

## Jones, Michael (CMO)

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**From:** Melissa Luke <mluke@yourywca.org>  
**Sent:** Wednesday, October 16, 2024 4:35 PM  
**To:** PSFSScommittee  
**Cc:** Cynthia Melchor; Lindsey Mansfield  
**Subject:** Public Comment for 10/17/24 - Item 3  
**Attachments:** YWCA SJPD coordinated response data 10.17.24.pdf

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To Whom It May Concern:

YWCA Golden Gate Silicon Valley would like to provide the attached written Public Comment for the 10/17/24 PSFSS meeting under Item 3. Options for Expanding Alternative Response and Co-Response Programs to 911 Calls for Service.

Thank you for your help,

**Melissa Luke** | Chief Program Officer, Healing & Justice

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Thank you for the opportunity to update your office about San José Police Department (SJPD)'s and YWCA Golden Gate Silicon Valley (YWCA)'s coordinated response systems for survivors of domestic violence and sexual assault. Current programs include our embedded advocacy at SJPD's Family Violence Center (FVC) and Sexual Assault Investigative Unit (SAIU), and our co-response to DV calls through the Domestic Violence High Risk Response Team (DVHRRT). We value our partnership with SJPD and especially the officers who work side-by-side with our Advocates every day to ensure survivors have access to safety, justice, and healing.

**San José Police Department Family Violence Center**

The SJPD's FVC addresses family violence issues by co-locating multiple agencies within the Department's community office on The Alameda. The Center is staffed by representatives from San José Police Department, the Santa Clara County District Attorney's Office, County Adult Probation, County Child Protective Services, and one 1.0 FTE co-located Domestic Violence (DV) Survivor Advocacy Coordinator I from YWCA.

YWCA's partnership with SJPD began in FY 16-17 and ensures that DV survivors receive critical emergency support services as soon as possible after a DV incident. The YWCA Coordinator contacts all DV survivors referred by SJPD officers to offer services and support. They follow up within 72 hours of receiving the referral from SJPD, and as many as three times if the survivor does not initially reply. They also provide ongoing case management which includes counseling, advocacy, lethality/risk assessment, safety planning, and linkage to our restraining order, family law, criminal law, and immigration services.

<b>YWCA Services at FVC</b>	<b>FY 20-21</b>	<b>FY21-22</b>	<b>FY22-23</b>	<b>FY23-24</b>	<b>% Increase (FY21 to 24)</b>
<i># of DV follow ups</i>	591	1,087	1,135	1,764	199%
<i># of survivors receiving ongoing case management &amp; advocacy</i>	46	64	106	93	102%
<i># of ongoing case management &amp; advocacy sessions</i>	65	191	631	541	732%

Follow ups at the FVC – which are directly triggered by referrals from SJPd officers – have been increasing year-over-year and indicate the project's strong focus on sustaining engagement with survivors. In FY 23-24, the YWCA FVC Coordinator provided 1,764 follow ups to survivors at the FVC, a **55% increase** in one year (FY23 to FY24) and **199% increase** from four years ago (FY21 to FY24).

FVC-based requests for case management and ongoing advocacy have also increased. Over four years, we have seen a **102% increase** in the number of survivors served and a **732% increase** in the amount of services provided. There was a small dip last FY due to the YWCA Coordinator's work leave from June-October 2023 (5 months), which highlights the importance of dedicated staffing for this project.

FVC volume has become too high for the one YWCA Coordinator to manage on top of ongoing case management, and YWCA has had to leverage outside funding resources - pulling DV Advocates from other projects to assist SJPd. Unfortunately, the City of San José current \$136,757 FVC contract with YWCA barely covers costs for the FVC Coordinator and their supervisor, with no room for additional Advocate support. Looking at staffing levels, there are currently 7 detectives in the Family Violence Unit and only 1 YWCA Coordinator responding to the referrals from those detectives.

We are also preparing for significant reductions in federal and state funding for victims of crime, including [\\$2.5 million in cuts for Santa Clara County](#). We are grateful to Vice Mayor Rosemary Kamei and Councilmember Domingo Candelas for [their support at our VOCA rally](#) – which led to Governor Newsom deferring these cuts for one year through one-time funding for victim service programs. Unfortunately [we do expect the 44.7% funding reduction to come down in FY 25-26](#), which will significantly impact YWCA's ability to redirect outside resources for SJPd-based services.

