
Safe Haven Task Force Highlights

- Patricia Kelsaw, MSW consultant for Safe Haven Task Force (SHTF) was identified and met with ad-hoc planning committee (Sandra Nathan, Ashlee Oh, Sandra Trafalis, Frank Motta, and Dolores Alvarado) in late August. Consultant's role/responsibilities, timelines and deliverables were identified.
- Consultant developed templates for subcommittees to use for information gathering and facilitate meeting process.
- SHTF facilitators and recorders met for a pre-meeting to discuss roles, responsibilities, timelines and outcomes prior to initial full SHTF meeting on September 16, 2004
- September 16th SHTF meeting addressed:
 - Background of Safe Surrender Baby (laws, data, LA County experience)
 - SHTF charge, deliverables of each subcommittee
 - Selection of a chairperson for each subcommittee
 - Identify two subcommittee meeting dates prior to October 13th full SHTF meeting for development of preliminary recommendations
- Consultant maintained frequent and on-going communication with facilitators, recorders and chairpersons to identify/address potential barriers to meeting SHTF charge and timelines
- Subcommittees met (two meetings scheduled per subcommittee), identified additional stakeholders and information necessary to formulate preliminary recommendations; submitted preliminary recommendations to consultant for development of full SHTF meeting
- Consultant developed templates for subcommittees to use for information gathering and facilitate meeting process for refinement of recommendations.
- SHTF chairpersons, facilitators and recorders met for a pre-meeting to discuss timelines and outcomes prior to initial full SHTF meeting on October 13th
- October 13th SHTF meeting addressed:
 - Preliminary recommendations: goals, common themes, strengths and obstacles to developing recommendations, and next steps for refinement of subcommittees' recommendations
 - Chairpersons of each subcommittee provided report backs of their current work
 - Next steps in developing and finalizing recommendations: To identify and refine recommendations in two areas- recommendations to improve/enhance current SSB practices and recommendations that will require additional resources (staffing, funding etc.)
- Consultant maintained frequent and on-going communication with facilitators, recorders and chairpersons to identify/address potential barriers to meeting SHTF charge, timelines and mechanism for gaining consensus for final recommendations
- Subcommittees met (1 – 2 meetings per subcommittee) to finalize recommendations; submitted recommendations to consultant for development of full SHTF meeting on November 3, 2004
- Consultant reviewed and synthesized subcommittees' recommendations, addressing common themes and duplication of efforts
- Consultant presented recommendations at November 3rd SHTF meeting; input from meeting participants was discussed and revisions to recommendations are provided in the following

pages. Revisions to original recommendations are in *italics and underlined* for clarity. Consultant's suggestions, additional information and comments are highlighted in *italics*.

Recommendations to Enhance/Improve

Policy and Legislation Subcommittee:

Overarching principle for Safe Haven Task Force:

Protection of the infant's life needs to be emphasized as the most important element of safe surrender law/policy.

Recommendation:

This statement should be the overarching goal of all Safe Surrender work.

Problem:

Assess need for expansion of Safe Haven sites to improve accessibility for parent or legally responsible individuals who desire to relinquish an infant

Recommendation:

Community clinics are trusted, culturally sensitive and conveniently located health care providers HOWEVER they are not staffed 24/7, therefore:

- o Emphasize community clinics play a prominent role in the safe surrender education process
- o Ask community clinics to develop protocols and staff training in case a surrender occurs there.

Discussion/Issue raised at SHTF meeting Nov. 3, 2004:

By consensus, the Policy and Legislation (P&L) subcommittee did not recommend community clinics for inclusion as a designated Safe Haven site since they are not open 24 hours. It was mentioned that the County's district fire station in South County is a designated Safe Haven site and is not operated 24 hours. A sign is posted during non-operating hours for instructions on what to do in case of surrender.

As a compromise, it was suggested looking at having two types of sites, those designated as primary (open 24 hours) and auxiliary (facilities not open 24 hours) and to develop a protocol for auxiliary sites.

Possible resolution/compromise from consultant:

To maintain the integrity of this process and consensus from the subcommittee, P&L's recommendation not to designate community clinics should remain. However, the recommendation could include a provision to assess the need/feasibility to have auxiliary facilities designated as SH sites. There might be additional sites where this "auxiliary" designation could take place i.e. places of worship.

