into which the SAFE nurse is hired, and whether the employee is a regular coded position (as in the case of the Program's six Clinical Nurse III positions, which will cover the first-call shifts) or an extra-help or per-diem employee. As shown in Figure 2.4 below, which compares SAFE nurse rates as employees of Accountable Healthcare Staffing, Inc. to County rates for a Clinical Nurse III position, the County rates when combined with SAFE Program special assignment pay will increase the compensation for working a SAFE Program on-call shift as well as conducting a SAFE exam. (Clinical Nurse III is the classification used for illustrative purposes; rates will depend on the actual classification of the individual.)

Figure 2.4: SAFE Nurse Compensation for On-Call Shift Staffing, hired as Contractors compared to County Employees**

	First-call SAFE Nurse: Accountable Healthcare Staffing	Clinical Nurse III (S75), Step 1 (eff. Nov. 2021)	Clinical Nurse III (S75), Step 7 (eff. Nov. 2021)
On-call; no SAFE exam			
Hourly base rate	\$30	\$70.27	\$94.19
On-call pay rate	\$30	\$35.14 (half time)	\$47.09 (half time)
Total rate for 8-hour on-call shift	\$240	\$281.09	\$376.75
SAFE exam rates (excl. on-call pay)			
Base rate	\$350-\$500 per exam*	\$70.27 per hour	\$94.19 per hour
Exam pay rate	n/a	\$105.41 per hour (1.5 times)	\$141.28 per hour (1.5 times)
SAFE exam pay: 2 hours (shorter)	\$350-\$500	\$421.64	\$565.12
SAFE exam pay: 4 hours (standard)	\$350-\$500	\$421.64	\$565.12
SAFE exam pay: 6 hours (longer)	\$350-\$500	\$632.46	\$847.68
Total rates: on call plus exam			
8-hour shift worked; no SAFE exam needed	\$240	\$281.09	\$376.75
8-hour shift worked, plus one 4-hour SAFE exam conducted	\$590-\$740	\$702.73	\$941.87

Source: Agreement between County of Santa Clara and Registered Nurses Professional Association, January 27, 2020–October 29, 2023; Third Amendment to the Agreement with Accountable Healthcare Staffing, Inc. (ID# 95986 B); Ordinance No. NS-5.22.04 creating the SART classification footnotes.

Notes:

*This rate is determined by the number of exams performed. See Figure 2.3 on page 51 for more detail.

**The figure above does not include the cost of benefits or any additional differential pay or additional compensation, and is calculated using base wages without taxes.

SAFE Program leadership anticipates that hiring SAFE nurses as County employees and the special assignment pay rates will increase the stability of the Program's staffing coverage, as well as generate interest in the Program. However, this transition may also have other, unforeseen effects on SAFE Program staffing, which may be positive and increase interest in SAFE nurse work, or negative and decrease the pool of SAFE nurses because some individuals are unwilling or unable to hire on as County employees due to personal circumstance. Given this period of transition and uncertainty, the SAFE Program should report by June 2022 to the Board of Supervisors on the Program's success at hiring SAFE nurses as County employees and assess whether the special assignment pay rates established by the Employee Services Agency are sufficient to attract and retain SAFE nursing staff, or whether additional compensation incentives are needed. The Program should also work with the Employee Services Agency and the County's Employee Assistance Program to identify additional support that could be offered to SAFE Program nurses to reduce burnout without requiring modifications to existing labor agreements, including but not limited to wellness opportunities for SAFE nurses, ongoing access to counseling services through the County's Employee Assistance Program, and opportunities to encourage connections and support among Program staff. The Program could also consider surveying its existing pool of nurses to solicit feedback on opportunities to reduce burnout and improve satisfaction.

In its analysis, GAO also found that examiner programs do not always have the support of law enforcement and/or medical agencies, and that there is a need for more multidisciplinary support for examiners, including increased law enforcement, prosecutor, and first responder understanding of the examiners' role. Results from one nationally representative survey of examiner programs showed that ongoing education of community stakeholders and institutional partners was needed, due to high turnover in staff at partner agencies. The County has taken steps to increase stakeholder support for the SAFE Program, including the establishment of the interagency Sexual Assault Response Team (SART) and development of the County's Sexual Assault Protocol, which has facilitated interagency collaboration and training. However, the County's Sexual Assault Protocol does not establish formal schedules or requirements for these interagency trainings, which help communicate the role of the SAFE Program and the importance of trauma-informed care. Interagency training and communication related to sexual assault response in Santa Clara County is discussed in more detail in *Section 5, starting on page 67, SART Committee Operations and Sexual Assault Protocol*.

CONCLUSION

Demand for SAFE exams in Santa Clara County has significantly increased since 2015, and SAFE Program nurses are working nearly double the on-call hours in 2021 than they were in 2019. In addition, since 2019 the SAFE Program has begun serving additional response locations and begun conducting forensic exams on victims of strangulation. All of this growth has occurred without a material increase in SAFE Program staffing, and as a result, existing SAFE nurses have been asked to shoulder more of the workload burden, which ultimately increases the physical and emotional demand on SAFE nurses and places them at even higher risk of burnout and attrition. In addition to the personnel costs, an increase in demand without an increase in staffing has the potential to result in unmet shift coverage, patients experiencing longer response times, and delays in accessing patient care.

Once the transition from the contractor to the in-house staffing structure is complete and all SAFE nurses have been hired as County employees, they will receive higher compensation than they had before the transition. This investment from the County will hopefully contribute to a more stable and larger SAFE Program staffing pool. However, depending on the outcomes of this transition, the County and the SAFE Program may need to explore additional opportunities to support and compensate SAFE nurses in order to maintain adequate staffing levels.

RECOMMENDATIONS

The Santa Clara County SAFE Program should:

- 2.1 Evaluate and report by June 2022 to the Board of Supervisors, in collaboration with the Employee Services Agency, to assess (1) the Program's success at hiring SAFE nurses as County employees, (2) the Program's success at increasing its staffing levels, and (3) whether the special assignment pay rates recommended by the Employee Services Agency are sufficient to attract and retain SAFE nursing staff, or whether additional compensation incentives are needed. (Priority 2)
- 2.2 Beginning in January 2022, evaluate whether SAFE nurses, as County employees, continue to incur any non-reimbursable costs or face barriers associated with completion of required training, and if so, work with the Employee Services Agency to address these barriers. (Priority 2)
- 2.3 Resume and expand, as soon as reasonably possible, its partnerships with UCSF and San Jose State University to provide in-person simulated and hands-on training and continuing education, and report to the Board of Supervisors by June 2022 on new and ongoing training initiatives. (Priority 2)
- 2.4 Work with the Employee Services Agency and the County's Employee Assistance Program to identify additional support that could be offered to SAFE Program nurses to reduce burnout without requiring modifications to existing labor agreements, including but not limited to wellness opportunities for SAFE nurses, ongoing access to counseling services through the County's Employee Assistance Program, and opportunities to encourage connections and support among Program staff. (Priority 2)

SAVINGS, BENEFITS, AND COSTS

Increases in SAFE Program authorized positions and SAFE nurse compensation have already been approved by the Board of Supervisors. Higher staffing levels and a more supported SAFE Program staffing pool will benefit both Program employees and patients by distributing workload and decreasing patient wait times. Evaluating and reporting on staffing levels will require a small amount of administrative time from SAFE Program staff.

Section 3: SAFE Program Growth and Long-Term Planning

Background

The Adult/Adolescent Sexual Assault Forensic Exam (SAFE) Program has undergone significant expansion in both its response locations and its provision of services, as well as changes to its staffing model. In 2019, the Program expanded its on-call staffing coverage; in 2020, the Program began conducting medical forensic exams on strangulation patients and opened two additional response locations; and in 2021, the Program collaborated with the Pediatric SAFE Program on its move to the Children's Advocacy Center, began providing SAFE services to the United States Army Garrison, Presidio of Monterey, and began the process of hiring its on-call nurses, who were previously independent contractors, as County employees. The Program was also allocated additional full-time staff in the County's FY 2021-22 budget.

Problem, Cause, and Adverse Effect

Demand for SAFE Program services has increased since at least 2015, and the Program is being asked to provide additional services, open new response locations, and serve a broader population than it ever has before. In the short term, these initiatives require the Program to communicate changes in workflow and process both internally and externally to its agency partners in order to avoid a chaotic transition and the potential for delays or other negative impacts on patient care. Management of these initiatives and communications also places a significant demand on Program leadership.

In the long term, the SAFE Program has no strategic plan or guiding document to establish Program goals, outline its major initiatives and timelines, and formalize what is feasible and sustainable for the Program to accomplish. A strategic plan would also communicate this information to the Board of Supervisors and the Program's agency partners. As the Program responds and grows to meet an increasing need for its services, without a formal long-term plan there is a risk that the Program takes on too much at one time, over-extends its staff, or inefficiently manages its resources, all of which have the potential to impact the patient experience as well as the overall sustainability of the Program.

Recommendations

The SAFE Program Nurse Manager should work with the Program's Program Manager II and, potentially, one of the Program's Nurse Coordinators to develop a strategic plan or long-term plan for the SAFE Program that outlines its strategic priorities, goals, and milestones. Given the Program's significant period of transition, we recommend that this strategic planning process not begin until at least January 2022, when the ongoing hiring process, the opening of the St. Louise response location, and the Stanford workflow transition are further along.

Savings, Benefits, and Costs

Developing a long-term strategic plan will allow the Program to plan for its future facilities, staffing, and resource needs, evaluate what is feasible for the Program to accomplish, and establish realistic timelines for the Program to achieve its goals. This planning process can be accomplished with existing Program staffing resources, particularly the Program's new Program Manager II position that was added during the County's FY 2021-22 budget.

FINDING

SAFE Program Growth since 2020

The volume of Adult/Adolescent Sexual Assault Forensic Exam (SAFE) Program exams is projected to increase by 116 percent between 2015 and the end of 2021. As discussed in Section 2, starting on page 43, *Adequate Staffing of SAFE Nurses*, the Program expanded its coverage model in 2019 to add extra on-call shifts to cover demand for SAFE exams. In addition, the SAFE Program has expanded its programming to provide additional services, open new response locations, and serve a broader population of people than it ever has before.

