

DOMESTIC VIOLENCE ADVISORY COMMITTEE MEETING MINUTES

2 p.m., Wednesday, October 3, 2018

Conference Room 415, Edgar Brown Building * 1205 Pendleton Street * Columbia, SC 29202

Members in attendance: Chair Duffie Stone, 14th Circuit Solicitor; vice chair Sara Barber, executive director, S.C. Coalition Against Domestic Violence and Sexual Assault; Paul Grant, assistant chief, S.C. Law Enforcement Division; Heather Weiss, interim 5th Circuit Solicitor, S.C. Attorney General's Office; Candice Lively, 6th Circuit Solicitor's Office (representing Linda Macon, victim advocate, 6th Circuit Solicitor's Office); Devon Hughes, S.C. Criminal Justice Academy; Brandi Bradley (representing Kelly Cordell, adult services director, S.C. Department of Social Service); Greenwood County Sheriff Dennis Kelly; Amanda Adler, senior resource attorney, Joint Citizens and Legislative Committee on Children, representing state Sen. Katrina Shealy and state Rep. Shannon Erickson); Bryan Stirling, director, S.C. Department of Corrections; Rochelle Caton, director of the Office of Client Advocacy (representing John Magill, director, S.C. Department of Mental Health); Sara Goldsby, director, S.C. Department of Alcohol and Other Drug Abuse Services (on behalf of Lee Dutton, chief of staff, S.C. Department of Alcohol and Other Drug Abuse Services).

Also present: Robert Brame, USC Department of Criminology and Criminal Justice College of Arts and Sciences; Christi Metcalfe, USC Department of Criminology and Criminal Justice College of Arts and Sciences; Mark Rapoport, S.C. Commission on Prosecution Coordination; Anna Browder, 5th Circuit Solicitor's Office; Dr. Alicia Benedetto, S.C. Department of Mental Health; Mark Jeff Kidd, 14th Circuit Solicitor's Office; Richele Taylor, S.C. Governor's Office; Tommy Windsor, S.C. Governor's Office; Kristy Quattrone, S.C. Governor's Office; Alexandra Perez-Caballero, S.C. State Law Enforcement Division.

- **CALL TO ORDER**, Duffie Stone, committee chair, Fourteenth Circuit Solicitor, 2:10 p.m.
- **RECOGNITION OF QUORUM**
- **APPROVAL OF AGENDA**, by acclamation
- **APPROVAL OF MEETING MINUTES FROM JULY 2, 2018, MEETING**, Sara Goldsby, Department of Alcohol and Other Drug Abuse Services on behalf of committee secretary Lee Dutton; Bryan Stirling motion to approve minutes, Heather Weiss second, motion passed unanimously.
- **UPDATE ON COMMITTEE VACANCIES, WELCOMING NEW MEMBERS**, Duffie Stone, committee chair, 14TH Circuit Solicitor
 - Solicitor Stone announced Gov. Henry McMaster's appointment of two additional members, to fill vacancies -- Greenwood Sheriff Dennis Kelly, on the recommendation of the Sheriff's Association; and Town of Lexington Police Chief Terrance Green, on the recommendation of the Law Enforcement Officers Association.
- **PREPARATION OF COMMITTEE'S ANNUAL REPORT**, group discussion, updates and assignments
 - **Update on statistical tracking**, Robert Brame, USC Department of Criminology and Criminal Justice College of Arts and Sciences. Dr. Brame, Christie Metclafe and committee member Jay Johnson met in August to discuss the best ways to quantify the prevalence of domestic violence statewide.