Should additional and ongoing City resources be made available, YWCA recommends that they be invested in rightsizing advocacy response through the FVC to match existing demand. Specifically, we would recommend co-locating two bilingual staff: one Advocate focused on follow ups that provide immediate crisis support, and one Coordinator dedicated to ongoing case management and systems navigation. This would sensibly enhance and expand resident access to an existing program, and bring timely and responsive services to survivors experiencing domestic violence with information about their rights, facilitating referrals to safe shelter, and offering specialized support through YWCA's LGBTQIA+ program.

San José is by far the largest law enforcement jurisdiction in the County. Adding a new 1.0 FTE Bilingual Community Support Advocate, co-located at the FVC and working alongside the officers and existing 1.0 FTE FVC Coordinator, will positively impact both quantity and quality of service. Specifically, alleviating the Coordinator will allow them to refocus on care coordination, case management, and partnership building - allowing more in-depth service for survivors being referred by SJPd.

### San José Police Department-YWCA DV High Risk Response Team (DVHRRT)

Per the nationally recognized [Geiger Institute](#), the goal of a DVHRRT model is to reduce intimate partner homicide by both monitoring specific high-risk cases and closing gaps in the domestic violence response system. “Research shows that many intimate partner homicides are predictable; and if they are predictable, they are preventable. The DVHRRT Model leverages that predictability by incorporating research-based risk assessment into a community’s domestic violence response system to identify the most dangerous cases.”

San José’s DVHRRT program provides immediate support to survivors with high risk cases (e.g., meeting high risk criteria) through a collaboration between SJPd and YWCA. The DVHRRT model is not meant to respond to every DV incident, rather the criteria act as a funnel targeting response to those most at risk of being killed by their intimate partner. SJPd funding for this pilot project began in April 2019 and led to the hiring of Advocates to provide immediate crisis intervention in the field for high lethality cases. The COVID-19 stay-at-home order in March 2020 caused the project to pivot to over-the-phone response. Currently YWCA provides both in-person and over the phone response to DVHRRT requests.

The Santa Clara County Domestic Violence Protocol for Law Enforcement requires a lethality assessment at the scene of domestic violence 911 calls. The use of this evidence-based tool is embedded in law enforcement response countywide. For DVHRRT, it is the first step for SJPd officers to connect survivors to services and identify them for co-response.

Using the lethality assessment, the SJPd responding officer will ask the victim to answer a series of brief evidence-based questions focusing on their level of danger to be seriously injured or killed by their intimate partner. If the victim’s responses meet DVHRRT high risk criteria, the officer will contact the 24/7 YWCA Help Line requesting a response, whether in-person or over the phone.

During the initial pilot, the Family Violence Unit Lieutenant and YWCA had an understanding that patrol would call for any and all DV incidents in order to establish the habit and launch the pilot. A response would then be provided by a YWCA Advocate when the call met DVHRRT high risk criteria. Whether that response is in-person or over the phone is determined by SJPd’s internal prioritization, including the officers’ assessment of safety on the scene (e.g., if the person who harmed is not in custody and the scene is not clear and secure) or the officers need to respond to another call. Often the scene itself is chaotic, with the priorities being immediate safety and medical considerations. Also the survivor may not be in the space mentally, emotionally, or physically to engage. They may have physical injuries, be mentally overwhelmed in the moment, and struggling to attend to their children who have witnessed the precipitating incident. They may also not want to engage in the moment because they did not call 911 themselves and/or were not aware of the consequences of calling law enforcement. Immigrant survivors and survivors of color, in particular, may not be aware of Santa

Clara County's mandatory arrest policy, the District Attorney's discretion to move forward with prosecution regardless of survivor consent, the potential impacts on immigration status, involvement of child protective services, etc., and they almost always need more time to process and consider their options.

When the survivor is not open to connecting, the officer is encouraged to contact YWCA so they may relay information, consult for safety planning, and so on. YWCA's Survivor Advocacy Coordinator at SJPD's Family Violence Center also receives the police report and Lethality Assessment to provide follow up, if the survivor consented. This ensures that, even if contact is not established initially, YWCA still has an opportunity to provide support.