Major Initiatives in 2020

In January of 2020, the SAFE Program began conducting medical forensic exams on victims of strangulation at the SAFE Program's central response location at the San Jose Santa Clara Valley Medical Center (SCVMC), in collaboration with law enforcement agencies and survivor advocacy organizations. Between January and December 2020, the SAFE Program conducted 30 forensic exams on victims of strangulation.¹⁵ As of October 2021, the SAFE Program anticipates expanding this project to offer medical forensic exams for victims of strangulation at all Program response locations.

In February 2020, the County entered into an agreement with Stanford Health Care to establish a second SAFE Program response location in the emergency department of Stanford Hospital in Palo Alto. This location required the Program to develop workflows specifically related to the Stanford site; train SAFE Program nurses on these workflows and how to conduct a SAFE exam for a patient at Stanford; collaborate with and train Stanford Hospital staff and administration; stock a second SAFE exam cart with needed equipment and supplies; and provide ongoing coordination and managerial support related to this second location.

In March of 2020, the County entered into an agreement with Santa Cruz County to establish a third SAFE second response location at Dominican Hospital in Santa Cruz. Santa Cruz County does not have its own SAFE Program, and prior to the opening of this location, survivors who wished to receive a SAFE exam had to travel to SCVMC to receive the exam. Under the terms of the agreement, SCVMC SAFE nurses respond to patients onsite who present at Dominican Hospital in Santa Cruz to obtain a SAFE exam. Much like the Stanford location, opening the response site at Santa Cruz required the Program to develop workflows specifically related to the location; train SAFE Program nurses on these workflows and how to conduct a SAFE exam in the facility; collaborate with and train Dominican Hospital staff and administration; stock a third SAFE exam cart with needed equipment and supplies; and provide ongoing coordination and managerial support related to this third location.

¹⁵ This number does not include adult/adolescent sexual assault survivors who disclose that they were strangled as part of the assault. These survivors receive a standard SAFE exam, and are not included in the 30 strangulation forensic exams conducted, unless a follow up medical forensic strangulation exam is conducted.

Major Initiatives in 2021

In April 2021, the Pediatric SAFE Program, which was historically co-located with the Adult/Adolescent SAFE Program at SCVMC, moved to a new location at the Children's Advocacy Center (CAC) in San Jose. Patients of the Adult/Adolescent SAFE Program between the ages of 12 and 17 may also be seen at the CAC depending on their case and circumstances, and the Adult/Adolescent SAFE Program participated in the planning and design process of the CAC.

Effective July 2021, as part of the County's FY 2021-22 budget the SAFE Program was authorized for additional positions to support the Adult/Adolescent SAFE Program and to consolidate oversight of with the Pediatric SAFE Program. The new positions include a SAFE Service Line Director to oversee both the Adult/Adolescent and Pediatric SAFE Programs, as well as additional nursing and program management resources for both SAFE Programs. As of October 2021, the Program was in the process of hiring these positions.

In August 2021, the Board of Supervisors approved Appropriation Modification No. 30, which transferred \$1 million in one-time services and supplies funding to SCVMC for the SAFE Program to pay for renovations to vacant office space at the SAFE response site on the SCVMC campus. This space will be renovated to provide training rooms, additional exam rooms, and administrative space to support the expanded SAFE staff and Program. The one-time funding will also be used to purchase forensic exam equipment to outfit the renovated space.

Also in August 2021, the County entered into a Memorandum of Understanding with the United States Army Garrison, Presidio of Monterey (USAG POM) to provide SAFE exams for USAG POM service members and their dependents stationed at the Presidio. The SAFE Program will not open an onsite response location in Monterey, and USAG POM patients will be transported to SCVMC for the SAFE exam. However, this memorandum of understanding will increase the population served by the SAFE Program, as USAG POM patients were previously served by another sexual assault forensic exam program.

Ongoing Initiatives

As of October 2021, the SAFE Program remained in a significant period of transition. In addition to the initiatives detailed above, the Program was in the process of modifying its workflows at Stanford to adapt to new facility space, working with St. Louise Regional Hospital in Gilroy to open another Program response location, and planning to offer the strangulation medical forensic exam at all Santa Clara County SAFE Program response locations. As described in Section 2, starting on page 43, *Adequate Staffing of SAFE Nurses*, the Program was also in the process of hiring its pool of contracted SAFE nurses as County employees, including reviewing applications and conducting interviews.

All these initiatives require the Program to communicate changes in workflow and process, both internally to Program staff and externally to its agency partners, in order to avoid a chaotic transition and the potential for delays or other negative impacts on patient care. Management of these initiatives and communications also places an additional demand on Program leadership.

Future Growth

Section 2, starting on page 43, *Adequate Staffing of SAFE Nurses*, discusses the critical role that ongoing, expanded, and local training opportunities and technical supports play in the long-term sustainability of the SAFE Program, in order to combat SAFE nurse attrition and to ensure that patients receive quality care and prompt exams. In the future, the SAFE Program has plans to significantly expand the training that it offers or works with other agencies to offer, including hands-on and simulated training opportunities, dedicated training spaces, and the purchase of training equipment.

Separately, it is possible that in future years, the SAFE Program may also consider, or be asked to provide, mobile SAFE services to allow the Program to respond to other hospitals located throughout the County. Currently, if a patient wishes to receive a SAFE exam and presents at a hospital that is not a designated SAFE Program response location, the patient must travel to one of the response locations; however, there is no mobile service in place to offer SAFE exams to patients admitted to non-response location hospitals who are not stable enough for discharge or transfer to another hospital. The Program reports that it has conducted SAFE exams in inpatient settings, but only at existing response location hospitals.

Finally, given the unique skills and training that SAFE nurses possess, it is possible that the Program may consider or be asked to provide additional services other than SAFE exams in the future. These services could include: (a) community outreach and education; (b) trainings on trauma-informed care to County or healthcare agencies outside the Sexual Assault Response Team;¹⁶ and (c) training, leadership, and support for other forensic examiner programs within California. There is also a possibility that the Program may be asked to expand its service population to other offer services to other groups, including survivors of domestic violence, intimate partner violence, human trafficking, elder abuse, and general assault patients who present with other injuries.

Strategic Planning and Program Sustainability

Despite its period of significant growth and the potential for even greater expansion in the future, the SAFE Program has not developed a strategic plan or guiding document that establishes Program goals, outlines its major initiatives and timelines, and formalizes what is feasible and sustainable for the Program to accomplish. Strategic plans are typically built according to a program's priorities and identify specific goals and milestones for a program. Strategic plans often also establish timelines for these goals and milestones, which help programs to appropriately time their initiatives and avoid taking on too much at once, which can overload Program staff or resources. Just as importantly, a strategic plan is a useful external communication tool. A document that identifies program priorities and timelines can communicate and serve as reference for the Board of Supervisors, the Program's agency partners, and members of the community.

¹⁶ As discussed in Section 5, starting on page 67, *SART Committee Operations and Sexual Assault Protocol*, the SAFE Program currently provides interagency trainings to partner agencies involved in the County's response to sexual assault.

Strategic plans are especially useful when programs, much like the SAFE Program, are meeting an ever-expanding need with a finite set of resources. In these situations, which often require decisions that are challenging for the program and for the community it serves, strategic plans act as guiding documents that help program leadership decide which of its many important initiatives to prioritize, and to communicate these decisions to its internal and external stakeholders.

SAFE Program leadership is already conducting many strategic planning elements by piloting and considering expansion initiatives and working to ensure the sustainability of the SAFE Program. However, this planning process has not been formally completed or presented. The County's FY 2021-22 budget authorized several new full-time positions to support the Program, including a Program Manager II position to assist with data management and analysis to track SAFE Program activities. In addition to these activities, the SAFE Program Nurse Manager should work with the Program Manager II and, potentially, one of the Program's Nurse Coordinators to develop a strategic plan for the SAFE Program that outlines the Program's strategic priorities, goals, and milestones. Given the Program's significant period of transition, we recommend that this strategic planning process not begin until January 2022 at the earliest, when the ongoing hiring process, the opening of the St. Louise response location, and the Stanford workflow transition are further along.

CONCLUSION

As the SAFE Program responds and grows to meet an increasing need for its services, without a formal long-term plan there is a risk that the Program takes on too much at one time, over-extends its staff, or inefficiently manages its resources, all of which have the potential to impact the patient experience as well as the overall sustainability of the SAFE Program. A strategic plan or long-term planning document will set expectations and goals for the Program, communicate these expectations to internal and external stakeholders, and help ensure that the Program grows in a sustainable, efficient manner.

RECOMMENDATIONS

The Santa Clara County SAFE Program should:

- 3.1 Use the SAFE Program's Program Manager II and, potentially, one of the Program's Nurse Coordinators to support the Program's Nurse Manager in the development of a strategic plan for the SAFE Program that outlines the Program's strategic priorities, goals, and milestones. This work should not begin until January 2022 at the earliest. (Priority 2)

SAVINGS, BENEFITS, AND COSTS

A strategic plan or long-term planning document will set expectations and goals for the Program, communicate these expectations to internal and external stakeholders, and help ensure that the Program grows in a sustainable, efficient manner. Developing a long-term strategic plan will allow the Program to plan for its future facilities, staffing, and resource needs, evaluate what is feasible for the Program to accomplish, and establish realistic timelines for the Program to achieve its goals. This planning process can be accomplished with existing Program staffing resources, particularly the Program's new Program Manager II position that was added during the County's FY 2021-22 budget, but will impose administrative and personnel costs on the individuals who carry out the strategic planning process.