- They noted several obstacles, among them capturing incidents that constitute aggression – as when a jilted partner vandalizes a partner’s vehicle or home – but that is not listed as a domestic-violence offense, per se. Another challenge is quantifying DV’s impact on children. Candice Lively, who also joined in the discussions with Metcalfe, Johnson and Brame, noted that the warrant section is the only place where the presence of a child during a DV incident is typically entered as a reason for a charge enhancement. If this fact is not added in reports, it is likely that child(ren) will fall through the cracks and miss opportunities for services that should be their right.
 - Discussion then turned to possible standardizations that ensures the presence of children is recorded and persistent throughout subsequent documentation. Anna Browder of the Richland County office of the 5th Circuit Solicitor’s Office noted the Richland County Sheriff’s Office use of a supplemental form for DV cases and offered to share that with the committee.
 - Alexandra Perez-Caballero, SLED’s CJIS administrative manager, noted that there are 280 reporting agencies across the state and that there is no standard incident report. However, there are requirements regarding coded data sent to the SLED database and that there is no free text associated with these requirements.
 - Recidivism calculations also present problems, Brame said, particularly with regard to diversionary programs such as batterer’s intervention. Some enter into the program as a term of their sentence, but that can include PTI, which complicates attempts to measure efficacy. SLED maintains a database for defendants who have entered into PTI, Perez-Caballero said. However, Stone noted Solicitors Offices and other agencies are not allowed by law to disclose even if a defendant has applied for PTI, let alone whether they were accepted and completed the program. As such, statistical aggregation of these cases would most likely require data from SLED and/or legislation authorizing its compilation for study. Stone asked Rapoport of the Commission on Prosecution Coordination to work with Dr. Brame and his group on a solution that allows statistical comparison of those who receive batterer’s intervention as part of their sentence and those who do not, those who complete the program and those who do not, and those who enter that program through PTI (reserved for offenders with no record or non-violent record) and those who are referred by some other means.
- **Department of Mental Health’s implementation of Task Force recommendations,** Rochelle Caton, S.C. Department of Mental Health, Office of Client Advocacy director; and Dr. Alicia Benedetto, Metropolitan Children’s Advocacy Center, coordinator of treatment services
 - Caton highlighted a written report that was submitted and distributed to the committee, the S.C. Department of Mental Health’s Response to the Recommendations of the South Carolina Governor’s Domestic Violence Task Force. The full report is attached. Among the highlights noted by Caton:

- In response to Task Force Recommendation 4 asking state agencies providing direct client services and including the Department of Mental Health to develop DV services that are client-centered and trauma-informed, the department has taken a leadership role in developing, promoting and providing trauma-informed care. In 2017, SCDMH continued its participation in the South Carolina Joint Council on Children and Adolescents. The SCDMH Trauma-Informed System supervisor co-presented four regional trainings on trauma-informed care attended by over 200 professionals from child serving agencies and one Training of Trainers training attended by 16 professionals from child serving agencies. Additionally, the SCDMH Trauma-Informed System Supervisor co-presented a Training of Trainers on Trauma-Informed Care in Schools to 27 school staff at Richland One School district with plans to provide these trainings to additional school districts in the future. In addition, SCDMH in 2017:
 - Provided cognitive behavioral therapy for PTSD for adults, with 60 SCDMH clinicians completing this three-day training;
 - Provided trauma-focused cognitive behavioral therapy training for children, adolescents and family services, with 45 SCDMH clinicians completing this three-day training;
 - Provided trauma-informed care trainings, with 125 SCDMH staff and SC SHARE’s Peer Support Specialists completing.

- Noted that SCDMH is one of the largest providers of mental health services in schools in the country. More than 685 schools will have access to School Mental Health Services during academic year 2018-19. In the 2018-19 academic year, SCDMH will support efforts to prevent domestic violence in Richland School District One elementary schools by providing materials and opportunities for training in the “No Hit Zone” project to all Richland One Title 1 schools.

