Implementing a Comprehensive Service Model for Survivors of Intrafamilial Homicide: A Manual

by

Alyssa A. Rheingold, Ph.D.
Freddie A. Pastrana, Ph.D.
Angela Moreland, Ph.D.
Sara delMas, LMSW

MUSC
Medical University of South Carolina

Implementing a Comprehensive Service Model for Survivors of Intrafamilial Homicide: A Manual

National Crime Victims Research and Treatment Center
Department of Psychiatry and Behavioral Sciences
Medical University of South Carolina
Charleston, SC 29425

Rheingold, A. A., Pastrana, F. A., Moreland, A., & delMas, S.

[1] This manual was produced by Alyssa Rheingold, Ph.D. of the National Crime Victims Research and Treatment Center under [2016-XV-GX-K021], awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this manual are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice.

[2] All Correspondence for this manual should be directed to: Alyssa Rheingold, Ph.D. 67 President Street, MSC 861, Medical University of South Carolina, Charleston, SC 29425 rheingaa@musc.edu

TABLE OF CONTENTS

PURPOSE OF THE MANUAL

This manual was developed as a resource for agencies that provide services to families that have lost a loved one to homicide. Specifically, this guide provides implementation strategies of a comprehensive service model for those impacted by intrafamilial loss. Our hope is that this serves as a practical roadmap for communities seeking to establish a multidisciplinary response for grieving families.

Broadly, this manual is for victim service providers across different professions including: law enforcement, mental health providers, first responders, victim advocates, coroners, medical providers, lawyers, child advocacy centers, social service departments, nonprofit agencies, and religious organizations, among others serving those impacted by homicide.

In this manual, we highlight: (1) the impact of intrafamilial homicide on survivors, common survivor needs following the loss, and their service utilization patterns; (2) guidelines for implementing a comprehensive, multidisciplinary service model; (3) common implementation challenges and lessons learned from our Charleston HEART (Charleston Homicide Early intervention and Advocacy Response Team) model; and (4) sample documentation.

INTRODUCTION

Facts About Intrafamilial Homicide

What is homicide?

- Homicide is the killing of one person by another including murder and manslaughter.
- Murder is homicide by a person with a criminal state of mind (the person did it intentionally, recklessly, or with criminal negligence).
- Not all homicides are considered a crime.

What is an intrafamilial homicide?

- The killing of a person by a family member or romantic partner (current or former).

Who are victims of intrafamilial homicide?

- Victims are persons killed by someone they have a familial relationship with, and can be the perpetrator's:
    - Parents
    - Siblings
    - Children
    - Grandparents
    - Uncles/Aunts
    - Nieces/Nephews
    - Cousins
    - Spouses/Romantic Partners
    - Ex-Spouses
    - In-Laws
- This type of homicide is often the result of intimate partner violence.

Who commits intrafamilial homicide?

- A perpetrator can be any family member or intimate partner (current or former).
- Perpetrators are most likely to be in an intimate relationship with the victim.

Who are survivors of intrafamilial homicide?

- Survivors include family members, loved ones, and friends who were close to the victim.
- Survivors also often have a relationship with the perpetrator.
- Child survivors are especially impacted by intrafamilial loss.

Who is at greater risk for experiencing intrafamilial loss?

- Families from underserved ethnic minority groups (such as African American and Hispanic/Latinx communities).
- Families with low socioeconomic, financial, and social support.

Impact of Homicide

What are common reactions after a homicide?

- Survivors may experience a wide range of reactions following the death of a loved one. They may:
    - Feel as though their world has been turned upside down.
    - Change how they think and feel about the world, other people, and even themselves.
    - Need time to adjust before beginning to feel better.
    - Spend time thinking or longing for their loved one.
    - Avoid thinking about the loss.
    - Experience strong feelings, such as guilt, sadness, loneliness, fear, or anger.

What are complications in grief?

- Homicide increases risk for complications in grieving.
- Complications in grief may include:
    - Trouble accepting death.
    - Inability to trust others.
    - Numbness and detachment.
    - Excessive agitation, bitterness, or anger.
    - Feeling uneasy engaging in life.
    - Feeling that life is empty.
- Complications in grief:
    - Occur when grief becomes chronic or continues to interfere with a survivor's quality of life.
    - Increase a survivor's risk for developing or worsening mental health and health issues.
    - May be common early after a homicide, but problematic if they persist a year after the death.

What are common trauma reactions?

- The sudden and unexpected death of a loved one (especially by violent means) can be considered a potentially traumatic event.
- Adults and children exposed to traumatic events (such as witnessing a homicide) are at risk for maladjustment.
- Common survivor reactions to trauma include:
    - Fear (during and after the event).
    - Avoidance of things that remind them of the trauma.
    - Loss of control.

- Flashbacks (re-experiencing the event in thoughts or dreams).
- Feeling as if the event was occurring all over again.
- Trouble concentrating, feeling distracted, or unable to think clearly.
- Negative views about themselves and self-blame.
- Depression, loss of interest, and sadness.
- Feeling hopeless, frequent crying, and thoughts about hurting themselves.
- Disrupted relationships and withdrawing from social support.
- Feelings of guilt, especially when survivors believe the homicide could have been avoided if they had done something differently.

Impact of Intrafamilial Homicide

Are survivors of intrafamilial homicide at greater risk?

- Compared to other types of violent loss, survivors of intrafamilial homicide may be at greater risk for problems with complicated grief, depression, and PTSD.
- They may also experience worse mental health trajectories.

What are unique stressors for survivors of intrafamilial homicide?

- The violent and sudden nature of the death.
- Fears about personal security.
- Relationship of survivor to both victim and perpetrator.
- Novel economic stressors.
- Stigmatization.
- Secondary victimization caused by media intrusion and the criminal justice system.
- Parenting and economic role changes.
- Losing multiple family members to death or incarceration.
- Environmental changes, such as losing home, place of employment, or school.
- Greater agency involvement with families implicated in criminal justice proceedings linked to both perpetrator and victim.
- Problematic reactions from community, social, and family networks due to the complicated nature of relationships involved.
- Strain or conflict in family relationships following the homicide.

Survivor Needs and Service Utilization

What are the needs of survivors of intrafamilial homicide?