Problem:

The Good Samaritan Immunity (SB 1413) is not well known or understood. Good Samaritan Law says: "Person who in good faith, provides assistance in safe surrendering an infant shall not be civilly liable..."

Recommendation:

The Good Samaritan law does not need to be revised or expanded; rather, that this element of the law needed better public education. Any public information campaign should include information on Good Samaritan immunity and stress that if an individual inadvertently becomes a Good Samaritan (i.e. a bus driver is handed a baby) they must accompany the surrendering party to the safe surrender site.

Problem:

The current Safe Surrender Baby legislation sunsets in 2006.

Recommendation:

The County of Santa Clara sponsor legislation to extend the sunset of Safe Surrender Baby Law, either taking the lead on sponsorship or working in partnership with other counties to sponsor a bill.

Health and Human Services Subcommittee:**Problem:**

Santa Clara County has minimal experience in responding to and addressing the Safe Surrender Baby Law across all departments. In light of recent changes in the law regarding SSB, Santa Clara County is in need of current up-to-date information and protocols using "best practice" models from other counties and states. Also, the County does not have a standard process in place for how to respond to a SSB. There is a need for appropriate training due to lack of differentiation between relinquishment, abandoned babies, and SSB.

Recommendation #1:

Develop a process for reclaiming a child within the guidelines set forth by CDSS and SSB Law (Taking lead responsibility for this recommendation: SSA, County Counsel, District Attorney)

Recommendation from Policy and Legislation:

On a local level, the process/protocol should:

- *Make safe surrender process easy, accessible, sensitive to mother or surrendering party.*
- *Emphasize surrendering party's confidentiality.*
- *Strengthen mechanisms in place to involve Child Protective Services (CPS)*
- *Include information on parental reunification process*
- *Provide information and resources on medical and mental health services.*

Recommendation #2:

- Convene all hospitals in SCC to review/share information on policies and procedures; develop/revise and update as needed
- Identify ways to gather parent medical history

(Taking lead responsibility for this recommendation: Valley Medical Center)

Recommendation from Policy and Legislation:

With regard to the medical questionnaire:

- *Mother should be encouraged to complete medical questionnaire. However, her anonymity should be respected.*
- *Provide packet to complete the questionnaire and mail it to the hospital anonymously in a postage-paid envelope.*

Recommendation #3:

- Develop a flow chart of SSB process for all affected county agencies
- Convene an interdepartmental committee to case coordinate around the issues of SSB and abandoned babies (Taking lead responsibility for this recommendation: Social Services Agency). *This recommendation was addressed as part of P&L's recommendations requiring additional resources. However, it was determined an interdepartmental committee could be replicated by using the county's current Death Review model.*

Recommendation #4:

- Conduct a SSB drill at VMC involving all necessary key players
- Have a debriefing after the drill to share information with other hospitals and key players (Taking lead responsibility for this recommendation: Valley Medical Center)

Public Safety Subcommittee:

Problem:

Fire departments do not have a uniform Safe Haven protocol currently in place.

No standard Safe Haven protocol for Fire Departments in Santa Clara County jurisdictions. An analysis of the implementation of Safe Haven Law in Santa Clara County reveals that:

Not all jurisdictions have Safe Haven Resolutions passed, designating Fire Departments as Safe Surrender Baby sites.

Recommendation #1:

- All jurisdictions pass Safe Haven resolutions. Board of Supervisors follows up to ensure adoption of Safe Haven resolutions. *At the meeting, it was suggested to:*
- *Provide jurisdictions that do not have resolutions currently in place with "sample" packets of other cities approved Safe Haven resolutions.*

Recommendation #2:

Fire Departments establish a Safe Haven protocol adapted from LA County's procedures and a newborn safe surrender kit (Taking lead responsibility for this recommendation: All SCC jurisdictions)

Recommendation #3:

- Allow fire departments to respond to 911 calls as an option for surrendering a newborn note: service should not be advertised (All SCC jurisdictions)
- Inform CPS, hospitals and law enforcement of the first responders protocol (Taking lead responsibility for this recommendation: Capt. Angus- Sheriff's Office was identified to act as a liaison to law enforcement; County Safe Haven coordinator (see additional resources)

Media, Education and Outreach Subcommittee:

Problem:

Through media, education and outreach, eliminate the abandonment of unwanted infants and promote their safe surrender.