- In 2014 (predating the Task Force recommendations), Charleston Dorchester Mental Health center embedded a Mental Health Professional (MHP) in the Charleston Police Department’s headquarters to create a “Family Violence Unit.” The purpose of the Unit was to respond immediately to domestic violence scenes and to screen children witnessing violence for mental health needs related to the potentially traumatic event. The project was modeled after a similar program in New Haven, Conn. During the past three years, in cases in which the Family Violence Unit responds, families are more likely to contact police regarding further incidents involving violence, families report they feel safer and more positive about the police, and families are more likely to engage in mental health treatment and other family support services. This year, SCDMH is seeking additional \$1,750,000 in recurring funds from the South Carolina State Legislature to station 20

SCDMH MHPs in South Carolina police and sheriffs' departments to provide direct services to adults and children who are identified as victims of crime, in addition to other adults and children identified by law enforcement as potentially needing mental health care.

- Dr. Benedetto noted SCDMH typically has two means of interaction with children. Either they are referred directly by law enforcement or following screening by other agencies (Department of Social Services, most typically) that detects some sort of trauma. Instances of the former have greatly increased since the passage of the law that the Domestic Violence Task Force helped form, Dr. Benedetto noted. In regard to the former, she noted the revealed trauma is not always identified specifically as a domestic violence concern but that domestic violence is often at the root of the problem. Feedback after these referrals is given to non-offending adults afterward.
- **Review of recommendations, Sara Barber**
 - Barber noted that the committee reviewed progress on the Task Force recommendations at its previous meeting but might want to consider recommendations of its own in the coming report. She suggested an Oct. 31 deadline to email suggested recommendations to her. She will then distribute to the group, and the committee will give an up/down vote or suggest revisions in its next meeting. Barber and Jeff Kidd would then complete the report in time to be presented when the General Assembly's new session begins. She also suggested the report be distributed to media statewide with the intent of highlighting the committee's work and recommendations.
 - Chairman Stone concurred and asked recommendations to be emailed to Barber no later than Oct. 31. In consultation with other members present, he set 11 a.m. Dec. 3 as the time for the next meeting. He asked Rapoport to reserve the Governor's Conference Room in the Wade Hampton Building for that time or, if it is unavailable, Conference Room 415 of the Edgar Brown Building.
 - Barber inquired as to whether the committee's recommendations should be limited to budget-neutral prescriptions, as was the case with the Governor's Task Force. Chairman Stone offered the opinion that the committee should not be similarly bound.
- **NEW BUSINESS**
 - Heather Weiss offered a summary of and the response to the *Doe v. State 2* opinion from the Supreme Court. She described confusion as to whether the Court, in its original decision, spoke only to protective orders sought by victims of domestic violence in cases involving unmarried partners or to criminal prosecution in such cases, as well. Solicitor Duffie Stone, acting as chairman of the S.C. Commission on Prosecution Coordination, asked the S.C. Attorney General's Office for an opinion on the matter. Writing that opinion, Solicitor General Robert D. Cook concluded individuals in or formerly in a same-sex relationship not only may seek an Order of Protection against a same-sex partner, but that similarly situated individuals may pursue a criminal prosecution for acts of domestic violence.
- **ADJOURNMENT, 3:40 p.m.**

Response to the Recommendations of the South Carolina Governor's Domestic Violence Taskforce



SC Domestic Violence Task Force Recommendation 4

Problem: From the Phase I Survey, approximately half of victim services providers did not have or did not know if they had a policy on domestic violence (48%), and the other half that did have a domestic policy indicated that the policy was not developed with consultation or assistance from state or national experts (44%). When state agencies come into contact with victims in their daily work, most state agency employees are not trained on the warning signs of domestic violence and do not know the right questions to ask or the appropriate response to give. In addition, most offenders are not offered assistance until they appear in court on charges of domestic violence. Information and resources should be offered to offenders when they self-identify or when a risk assessment indicates abusive behavior exists.