Over time YWCA has integrated DVHRRT response into our full 24/7 system, both in-person and over the phone. This does not mean that a DVHRRT-funded Advocate is available to respond 24/7. Funding from the City of San José supports a total of 1.2 FTE: 1 afterhours Advocate at 0.8 FTE (approx. 4 shifts/week between 4pm-12am), 1 daytime Advocate at 0.1 FTE, and 0.3 FTE of a Manager's time for training, supervision, and oversight. YWCA's full 24/7 system includes 27 Advocates and 11 Managers On Call staffing our 24/7 system and providing 1,307 responses every year (or 3.6 responses/day, with VMC responses lasting as long as 8 hours). 82% of staff are bilingual, the majority in English/Spanish.

YWCA cross trains all on-call Advocates to support all domestic violence, human trafficking, and sexual assault survivors, whether the response is from DVHRRT, a SAFE through Stanford Hospital/VMC, a Pediatric SART through the Children's Advocacy Center, an exam through the County's DV Strangulation Protocol, or a community response through our community offices, local law enforcement (for sexual assault, YWCA responds to all jurisdictions except for Gilroy and Morgan Hill, which refer to Community Solutions), local hospitals such as Kaiser, local schools such as San José State University, and other community-based organizations.

A survivor's communication with YWCA Advocates is privileged under California state evidence code (EVID §1037.1), meaning Advocates are not allowed to share information with law enforcement and other entities without the survivor's consent. For survivors who may be hesitant or even fearful to engage with law enforcement and the criminal justice system, being able to speak confidentially can be valuable in getting them connected with resources and support and helping them better understand the law enforcement system, which can then increase their comfort level and engagement with officers.

<b>YWCA Services through DVHRRT</b>	<b>June 2019- May 2021 (24-month pilot)</b>	<b>FY21-22</b>	<b>FY22-23</b>	<b>FY23-24</b>	<b>% Increase (FY22 to 24)</b>
<i># of responses meeting DVHRRT high risk criteria,</i>	110 (9 pre-pandemic, 101 after state)	5	24	55	1000% (From 5 to 55 responses)

<i>both in-person and over the phone</i>	lockdown orders in March 2020)				
<i># of SJPd calls answered by YWCA Advocates that did not meet DVHRRT high risk criteria</i>	N/A	N/A	99 (Dec 2022-June 2023)	236	From 0 to 236 calls
<i># of survivors from DVHRRT responses and/or calls that received ongoing case management &amp; advocacy</i>	N/A	N/A	95 (Dec 2022-June 2023)	130	From 0 to 130 survivors

Over the last five years (June 2019 to June 2024), YWCA expanded both our existing crisis response system and ongoing case management services to support an additional 55 DVHRRT responses, 236 calls from SJPd officers, and 130 survivors receiving ongoing support. As long as an Advocate is not already on another response, they will respond in-person to a DVHRRT call at the request of the officer. If Advocates are on other responses and nobody is available in-person, or if in-person is not requested, then YWCA will provide over the phone support.

Looking at DVHRRT calls from November 2023-April 2024, officers reached out to YWCA 41 times for response to a high lethality incident. YWCA Advocates responded on scene to three domestic violence incidents during this time period and over the phone to 38 incidents. YWCA Advocates also responded to 110 calls from SJPd that were activated by the DV protocol but did not meet high risk criteria. There was only one instance where Advocates were not able to respond in-person due to capacity.

The DVHRRT saw a **129% increase** in responses from FY23 to FY24. This may be due to expanded program efforts, increased collaboration with law enforcement, and/or heightened awareness and reporting. YWCA made a concentrated effort to train hotline and in-person response Advocates as well as to adjust to the request of the survivors to provide support over the phone or in-person. With this flexibility YWCA was able to connect with more survivors overall. SJPd also increased the number of calls they made to our hotline over the most recent FY, after a significant dip occurred during FY22 (likely due to the pandemic). As SJPd Lieutenants have rotated through the DVHRRT, the referral system and types of information requested has evolved, leading to new datapoints such as calls and ongoing clients being tracked over time. YWCA also frequently responds to the hospital through the County's Sexual Assault Protocol and DV Strangulation Protocol, which SJPd also responds to. At least 77% of our 1,307 total responses (Countywide) in FY 23-24 occurred within SJPd's jurisdiction.

In FY 21-22, SJPD's contract with YWCA for DVHRRT services totaled \$120,000. In FY 24-25, the contract is \$133,125. This represents a 10% increase in funding for an 1000% year-over-year increase in services provided through this contract. The sharp rise in DVHRRT responses highlights the success of targeted interventions in addressing high-risk cases. This program has enhanced the safety and well-being of vulnerable populations. Yet once survivors receive that initial contact, there may not be enough Advocate capacity for follow up and ongoing case management and support services. A survivor typically receives **7.5 months** of case management and ongoing advocacy from YWCA Advocates. Rightsizing capacity at the FVC will help ensure that survivors from DVHRRT responses have those 7.5 months of additional support.