- The unique challenges and needs of survivors can be addressed broadly via mental health services, advocacy services, and practical services.
- Survivors may need:
    - Case management to address basic living needs (housing, financial, victim compensation, insurance).
    - Support in addressing barriers to accessing health services (transportation, childcare).
    - Coordination and support with criminal justice system.
    - Evidence-based mental health assessment and treatment.
    - Crisis interventions.
    - Culturally and linguistically appropriate services.

How do survivors use professional services?

- Only a small percentage of family members seek counseling and similar services within the first year of a homicide.
- Rather than professional services, survivors typically rely on family, friends, or clergy for support.
- Reasons why survivors may not use professional services include:
    - Not knowing where to seek help.
    - Seeking services from agencies lacking training in trauma-informed services.
    - Limited availability of services, particularly in rural communities.
    - Distrust of law enforcement.
    - Logistical barriers, such as transportation, distance to services, childcare needs, or work hours.
    - Lack of insurance or financial barriers.
    - Lack of services available for survivors with limited English proficiency.
- Survivors of intrafamilial homicide:
    - Use services more during the initial months post loss but seek less services afterward.
    - May benefit from immediate service engagement to address service underutilization.
- Time-sensitive, seamless coordination between collaborating agencies is limited for survivors of intrafamilial homicide.

RECOMMENDATIONS FOR IMPLEMENTING A COMPREHENSIVE SERVICE MODEL

Families that have lost a loved one to homicide experience increased risk for distress and adjustment problems, logistical barriers and challenges, and difficulty accessing community resources and mental health services. This is particularly true in cases of intrafamilial homicide.

Although many agencies provide services to violent loss survivors, we believe that to provide the best care possible in cases of intrafamilial homicide, it is imperative to coordinate with other community victim service providers and agencies.

For agencies interested in implementing a comprehensive service model for survivors of intrafamilial homicide, we highlight a series of recommended steps to facilitate model implementation.

Phase 1: Preparing for Model Implementation

Key Questions before Preparing for Model Implementation

- Before beginning steps toward implementing a comprehensive model, it is important for your agency to consider these questions:
    - Does our community have survivors of intrafamilial homicide?
    - Do our survivors have unmet needs or service gaps?
    - Could our survivors benefit from a coordinated community response to address these needs and gaps?
- If your answer to one or more of these questions is “yes,” “most likely,” or “I think so,” you are already on the right track for beginning to prepare for implementation—these guidelines can help your agency focus on specific steps to facilitate this process.
- Even if your answer is “I’m not sure,” “we don’t track the type of homicide or relationship of victim to perpetrator,” or “I don’t think so,” we recommend your agency consider the benefits of a coordinated, multidisciplinary approach to enhance the quality of care for your community of survivors.

Specify Purpose and Goals

- When you are ready to begin implementing the model, it is important to specify the purpose and primary goals of your coordinated survivor response.
- Specifying a goal will guide next steps, including determining scope of coordination and agencies that need to be involved.

- It's important to note that purpose and goals may shift as you begin learning more about the services provided in your community, gaps to care, and survivor needs.

Facilitating Agency

- Once you have specified a goal, it is crucial to identify a facilitating (or "host") agency.
- Ideally, this agency should be one that is able to serve as point of contact for key partners and can facilitate coordination of activities and decisions among agencies.
- This agency is the one that will spearhead, with support from key stakeholders, the drafting of protocols, procedures, and Memorandums of Understanding (MOUs).
- Though the host agency can be any organization that provides victim services, we recommend it be one embedded in a mental health services, law enforcement, or victim advocacy organization.
- Once the host agency is identified, it is imperative to determine who the implementation team will be.
- The implementation team ideally should include an agency representative that can serve as model facilitator.
- Facilitating agency requires support and approval from organization leadership.

Identifying Key Collaborative Partners

- Once a host agency has been identified, it is imperative to identify key community agencies that will serve as partners for the coordinated response.
- Core partners should:
    - Provide support to the host agency.
    - Help develop, draft, and review protocols and procedures.
    - Be engaged in planning prior to (and during) model implementation.
- Ideally, community partners will include agencies that serve survivors of intrafamilial homicide, such as: mental health services, law enforcement agencies, legal and court-related services, child advocacy centers; department of social services; and coroner's office, among others.
- Core partners should represent the spectrum and timing of services provided (from acute survivor response to long-term care) with particularly strong representation by agencies that:
    - Are involved immediately post-homicide.
    - Provide longer term care to survivors.
    - Have ongoing access to victim and survivor information.

- In addition to key partners (i.e., those actively involved in meetings and planning) it is crucial to begin identifying other agencies or community partners that should be actively involved.
    - This may include school representatives or counselors, first responders, nonprofit organizations, or even representation from survivors who have experienced loss themselves.
    - *In our coordinated team, we have representation from survivors who, after losing a loved one, joined agencies and developed their own nonprofit agency to serve other survivors.*

Memorandum of Agreement (MOU)

- At this phase, it is essential to get buy-in from the leadership of organizations invited to participate in model.
    - Having a clear goal, plan, and timeline for the coordinated response will help facilitate buy-in.
- In addition to agency assent and support, it will be necessary to:
    - Draft an MOU for key partner agencies.
    - Discuss MOU with partners, review feedback, and revise accordingly.
    - Gather signatures for MOU from key community partners.
        - This may require the agency's legal department review the MOU.
    - For a sample MOU at this stage of implementation, refer to appendix (page 31).

Logistics

- Once the MOU has been signed, the host facilitator can begin discussing logistics with key partners.
- Logistics include discussing meeting:
    - Dates and times.
    - Location.
    - Frequency.
    - Agencies to be invited.
    - Agency representative(s) to attend.
- We recommend purpose, goals, and logistics be discussed in person with partner agency leadership, as it may be challenging to discuss these issues through only electronic or call format.
- Once logistics have been determined, the facilitating agency can schedule location and send calendar schedule invite to agency partners.

Phase 2: Assessing Community Needs

Before moving forward with implementing any model, conducting a community needs assessment is important to identify gaps in services, areas for improvement in coordination, and training needs. Several approaches to assessing community needs include surveying of community partners, mapping of services, and surveying of survivors.