Solution: The Task Force recommends that state agencies providing direct client services – such as DSS, DAODAS, DJJ, DEW, DHEC, DMH, DDSN, and Vocational Rehabilitation among others – should develop domestic violence informed services for both potential victims and potential offenders, including the following:

- (1) Agencies should develop written policies and procedures that are client-centered and trauma-informed;
- (2) Agencies should provide annual domestic violence training for all employees providing client services; and
- (3) Agencies should develop screening tools for domestic violence.

These policies, trainings, and screening tools should be developed in collaboration with a nationally recognized domestic violence expert or organization.

SCDMH Response:

SCDMH is a leader in developing, promoting and providing client-centered trauma informed care. SCDMH not only provides this evidence-based service to its patients, but also provides training and support to other agencies, sharing its expertise.

Client-Centered Trauma Informed Care

In 2012, the SC Joint Council on Children and Adolescents, presently chaired by SCDMH Director John H. Magill, established a Trauma-Informed Workgroup. Its goal was to develop training to ensure all child and adolescent clinical care providers are trauma-informed. The Workgroup identified existing trauma-dedicated employees at two state agencies: SCDMH and the SC Department of Juvenile Justice (DJJ). With input from 12 child-serving agencies and organizations, the Workgroup also identified core competencies that the Joint Council later endorsed. SCDMH and DJJ provided trainers, travel, equipment, and learning materials, and have been providing Trauma-Informed Care trainings since August of 2013. Since 2012 over 2100 professionals from child-serving agencies, childcare programs, law enforcement, hospitals/medical practices, family court systems, volunteer groups, and mentor programs have completed the training.

In 2017, SCDMH continued its participation in the South Carolina Joint Council on Children and Adolescents. The SCDMH Trauma-Informed System supervisor co-presented four regional trainings on trauma-informed care attended by over 200 professionals from child serving agencies and one Training of Trainers training attended by 16 professionals from child serving agencies. Additionally, the SCDMH Trauma-Informed System Supervisor co-presented a Training of Trainers on Trauma-Informed Care in Schools to 27 school staff at Richland One School district with plans to provide these trainings to additional school districts in the future.

Another trauma informed program involving SCDMH is Project BEST. Project BEST is a statewide, collaborative effort to dramatically increase the capacity of every community in South Carolina to deliver evidence-supported mental health treatments to children who have experienced trauma and/or abuse. The SC Trauma Practice Initiative (SCTPI), a partnership including SCDMH, the Project BEST/MUSC National Crime Victims Center, The Duke Endowment, SC Department of Social Services, and Dee Norton Lowcountry Children's Center, used pooled state, federal, and foundation funds to facilitate "rostering" of approximately 300 SCDMH child clinicians statewide in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). This accelerated workforce development effort began in December 2013 and was completed in February 2016.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is an evidenced-based treatment model endorsed by the SAMSHA National Registry of Evidenced-Based Programs and Practice as the most effective treatment model for children ages 3-17 years old who have experienced a wide range of traumatic experiences and related emotional and behavioral problems. TF-CBT is a time-limited treatment intervention, administered by highly trained

clinicians who have completed a rigorous, 9-month training curriculum under certified MUSC/Project BEST faculty trainers to ensure clinical skill mastery. Clinicians are “rostered,” as having met fidelity standards to effectively deliver the TF-CBT intervention, and placed in the Project BEST database, which provides the state with a resource for accessing therapists qualified to deliver TF-CBT based upon nationally-accepted training standards established by the founders of the intervention. The magnitude of the SCTPI initiative is unprecedented for both SCDMH and Project BEST in terms of the huge number of clinicians trained and its comprehensive reach, ensuring that credentialed TF-CBT therapists are available to children in every community within the state. As of January 2016, SCDMH therapists comprise 53% (n=223) of the total Project BEST-rostered TF-CBT clinical workforce (n=420) statewide.