Services at the FVC also address survivor feedback about opportunities for change when working with law enforcement. According to the [2021 Summary of Findings and Recommendations](#) from the Victim Rights Advocacy Project (VRAP, p. 14), survivors expressed the need to improve responses to reports of abuse and to increase information about resources. Both of these services are provided by YWCA Advocates through the FVC.

#### *SJPD FVC Comparison to Sexual Assault Investigative Unit (SJPD SAIU)*

YWCA's partnership with SJPD SAIU is very similar to FVC. The center is staffed by SJPD officers and a 1.0 FTE co-located Sexual Assault (SA) Survivor Advocacy Coordinator I from YWCA. Our partnership began in 2019 through a three-year contract ensuring that SA survivors receive a warm referral as soon as possible after a SA incident. The YWCA SAIU Coordinator contacts all SA survivors referred by SJPD to offer services and support. Due to the high volume of referrals, the Coordinator is assisted by YWCA SA Advocates that are pulled from other Countywide projects to assist. They follow up within 72 hours of receiving the referral from SJPD, and as many as three times if the survivor does not initially reply. They also provide similar ongoing case management, including counseling, advocacy, lethality/risk assessment, safety planning, and linkage to our restraining order, family law, criminal law, and immigration services.

<b>YWCA Services at SAIU</b>	<b>FY20-21</b>	<b>FY21-22</b>	<b>FY22-23</b>	<b>FY23-24</b>	<b>% Increase (FY21 to 24)</b>
<i># of SA follow ups</i>	295	772	1595	1290	337%
<i># of survivors receiving ongoing case management &amp; advocacy</i>	76	261	238	201	165%
<i># of ongoing case management &amp; advocacy sessions</i>	808	3368	2374	1117	38%

Follow ups at the SAIU – which are directly triggered by referrals from SJPD officers – have increased overall and indicate the project's strong focus on sustaining



engagement with survivors. In FY 23-24, the YWCA SAIU Coordinator provided 1,290 follow ups to SA survivors, a **337% increase** from four years ago. We also saw a **165% increase** in the number of SA survivors seeking ongoing case management and advocacy and a **38% increase** in the amount of services provided. YWCA's \$120,000 contract with SJPd SAIU funds 1.25 FTE. Looking at staffing levels, there are currently 16 detectives in the SAIU and only 1.25 FTE YWCA staff tasked to respond to the referrals from those detectives.

Comparing the FVC and SAIU data: In general, demand for services appears to be steadily increasing at the FVC year-over-year while, at the SAIU, it appears to fluctuate. Reasons might include decreased referrals with fewer SAIU detectives in the unit or operational shifts due to the opening of the CAC, where CAC-related follow ups now go to the CAC team instead of the SAIU team.

It also appears that the conversion rate from a survivor receiving a follow up contact to actually pursuing ongoing case management is higher for the SAIU than the FVC (1,290 SAIU follow ups leading to 201 SA survivors receiving ongoing support vs 1,764 FVC follow ups leading to 93 DV survivors receiving ongoing support). Due to the close and often complex relationship between DV survivors and the partner who has harmed, DV survivors may experience significant emotional and psychological barriers to seeking and engaging in services – which dedicated FVC Advocates can help them navigate.

### *Critical Linkage to YWCA Services for Survivors of Gender-Based Violence*

Every survivor referred from SJPd receives access to YWCA's comprehensive continuum of crisis response and ongoing support services for survivors of domestic violence (DV), human trafficking (HT), and sexual assault (SA). Services are free and confidential, trauma-informed, and culturally responsive. They are designed to be low barrier, seamless, integrated, and grounded in survivor feedback and lived experience. The individuals and families we serve are often at the intersections of racism, sexism, violence, and trauma. YWCA's current client demographics are 85% female; 76% Black, Indigenous, or People of Color (BIPOC); 14% LGBTQ; 29% differently-abled; 25% prefer services in a language other than English; 82% are extremely low to low-income; and 23% were under the age of 18.