Surveying Community Partners

- To better understand the services available in the community for survivors of intrafamilial homicide, it is essential to survey community partners.
    - Though this may be done formally (*see Consultation section below*), it may be completed informally as well.
- The ultimate purpose of a survey is to explore what works and what areas need improvement in services for survivors, so as to inform the direction, tasks, and focus of the coordinated response.
- Through a survey, your agency can better identify common themes and develop recommendations for services to enhance care for survivors.
- We recommend that leadership across core community partners is given the opportunity to provide input for the development of the survey and survey procedures, as a collaborative approach will aid in model engagement and support.
- The format of a survey can vary and may include:
    - Self-report measures for partner agency members.
    - Structured, semi-structured, or unstructured interviews with key stakeholders.
    - Focus groups, both within an agency and collaboratively with other agencies.
    - Via in-person, telecommunication, or phone format.
    - Structured and open-ended responses.
- The domains surveyed may vary, and may include:
    - Member representative role in the agency and providing victim services.
    - Agency services for survivors of intrafamilial homicide.
    - Referral processes (i.e., receiving referrals, making referrals).
    - Current collaborations with partner agencies.
    - Process of service provision.
    - Service coordination.
    - Agency self-assessment and improvement.
    - Service satisfaction.
    - Training satisfaction.

- Though items may vary depending on your agency and community needs, some key questions may include:
    - What do you see that could be done to improve services provided by your partnering agencies?
    - How does your agency receive homicide referrals?
    - Does your agency follow up on the success of referrals?
    - What does your intake process look like for homicide survivors?
    - How satisfied are you with documentation or client-tracking protocols?
    - How satisfied are you with training for working with child survivors of intrafamilial homicide?
    - Does your agency require training on trauma- and grief-informed practices?
- Once an agency has signed the MOU, it is eligible to assign representatives to undergo the survey process.
    - It is recommended that representatives with different perspectives within an agency be surveyed, as they may have unique contributions to better understanding services provided.
- For a sample partner survey used in our model implementation, refer to appendix (page 37).

Community Service Mapping

- In addition to surveying partners, one collaborative activity that may help your community identify both service and coordination needs is to complete an agency service mapping following an intrafamilial homicide.
- To engage in this activity, it is key to have a working meeting with representatives from your core partner agencies.
- The purpose is to:
    - Map the services provided by each agency to survivors at each phase post homicide:
        - On scene
        - Within 24 hours
        - Between 24-72 hours
        - Within 1 week
        - Within 1 month
        - Between 2-6 months
        - After 6 months
        - Ongoing
    - Explore the survivor referral processes between agencies.
    - Identify gaps in service provision and interagency coordination.
- We recommend that the mapping be:
    - Drafted collaboratively on a whiteboard or paper pads.
    - Typed and shared with partners for revisions.
    - Used to facilitate interagency communication.
    - Used to draft plan for addressing partner and survivor needs.

- For a sample community service mapping used in our model implementation, refer to appendix (page 66).

Surveying Community Survivors

- In addition to surveying victim service providers, it might be beneficial to survey survivors of intrafamilial homicide in your community.
- Survivors can provide their perspectives on their:
    - Post-loss experiences.
    - Services received following the homicide.
    - Unmet needs.
    - Challenges and barriers to accessing resources.
    - Recommendations for enhancing support for future survivors.
- We recommend the same collaborative process used with surveying community partners be used to determine the domains, format, and approach.
- For survivors, it is crucial to remember:
    - Survey participation is optional and completely voluntary.
    - There should be a limit to when survivors are surveyed, regarding time post loss—we recommend at least 1-2 years.
    - Survey has to be developed and administered in a trauma- and grief-informed approach.
    - Survey should note possibility of triggering language and allow survivors the ability to opt out of the opportunity at any time.
    - If survivor reports distress or notes desire for support, survey administrators should have readily available referral information for victim advocacy and mental health services.
    - The purpose is not to complete a mental health screening, but rather a survey that can inform ways to improve service provision for families post-loss.
- For a sample survivor survey used in our model implementation, refer to appendix (page 46).

Consultation

- Your agency might benefit from partnering with a consultant who can aid in model implementation and needs assessment.
- Consultation needs may vary depending on the scope of services and community needs.
- Consultants may help in a number of ways, including:
    - Supporting model implementation.
    - Facilitating assessment of survivor and partner agency needs.
    - Developing evaluation and quality improvement tools.

    - Enhancing quality of agency-tracking methods.
    - Identifying promising, victim-centered, and trauma-informed multidisciplinary responses.
    - Identifying evidence-based practices that are effective for responding to families and communities in cases of complex homicide.
    - Facilitating trainings on trauma-, grief-, and evidence-informed practices.
- Consultants may be those with:
    - Experience implementing a coordinated, multidisciplinary response.
    - Expertise in the field of trauma, grief, and traumatic loss.
    - An affiliation to an academic institution, such as an academic medical center or university.
    - Experience in research, program development and evaluation, quality improvement methods, or dissemination and implementation.
- A consultant can be an external expert, but it might be beneficial to collaborate with a local evaluator who can continue providing support within your community.
- Though a consultant is not necessary for implementation or assessment, he or she might provide support to facilitate this process.

Phase 3: Building Community Capacity

Interpreting Findings

- After your facilitator has completed surveying community partners and associated activities (surveying survivors, community service mapping, etc.), you are ready to interpret and summarize findings to inform model implementation.
- In summarizing findings, it is important to:
    - Identify current community service and coordination strengths.
    - Identify current gaps in agency:
        - Service provision.
        - Documentation and tracking.
        - Communication and collaboration with other agencies and providers.
        - Referrals (making, receiving).
        - Training, both within agency and for community partners.
    - Identify areas for continued improvement for enhancing care for survivors of intrafamilial homicide.

Community Partner Feedback

- Once you have gathered and summarized data from partners and community stakeholders, it will be important to:
    - Discuss findings with your community partners.
    - Use these to inform the development of protocols, procedures, and training priorities for your agency and partner agencies.
    - Use these to develop objectives and tasks for your multidisciplinary team.