SCDMH staff continue to lead the state in modeling exemplary service delivery and clinical practice related to TF-CBT Services, having received the following Project BEST Awards:

- 2017 The Project BEST Clinician Excellence Award
- 2016 The Project BEST Clinician Excellence Award
- 2015 The BEST of Project BEST Award
- 2015 The Project BEST Champion Award
- 2014 The BEST of Project BEST Award

SCDMH created the SCDMH Trauma-Informed System as a statewide, patient-focused, trauma initiative to foster the development of policies, procedures, and practices, which ensure that:

- Patients are screened for trauma histories and the provided state of the art assessment for current symptoms related to previous traumatic events;
- Patients have access to evidence-based practices to treat trauma related symptoms; and
- SCDMH staff are able to:
 - realize the prevalence of trauma among patients and staff; and
 - recognize the potential impact of trauma and integrate this knowledge into responses to patients and others in a way that increases the support provided to patients and staff and decreases the probably of re-traumatization.

In 2017, the SCDMH Trauma-Informed System provided the following trainings:

- Intensive, Hands-On Cognitive Behavioral Therapy for Post-Traumatic Stress Disorder for Adult Services: 60 SCDMH clinicians completed this three-day training
- Intensive, Hands-On Trauma-Focused Cognitive Behavioral Therapy training for Children, Adolescents and Family Services: 45 SCDMH Clinicians completed this three-day training
- Trauma-Informed Care Trainings: 125 SCDMH staff and SC SHARE’s Peer Support Specialists completed this training.

The Metropolitan Children’s Advocacy Center (MetCAC) is another essential SCDMH program to address trauma experienced by South Carolina’s children. The MetCAC is a

program of SCDMH's Columbia Area Mental Health Center, and is accredited through the National Children's Alliance in Washington, DC. It is the only state-funded CAC in South Carolina. SCDMH collaborates with the USC School of Medicine's Department of Pediatrics and Palmetto Health Children's Hospital to provide integrated services for children suspected of being sexually or physically abused. The MetCAC serves more than 1,000 children each year and provides:

- Forensic interviews and medical exams
- Court preparation for children
- Expert testimony in Family and Criminal Court
- Victim advocacy
- Focused therapeutic and educational interventions

In calendar year 2016, the MetCAC provided 540 forensic interviews and 914 medical examinations to children, of whom:

- 564 were suspected of having been sexually abused.
- 466 were suspected of having been physically abused.
- 314 were suspected of having been abused by neglect, drug endangerment, domestic violence or having witnessed a violent crime.

During this period, the MetCAC provided testimony and consultation in more than three dozen court proceedings, as well as short-term interventions to 32 children and families, including court preparation, trauma symptom reduction, and clarification therapy. Ten-15 cases are reviewed every three weeks at meetings of the Richland County Multi-disciplinary Child Abuse Investigation Team.

In partnership with the Children's Law Center of the University of South Carolina School of Law, the MetCAC also provides *ChildFirst*, a training in forensic interviewing techniques provided quarterly for law enforcement and child protection professionals. This is a 5-day, multi-disciplinary training for child protection professionals.

From its inception in 2001 through February 2017, *ChildFirst South Carolina* has trained:

- 328 Law Enforcement Officers.
- 313 Child Protective Service case workers.
- 317 Children's Advocacy Center interviewers.
- 46 prosecutors.

MetCAC also provides ongoing training to medical residents, child life students, and nursing students.

SCDMH is one of the largest providers of mental health services in schools in the country. More than 685 schools will have access to School Mental Health Services during

academic year 2018-19. In the 2018-19 academic year, SCDMH will support efforts to prevent domestic violence in Richland School District One elementary schools by providing materials and opportunities for training in the “No Hit Zone” project to all Richland One Title 1 schools. No Hit Zone is the concept of creating a safe place for children, families, and adults by establishing “no hit zones.” A No Hit Zone is an environment that supports a culture of safety and health where:

- No adult shall hit another adult
- No adult shall hit a child
- No child shall hit an adult
- No child shall hit another child.

The “No Hit Zone” program promotes healthy relationships and safe environments across the lifespan through awareness, education and skill building.