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Section 4: Information and Materials Provided to Patients

Background

Upon arrival at a Sexual Assault Forensic Exam (SAFE) Program response location, patients wait for the arrival of the SAFE nurse, the survivor advocate, and/or law enforcement (if the patient does not present with law enforcement) and to be medically cleared before beginning the SAFE exam. According to a Process Map and Time Study Report released in January 2020, patients wait on average three and a half hours between the time of arrival at the hospital and the beginning of the SAFE exam, and on average the time between patient arrival and discharge is just over six hours.

Problem, Cause, and Adverse Effect

A survey of survivors of sexual assault that either occurred or was reported in Santa Clara County was released in September 2021. Some survey respondents reported that they did not receive adequate information from responding partners about what to expect during the forensic examination and criminal justice process, and respondents wanted increased and transparent communication. Specifically, survey respondents reported that they would have liked more information about the SAFE exam, including the exam activities and the approximate duration of time, before meeting with a SAFE nurse and beginning the exam. The U.S. Department of Justice's national protocol for sexual assault medical forensic examinations recommends that health care providers and other responders provide information that is easy for patients to understand, in the patient's language, that can be reviewed at their convenience. This information can be made available in booklet or packet form.

The SAFE Program workflow in the County's Sexual Assault Protocol emphasizes informed consent throughout the exam process, which the patient can rescind at any time, and also states that the SAFE nurse will discuss all options of the examination process with the patient. However, the SAFE Program does not currently provide written materials to the patient that describe the SAFE exam process, including information about what the patient can expect and the estimated time for the exam, for the patient to review before beginning the SAFE exam.

Recommendations

The SAFE Program should prepare a packet of materials for SAFE patients to review and reference before, during, and after their SAFE exam. The SAFE Program should distribute these materials to all Program response locations and update workflows to ensure that these materials will be given to patients as soon as they identify as victims of sexual assault. These materials should be provided to patients to keep and should be translated into, at minimum, Spanish and Vietnamese, consistent with the County's Language Access Guidelines and Procedures and Board Policy 3.58, and into additional languages according to needs identified by the Program.

Savings, Benefits, and Costs

The SAFE Program will incur one-time administrative costs for the preparation of materials to be included in the information packet or booklet, as well as translation costs to ensure that the materials are accessible in different languages and minor ongoing costs for printing and/or reproduction of the materials. Having these materials available for review while the patient waits for the SAFE nurse to arrive has the potential to empower patients and make them more aware about the components and anticipated duration of the SAFE exam, and will address some of the concerns about transparency and communication that were identified in the survivor survey.

FINDING

Sexual Assault Survivor Input Survey

In January 2020, the Santa Clara County Sexual Assault Response Team (SART), which is an interagency team that includes the Sexual Assault Forensic Exam (SAFE) Program, law enforcement agencies, the Office of the District Attorney, Crime Laboratory, and rape crisis centers, released a Process Map and Time Study Report. The report describes the County's response to sexual assault and how a survivor moves through the response system, and analyzes and contextualizes the time that the reporting and examination processes take. Based on a sample of 91 Adult/Adolescent SAFE exams performed between January 1 and June 30, 2019,¹⁷ the report found that on average, the time between arrival of a patient at the San Jose Santa Clara Valley Medical Center (SCVMC)¹⁸ emergency department and the beginning of the SAFE exam was three hours and 39 minutes, and that the time between arrival of a patient at SCVMC and discharge after the SAFE exam was six hours and two minutes.

The January 2020 Process Map and Time Study Report also identified the need for survivor input on a variety of topics related to the County's response to sexual assault. Accordingly, the Survivor Engagement project team, a subcommittee of the County's SART Committee (including the Office of Gender-Based Violence Prevention, the SAFE Program, and the County's two sexual assault advocacy organizations/rape crisis centers, the YWCA of Golden Gate Silicon Valley and Community Solutions), worked with a third-party consulting firm to conduct a survivor engagement survey to solicit and compile input from survivors of sexual assaults that either occurred or were reported in Santa Clara County.

When considering the conclusions and recommendations of the survivor survey, it should be noted that the survey was not available to any survivor who had an active or ongoing criminal case, in order to ensure that ongoing investigations would not be compromised. Because cases can take several years, this inclusion criteria likely resulted in a higher proportion of respondents with less recent incidents and less recent experience with the County's sexual assault response process, as well as a lower proportion of respondents with criminal court experiences. Fifty percent of respondents indicated that they experienced an incident of sexual assault 10 or more years ago. As a result, the survivor experience they reported may be different than the experience of a survivor in 2021.

The results of the survivor engagement survey were publicly released in September 2021. Many of the conclusions and recommendations of the survivor engagement survey were related and/or directed to agencies other than the SAFE Program, and outside the scope of our audit. However, the survey did include specific recommendations related to the information that is provided to patients about the SAFE exam process, as described in more detail below.

17 As noted in the Process Map and Time Study Report, these 91 cases do not represent the total instances of sexual assault that were perpetrated during this time frame. The cases reviewed were limited to those where a survivor reported to law enforcement, consented to a SAFE exam, and had a SAFE exam kit submitted to and processed by the Crime Laboratory.

18 The Process Map and Time Study Report analysis was conducted before the SAFE Program opened its second response location at Stanford Hospital, and therefore, the results from the study only describe the patient experience at SCVMC.

Need for Increased Communication and Transparency

According to the survivor engagement survey,¹⁹ survivors who engage with the County's sexual assault response system often do not know what to expect from the process. Some respondents who participated in a SAFE exam reported that before beginning the examination, they would have liked more information about the exam, including specifics about what to expect during the exam and the approximate length of time the exam would take. Some respondents would have wanted to have a friend or family member present had they known in advance how long the exam would take. According to the SAFE Program, this need for more information was related to the survivor's experience and interactions with agency partners before the arrival of the SAFE nurse, and that survey respondents would have liked more information from law enforcement, advocates, and/or other agency partners about the SAFE exam before the nurse's arrival; however, this distinction was not reported in the survivor survey results, and we were unable to independently verify this distinction.

The SAFE Program's documented workflows in the County's Sexual Assault Protocol and other documents emphasize the importance of obtaining informed consent from patients throughout the exam process. The Program's workflows explicitly state that patients may rescind consent for any part of the examination at any time, and the County's Sexual Assault Protocol also states that the SAFE nurse will discuss all options of the examination process with the patient before the exam begins. However, the SAFE Program and its agency partners, including law enforcement, advocates, and intake staff at the response locations themselves, do not provide any written materials to the patient about the SAFE exam process, including information about what the patient can expect, equipment that will be used, and the estimated duration of time of the exam, for the patient to review before beginning the SAFE exam.

The U.S. Department of Justice's National Protocol for Sexual Assault Medical Forensic Examinations (the "National Protocol") emphasizes the importance of victim-centered care and recommends that health care providers and other responders provide information that is easy for patients to understand, in the patient's language, that can be reviewed at their convenience. The National Protocol also states that material in alternative formats may be useful, such as information that is taped, in Braille, in large print, in various languages, or that uses pictures and simple language. The National Protocol notes that a victim booklet or packet that includes, among other elements, information about the examination itself, what happens during an examination, how the evidence or findings will be used, and examination payment and reimbursement information may all be helpful information for patients.

¹⁹ The publicly released report that describes the results of the sexual assault survivor engagement survey does not consistently provide specific numbers or percentages of respondents when reporting results. We report the specific percentages when they were noted in the report; however, due to respondent privacy considerations and the timeframe to issue this audit, we did not request the underlying survey results that would have allowed us to report more specific percentages to support the survey's conclusions and recommendations.

As noted above, a SAFE patient will wait, on average, more than three and a half hours between arriving at the emergency department after a sexual assault and beginning the SAFE exam. Unless the patient arrives accompanied by a survivor advocate or a personal support person, the patient usually spends at least part of this initial waiting period either alone or with law enforcement before a SAFE nurse arrives to explain the SAFE exam process and timeline to the patient. During this waiting period, the patient does not receive any written documentation, booklet, or packet that describes what they can expect from the SAFE exam process. Providing patients with this information is recommended by the National Protocol and also identified in the survivor engagement survey as an unmet need.

Therefore, we recommend that the SAFE Program prepare a packet or booklet of materials for SAFE patients to review and reference before, during, and after their SAFE exam. These materials should include details about the roles and responsibilities of the different agencies involved in the examination process, the SAFE Program itself, what a patient can expect during a SAFE exam, the average duration of the exam, the patient's right to invite a family member or friend to accompany them during the exam as a support person, and the patient's right to decide whether or not to report their assault to law enforcement. The materials could also include a personable, welcoming message to help patients feel connected to the SAFE nurse who is on their way to meet the patient.

These materials should be, at minimum, available in print format, although the Program may also wish to explore electronic options. The SAFE Program may also consider whether to add additional information (for example, an electronic greeting could include a short biography of the SAFE nurse who is on the way to meet the patient and who will be performing the SAFE exam), at its discretion. Having a printed packet or booklet to throughout the SAFE exam process would eliminate the burden on patients to remember everything about the exam that they is explained to them orally.

The SAFE Program should distribute these materials to all Program response locations and update workflows to ensure that these materials will be given to patients as soon as they are settled in a private location. These materials should be provided to patients to keep and should be translated into, at minimum, Spanish and Vietnamese, consistent with the County's Language Access Guidelines and Procedures and Board Policy 3.58, and into additional languages according to needs identified by the Program.

CONCLUSION

The SAFE Program's protocols are very clear that it is the responsibility of the SAFE Program and the SAFE nurse to explain the exam process to the patient and to obtain informed consent before each step of the exam. However, some SAFE patients may benefit from being able to review this information in written form in advance of the exam, especially given the average length of time between a patient's arrival at SCVMC and the commencement of the exam. Having prepared material for a patient to review while they wait for a SAFE nurse to arrive may benefit some patients by increasing transparency, ensuring that patients are aware of what to expect, and allowing patients adequate time to contact a friend or family member to support them during the lengthy examination process if needed. A welcoming, friendly packet or booklet may also help patients feel cared for while they wait for the arrival of necessary personnel, and improve their experience with the SAFE Program and the County's overall response process to sexual assault.