Recommendation #1:

- Continue disseminating existing materials developed by the State on an interim basis
- Use State's \$1 million investment in the SSB Public Awareness campaign

Recommendation #2:

Build on State's \$1 million investment in SSB Public Awareness campaign by developing targeted, multilingual, culturally sensitive collateral (materials)

Recommendation #3:

- Assemble Training Team to train and educate those distributing SSB Law information.
- Establish partnerships to advance campaign

Recommendations Requiring Additional Resources

Policy and Legislation Subcommittee:

Problem:

Safe Surrender Baby designated sites in Santa Clara County do not have a uniform protocol for the safe surrender of an infant.

Recommendation:

- Obtain technical assistance to develop protocols (*It was suggested that the Hospital Council and the county-wide perinatal social workers group take lead responsibility*)
- Train personnel and staff likely to receive an infant
- Investigate whether phones can be placed outside fire stations if out on a call (exists at some fire stations).
- Determine if a special room/area at the hospital can be clearly marked by SSB logos for surrender to occur.

Public Safety Subcommittee:

Problem:

No consistent signage and first responders' kits.

Recommendation:

- Provide "Newborn Safe Surrender Kit" and signs to all jurisdictions.
- Identify/hire a County Safe Haven coordinator
- Provide training videos to all jurisdictions. (Taking lead responsibility for this recommendation: County Safe Haven coordinator)

- Each jurisdiction conducts departmental Safe Haven training, utilizing County-provided kits, signs, and videos. (Taking lead responsibility for this recommendation: All SCC jurisdictions)

Health and Human Services Subcommittee:

Problem:

There is minimum data and information that exists pertaining to this population's characteristics.

Recommendation:

To include in legislation extending or lifting the sunset on the SSB Law, funding to a university for the study of the state-wide data on people who abandon, surrender, or relinquish their children in order to provide information on the demographics, risk factors, and effective intervention methods. (Taking lead responsibility for this recommendation: Public Health)

Media, Education and Outreach Subcommittee:

Problem:

Through media, education and outreach, eliminate the abandonment of unwanted infants and promote their safe surrender.

Recommendation #1:

- Retain a public relations agency to develop a culturally sensitive media campaign
- Work with PR agency to develop and implement a public awareness campaign for SSB Law

Recommendation #2:

- Create standard logo/images/name to be used in the Campaign and at SSB sites

Recommendation #3:

- Create a Steering Committee to oversee the development of public awareness campaign (Taking lead responsibility for this recommendation: community organizations and County staff)
- Create a Funding Committee to explore and secure funding for information campaign.

APPENDIX A

MEDIA OUTREACH/PUBLIC RELATIONS

The following are different media vehicles to disseminating information to a mass audience.

1. Broadcast

- a. Radio
- b. Television
- c. PSAs (Public Service Announcements)
- d. Talk shows

2. Print Media: including placements in local daily and weekly publications targeting various ethnic and cultural populations.

- a. Advertisements (pro-bono)
- b. Articles and Editorials
- c. Billboards (Clear Channel offered to donate space)
- d. Bulletin Boards
 - i. Businesses (including Shopping Bags-inserts/printed bags)
-Corporations and Small Business Owners
 - ii. Communities
 - iii. Restaurants
 - iv. Public Transportation

3. Types of Collateral Materials: (with the distinguishable Safely Surrendered Baby Logo)

- a. Flyers
- b. Brochures
- c. Posters
- d. Newsletters
- e. Paycheck stuffers
- f. Wallet Cards
- g. Printed Grocery Bags
- h. Press Releases
- i. Direct Mail
- j. Kiosks
- k. Movie Theater Slides
- l. Bumper stickers/Stickers

EDUCATIONAL OUTREACH:

4. Schools

- a. Middle Schools
- b. High Schools
- c. After School Programs
- d. Student Advocacy Programs
- e. Colleges

- f. Adult Education Sites
- g. In-Service Training for Teachers

5. Healthcare Organization and Providers

- a. Health clinics
 - i. Medical Service Providers
 - ii. Mental Health/Counseling Providers
 - iii. Dentists
- b. Hospitals
- c. Public Health Programs

6. Religious and Faith-based Organizations

- a. Churches, Temples, Mosques
- b. Faith-based:
 - i. Peninsula Interfaith Action
 - ii. PACT (People Acting in Partnership Together)
 - iii. Sacred Heart Community Service (undocumented workers)
 - iv. Catholic Charities