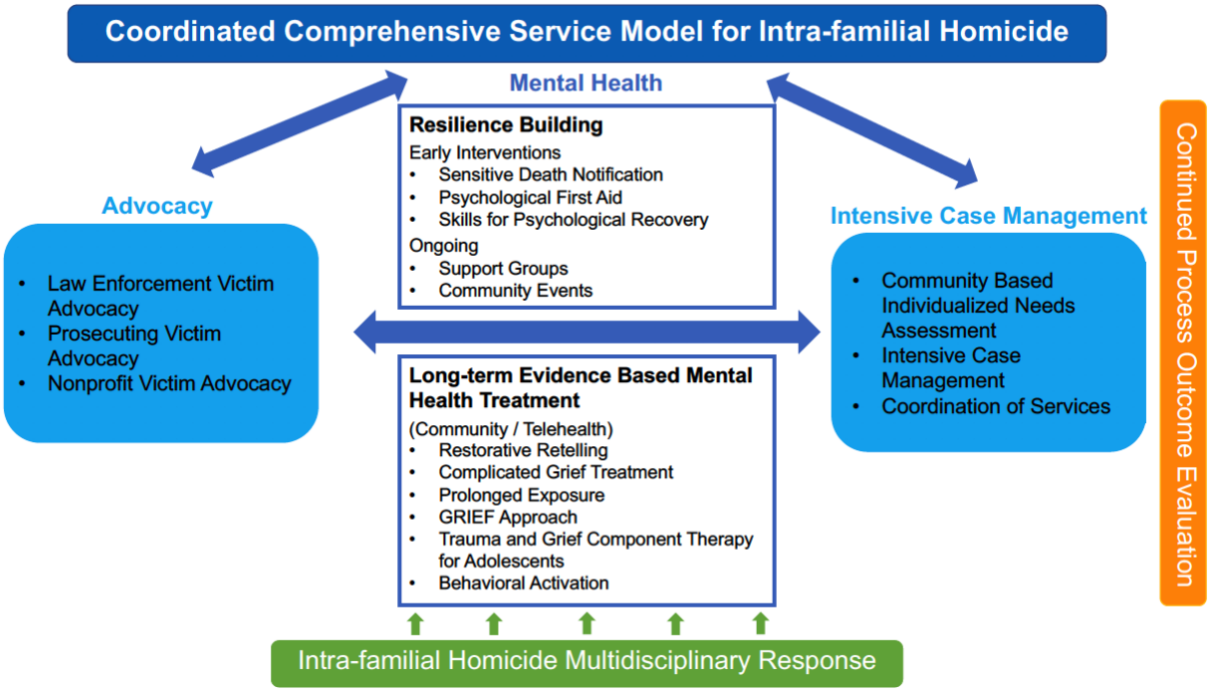
Trainings

- To enhance the quality of services provided by your community to survivors of intrafamilial homicide, it will be important to develop a training plan for your agency and community victim service providers.
- To begin implementing trainings, we recommend:
    - First identify your agency and partner's trainings needs.
    - Once you have identified training gaps, identify whether there is local expertise in that domain, so as to leverage existing community leaders who can provide ongoing training support.
    - If no local expertise is available, then seeking external consultation from experts in the training requested and determining funding and fee requirements.
    - Determining logistics for the training, including participants, location, and dates.
    - Determining whether the training will provide victim service and/or continuing education credits.
    - Inviting speakers and disseminating invitation flyer to community partner representatives.
- Some common training needs might include training in:
    - Working with distressed survivors.
    - Working with grieving children.
    - Trauma-informed care.
    - Grief-informed care.
    - Cultural awareness in your community.
    - Trauma-informed death notification.
    - Self-care and vicarious trauma.
    - Early interventions, including:
        - Psychological First Aid (PFA).
        - Skills for Psychological Recovery (SPR).
    - Evidence-based interventions, including:
        - Prolonged Exposure (PE).
        - Cognitive Processing Therapy (CPT).

    - Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).
    - Trauma and Grief Component Therapy for Adolescents (TGCT-A).
- For a sample checklist for training preparation, refer to appendix (page 67).

Model

- Taking all the information provided, from partner feedback to survivor input, you can map what your coordinated comprehensive service model for intrafamilial homicide looks like.
- Below, we have included our model for multidisciplinary response:



- In our model, the Charleston Homicide Early intervention and Advocacy Response Team (Charleston HEART) aimed to:
    - Develop a collaborative multidisciplinary team that offers intensive case management, advocacy, and evidence-informed mental health services within 48 hours of homicide.
    - Target resiliency in the early stages following the traumatic event.
    - Promote and sustain better outcomes for survivors of intrafamilial homicide.

Phase 4: Developing a Multidisciplinary Team (MDT)

Purpose and Goals

- To better serve survivors of intrafamilial homicide and enhance coordination of services, your community may benefit from developing a multidisciplinary team comprised of partner victim service providers.
- The primary goals of such an MDT could be to:
    - Staff intrafamilial homicide cases.
    - Share essential case information.
    - Make timely, survivor-focused recommendations.
    - Facilitate ongoing, need-base service provision.
    - Provide partner agencies opportunity to learn about services and programs for survivors of homicide.
    - Provide a forum for identifying community needs.

MDT Memorandum of Agreement

- Once you have determined the goals of your MDT, it will be crucial to draft an MDT MOU with your partner agencies.
- In the MOU, you may want to include:
    - Purpose and goals of the MDT.
    - Partner member agencies that are actively participating.
    - A description of the agreement.
    - Expectations for partner agencies, which may include:
        - Assigning representative to attend monthly meetings.
        - Sharing relevant case information in a timely manner.
        - Collaborating to ensure survivor safety.
        - Facilitating service provision.
        - Supporting survivor engagement with victim services.
        - Guiding recommendations to meet survivor needs.
        - Documenting and tracking case information.
        - Providing reports (as needed) to necessary agencies.
        - Signing and abiding by confidentiality agreements.
        - Completing assigned recommended action items for survivor care.
        - Communicating issues requiring additional case coordination.
        - Gathering appropriate releases of information (as needed).
    - Expectations for host agency and MDT facilitator, which may include:
        - Description of role.
        - Duration of term.
        - Process of selecting host agency and facilitator.
    - Agency agreement clause.

    - Amendment clause.
    - Terminations, review, and renegotiations clause.
- Once content has been drafted and reviewed with partner agencies, it will be crucial to gather consent signatures from leadership from all involved agencies prior to participation in the MDT.
- For the sample MOU used by Charleston HEART, refer to appendix (page 68).