RECOMMENDATIONS

The Santa Clara County SAFE Program should:

- 4.1 Work with the Program's Nurse Coordinators to develop printed materials in several languages that patients can review while they await the arrival of the SAFE nurse. These materials should address: (1) the agencies involved in the examination process; (2) the SAFE Program itself; (3) what a patient can expect during a SAFE exam and the average duration of an exam; (4) the patient's right to have family or a friend accompany them during the exam; and (5) the patient's right to decide whether or not to report their assault to law enforcement. The materials may also include a welcoming message to "introduce" the SAFE nurse who is en route to the patient. (Priority 3)

SAVINGS, BENEFITS, AND COSTS

The SAFE Program will incur one-time administrative costs for the preparation of materials to be included in the information packet or booklet, as well as translation costs to ensure that the materials are accessible in different languages. Because the materials will be provided for the patient to keep, the Program will also incur modest ongoing costs for printing and/or reproduction of the materials. Having printed and translated materials available for review, especially while the patient waits for the sexual assault advocate and/or SAFE nurse to arrive and for the exam to begin, has the potential to empower patients and make them more aware of the components of and anticipated duration of the SAFE exam. Distributing these materials will also address some of the concerns about transparency and communication that were identified in the survivor engagement survey. The patient will be able to reference these materials throughout the process, which eliminates the burden on patients to remember everything they are being told orally. In addition, a welcoming, friendly packet or booklet may also help patients feel cared for while they wait for the arrival of necessary personnel and improve their overall experience with the SAFE Program.

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Section 5: SART Committee Operations and Sexual Assault Protocol

Background

The Sexual Assault Forensic Exam (SAFE) Program is part of Santa Clara County's interagency Sexual Assault Response Team (SART) Committee, which provides a forum for interagency coordination and making improvements to the local sexual assault response system. In 2019, the SART Committee published the County of Santa Clara Sexual Assault Protocol, which describes the roles and responsibilities of the primary agencies involved in responding to a sexual assault. The Protocol states that SART Committee members will meet to review and update the County's Protocol annually, among other activities. Member agencies also commit to attending and providing cross training opportunities to other SART member agencies, and to providing internal training on the Protocol to their own agencies.

Problem, Cause, and Adverse Effect

Although the Sexual Assault Protocol states that it should be reviewed and updated annually, it has not been updated since 2019. Because the County has opened new SAFE Program response locations since the Protocol's publication, the document does not contain current information about all SAFE response locations. According to members of the SART Committee, updates to the Protocol have been delayed due to internal disagreement about the workflow for certain types of SAFE exams. While SART members report progress on resolving this issue, not having an updated Protocol results in gaps in the current information available and runs the risk of negatively impacting the County's response to sexual assault. Separately, while the Protocol acknowledges that member agencies will provide and participate in cross training opportunities, it does not detail a training schedule. Lastly, the Protocol lacks detailed information on how specific populations are supported, such as patients with limited English proficiency, in the County's response to sexual assault. The lack of such plans has the potential to negatively impact services.

Recommendations

The SAFE Program should work with the SART Committee to update the Protocol to include the additional SAFE Program response locations, training expectations for partners, and detailed plans on how partners ensure access to culturally competent services for specific populations. The County should create and hire an extra-help position to assist with updating the Protocol, SART Committee meeting planning and facilitation, establishing training schedules, and coordinating partners. This position could be located in the Office of Gender-Based Violence Prevention.

Savings, Benefits, and Costs

These recommendations would cost up to \$119,475 annually to hire a Senior Management Analyst-Extra Help position, but would likely cost less depending on actual hours worked by this position. Implementing these recommendations will promote better communication within the Committee and with the public and improve the County's overall response to sexual assault.

FINDING

The Santa Clara County SART Committee Provides Interagency Coordination

The Sexual Assault Forensic Exam (SAFE) Program is part of Santa Clara County's interagency Sexual Assault Response Team (SART) that is defined in California Penal Code § 13898. The Penal Code states that each county may establish and implement a SART program for the purpose of "providing a forum for interagency cooperation and coordination, to assess and make recommendations for the improvement in the local sexual assault intervention system, and to facilitate improved communication and working relationships to effectively address the program of sexual assault in California." A county's SART may include law enforcement agencies, the Office of the District Attorney, rape crisis centers (who serve as sexual assault advocates), local sexual assault forensic examination teams, crime laboratories, and other public and private agencies depending on local needs and goals.

According to the Penal Code, a county's SART program established pursuant to § 13898 should have the objectives of:

- Reviewing local sexual assault intervention undertaken by all disciplines to promote effective intervention and best practices.
- Assessing relevant trends, including drug facilitated sexual assault, the incidence of predatory date rape, and human sex trafficking.
- Evaluating the cost-effectiveness and feasibility per capita funding model for local sexual assault forensic examination teams to ensure stability for this component of the SART program.
- Evaluating the effectiveness of individual agency and interagency protocols and systems by conducting case reviews of sexual assault cases.
- Planning and implementing effective prevention strategies and collaborating with other agencies and educational institutions around sexual assault outreach and education.

Section 13898 of the Penal Code was added in 2015 and took effect January 1, 2016. The Santa Clara County SART Committee first convened later that year in June 2016. The larger SART Committee is comprised of over 25 member agencies, including representation from local law enforcement agencies. There are two ad-hoc subcommittees, one that focuses on developing the workflow for non-investigative reports and another that focuses on updating the County's Sexual Assault Protocol. These subcommittees meet more frequently to conduct this more focused work.

The Sexual Assault Protocol Documents the County's Response to Sexual Assault

In 2019, the SART Committee published the County of Santa Clara Sexual Assault Protocol, which establishes a common understanding and framework across member agencies for (1) providing services to sexual assault survivors, (2) providing coordination among partners, and (3) responding to issues and trends related to sexual assault across the County. The Protocol also documents agency processes and describes the roles of each entity that responds to sexual assault in the County, including a series of appendices that describe the workflows for responding partners depending on which agency first receives a report of a sexual assault.

The 2019 Protocol states that SART Committee members will meet regularly to: (1) identify successes and areas for improvement in cross-agency coordinated response; (2) review and update the County's Protocol annually; (3) conduct case review; (4) share and gather baseline data; and (5) report annually to the Board of Supervisors. Member agencies also agree to attend and provide cross training opportunities, and to provide training on the Protocol and any updates to their own agencies.

Delays in Updating the Sexual Assault Protocol

In "Section V: Standards and Training" of the County's Sexual Assault Protocol, the SART Committee commits to reviewing and updating the Protocol annually. However, the Protocol was first adopted in September 2019 and has not been updated since this date. SART Committee leadership reports that it is in the process of updating the Protocol, but that disagreement over a new workflow to test SAFE exam kits where the victim does not want to report the assault to law enforcement, also referred to as non-investigative reports, has delayed the process of updating the Protocol as a whole.²⁰

Response Locations and Workflows

Because the County's 2019 Sexual Assault Protocol was released before the opening of the response location at Stanford Hospital in February 2020, the Protocol does not include information about how workflow or processes may vary depending on the response location. The published Protocol currently describes the response location at the San Jose Santa Clara Valley Medical Center (SCVMC) as the singular response location for Adult/Adolescent SAFE exams in the County. This omission is particularly noticeable in the following sections of the Protocol:

- Section III: SAFE Examination Site, which discusses SAFE exam response workflows.
- Appendix C, which provides decision making flow charts to assist partners with responding to cases of sexual assault and understanding the procedures related to a SAFE exam.
- Appendix E, which provides copies of "SART System Forms," which are meant to serve as a quick reference guide describing the medical forensic exam procedure for law enforcement.
- Copies of sexual assault survivor's rights cards, which provide information about who a survivor can contact and where to go for a SAFE exam.

²⁰ California Senate Bill 22, which was passed and signed into law in 2019, amended Penal Code §§ 680, 680.3, and 13823.14 to require that all SAFE exam kits dating back to January 1, 2016 be tested by the County's Crime Laboratory. Prior to the passage of this bill, the County's Crime Laboratory only tested SAFE exam kits when the patient had consented to and agreed to reporting the assault to law enforcement agencies; when the patient did not wish to report the assault to law enforcement, or when the patient was undecided, the SAFE exam kit was still collected and retained as evidence, but not tested by the County's Crime Laboratory.

In each of these sections, SCVMC is the only location mentioned. Specific details of the SCVMC workflow, like using the Family Room in the emergency department as the designated waiting room, are included without any acknowledgement of what the setup may look like at a non-SCVMC response location. In addition, the Protocol does not include the most recent information about the Children's Advocacy Center in the section discussing the Pediatric SAFE exam location. Although the Pediatric SAFE Program is not a focus of this audit, the lack of updated exam location information for the Pediatric SAFE Program provides another example of why the Protocol needs to be regularly updated, as workflows for both the Adult/Adolescent and the Pediatric SAFE Programs have changed since 2019.

While the overall process and procedures may not vary significantly by response location, omitting the Stanford response location and its workflows from the County's Sexual Assault Protocol does not reflect current operations and creates the risk of confusion, miscommunication, and misunderstanding in SART partner agencies, especially if there are new staff who are unaware of some of the changes. This omission is particularly concerning because the Protocol also serves as training and reference document for partners. SART Committee leadership report that they are close to resolving the issues that have delayed the Protocol update; however, as of October 2021, the Protocol had not yet been updated to reflect the response location expansion. The SART Committee and SAFE Program leadership should update the Protocol as soon as reasonably possible to include information about the additional SAFE Program response sites and these sites' respective workflows.

Specify Training Expectations

In addition to providing updated information on response locations and workflows, the County's Sexual Assault Protocol lacks specific guidance for training expectations. The Protocol states that "Members of the SART Committee will commit to attending and providing cross training opportunities between all partner agencies annually. Members also commit to respond to requests for cross training." The Protocol also states that "there is a commitment by all partners to provide training to their agencies on the Protocol and all updates thereafter." However, the Protocol does not establish a clear schedule or guidelines related to when and how cross training or internal training takes place, and the Protocol does not detail a mechanism for tracking and sharing these trainings. SAFE Program staff report these trainings take place upon request, and that when the Program expanded to the Stanford Hospital response location, there was additional training for partners. However, it is important to specify the type and frequency of trainings in the Protocol to ensure that all partners understand the most up to date SART workflows and can provide greater support to victims.