A survivor's first interaction with YWCA Advocates occurs through our confidential 24/7 Support Line, at one of our locations, or during an in-person response (IPR) in the community. The Support Line is toll-free, staffed 24/7 by trained Advocates, and bilingual English/Spanish (with other languages available through a confidential language line). Callers receive immediate crisis intervention such as safety planning, emotional support, information on rights and options, community resources, and assessment and intake into YWCA. Advocates provide immediate, in-person support and advocacy to survivors throughout our community through YWCA's 24/7 in-person response system. This includes responses through the San José Police Department's DV High Risk Response Team, the Santa Clara County DV Strangulation protocol, Sexual Assault Forensic Exams at Valley Medical Center and Stanford University, and



medical/forensic exams at the County's Children's Advocacy Center. YWCA Advocates also respond to walk-ins at our two community offices in the Central and North parts of the County, local law enforcement jurisdictions, local hospitals such as Kaiser Permanente, local schools such as San José State University, and other community-based organizations.

For the last 42 years, YWCA has been the only California state-certified Rape Crisis Center for North and Central Santa Clara County and has built a robust in-person response system stretching from Palo Alto to San José. As the County and local Cities have expanded their IPR programs over the last five years, YWCA's IPR system has flexed to meet the increasing need for confidential Advocates. Looking at YWCA data from FY 17-18 to FY 23-24, essentially pre- to post-pandemic, requests for services have increased dramatically.

	<b>FY 17-18</b>	<b>FY 23-24</b>	<b>% Increase</b>
<b>Total Survivors Served</b>	901	5940	559%
<b>Total 24/7 Support Line Crisis Calls</b>	4834	9031	87%
<b>Total Crisis Intervention Responses</b>	521	1307	151%
<i>CAC (Child Abuse Exams + MDI + Pediatric SARTs)</i>	70	531	659%
<i>Stanford/VMC SAFEs</i>	237	344	45%
<i>SJPD DVHRRT</i>	0	55	From 0 to 55 new responses
<i>DV Strangulation Program</i>	0	78	From 0 to 78 new responses
<i>Community Response/Walk-Ins</i>	214	301	41%

Notes: CAC = County Children's Advocacy Center, MDI = Multidisciplinary interview with trained forensic interviewer, SART = Sexual Assault Response Team, VMC = County Valley Medical Center, SAFE = Sexual Assault Forensic Exam, SJPD = San José Police Department, DVHRRT = Domestic Violence High Risk Response Team, DV = Domestic Violence

During this time frame, YWCA saw a **559% increase** in survivors served, **104% increase** in crisis line calls, and **151% increase** in in-person responses. YWCA Advocates provide integrated services at over 25 community-based locations. YWCA continued to be the first responder for sexual assaults in North and Central County, participated in two pilots (DVHRRT, Strangulation Program) increasing our systems response to law enforcement and VMC, and staffed the new Children's Advocacy Center (CAC). In particular, the creation of the CAC in 2021 has enabled us to increase support for San José residents, who are the majority of survivors being served by the Center.

Only two agencies – Community Solutions and YWCA – are qualified by the state of California to respond to sexual assault survivors, which places the burden on a finite number of Advocates to meet ever increasing demand. Community Solutions and YWCA are also the only victim service agencies providing in-person responses for the DV Strangulation Program. Community Solutions covers sexual assault cases, including in-person responses, from South County (Morgan Hill, Gilroy, and unincorporated areas of San José). YWCA covers the majority of the County including San José and all other jurisdictions in the County. YWCA is also the primary contact for multiple law enforcement jurisdictions, including San José as well as Los Altos, Milpitas, Mountain View, Palo Alto, and Sunnyvale.

Our services meet a survivor's needs as they move from crisis to stabilization to long-term sustainability. While every survivor's journey is unique, YWCA services are structured to offer a robust continuum of support with multiple entry points and no wrong door. Services include crisis intervention, advocacy, accompaniment, case management and systems navigation, advocacy-based counseling, therapy services and support groups, client emergency assistance, legal services, safety planning and information and referrals. Last year YWCA staff provided over 2,700 counseling & therapy sessions and over 920 legal service and court accompaniment sessions to survivors in need.

YWCA's Housing Department offers a comprehensive continuum of support including emergency housing, homelessness prevention services, rapid rehousing, and permanent supportive housing. YWCA is the designated gender-based violence point agency for the County's Here4You Hotline, which centralizes countywide referrals to temporary housing. For survivors exiting emergency housing, 40% moved to permanent housing. For survivors in rapid rehousing, 52% exited to permanent housing.