MDT Case Review Staffing Protocol

- In addition to an MOU, we recommend you develop a protocol for staffing meetings.
- In your protocol, we recommend highlighting:
    - Purpose of MDT and case staffings.
    - Summary list of agency partners, which may include representation from:
        - Mental health services
        - Law enforcement
        - Victim advocacy
        - Coroner
        - Child advocacy
        - Chaplaincy
        - Department of Social Services
        - Domestic violence shelter
        - School districts
        - Nonprofit consultant
        - Key survivor representatives
    - Expectations for partner agencies and the individual representatives that will attend MDT meetings.
    - Description of case staffing process.
    - Process for tracking and documenting case information and outcomes.
    - Logistics information, including:
        - Day, time, dates, and locations for meetings.
            - We recommend that meetings be held once a month, on the same day, time, and location so as to enhance partner engagement.
            - Logistics should be discussed with key community partners prior to finalizing case staffing protocol.
    - Role and expectations for MDT host agency and MDT facilitator.
        - Include current contact information.
    - A clause on multicultural awareness and sensitivity for victim services to diverse populations.
- For the sample MDT case staffing protocol used by Charleston HEART, refer to appendix (page 70).

MDT Confidentiality Statement

- In addition to the MDT case staffing protocol, we recommend generating a confidentiality statement.
- This document should summarize the purpose and process of the MDT and describe the expectations for the agency representative member attending the MDT staffing.
- To participate in the staffing, the agency representative must abide and consent to maintaining the confidentiality required by the MDT.
- The document should also include:
    - A description on limits of confidentiality.
    - Agreement on professional use of information.
- We recommend that a signed form be submitted by each agency representative prior to beginning each MDT staffing.
- For the sample MDT confidentiality statement used by Charleston HEART, refer to appendix (page 73).

MDT Authorization to Release and Exchange Information

- Depending on the agencies participating in the MDT, you may need to develop (or adapt an existing) authorization to release and exchange protected information.
- This may be necessary if your MDT includes partner agencies primarily in the mental health field, which are bound to confidentiality clauses that require client/patient written consent prior to sharing or exchanging any information about the survivor.
- It is important to remember the purpose of the MDT is not to engage in sharing of information regarding therapeutic progress or psychiatric care, but to collaborate in case management, service provision, and coordination of care.
- In drafting the authorization to release information, you may want to include:
    - Information about the purpose of the MDT and case staffings.
    - A list of current MDT partner agencies.
    - Client/patient instructions on how to identify if there are specific agencies/agency members they do not consent their information be shared with.
    - A space for writing in additional agencies or agency members they would (or would not) want involved in discussing their case.
    - Specific language for granting permission to share information.
    - Informed consent regarding confidentiality and limits of confidentiality thereof.
    - A list of the clients/patients for whom the authorization is valid (particularly in cases involving children or other dependents).

    - Term for which the authorization is valid.
- For the sample MDT authorization to release and exchange information used by Charleston HEART, refer to appendix (page 75).

Characteristics of an Effective MDT

- An effective MDT performs best when the:
    - MDT is comprised of representatives from agencies that provide services for survivors of intrafamilial homicide.
    - MDT has members participating from different specialties, expertise, and professions.
    - Agency representative members consistently attend meetings.
    - Agency leadership is actively involved.
    - MDT facilitates trainings for community partners.
- An MDT prioritizes:
    - Teamwork.
    - Equality.
    - Resolution of conflicts.
    - Constructive discussions.
    - Absence of personal agendas.
    - Opportunity to request and provide clarification.

Phase 5: MDT Case Staffings

Logistics

- Scheduling monthly MDT meetings:
    - Poll MDT partners to determine the best days and times for maximum attendance from the various agencies.
    - Select a recurring schedule (i.e., the second Tuesday of the month, from 3:30 p.m.-4:30 p.m.) so that MDT partners can mark their calendars and look ahead for scheduling conflicts so that, together, you can begin to problem-solve any attendance issues as needed.
- Meeting location:
    - Make efforts to establish a meeting location that is relatively central to MDT partners who will be regularly attending the case staffings.
    - If unable to establish a central meeting location, consider alternating meeting locations amongst places that are easily accessible to MDT partners to give them all equal opportunities to attend meetings in closer vicinity to their workplaces.

Support and Engagement

- To ensure appropriate MDT partners are present for case staffings, a few weeks prior to the MDT meeting (if possible), the MDT facilitator should ask those staffing cases if they would prefer specific MDT partner agencies send representative(s) to the MDT meeting.
    - This can help those staffing the cases to connect the survivors they are working with to community agencies relevant to survivor needs/concerns, and get related questions answered in real time.
- Prior to the MDT meeting, the MDT facilitator should send a secure email out to MDT partners with succinct information regarding cases to be staffed:
    - Victim, perpetrator, and survivor names.
    - Survivor ages and associated schools (if children/adolescents).
    - Community agencies involved with survivors.
    - Date and jurisdiction of homicide.
- This information allows MDT partners to check their records and bring relevant information about survivors they may be working with to the meeting, allowing for a more productive meeting.
- MDT partners are provided a case staffing guide template to help them conceptualize the needs/concerns of the survivors they are working with, and it also aids them in bringing relevant information to the MDT meeting that can allow for MDT partner agencies to provide more comprehensive input and resources that fit survivors' needs.
- For the sample MDT case staffing guide used by Charleston HEART, refer to appendix (page 77).

Purpose

- Explaining the purpose of staffing cases to MDT partner agencies is essential in garnering their support and participation.
- Using layman's terms to explain the purpose helps get the point across with minimal misunderstanding:
    - Staff intrafamilial homicide cases in the jurisdiction in which the homicide occurred.
    - Provide a forum for providers to share and discuss essential survivor/family case information for service coordination purposes.
    - Make recommendations for survivor wellbeing and continuity of service provision.
    - Facilitate a forum for professional development and collaborative efforts.
- If MDT partner agencies remain hesitant to sign an MOU for the MDT, with your agency leader's permission, offer to have your agency's leader reach out to the

agency's leadership to speak more in depth about the purpose and benefits of engaging in the MDT process.