Turnover at partner agencies is a common challenge. Without consistent, updated training, new staff will likely be unfamiliar with current workflows and the importance of patient-centered, trauma-informed care. It is critical that every partner responding to an occurrence of sexual assault, from law enforcement to sexual assault advocates to hospital intake staff, understand the workflows of the SAFE Program as well as of other agencies. Without this shared understanding patients seeking a SAFE exam are at risk of receiving inadequate services or care that is not trauma-informed.

A recent survey of sexual assault survivors emphasizes the need for expanded training on trauma-informed practices. In September 2021 the Office of Gender-Based Violence Prevention released results from a survey of sexual assault survivors in Santa Clara County.²¹ The survey recommended expanding trauma-informed training for all partners who are involved in responding to a sexual assault incident and who are engaging with survivors around their experience. The survey specifically recommended ensuring that law enforcement receive sensitivity training on how to engage with survivors of sexual assault. Therefore, we recommend that the SART Committee also update the Sexual Assault Protocol to include more detailed information about training expectations, particularly around SAFE exam processes and trauma-informed care, for partner agencies.

Meeting the Needs of Specific Populations

The U.S. Department of Justice's National Protocol for Sexual Assault Medical Forensic Examinations states that a local SART should develop policies and plans to meet the needs of specific patient populations, which includes obtaining appropriate language interpretation services and translated documents. The California Sexual Assault Response Team (SART) Manual, developed by the California Clinical Forensic Medical Training Center, also emphasizes the importance of cultural competency and meeting the diverse needs of sexual assault patients, stating that "SART planning should include the need for interpreters based upon the languages spoken in the community." The California SART Manual acknowledges that hospitals and law enforcement likely have existing interpretation services. In addition, the California SART Manual states that "planning must also address the need for training interpreters about sexual assault, about not allowing cultural attitudes to interfere with accurate and complete interpretation, and about not allowing cultural attitudes to be communicated to survivors, thereby inciting or exacerbating feelings of shame."

Santa Clara County's Sexual Assault Protocol's statement of purpose affirms the importance of cultural sensitivity and places a priority on meeting the needs of sexual assault victims. However, the County's Protocol does not provide additional detail on what it means for the response to be culturally sensitive and does not detail specific policies or procedures for agency partners to ensure they are sensitive to different populations' needs in their response. The U.S. Department of Justice's *National Protocol for Sexual Assault Medical Forensic Examinations* (the "National Protocol") recommends that responding agencies develop policies and plans to meet the needs of specific populations, including but not limited to victims from various cultural groups, victims with limited English proficiency, victims with disabilities, male victims, adolescent victims, older victims, victims in the military, American Indian and Alaska Native victims, and LGBT victims, particularly those who are transgender or gender non-conforming. The County's Sexual Assault Protocol currently lacks plans that address the specific needs of these populations. Therefore we recommend that the Protocol be updated to include detailed plans on how the needs of specific populations should be addressed with culturally competent care.

²¹ The Office of Gender-Based Violence Prevention worked with the SART Committee and the Committee's Survivor Engagement sub-committee (comprised of the Office of Gender-Based Violence Prevention, the SAFE team, and the County's two rape crisis centers, YWCA of Golden Gate Silicon Valley and Community Solutions) to direct the survivor survey. A third-party consulting firm conducted the survey and wrote a report on the survey findings.

The County's Sexual Assault Protocol does acknowledge the potential need for language interpreters during the County's response to sexual assault. Interpretation needs are specifically addressed where the Protocol discusses the role of a dispatcher, explaining that if a sexual assault victim calls dispatch, the dispatcher should try to identify any need for language interpretation accommodations. However, the Protocol does not detail how a patient connects with needed language interpreter services through other partners involved during the County's response, including other law enforcement agencies, hospital interpretation services, or sexual assault advocate partners. Documenting this connection in the Protocol is important to ensure that all agency partners are aware of responsibilities surrounding interpretation needs. In addition, the Protocol should discuss training and sensitivity needs for interpreters related to sexual assault victims and SAFE Program patients. Including additional details in the Protocol that outline how victims of sexual assault are connected to interpreter services regardless of their point of entry, and how cultural competency is integrated into the SAFE exam work for all partners, will help ensure that the County is able to meet the diverse needs of sexual assault victims.

Staff Support for the SART Committee

The County's Sexual Assault Protocol is one of the few shared, public documents that outlines the SAFE Program process and workflow, which makes it an integral component to both the SAFE Program and the SART Committee. The Adult/Adolescent SAFE Program Nurse Manager currently co-chairs the SART Committee along with the Director of Support Services at the YWCA, one of the County's rape crisis centers. As co-chairs, these two individuals are responsible for organizing and facilitating the SART Committee meetings and ensuring that the work of the SART Committee moves forward. However, the SART Committee does not have any administrative support or staff to assist with the ongoing work of administering updates to the Protocol, developing training schedules, or developing written policies and plans to meet the needs of specific populations. In order to help address these needs, the SART Committee would benefit from additional ongoing support to supplement the more executive functions of the Committee's co-chairs, who also play integral roles in representing their own agencies on the Committee.

Given the importance of the work of the SART Committee, the County should hire for an extra help position to assist with the ongoing administrative work of the Committee, including updating the Sexual Assault Protocol. This staff member could be located in the Office of Gender Based Violence Prevention within the County Executive's Office, as this Office is already providing support to the SART work. Providing staff support for the SART Committee will help to improve the operations of the Committee and ensure the Committee is able to meet its objectives.

CONCLUSION

Santa Clara County's SART Committee and Sexual Assault Protocol serve the important purpose of facilitating, communicating, and coordinating the agencies who are part of the County's response to sexual assault. However, the Protocol needs to be updated to include information about the new SAFE response locations, details on training expectations and schedules, and greater discussion of how different patient populations are provided culturally competent care and connected with language interpreters before, during, and after the SAFE exam process. Internal disagreement has delayed important updates to the Protocol. This delay, in combination with a lack of dedicated County staff focused on supporting the SART Committee, makes it challenging for the Committee to keep up with the updates required as the SAFE Program expands. Providing an extra help position to assist the SART Committee will improve the operations of the Committee and encourage greater interagency communication and partnership.

RECOMMENDATIONS

The Santa Clara County SAFE Program should:

- 5.1 Work with SART Committee member agencies to update the County's Sexual Assault Protocol to include information about the additional SAFE Program response sites, these sites' respective workflows, and training expectations for partners. (Priority 2)
- 5.2 Work with SART Committee member agencies to update the County's Sexual Assault Protocol to include detailed plans to meet the needs of specific populations by providing culturally competent care. The plans should include a description of how sexual assault victims are connected to language interpretation services through different system entry points. (Priority 2)

The Santa Clara County Board of Supervisors should:

- 5.3 In consultation with the Office of Gender-Based Violence Prevention and SCVMC, fund an Extra Help position to assist the SART Committee co-chairs with updating the Sexual Assault Protocol, meeting planning and facilitation, establishing training schedules, and coordinating agency partners. This staff member could be located in the Office of Gender Based Violence Prevention within the County Executive's Office. (Priority 2)

SAVINGS, BENEFITS, AND COSTS

These recommendations will require one-time administrative time from the SAFE Program and its partners and ongoing costs of approximately up to \$119,475 annually to hire a Senior Management Analyst-Extra Help position to staff the SART Committee, but would likely cost less depending on actual hours worked by this position. Updating the Sexual Assault Protocol to include current information on all response sites, details on training expectations, and specify connections to language interpreters and culturally sensitive services will promote better communication within the Committee and with the public, and will establish clear expectations around SAFE exam workflow, all of which will help improve the County's overall response to sexual assault. Hiring a staff member for the Committee will help improve meeting productivity and coordination, and ensure materials are updated regularly.

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Content Warning

This attachment contains images of the Sexual Assault Forensic Exam (SAFE) Program response locations, including exam rooms and medical equipment, that may be uncomfortable for readers to view.

Foreword

These photos were taken during our audit site visits to SAFE Program response locations at Santa Clara Valley Medical Center (SCVMC)'s main campus in San Jose, Stanford Hospital, and St. Louise Regional Hospital in August and September of 2021. The photos are intended to show the different environments and facilities of each response location.

During our visits we were unable to obtain photos for every part of the workflow because some spaces were occupied by patients, but we attempt to provide images of each response location's key facilities (waiting space, exam room, and bathroom and shower facilities). These images reflect what we saw on our visits and what was reported to us by SAFE Program staff and hospital staff at each respective response location. The workflows assume that patients are medically cleared for the SAFE exam but will vary depending on other medical conditions the patient may be experiencing or other circumstances unique to the patient.

Contact

Survivors of sexual assault can access services and support at the following points of contact.