These are typically high engagement services, where an average case management relationship lasts 7-8 months. Services which may appear to be one-time-only, such as in-person responses, are actually very time intensive. Per our FY24 data, YWCA provides 1,307 responses/year or 3.6 responses/day. One response at VMC can take up to 8 hours. With 3.6 responses x 8 hours/response on every 24-hour shift, an Advocate is often responding to three SAFEs in a row, back-to-back. YWCA also follows up at least three times with survivors who receive SARTs/SAFEs and lethality assessments to ensure they are connected to resources. The increasing volume of responses also puts pressure on ongoing case management services, as more survivors choose to receive continuing support.

YWCA also provides licensed childcare (infant, toddler and preschool), ensuring quality and affordable services for families ages 6 weeks to 5 years of age. While their children are in a safe environment, parents and caregivers are on the path to economic or educational fulfillment. Your YWCA's Economic Opportunity programs empower low-income women to achieve economic self-sufficiency through empowerment, employment services, and entrepreneurial pathways. We offer free job training, digital upskilling and reskilling, placement services, full wardrobes and assistance in launching

small businesses specifically tailored to the unique barriers and needs of this population. Additionally, YWCA's Social Justice Department reach over 35,300 youth and community members through primary prevention education, outreach, and awareness events.

### Policy Recommendations

With over seven years of experience partnering with SJPD, YWCA's recommendation is to apply any additional funding and other resources to address current program shortages at the FVC. **FVC advocacy services for survivors of domestic violence are overutilized, and the year-over-year increases in demand are not sustainable.** We also recommend analyzing the responses with SJPD that are already in place, rather than creating a new co-response model. Taking a closer look at the current DVHRRT system, and seeing if it can be improved, may be more efficient than exploring another model. It may also be helpful to include an analysis of San José-related responses through Countywide domestic violence protocols such as DV Strangulation. Finally it may be worthwhile to explore the 2,000 difference between DV Events and Calls for Assistance – specifically what happened to those individuals and whether they were connected to community-based resources.

### 911 Event Data Analysis Report from February 2024 Memorandum to City Council:

TABLE: ALL DOMESTIC VIOLENCE EVENTS, 2021, 2022, JANUARY – SEPTEMBER, 2023

	2021	2022	2023
MISDEMEANOR DOMESTIC VIOLENCE	650	691	651
DOMESTIC VIOLENCE	1,823	1,967	1,576
DOMESTIC VIOLENCE (COMBINED EVENT)	43	44	29
TOTAL	2,516	2,702	2,256

Every year there are over 2000 domestic violence events, and the event volume has been slowly increasing. There was a seven percent increase from 2021 to 2022, and when comparing quarters 1-3 year-to-date totals for 2023 and the same period in 2022, there is an 11 percent increase in event volume.

[Domestic Violence-Related Calls for Assistance](#)<sup>1</sup> from the State of California Department of Justice Office of the Attorney General:

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<sup>1</sup> California law enforcement agencies report to the CA Department of Justice information on the total number of domestic violence related calls for service received by law enforcement, the number of calls for service involving weapons, and the description of the type of weapon reported.

## DOMESTIC VIOLENCE-RELATED CALLS FOR ASSISTANCE

Agencies: **San Jose.**Years: **2014 - 2023.**

Search within results:

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PDF

	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
<b>TOTAL CALLS</b>	3,167	3,200	3,635	3,898	4,011	4,387	4,339	4,449	4,770	4,502
<b>Weapon Involved<sup>1</sup></b>	2,282	350	478	375	321	463	576	695	705	2,086
Firearm	16	15	19	14	13	8	20	28	27	26
Knife or Cutting Instrument	73	70	90	66	48	46	95	78	85	57
Other Dangerous Weapon	196	135	195	158	167	293	311	393	340	294
Personal Weapon <sup>2</sup>	1,997	130	174	137	93	116	150	196	253	1,709
Not Reported	0	0	0	0	0	0	0	0	0	0
<b>Total Strangulation and Suffocation<sup>3</sup></b>	0	0	0	0	538	512	544	583	672	208
Cases with Strangulation	0	0	0	0	517	477	482	521	598	178
Cases with Suffocation	0	0	0	0	21	35	62	62	74	30

<sup>1</sup> Penal Code section 13730 does not require that the type of weapon involved in a domestic violence-related call be reported.<sup>2</sup> Hands, feet, etc.<sup>3</sup> Data for cases with strangulation or suffocation are not available prior to 2018.