Format

- At the beginning of each meeting, briefly ask all representatives to introduce themselves, their agency, and their role in the agency.
    - For MDT partners calling in, ask them to state their name and the agency they are representing so that those in-person are aware of who is on the phone during the meeting.
- MDT meetings can begin with community updates, including:
    - Announcements about community events.
    - Updates about services offered by partner agencies as needed.
    - Updates about project efforts.
- Provide timeframes for staffing each case so that MDT partners are aware of the time allotted for each case staffing.
    - This helps ensure that the meeting stays on track, and that each case on the agenda gets time to be staffed.
- Staffing new cases:
    - Generally, new cases (i.e., cases that are being staffed for the first time at the MDT meeting) may take considerably longer to staff, as background information about historical work with the survivor family may be discussed before addressing survivor needs.
- Staffing follow-up cases:
    - Follow-up cases are cases that have been staffed with the MDT previously, and are being followed up on at an MDT partner's request, because:
        - The case required more time to staff than was allotted.
        - Follow-up tasks were required of partners that need to be addressed at future meetings.
    - These cases may take less time to staff, as the MDT team may be familiar with the survivor family and its current needs expressed at previous meetings.
- MDT facilitator should record notes about each case staffing as the meeting progresses. These notes will be vital in disseminating recommendations to MDT members as needed.

Confidentiality

- Ensure that each MDT partner engaging in case staffings has signed his or her confidentiality form before the meeting begins.
- For MDT partners calling into meeting:

    - If MDT partners plan to call into the meeting, ensure that the MDT facilitator has received those partners' signed confidentiality forms prior to the meeting.
    - Once the confidentiality forms have been received, the MDT facilitator can disseminate call-in information to appropriate MDT partners.

Moderating Dialogue

- Use the time allotted on the MDT agenda to ensure that the meeting moves along at a pace that allows each case to be staffed.
    - For instance, when you reach the time point of five minutes remaining for a case, let the group know so that everyone can finish up determining action items and recommendations before moving on to the next case.
    - If the case requires further staffing, place it on the MDT agenda for the next meeting with the consent of the MDT.
- At the end of each case staffing, wrap up the staffing by repeating action items and recommendations to the MDT to clarify any items or add anything that may have been missed.

Follow-Up, Documentation, and Reporting

- Following the MDT staffing, the MDT facilitator should provide MDT recommendations in writing (i.e., email) to the MDT relevant to each staffed case.
- MDT facilitator should keep a copy of the notes recorded during the case staffings in a secure file conducive to pertinent HIPAA laws.
- Any mandated reporting to law enforcement or the Department of Social Services informed by MDT case staffings should be recorded by the MDT facilitator and kept as a part of the case staffing notes. These reports should be followed up on at the next scheduled MDT meeting.
- After recording notes from the MDT meeting case staffings, the MDT facilitator will clean the notes and agreed upon recommendations, and disseminate tasks pertaining to each case to the appropriate MDT partners who will complete tasks.
- All parties tasked with completing recommendations are sent secure files containing case staffing notes, recommendations, and contact information for coordinating with one another.

Tracking Outcomes

- MDT facilitator keeps files for each case staffed, and records case updates as MDT partners communicate completion of the recommendations put forth by the MDT.
- MDT facilitator follows up with MDT partners about tasks assigned from the previous MDT meeting. For time-sensitive tasks (i.e., law enforcement or Social

Services reports), MDT facilitator is to follow up no later than one week out from the MDT meeting where recommendations were provided.

- MDT facilitator will check in with MDT partners who are assigned tasks around two weeks out from task assignment.
- Earlier on in the development of the MDT, this can help ensure that those assigned tasks are following through on task completion, and also provides the opportunity for MDT partners to problem-solve any barriers they may have encountered.

Re-Staffing

- There are various reasons that cases may require re-staffing:
    - Unresolved needs or concerns of survivors.
    - Unresolved concerns of staffing agency or MDT.
    - Follow-up on recommendations made at a previous MDT meeting.
    - New needs or concerns arising for survivors.

Representative Members

- We encourage partner agencies to send representatives with agency's relevant information (to survivor family) even if representative does not directly work with survivor family.
- Representative can speak for the individual within his or her agency who works with the survivor family and can bring back staffing information and recommendations to the appropriate agency staff as needed.

COMMON CHALLENGES

Our Charleston HEART model shows promise in enhancing coordination of services and quality of care provided to survivors of intrafamilial homicide in our community. Nevertheless, there have been some implementation challenges that are important to highlight, as they may help inform your implementation approach.

MDT Implementation Challenges

Partner Engagement

- Though some of our partner agencies have been engaged from the development of the model, other agencies have showcased limited or mixed engagement.
    - This is particularly important, because it is challenging to staff cases when the key agency engaging survivor care or that requested the staffing is unavailable for the MDT staffing.
- We have learned that some key partners are crucial for the MDT to be effective, both in staffing cases and in providing ongoing support.
    - It is especially crucial that the coroner's office be involved, as well as law enforcement victim advocacy, the prosecutor's office, and mental health service providers.
- It is also necessary to engage agencies that interact with survivors from the onset of the loss, as any gap in care or support may mean we might lose the survivors' contact information or information regarding their engagement with services.
- Thus, it is essential that we have the relevant stakeholders at the table, and that they are involved in discussing case information.
    - For example, if a child survivor is involved, it may be necessary to involve his or her school counselor, teacher, or principal to help provide a perspective regarding the child's functioning and access to services.
- To ensure relevant partner agencies are at the table for the staffing, we recommend identifying cases to be staffed with ample time in advance to invite peripheral agencies to participate in the staffing.
    - This may require an addendum to the MOU and a review of the documents by the invited agency's legal department.
- Another challenge involves staff turnover.
    - With staff turnover, new staff may not always be privy to prior information about the staffing, case, or even MDT, and it may take some time to engage new staff in participating actively in case staffings.
    - In our case, it has been challenging when one of our champion staff members or agency representatives transitions to a new role.

Accurate Case Information

- Another challenge may be the gathering of accurate case information.
- To better serve survivors, it is imperative for the MDT to have access to survivor contact information.
- This is especially important when it comes to child survivors following an intrafamilial homicide.
    - Monitoring child safety and needs should be a priority in the aftermath of the loss.