If it is an emergency, please call 9-1-1

Adult/Adolescent SAFE Program (ages 12 and older):

- Patient care needs: (408) 885-5000, "0"
- Non-urgent needs: (408) 885-6466

Pediatric SAFE Program (ages 11 and younger):

- (669) 299-8810

Survivor advocacy organizations:

- North and central Santa Clara County: YWCA Golden Gate Silicon Valley
 - 1-800-572-2782 (24-hour hotline)
- South Santa Clara County and San Benito County: Community Solutions
 - 1-877-363-7238 (24-hour hotline)

Victim Services Unit – District Attorney's Office:

- 408-295-2656

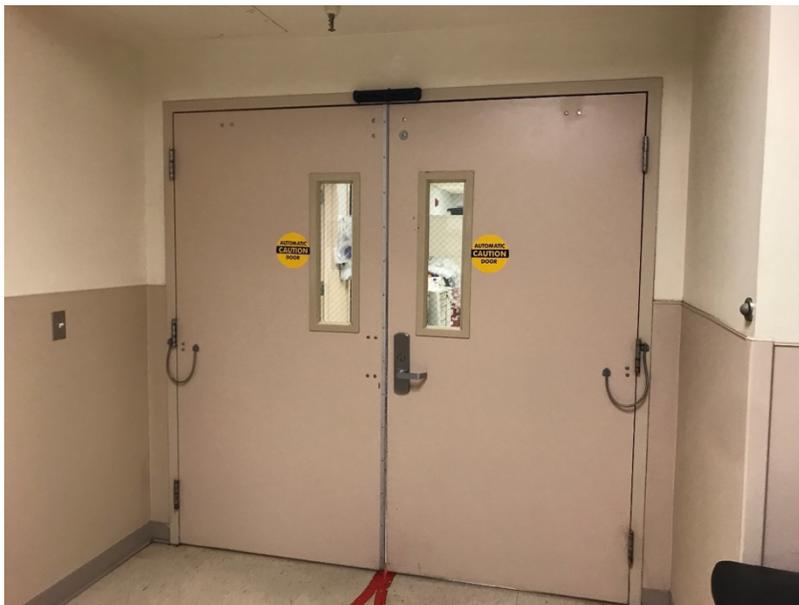
Santa Clara Valley Medical Center SAFE Response Location

These photos reflect the workflow at the San Jose Santa Clara Valley Medical Center (SCVMC) SAFE Program response location as shown to us on August 11, 2021.

A-1: The Family Room waiting area is a designated waiting space in the emergency department where a patient is brought to wait for the SAFE Nurse. The keypad on the door restricts access. If the room is occupied, an alternative, private space is identified for waiting.



A-2: The Family Room looks out onto a double set of doors leading to the main area of the SCVMC emergency department.



A-3: Controlled access to the dedicated SAFE exam building, which is located a short walk from the SCVMC emergency department.



A-4: One of the dedicated SAFE exam rooms at the SCVMC response location.



A-5: A dedicated, private bathroom facility at the SCVMC SAFE response location.



A-6: A dedicated, private shower facility at the SCVMC SAFE response location.



A-7: An additional private waiting or interview area at the SCVMC SAFE response location.



A-8: Food and beverages are out in one of the waiting areas and available for patients.



Stanford Hospital SAFE Response Location

Workflow as of July 2021

These photos reflect the facilities and workflows used at the Stanford response location around the time our audit commenced in July of 2021. These photos were taken at our site visit on August 23, 2021.

A-9. Patients and accompanying individuals who walk into the Stanford emergency department go through security.



A-10. After being checked-in at registration, the patient is taken to one of three private triage rooms for medical clearance.



A-11. Following medical clearance, the patient waits in the Zen Room, a designated waiting space for SAFE patients to wait for the SAFE nurse to arrive. If the room is occupied an alternative, private space is identified for waiting.



A-12: The Zen Room includes multiple seating options, a tablet, a TV (not pictured but on the wall across from the couch), books, and other materials.



A-13: The private, designated SAFE exam room is a room in Stanford's emergency department.



A-14: The exam room includes a sink.



A-15: The primary designated exam room used by the SAFE program is on the right side of this photo. However, the Program may use one of the other exam rooms (like the one on the left) if needed.



A-16: The SAFE nurse carts are locked in a separate storage facility across the hall from the designated exam room.



A-17: The bathroom designated for the SAFE Program is located down the hall from the exam room. The SAFE nurse or liaison nurse will make sure the patient can access the bathroom as needed. The bathroom is cleaned and prepared by the liaison nurse and a sign (not pictured) is hung to ensure privacy for the patient.



A-18: The bathroom is a single stall facility with a sink, toilet, and shower.



A-19: The shower is located in the designated bathroom.



A-20: Clothing, shoes, and other personal items are stocked in a separate area of the emergency department. We were told that the liaison nurse will retrieve any needed items for a patient. There was no food or drink immediately visible in any of the areas, but we were told that the liaison nurse or advocate will get food for the patient as needed/requested.



Stanford Interim Workflow as of Fall 2021

These photos reflect the current and anticipated workflows at the Stanford SAFE Program response location as shown to us at our site visit on September 30, 2021.

A-21: As of September 3, 2021, the private room shown below is now a dedicated SAFE patient waiting area in the Stanford emergency department. This room is where a patient waits for the SAFE nurse to arrive. The Zen Room in photos A-11 and A-12 is a designated space that could be used by other individuals; this new dedicated space is for use exclusively by the SAFE Program. The Zen Room may still be used for SAFE patients depending on circumstances or if additional space is needed.



Stanford has identified a suite of rooms adjacent to the emergency department that it has dedicated for use by the SAFE program. During our site visits, this space was in the process of being adapted for SAFE Program use with changes to the space's equipment and furniture.

A-22: This is the main waiting area for patients, advocates, support people, and law enforcement in the new dedicated suite.



Note:
Stanford Health Care provided this photo on October 4, 2021, after our site visit. At the time of our September 30, 2021 visit, the room looked similar to the photo above but the artwork was not hung up.

A-23: There is private interview and/or additional waiting space accessible from the main waiting area.



A-24: The dedicated SAFE exam room that is accessible from within the suite.



A-25: The exam room currently includes a portable sink, which will be replaced with a permanent sink during renovation.



A-26: There is a dedicated, private restroom off of the main waiting area next to the exam room.



A-27: The restroom currently only has a toilet and sink. The longer-term plan is to build out a shower and change the door configuration so that patients have access to the bathroom and shower through the exam room. Until construction is complete, the shower in photo A-19 will be available for patients.



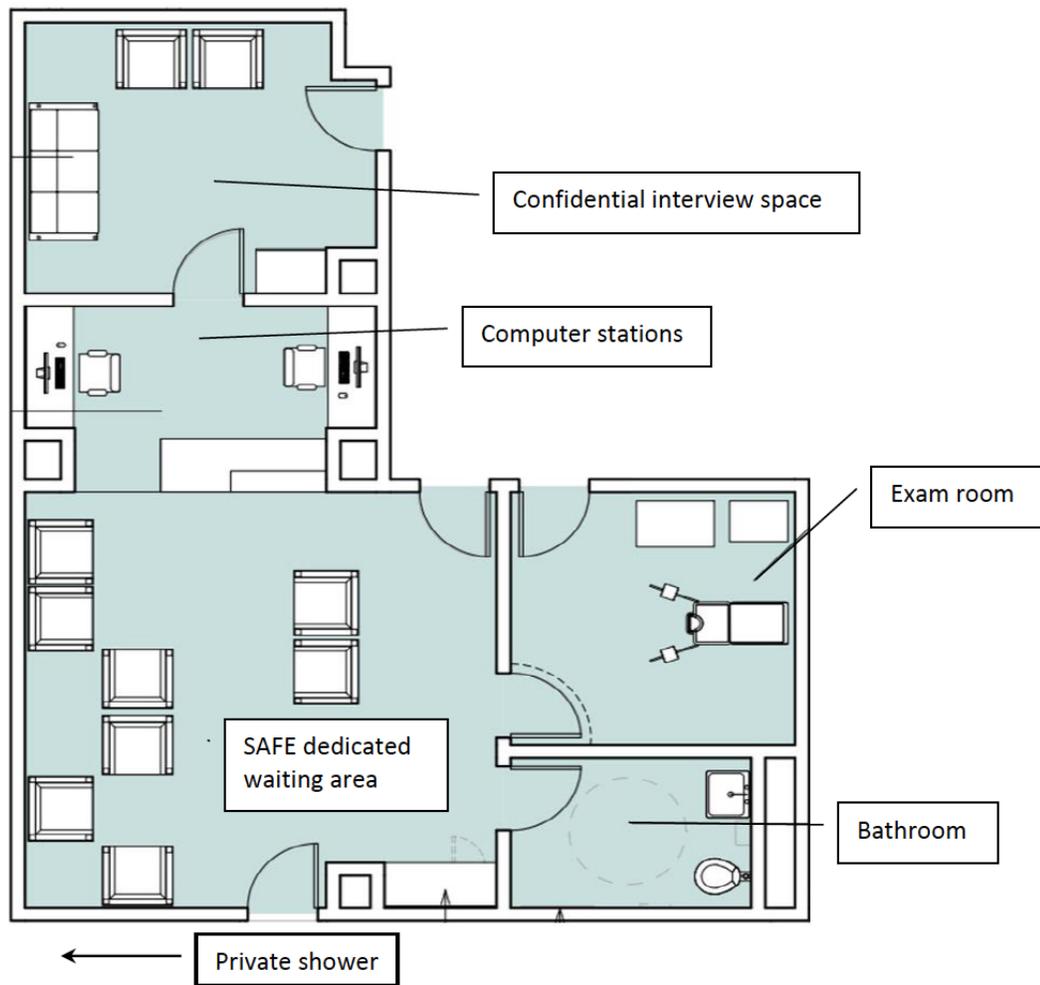
A-28: The dedicated waiting space includes an area for coffee and storage.



A-29: There is a public waiting area near the SAFE Program suite that can serve as an additional waiting area for anyone who accompanies the patient, as needed.