## Jones, Michael (CMO)

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**From:** Maria Daane <mariad@php.com>  
**Sent:** Wednesday, October 16, 2024 8:53 PM  
**To:** District2; District7; District1; District3; District 10  
**Cc:** Schembri, Jennifer; Munguia, Emily; PSFSScommittee  
**Subject:** Feedback: Disability Community Concerns, PSFSS meeting 10/17

[External Email. Do not open links or attachments from untrusted sources.]

You don't often get email from mariad@php.com. [Learn why this is important](#)

Dear City Council Members Jimenez, Doan, Kamei, Torres, and Batra:

I am writing today regarding item (d)3 on the October 17 agenda for the Public Safety, Finance, and Strategic Support Committee (PSFSS), Options for Expanding Alternative Response and Co-Response Programs to 911 Calls for Service.

Parents Helping Parents is the lead agency in Santa Clara County supporting parents of children with disabilities; each year over 6,000 county residents are served by PHP.

We ask members of PSFSS to defer accepting the report and direct staff to return within 60 days with updated recommendations for additional alternative response options to explore TRUST responses to the disability community beyond mental health disabilities.

### Our concern is around Finding #1 and Finding #3:

**Finding #1: Finding #1 preference for alternative response** The first finding, that members of disabled communities and their representatives, prefer alternative response programs over co-response programs (with law enforcement), is the key finding, and all decisions made by city officials should follow from it.

**Finding #3:** As the staff report details, “Many community members and advocates also supported prioritizing further investment and resources in alternative response and community-based programs over co-response programs, as **alternative team response can create more equitable outcomes for communities of color and others disproportionately impacted by the criminal justice system.**” (emphasis added). We do agree with the recommendation to hire more clinicians and others with the skills to communicate with people with particular disabilities, such as those fluent in American Sign Language.

San José should strive to remove armed officers from as many situations as possible rather than put the onus of safety on community members, as detailed in several examples from other jurisdictions cited in the staff report.

We would respectfully like to remind committee members that currently 1 in 36 children in our region and our country are born with autism, and that 20% of the population has disabilities. People of color with disabilities are more at risk than any other segment of the population when police become involved. In a recent town hall meeting at Parents Helping Parents, we collected survey responses from families on the top eight public policy priorities for their families: a full two-thirds of our families of color placed concerns about safety in interactions with public safety staff as one of their top three concerns for their family.

**For our families, these youth and adults with disabilities are our sons, daughters, sisters, and brothers.** The TRUST line staff should be trained and able to safely assist a wider range of disabilities than just those who have mental health challenges. We ask for a sixty day delay to allow city staff time to meet with and consider the needs of the large and diverse disability population in San Jose.

In partnership,

Maria Daane  
Executive Director  
PHP "Parents Helping Parents"  
(408) 727-5775 ext 153

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**From:** [SURJ Santa Clara County](#)  
**To:** [PSFSScommittee](#)  
**Subject:** PSFSS Item 3: Do NOT accept the "Options for Expanding Alternative Response and Co-Response Programs to 911 Calls for Service" report  
**Date:** Wednesday, October 16, 2024 9:06:43 PM  
**Attachments:** [surj\\_bird\\_not\\_final.png](#)

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To: PSFSS Chair Jimenez, Vice Chair Doan, Vice Mayor Kamei,  
Councilmember Batra and Councilmember Torres  
From: Showing Up for Racial Justice Santa Clara County  
Subject: Item 3: Do NOT accept the "Options for Expanding Alternative  
Response and Co-Response Programs to 911 Calls for Service" report  
Date: October 17 2024

SURJ Santa Clara County, representing hundreds of SJ residents, is writing to ask that you defer accepting the "Options for Expanding Alternative Response and Co-Response Programs to 911 Calls for Service" report and that you instead direct city staff to return in 60 days with:

1.  
Updated recommendations for additional alternative response options to explore.
2.  
An official, written response from the California Department of Health Care Services as to the legality of funding TRUST with Opioid Settlement Funds.

We are thankful for the city's exploratory investment in a 40 hour/week TRUST field team as well as its pilot investigation of transferring 911 calls to 988 – these are a good start and we expect to see expansion of both approaches in the next budget cycle. And we appreciate the comprehensive analysis that city staff did last year to identify categories of calls that could be directed to more appropriate responders than police. It is the response to those findings that remains inadequate. We also take issue with today's report in several important ways.