In 2014, Charleston Dorchester Mental Health center embedded a Mental Health Professional (MHP) in the Charleston Police Department’s headquarters to create a “Family Violence Unit.” The purpose of the Unit was to respond immediately to domestic violence scenes and to screen children witnessing violence for mental health needs related to the potentially traumatic event. Therapy services are offered to 100% of the victims at the time of the first meeting/intervention. The Family Violence Unit was modeled after a similar project in New Haven, Connecticut addressing the needs of children who were present when police responded to domestic violence in the home. The Department of Social Services (DSS) removes a high percentage of children exposed to domestic violence. Over the past three years, in cases in which the Family Violence Unit responds, families are more likely to contact police regarding further incidents involving violence, families feel safer and more positive about the police, and families are more likely to engage in mental health treatment and other family support services. This year, SCDMH is seeking additional **\$1,750,000** in recurring funds from the South Carolina State Legislature to station 20 SCDMH MHPs in South Carolina police and sheriffs’ departments to provide direct services to adults and children who are identified as victims of crime, in addition to other adults and children identified by law enforcement as potentially needing mental health care.

Annual Domestic Violence Training for Employees Providing Client Services

As set forth above, SCDMH has a trauma-informed culture and system that is fully integrated into all its trainings, programs and services. In addition, SCDMH is a leader in providing training and support to other agencies and systems about evidence-based trauma-informed cares.

SCDMH also plans to incorporate the specific topic of domestic violence into its existing trauma-informed care systems:

- Clinical staff from the Met CAC will be providing a one-hour training on the issue of domestic violence to the CAF Council this year. The CAF Council is made up of

SCDMH staff (inpatient and outpatient) who provide services to children, adolescents and their families.

- The SCDMH Trauma-Informed System supervisor is creating a mandatory on-line training module to address clinical issues surrounding domestic violence. Once completed, the module will be available for SCDMH staff to take at their convenience.
- Each year in September SCDMH hosts its Annual Psychiatric Update. This year is the 19th year of its existence. The program's focus is on Psychiatric Best Practices and is designed for psychiatrists and other mental health professionals. It is held live in Columbia and is video conferenced out to the 17 Community Mental Health Centers and their satellite offices. This year we will have a presentation specifically focusing on domestic violence. Sara Barber, MA, Executive Director of the south Carolina Coalition Against Domestic Violence and Assault, will be presenting on, "Domestic Violence: Beyond the Criminal Justice Response." The purpose is to make the clinical staff aware of this ever-growing issue in our society and steps that they can take to intervene.

In future years, SCDMH will add the topic of domestic violence for consideration to other trainings and conferences offered annually by SCDMH, including the SCDMH "Grand Rounds" program. SCDMH plans, organizes and coordinates the monthly "grand rounds" programs, which are available not only to SCDMH staff but also to the faculty, staff, psychiatric residents and medical students at Palmetto Health/USC.

Screening Tools for Domestic Violence

Through training and policy development, the SCDMH Trauma Informed System insures that SCDMH staff screen all patients for trauma histories and the provided state-of-the-art assessment for current symptoms related to previous traumatic events, which includes domestic violence. This screening occurs for child and adult patients in both inpatient and outpatient facilities.

Additionally, law enforcement agencies and child protective services regularly call upon the Met CAC team to interview children regarding concerns of exposure to domestic violence. In addition to situations where an alleged domestic violence incident is the identified reason for referral, children who are referred to the Met CAC for other forms of maltreatment are routinely screened for exposure to domestic violence. A sample of screening questions may include:

- "How do grown-ups at your house get along?"
- "Do grown-ups at your house ever hit or hurt each other?"
- "Do grown-ups ever throw or break things when they are angry?"
- "Have the police ever had to come to your house?"

Whenever the MetCAC staff identifies safety concerns, staff refer the families for appropriate assistance.

Submitted October 2, 2018

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