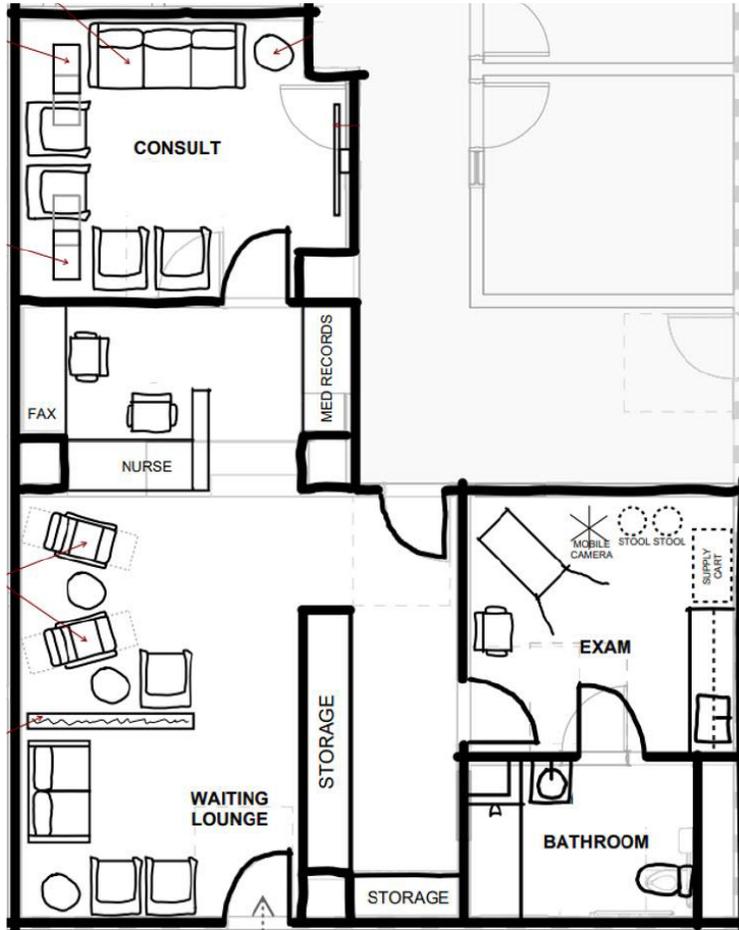


A-30: This is the floor plan for how the dedicated SAFE Program suite at Stanford will be configured for the program in the interim.



Note:
This floor plan is from the September 22, 2021 SAFE Program Report to the Health and Hospital Committee.

A-31: This is the in progress design for the long-term SAFE Program dedicated space as of October 4, 2021. The final design will reflect modifications to align with operational, functional, and regulatory requirements. Stanford anticipates construction taking approximately one year, which would place project completion around September 2022.



As of 10.4.2021
*Subject to change based on operational and functional requirements
*Subject to review and approval by regulatory bodies

Note:
This floor plan was provided by Stanford Health Care.

St. Louise Regional Hospital SAFE Response Location

These photos reflect the anticipated workflow at the St. Louise Regional Hospital SAFE Program response location as shown to us at our site visit on August 16, 2021. The response location is anticipated to open by the end of 2021.

A-32: Main entrance outside of the emergency department.



A-33: This is one of the designated areas for the patient to wait for the SAFE nurse to arrive. It is a semi-private space separated by curtains. The designated private waiting/triage room was occupied during our site visit so we were unable to photograph it.



A-34: This is the hallway and elevator leading to the second floor where the dedicated SAFE exam room is located.



A-35: A set of double doors lead into the second-floor area where the dedicated exam room is located. This photo is taken from within the wing looking out.



A-36: This room will serve as the dedicated, private SAFE Program exam room.



A-37: The room includes a dedicated, private bathroom with a private toilet and shower.



*Note:
This photo was altered to remove a mobile bedpan that was located in the shower. This edit was made to better display the space.*

A-38: A private sink is located in the exam room.



There was no additional interview space or waiting area for those who may be accompanying the patient shown to us during our visit. However, there were a few chairs in the hallway outside the second-floor wing where the SAFE room is located that may be used for a public waiting area for individuals accompanying the patient.



Hospitals and Clinics Administration

DATE: November 23, 2021

TO: Board of Supervisors' Management Audit Division

FROM: Paul E. Lorenz, Chief Executive Officer, SCVMC/Enterprise 

SUBJECT: Response to the Management Audit of the Adult/Adolescent Sexual Assault Forensic Exam Program

This memo is in response to the recommendations made in the management audit conducted by the Board of Supervisors' management auditors. The audit team set clear expectations at the outset and performed a thorough and thoughtful review of the Adult/Adolescent Sexual Assault Forensic Exam (SAFE) program. This was appreciated, given the sensitivity and breadth of the information being reviewed.

SECTION 1:

Recommendation 1.1: Work with the SART Committee to amend the Santa Clara County Sexual Assault Protocol to define minimum facility requirements and expectations of SAFE response locations. (Priority 2)

SAFE Response: Agree with this recommendation.

Minimum facility requirements and recommendations are provided in the U.S. Department of Justice (DOJ) Office on Violence Against Women's National Protocol for Sexual Assault Medical Forensic Examinations for Adult/Adolescents (U.S. Department of Justice, 2013)¹. The Santa Clara County SART Committee is currently working on revisions to the County Sexual Assault Protocol and will include both the expectation and facility requirements in the 2022 update to the protocol.

Recommendation 1.2: Work with staff at St. Louise Regional Hospital to find dedicated, if possible, or at minimum designated private space, outside of the SAFE exam room, that can be used for patient interviews and waiting space for those who

¹U.S. Department of Justice, Office on Violence Against Women. (2013). *A national protocol for sexual assault medical forensic exams adults/adolescents*. Washington, DC: Department of Justice. <https://www.ojp.gov/search/results?keys=national%20protocol%20sexual>

accompany the patient. The specifics of the intended design should be in writing. (Priority 2)

SAFE Response: Agree with this recommendation.

On October 27, members of the SAFE Program and leadership from SCVMC and SLRH met to review the options for a confidential interview space for survivors to access when they arrive at that exam location and request SAFE response. After touring several locations, a private area was identified that is adjacent to the Emergency Department that ensures confidentiality and security for the survivor. Both the exam and interview spaces selected will be dedicated for SAFE exams and meet the recommendations for SAFE response locations referenced in recommendation 1.1 above.

Recommendation 1.3: Work with County Counsel and the Procurement Department to amend the County's agreement with Stanford Health Care to specify the facilities that are committed for use by the SAFE Program at Stanford Hospital, in order to ensure that changes underway now will meet expectations when completed and that any future needs will be addressed contractually. (Priority 2)

SAFE Response: Agree with this recommendation.

In conjunction with County Counsel and the Procurement Department, the agreement with Stanford Health Care (SHC) will be updated to address the changes in the SCVMC SAFE response location within SHC. This will include changes for the physical space itself and the workflows that have been revised as a result of the move to a dedicated space. Any revisions to the agreement, based on future-state expectations related to the dedicated space, will be developed with County Counsel, and included in the County's agreement with SHC. Diagrams and workflows specific to the new space may be added as addendums to the agreement, since they may change more rapidly than the agreement itself.

Section 2:

Recommendation 2.1: Evaluate and report by June 2022 to the Board of Supervisors, in collaboration with the Employee Services Agency, to assess (1) the Program's success at hiring SAFE nurses as County employees, (2) the Program's success at increasing its staffing levels, and (3) whether the special assignment pay rates recommended by the Employee Services Agency are sufficient to attract and retain SAFE nursing staff, or whether additional compensation incentives are needed. (Priority 2)

SAFE Response: Agree with this recommendation.

The work outlined above is currently underway or has been completed. The SAFE Program will be able to report on each of the requested items at the June 2022 Board of Supervisors' meeting.

Recommendation 2.2: Beginning in January 2022, evaluate whether SAFE nurses, as County employees, continue to incur any non-reimbursable costs or face barriers associated with completion of required training, and if so, work with the Employee Services Agency to address these barriers. (Priority 2)

SAFE Response: Agree with this recommendation.

The process of hiring SAFE examiners as new per diem employees started in October 2021. The SAFE training program will be different now that the County switched from using independent contractors to hiring SAFE examiners as per diem employees. As a result, the SAFE Program is revising the training schedule and skills development to be offered primarily in-house, using simulation training techniques, as opposed to leaving much of the initial training to the SAFE examiner to complete on their own. As new trainees move through the new training program, we will monitor what out-of-pocket costs and barriers to completing training trainees may encounter and find solutions for those issues. The SAFE Program agrees that this should begin in January 2022.

Recommendation 2.3: Resume and expand, as soon as reasonably possible, its partnerships with UCSF and San Jose State University to provide in-person simulated and hands-on training and continuing education, and report to the Board of Supervisors by June 2022 on new and ongoing training initiatives. (Priority 2)

SAFE Response: Agree with this recommendation.

Simulation training is valuable for both initial and ongoing learning for the SAFE examiners. During the pandemic, both UC San Francisco (UCSF) and San Jose State University (SJSU) facilities were unavailable for in-person simulation and hands-on demonstrations. Simulation training with the nursing program at UCSF was continued via virtual sessions for trauma-informed interview practice. These were provided via grant-funded curriculum that ended in September 2021 but the SCVMC SAFE Program will continue to explore future opportunities to partner with UCSF. SJSU returned to in-person instruction this fall and has reached out to the SAFE Program to discuss restarting collaborative skills training. An agreement for this purpose is currently being drafted.

Recommendation 2.4: Work with the Employee Services Agency and the County's Employee Assistance Program to identify additional support that could be offered to SAFE Program nurses to reduce burnout without requiring modifications to existing labor agreements, including but not limited to wellness opportunities for SAFE nurses, ongoing access to counseling services through the County's Employee Assistance Program, and opportunities to encourage connections and support among Program staff. (Priority 2)

SAFE Response: Agree with this recommendation.

The well-being of the SAFE examiners is always a central focus for the SAFE Program, including identifying counselors or counseling services that are experienced working with first responders and are available locally for member of the SAFE team. SAFE examiners are exposed to significantly difficult case details that can be hard to process and manage over time, and lead to high stress and/or burnout. The SAFE Program Nurse Manager will initiate connections with Employee Services Agency and Employee Assistance Program in 2021 to identify opportunities for support of the SAFE examiners. Information and services identified will be shared with the entire SAFE team and support for self-care be reinforced by staff.

Section 3:

Recommendation 3.1: Use the SAFE Program's Program Manager II and, potentially, one of the Program's Nurse Coordinators to support the Program's Nurse Manager in the development of a strategic plan for the SAFE Program that outlines the Program's strategic priorities, goals, and milestones. This work should not begin until January 2022 at the earliest. (Priority 2)

SAFE Response: Agree with this recommendation.