Survivor Feedback

- Though gathering information from partners is essential, gathering feedback from survivors about their experience navigating community services following their loss can help inform MDT goals.
- Gathering survivor feedback may be challenging if your agency or your partner agencies do not have accurate listings of survivor contact information.
- Your coroner may help facilitate with point of contact for family survivors, as well as to facilitate gathering their feedback.
- Additionally, it may be helpful to develop a database with victim information, as well as contacts for survivors.

Considerations for Survivors of Intrafamilial Homicide

Given the traumatic and complex nature of homicide that occurs within families, it may be important to pay attention to unique stressors for these grieving families.

Conflict within Family

- Family survivors, in the aftermath of intrafamilial loss, may experience family strain.
- In addition, especially after a violent loss, families impacted by intrafamilial homicide may have conflicted emotions and thoughts toward the victim and the perpetrator.
- Having a relationship with both victim and perpetrator may make it difficult to relate to other family members, particularly if there is divergent opinions regarding blame.
- Further, family members may disagree on the level of involvement with law enforcement, media, and even pursuit of mental health services.
- These differences may exacerbate existing family conflict and may make healing and accessing services more challenging for such families.

- As providers, it is essential to provide support while being attuned to ongoing family dynamics that may present as barriers to service provision and engagement.

Media Attention

- Survivors of intrafamilial homicide may be exposed more to media attention, as they are both involved as family to the victim and the perpetrator.
- Further, cases of intrafamilial homicide tend to be more public, given the nature and morbidity of the loss.
- Increased likelihood of media attention could increase risk of more frequent exposure to trauma- and grief-related triggers.
- Greater media attention can exacerbate conflict between survivors and their families, friends, and social networks.

Justice System Concerns

- Survivors may experience significant stress associated with greater involvement with law enforcement and the justice system.
- Given survivors' relationship to both victim and perpetrator, they may be asked to participate in investigation for either and legal proceedings associated with both defense and prosecution.
- Families impacted by intrafamilial loss might disagree on how involved other family members should be with law enforcement.
- Survivors may be hesitant to cooperate with law enforcement, in fear of negatively impacting the perpetrator's case.
- Further, when victim advocacy or mental health services are embedded in law enforcement or the justice system, survivors may be hesitant to access services.

Loss of Resources

- Families impacted by intrafamilial loss may experience significant loss of resources, particularly in cases in which the victim and perpetrator are caregivers (i.e., father and mother).
- In such cases, families may experience:
    - Significant financial strain.
    - Loss of income and breadwinner(s).
    - Changes to caregiver.
    - Changes in family roles.
    - Changes in social support and environment.
    - Multiple losses, including both victim(s) and perpetrator(s).
- Child survivors are especially at risk for loss of resources.

Sustainability

As part of the developing a coordinated, comprehensive approach for survivors impacted by intrafamilial loss, we recommend delineating a plan for long-term sustainability of the model. This may include exploring funding opportunities and determining the scope of services with partner agencies.

SAMPLE DOCUMENTATION

- Interagency Memorandum of Understanding for Model
- Surveys
    - Partner
    - Survivor
- Community Mapping
- Training Checklist
- Interagency Memorandum of Understanding for MDT staffing
- Case Review Staffing Protocol
- MDT Confidentiality Statement
- Authorization to Release and Exchange Information
- Case Staffing Guide

SAMPLE INTERAGENCY MOU FOR MODEL

Memorandum of Understanding for

Charleston Homicide Early intervention and Advocacy Response Team (HEART)

Office for Victims of Crime (OVC) Grant Funded Project

Collaborating Agencies:

Charleston County Sheriff's Office

My Sister's House, Inc. (Domestic Violence Shelter)

Ninth Circuit Solicitor's Office

Dee Norton Child Advocacy Center

First Circuit Solicitor's Office

Charleston Police Department

Charleston County Coroner's Office

North Charleston Police Department

Goose Creek Police Department

Berkeley County Sheriff's Office

Hanahan Police Department

Summerville Police Department

Coastal Crisis Chaplaincy

Medical University of South Carolina Chaplaincy

Purpose of Agreement: The purpose of this agreement is to develop a multidisciplinary response for intra-familial homicide among local and regional agencies providing direct services to family members of homicide victims in the Charleston Tri-County Area of South Carolina. This project capitalizes on the clinical expertise of a team of multi-disciplinary victim service providers including law enforcement, coroner's office, prosecuting attorney office, child advocacy center, domestic violence non-profit, medical providers, crisis chaplains, and mental health providers who

are currently providing services to family members of survivors and who have knowledge of engagement strategies with underserved populations.

The present program goals are to: (1) identify and document promising, victim-centered and trauma-informed multidisciplinary responses and evidence-based practices that are effective in responding to families and communities of complex homicide cases; (2) to enhance existing provision of services for family members of intra-familial homicide victims by responding within 24-48 hours from the murder, to provide coordinated evidence-informed early intervention approaches; (3) to evaluate a comprehensive, seamless coordinated multidisciplinary team response, early intervention, and long-term community and telehealth-based approaches with intra-familial survivors residing in the Charleston tri-county area; and (4) to develop protocols and policies for a stepped-care MDT and disseminate resources and lessons learned from this project to the victim services field and allied professionals.

These goals will be accomplished by the collaboration between the agencies mentioned above. The collaborating agencies will aim to provide a comprehensive response for survivors of intra-familial homicide that will serve as a national model. All partnering agencies agree to participate in ongoing collaboration and consultation, and will be in contact throughout the grant period to monitor implementation of activities.

National Crime Victims Research and Treatment Center: The National Crime Victims Research and Treatment Center (NCVC) is a division of the Department of Psychiatry and Behavioral Sciences at the Medical University of South Carolina (MUSC). The NCVC has extensive experience in conducting peer-reviewed research on prevalence and mental health impact of violent crime exposure, as well as developing and evaluating evidence-based treatments for crime-related mental health problems. The NCVC also has considerable experience, widely regarded as experts, in developing and providing evidence-based treatment for crime-related mental health problems. NCVC has experience educating mental health providers on state, national, and international levels how to deliver trauma-informed services via in-person and web-based approaches. NCVC has a long history of working collaboratively with nonprofit victim services and other agencies to ensure that crime victims obtain comprehensive services that they need and deserve. Within our state and local community, the NCVC has always collaborated with governmental agencies and community-based organizations that work with victims of traumatic events to make sure that such organizations have the best possible information about how to provide evidence-based care.