The report itself found that members of disabled communities and their

representatives prefer alternative response programs over co-response programs that include law enforcement. Yet the report focuses heavily on “same old, same old” police responses, like CIT, PERT and MCAT. For example, the report cheerleads for SJPd’s Crisis Intervention Training (CIT), even though the [California Reporting Project Investigation](#) found that not only did the introduction of CIT not reduce rates of injury and death for people with disabilities in encounters, but in fact harm actually *increased* after CIT was adopted. Why is a report that is supposed to be about *expanding alternative response* spending so many words on CIT, a police-only response, in the first place?

The report also spends pages reviewing co-response both in our county and other regions, even though it is a less effective, more expensive and more harmful approach and even though those most directly harmed by co-response told the city very clearly that non-police response is the option that will reduce harm. Furthermore, there are two pending lawsuits in [Oregon](#) and [Washington D.C.](#) that argue that police response to behavioral health crises is a violation of the Americans with Disabilities Act, because it discriminates against people with invisible disabilities. We send EMTs and paramedics to crises experienced by people with physical disabilities. We don’t expect police to treat a broken leg; why would we expect them to treat a mental health crisis?

We do not understand why this report focused so heavily on police and co-response, when the Substance Abuse and Mental Health Services Administration’s [national guidelines for behavioral health crisis response](#) recommend that mobile crisis teams should incorporate peers but avoid law enforcement accompaniment (except in special circumstances). [Los Angeles’s groundbreaking expansion of mobile crisis response](#) follows this model and Chicago recently chose to [abandon co-response models](#). As noted in the LA report (p. 35), “**Co-responder teams have demonstrated over time to be significantly more costly, while not as effective**, as civilian teams that are comprised of a BH clinician and a peer support specialist.”

The report itself acknowledges that lives are at stake: “Recent national data indicates that people with serious mental health conditions constitute a statistically significant percentage of suspects injured in police interaction and involved in use-of-force cases. For example, a recent national study found that people with mental health conditions are 11.6 times more likely to experience police use of force, and 10.7 times more likely to experience police-related injury than those unaffected by mental health conditions. Mental health conditions often accompany other disabilities, such as autism, and when accompanied with other structural social

identities – such as race or socioeconomic status – the compounding intersection of these conditions and identities can lead to higher rates of victimization.”

Given that this is the case, the report needs to provide more research on non-police response models and chart a path forwarding to expanding those models. We do appreciate the report’s recommendation to continue expansion of the TRUST program in San Jose. However, we believe that the city attorney is mistaken about the potential use of opioid settlement funds for expanding the TRUST program. This summer we met directly with staff from the California Department of Health Care Services (DHCS) to get a deeper understanding of how opioid settlement funds can be spent. In that meeting, we learned that *crisis response for substance abuse and behavioral health is typically an allowable use*. However, we don’t expect you to take our word for it, which is why we are asking for an official, written response from the California Department of Health Care Services as to the legality of funding TRUST with Opioid Settlement Funds.

In February, the City Council directed staff to explore the following:

- Potential models for alternative response and co-response for incidents involving individuals with a disability
- Alternative response models for welfare checks, disturbances, suspicious circumstances, and trespassing calls involving mental health issues or unhoused individuals
- Potential models that include partner organizations as a co-response with police to domestic violence calls

This report largely fails to deliver on those requests. The second bullet point seems to have been ignored entirely. The first and third bullet points don’t take seriously the real alternative responses that community members want.

The report also notes that non-police response is a racial justice issue: “Many community members and advocates also supported prioritizing further investment and resources in alternative response and community-based programs over co-response programs, as alternative team response can create more equitable outcomes for communities of color and others disproportionately impacted by the criminal justice system.”

We are nearing the end of 2024. In response to the racial justice uprisings of 2020, the San Jose City Council made a commitment and promise to re-imagine public safety. Dozens of impacted community members met for over a year to develop over 80 recommendations in the city-funded Re-Imagining Public Safety process. And four years later, the Council has implemented almost NONE of those recommendations. Racial justice isn't a fad. It should be one of the core goals of a city council in a city as richly diverse as San Jose. If the promise to re-imagine public safety wasn't just empty virtue-signaling, if your commitment to racial justice is strong and ongoing, if you believe that our city should be safe for ALL its residents and most especially those vulnerable to police violence, you cannot be satisfied with the report delivered to you this week.

Sincerely,

The members of Showing Up for Racial Justice Santa Clara County



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