Interviews for the Program Manager (PM) II position have been completed and an offer made the week of November 22, 2021. It is anticipated the candidate for this position will begin working in this position prior to January 2022 and will be able to assist with strategic planning activities. The expectations of the PM II, related to goal setting, documentation, and tracking of SAFE Program priorities and projects will be determined in conjunction with the Nurse Manager. It is anticipated the PM II will provide significant support in monitoring whether SAFE activities are on track related to expected deadlines and outcomes. Additionally, the Nurse Manager will seek input from the Nurse Coordinators, Staff Developer, and coded staff with respect to strategic planning and goal setting, for both short- and long-term needs.

Section 4:

Recommendation 4.1: Work with the Program’s Nurse Coordinators to develop printed materials in several languages that patients can review while they await the arrival of the SAFE nurse. These materials should address: (1) the agencies involved in the examination process; (2) the SAFE Program itself; (3) what a patient can expect during a SAFE exam and the average duration of an exam; (4) the patient’s right to have family or a friend accompany them during the exam; and (5) the patient’s right to decide whether or not to report their assault to law enforcement. The materials may also include a welcoming message to “introduce” the SAFE nurse who is en route to the patient. (Priority 3)

SAFE Response: Agree with this recommendation.

This work is currently underway and is being designed to integrate with both the SCVMC SAFE website and printed materials provided to the community, community partners, and SART partner agencies regarding SCVMC SAFE services. The SAFE Nurse Manager, in coordination with the SAFE Coordinators, Staff Developer, and SAFE examiners, is developing a welcome package for survivors to receive on arrival at a SCVMC SAFE response location. This package is envisioned to include supportive and affirming information about the SAFE exam process that the survivor can review, preferably in both written and audible forms. All newly developed materials will include a QR code or link to the SCVMC SAFE website so the interactive information may be made available to the survivor to view at any time. All information will be available in multiple languages, in accordance with County policy.

Section 5:

Recommendation 5.1: Work with SART Committee member agencies to update the County’s Sexual Assault Protocol to include information about the additional SAFE Program response sites, these sites’ respective workflows, and training expectations for partners. (Priority 2)

SAFE Response: Agree with this recommendation.

As noted in the response to recommendation 1.1, The Santa Clara County SART Committee is currently working on revisions to the County Sexual Assault Protocol and will include both the expectation and facility requirements in the 2022 update to the

protocol. Included in that will be any relevant workflow information that includes a multidisciplinary response and related training for the SART partners.

Recommendation 5.2: Work with SART Committee member agencies to update the County's Sexual Assault Protocol to include detailed plans to meet the needs of specific populations by providing culturally competent care. The plans should include a description of how sexual assault victims are connected to language interpretation services through different system entry points. (Priority 2)

SAFE Response: Agree with this recommendation.

As noted in the response to recommendation 1.1, The Santa Clara County SART Committee is currently working on revisions to the County Sexual Assault Protocol. The final revisions will address the integration of culturally competent care and describe the steps to include language interpretation services at system entry points and throughout various workflows used by SART partner agencies. Using translation services ensures survivors can understand, participate in, and consent to their care, using the language they are most comfortable with.

Recommendation 5.3: In consultation with the Office of Gender-Based Violence Prevention and SCVMC, fund an Extra Help position to assist the SART Committee co-chairs with updating the Sexual Assault Protocol, meeting planning and facilitation, establishing training schedules, and coordinating agency partners. This staff member could be located in the Office of Gender Based Violence Prevention within the County Executive's Office. (Priority 2)

SAFE Response: Agree with this recommendation.

The SAFE Program supports the addition of a position within the Office of Gender Based Violence Program (OGBVP) to assist with the expanding activities of the Santa Clara County SART Committee. This resource would be welcome for the responsibilities listed above, in coordination with the SART Committee co-chairs, and would be able to alleviate some of the capacity challenges related to coordination of SART Committee activities. Additionally, this position could assist OGBVP with maintaining a County dashboard, showing gender-based violence information, that is expected from the SAFE database build in 2022. This database will track where service gaps and time inefficiencies exist in the response to survivors of GBV in Santa Clara County.



Hospitals and Clinics Administration

TO: Cheryl Solov, Contract Principal Management Auditor
Santa Clara County Board of Supervisors, Management Audit Division

FROM: Paul E. Lorenz, Chief Executive Officer, SCVMC/Enterprise 

DATE: November 23, 2021

Re: Management Audit of the Adult/Adolescent Sexual Assault Forensic Exam Program

Dear Ms. Solov,

The Adult/Adolescent Sexual Assault Forensic Exam (SAFE) Program appreciates the opportunity to work with your team in their review of the SAFE Program operations at each of the SAFE response location in Santa Clara County and to assess whether services at each location are comparable.

The following list of the Adult/Adolescent Sexual Assault Forensic Exam (SAFE) Program accomplishments and/or activities is being provided at the request of your team.

SAFE Program Initiatives and Accomplishments

- The Adult/Adolescent SAFE Program has administered stable and ongoing 24/7/365 response for survivors of sexual assault, age 12 and older, in Santa Clara County since 1987.
- In 2009, the SCVMC SAFE Program established a dedicated room at the Valley Health Center Clinic in Gilroy to respond to survivors from Santa Clara and San Benito Counties at a site in the south county. Exams were performed at that location through 2015 but ceased due to limitations with available SAFE coverage.

- The SAFE Program participated with the California Clinical Forensic Medical Training Center (CCFMTC) as a beta test site for the new electronic version of the paper medical evidentiary form established for exam teams to use by California Office of Emergency Services.
- In 2016, in conjunction with the YWCA Silicon Valley, the Nurse Manager of the SCVMC SAFE Program worked to establish the Santa Clara County Sexual Assault Response Team (SART) Committee, as defined by the California Penal Code. The SAFE Nurse Manager and YWCA Manager co-chair the SART Committee, which includes representatives from the SAFE Program, District Attorney's Office, Crime Lab, Rape Crisis Advocates, and Law Enforcement.
- In September 2018, the SCVMC SAFE program opened SAFE services to survivors and SART partner agencies in Santa Cruz County when their SAFE Program had to close due to challenges maintaining enough SAFE examiners.
- Participated in the first Joint Hearing on Sexual Assault, domestic violence, and human trafficking that was held by the Children, Seniors, and Families Committee (CSFC) and San Jose City Council in April 2019. At that time, the SCVMC SAFE Program recommended that services expand to include medical evidentiary exams for non-fatal strangulation, which was being piloted by San Diego and Alameda counties.
- In July 2019, the SCVMC SAFE Program expanded for the first time to add a medical unit clerk, a nurse coordinator, and a nurse manager as coded staff to oversee the expanding operations and service location needs for the program response. A staff developer was also added to assist with the growing training needs, implement new simulation curriculum being developed by the program, and assist with annual competencies.
- In September 2019, the SCVMC SAFE Nurse Manager co-facilitated the completion of the first Santa Clara County SART Committee Protocol to address coordinated SART partner agency response to survivors of sexual assault.
- Developed new simulation training curriculum to shorten the training time for new SAFE examiners and provide a more controlled environment for examination skills evaluation. This was done in partnership with San Jose

State University School of Nursing on two dates in 2019. A third simulation training was held on SCVMC campus in 2020.

- Established a community partnership with the UC San Francisco School of Nursing SAFERR Program, which was a HRSA grant-funded project, to assist in a one-of-kind simulation training designed to evaluate trauma-informed medical forensic exam interviews. Between May 2019 and June 2020, the SCVMC SAFE Program participated in five trainings with approximately 20 trainees each.
- In January 2020, the SCVMC SAFE Program started providing medical evidentiary services for survivors of non-fatal strangulation as part of a pilot program to study the benefits to survivors, medically and as part of criminal investigation and prosecution.
- In 2020, SCVMC entered into an agreement with Stanford Health Care to provide a response location for the SCVMC SAFE Program to provide SAFE exams for survivors in north Santa Clara County. This location opened in February 2020 and the SAFE Program has provided ongoing 24/7/365 coverage in the north county since that time.
- In February 2020, SCVMC SAFE Program coverage expanded to include more than one SAFE examiner on the schedule at a time to allow for simultaneous exams to occur at one or more response locations.
- In August 2020, in partnership with the Santa Cruz County Sheriff's Office, the SCVMC SAFE Program opened a response location near Dominican Hospital to provide SAFE exams to survivors in Santa Cruz County, thus eliminating the burden to survivors and SART partners to travel long distances for care and services after sexual assault.
- In 2021, entered into an agreement with the Army Garrison at the Presidio of Monterey to provide SAFE exams to their servicemembers. This was a result in changes in availability of SAFE services through the Monterey SAFE Program.
- In June 2021, SAFE exams for non-fatal strangulation were approved as a regular SCVMC SAFE service by the Board of Supervisors, moving the non-fatal strangulation pilot to a permanent program.

- In June 2021, the SAFE Program began efforts to merge into a single SAFE Service Line to align resources, protocols, and training for SAFE examiners and their practice, across all age groups and response locations.
- In October 2021, hiring for SAFE Service Line positions started. These will allow 24/7 on-site staffing for SAFE services, which will allow for immediate consultation and referral. This is a departure from the on-call model that has been used since 1987. Additionally, the independent contractors that had been used to staff the on-call response, began the process to become per diem employees with SCVMC.
- In November 2021, the SCVMC SAFE Program expanded services to include postmortem SAFE exams. This was done in conjunction with the Santa Cruz County Coroner's Office.
- Expansion to open a south county SAFE response location at St. Louise Regional Hospital is expected by the end of 2021.
- Expansion to include SAFE response for non-fatal strangulation at all SCVMC SAFE response locations in Santa Clara County is expected to begin in 2021-2022.

Please feel free to contact me for any questions about the information provided. We look forward to reviewing the final audit report and discussing the recommendations with you when it is available.

Sincerely,

Paul Lorenz

Chief Operating Officer - SCVMC/Enterprise