7. Non-Profit Organizations and Public Agencies

- a. County programs
- b. Libraries
- c. Teen and Youth Outreach (including the male centered programs-Fraternal Organizations)
- d. Neighborhood and Community Advocacy Groups (Community Leaders Training Organizations)
- e. Shelters (i.e. Youth, homeless, and Battered Women)
- f. Parenting Classes (mandated/volunteer)
- g. Crisis Centers/Hotlines

8. Correctional/Rehabilitative Institutions

- a. Juvenile Hall
- b. Jail
- c. Rehab programs (i.e. Substance abuse programs)

Background Information
SSB Task Force: Media, Education and Outreach Committee
Public Information Campaign

I. Problem/Objective

The Safely Surrendered Baby Law is not widely known. As a consequence, unwanted babies have been abandoned in Santa Clara County. The objective of the Media, Education and Outreach Subcommittee is identify strategies and tactics to broadly disseminate information about the Safely Surrendered Baby Law and thereby eliminate the incidents of abandoned babies in Santa Clara County.

II. Target Audiences

There is general consensus that the target audience will be women of childbearing age and their primary support networks, significant others, partners, family members and service providers. The audience is diverse in terms of ethnicity and socio-economic status. However, special effort must be taken to ensure that efforts are multicultural and multi-linguistic in nature, and that our outreach includes the disenfranchised (unemployed and homeless families). Discreet segments of target audiences include:

- A. Jr. High Students
- B. High School age
- C. College Students
- D. Post adolescent women
- E. Boys and Young Men
- F. Their Families

III. Recommendations

The Media, Education and Outreach Subcommittee has identified several recommendations for consideration by the Board of Supervisors:

- A. Use existing materials developed by the state on an interim basis to blanket the community with information about the Safely Surrendered Baby Law.
- B. Build on the state's \$1 million investment in the Safely Surrendered Baby Public Awareness campaign – collateral material, Safeway grocery bag promotion (November & January), college newspaper ads (fall), Safe Surrender Site signs.
- C. Identify funds to support the creation of targeted and culturally sensitive public information materials.
- D. Create multi-lingual, multi-cultural, age/literacy appropriate public awareness materials.
- E. Establish partnerships with community-based organizations, corporations, media outlets, public relations and advertising agencies to support the public education campaign.
- F. Implement a multi-tiered strategy to reach primary and secondary target audiences.
- G. Train peer-to-peer representatives to disseminate information to target audience segments (farm workers, students, recent arrivals, males, disenfranchised, etc.).

These recommendations would be implemented by using the following tactics:

III. Dissemination Points/Outlets

There are a wide variety of opportunities to gain entrée into worlds of our target audiences, in order to deliver the Safe Surrender Program message. Organizations and points of contact have been identified as:

1. Schools
 - a. Middle Schools
 - b. High Schools
 - c. Colleges
 - d. Adult Education Sites
 - e. After School Programs
 - f. Student Advocacy Programs (Andrew Hill, others)
 - g. In-service training for teachers
2. Healthcare Organizations and Providers (especially making materials available in waiting rooms)
 - a. Health clinics and Providers
 - i. Medical service providers
 - ii. Dentists
 - iii. Mental Health providers
 - b. Hospitals
 - c. Public Health Programs
 - d. Counseling Centers
 - i. Parenting Groups
 - ii. Healthy Ventures (Mountain View)
3. Religious and Faith-based Organizations
 - a. Churches, Temples, Mosques
 - b. Faith-based:
 - i. Peninsula Interfaith Action
 - ii. PACT (People Acting in Partnership together)
 - iii. Sacred Heart Community Service (undocumented workers)
 - iv. Catholic Charities
4. General Public
 - a. Sports Programs
 - b. Social and Recreation-based Organizations
 - c. Neighborhood and Community Advocacy Groups
 - i. Challenge Team (School, police, youth service agency reps.)
 - ii. Community Actions Team (CAT – Mountain View)
 - iii. Community Ambassadors (Palo Alto)
 - d. Community Leaders Training Organizations
 - e. Civic Organizations
 - i. Fraternal Organizations (Rotary, etc.)
 - ii. Social Service Clubs (Junior League, etc.)
 - f. Promotores and other peer education groups
 - g. Youth Organizations:
 - i. County Youth Task Force
 - ii. Girls for a Change
 - iii. SJSU students
5. Public Agencies (flyers, posters, other materials in waiting areas and lobbies)
 - a. County Programs (such as WIC program)
 - b. Group Homes
 - c. Youth Agencies
 - d. Libraries
 - e. Support Groups and Centers, especially:

- i. Battered Women and Domestic Violence Agencies
 - ii. Bill Wilson
 - f. Job Training Centers
 - i. CET
 - ii. CCOC
 - iii. Job Corps
 - g. Correctional institutions
 - i. Jails
 - ii. Juvenile Hall
- 6. Non-Profit Organizations
 - a. Shelters
 - b. Large agencies, such as:
 - i. Planned Parenthood
 - ii. Billy De Frank Center
 - iii. YMCA
 - c.
 - d. Rape Crisis Centers/Hotlines
 - e. Crisis Centers:
 - i. County Suicide and Crisis Hotlines
 - ii. CONTACT Crisis Hotline
- 7. Businesses
 - a. Retail Stores (Bulletin Boards, Posters)
 - i. Music
 - ii. Clothing
 - iii. Liquor
 - iv. Convenience stores
 - v. Malls
 - vi. Shopping Centers
 - vii. Thrift Stores
 - viii. Pharmacies
 - b. Grocery stores
 - i. Bulletin Boards
 - ii. Shopping Bags (inserts or printed bags)
 - c. Laundromats
 - d. Flea Markets
 - e. Restaurants/Night Clubs/Concert Venues
 - i. Posters in bathrooms/stalls
 - f. Pool Halls, Video Arcades
 - g. Hair and Nail Salons
 - h. Coffee houses
 - i. Motels/hotels
 - j. Nursing homes
 - k. Employers (paycheck stuffers):
 - i. Corporations
 - ii. Small businesses owners
- 8. Public Transit
 - a. Buses
 - b. Bus Stops
 - c. Light Rail
 - d. Transit stations

IV. *Communications Vehicles*

There are many methods to carry out communications messages to our target audiences, including grass roots outreach, mass media, advertising, public relations, mailings, written handouts, word of mouth, events, etc. Some specific suggestions include:

COMMUNITY RELATIONS: Traditional Outreach

Disseminate information using traditional word of mouth and direct contact with the public. Use volunteers to:

1. Make Presentations at Events and Meetings
 - a. Community Gatherings
 - b. School-based Events and Assemblies
 - c. PTAs
 - d. Churches (bulletins and newsletters)
 - e. Camps
2. Have a Presence (booths) at:
 - a. Special Events
 - b. Festivals
 - c. Fairs
3. Set up Hotlines (develop multilingual Hotline for county)
4. Set up speaker's bureau and spokesperson training program, so interested groups can call on a number of volunteer "experts" to make presentations to them.
5. Stage "challenges" to school and youth to create campaign posters (Create partnerships to get this program sponsored by businesses and organizations)

ADVERTISING / PUBLIC RELATIONS

The following are materials/ and traditional media channels used for disseminating information to a mass audience.

1. Collateral Materials (Handouts)
 - a. Flyers
 - b. Brochures
 - c. Posters
 - d. Handouts & Giveaways
 - e. Newsletters
 - f. Paycheck stuffers
 - g. Wallet Cards
 - h. Printed Grocery Bags
 - i. Press Releases
 - j. Direct Mail
 - k. Kiosks
 - l. Movie theater slides
 - m. Videos
 - n. Scrip for use by volunteers, clinics, hotline, etc.
 - o. Stickers (to localize materials, including phone number)

2. **Media – Broadcast and Print (Including minority and ethnic media, high school and college radio stations and newspapers):**
 - a. **Radio**
 - i. **Public Service Announcement Ads (PSA's)**
 1. **College Newspaper ads already in process**
 - ii. **Talk Shows**
 - iii. **Promotional events (handouts)**
 - b. **Television**
 - i. **PSA's (ads)**
 - ii. **Talk Shows**
 - iii. **Public Access TV**
 - c. **Print Media: Obtain placements in local daily and weekly publications, especially ethnic and school**
 - i. **Advertisements (pro bono)**
 - ii. **Notices (community bulletin boards and alerts)**
 - iii. **Articles and editorials**
 - d. **Public Advertising Spaces (getting donated space)**
 - i. **Billboards (media space already donated by Clear Channel)**
 - ii. **Bus Cards (inside/outside public transportation vehicles)**
 - iii. **Transit Shelter Posters**
 - iv. **Taxi toppers**