As part of this MOU, the NCVC agrees to oversee all aspects of the project. Specifically, the NCVC will: (1) conduct a community needs assessment with survivors from 2014-2016 and partnering agencies to identify strengths and weaknesses in current community response; (2) conduct a comprehensive literature review to identify and document promising, victim-centered and trauma-informed multidisciplinary responses and evidence-based practices that are effective in responding to families and communities of complex homicide cases; (3) provide and facilitate community trainings on best practices to enhance victim provider responses in the aftermath of intra-familial homicide; (4) coordinate an MDT for intra-familial homicide for the Charleston tri-county area; (5) evaluate a comprehensive, seamless coordinated multidisciplinary team

response, early intervention, and long-term community and telehealth-based approaches with intra-familial survivors residing in the Charleston tri-county area; (6) develop protocols and policies for a stepped-care MDT and disseminate resources and lessons learned from this project to the victim services field and allied professionals; and (7) closely partner with and gather input from partnering agencies throughout the project to ensure feasibility and acceptability of community strategies.

Charleston County Sheriff's Victim Service Office (CCSO). The CCSO Victim Services Office is organized under the Investigations Division, which is part of the Operations Department of the Sheriff's Office. The law enforcement victim advocates assist crime victims by contacting them by phone, in person, and via mail. They attend bond hearings, parole hearings, and court trials with victims as support persons. In addition, they assist victims with completing victim compensation requests for financial assistance with medical, dental, and funeral expenses. The detention center victim advocates conduct victim notifications, which consist of calling victims to let them know that defendants are being released, transferred, or have escaped from the Charleston County Detention Center. CCSO has formally collaborated with the lead agency for the past two decades on several federally funded service programs. The CCSO also has a good working relationship with several of the other partnering agencies including My Sister's House. CCSO will be a partnering agency involved in the multidisciplinary response team (MDT), who will engage within 24-48 hours after an intra-familial homicide and will remain involved via in-person or teleconferencing to coordinate ongoing evidence-based crisis, early intervention, and long term intervention approaches.

My Sister's House, Inc. My Sister's House, Inc., founded by volunteers in 1980, provides safe shelter to victims of domestic violence and their children throughout the Tri-County area. Victims who are in immediate danger from verbal, emotional, physical or sexual abuse are eligible for services offered by My Sister's House, Inc. at no charge. While staying at My Sister's House, Inc. both the women and children participate in group and individual counseling sessions, parenting and living skills classes. They are also given referrals for housing, employment, and for additional counseling that may be necessary once they leave the shelter. The women and children served by My Sister's House, Inc. are provided with a safe environment where they can not only make decisions but take action to make those decisions a reality. My Sister's House has worked closely with the NCVC on several service oriented endeavors. My Sister's House currently refers many domestic violence victims for therapy to the NCVC and welcomes NCVC therapists to conduct assessments and therapy at their shelter if need be. My Sister's House will join the response team as needed, when domestic violence situations arise.

Ninth Circuit Solicitor's Office

The Ninth Circuit Solicitor's Office works with victims of crime to assist them through the criminal justice system process. This process can be very difficult for survivors of intra-familial homicide as the process can be lengthy and emotionally challenging. Victim advocates from the Solicitor's Office work closely with survivors in understanding all aspects of the criminal justice system. The Ninth Circuit Solicitor's Office has collaborated for the past 18 years with the Survivors of Homicide Support Group and various community events for survivors of homicide. The Ninth

Circuit Solicitor's Office provides survivors with psychoeducational booklets developed by the NCVC and CCSO. Victim advocates from the Ninth Circuit Solicitor's Office will join the MDT providing coordination of advocacy and referrals to the NCVC.

Dee Norton Child Advocacy Center (Dee Norton). Dee Norton is a community-based, 501(c)(3) non-profit program that provides safe and non-threatening "one stop shopping" for victimized children and their families. Since 1991, Dee Norton has helped over 25,000 children and their families. The mission of Dee Norton Child Advocacy Center is to keep children safe from abuse, and when abuse occurs, to work with our community to bring healing to these children and their families.

This mission is achieved by:

- Creating a child-friendly, child-focused environment.
- Developing and delivering quality services.
- Ensuring a coordinated response by partnering with community agencies and not duplicating services.
- Engaging in research and adopting best practices to improve our services and knowledge.
- Empowering adults to understand the problem and its solutions

Dee Norton currently provides community staffing for child abuse victims that community agencies have identified in need of formal coordination of care. These staffings are held once a week Dee Norton. Those agencies that are identified as already having involvement in the case are invited to participate in the staffings. Dee Norton is well-respected in the community and also has a good working relationship with other partnering agencies including My Sister's House and CCSO. In regards to this project, Dee Norton will provide referrals and assist with coordination of care for victims of crime that may be working with them as part of intra-familial homicide referrals.

First Circuit Solicitor's Office

The First Circuit Solicitor's Office works with victims of crime and homicide, helping them through the process of the criminal justice system. For the complex cases of intra-familial homicide, these survivors encounter grief and suffering that is incomparable, and the legal process can be lengthy and emotionally cumbersome. The First Circuit Solicitor's Office is committed to participating in this collaborative effort to help ensure that the needs of survivors are met by the partnering agencies involved. They will join the MDT formed by this project, and will collaborate with partnering organizations to ensure a wide range of support from the community during these difficult times for survivors and their families.

Charleston Police Department (CPD). The City of Charleston Police Department's Family Violence Unit assists and refers victims of crime to agencies, including the National Crime Victims Research and Treatment Center, to help them with their individual needs after experiencing a trauma. The CPD Family Violence Unit and NCVC have established a strong working relationship in coordinating care for victims of crime over a number of years. Working together with the NCVC and other community partners, the CPD will play an integral role in providing the best possible care for individuals and families who are survivors of intra-familial homicide.

Charleston County Coroner's Office. Charleston County Coroner's Office conducts independent investigations into certain deaths that occur in Charleston County as a representative for the decedents and survivors. Their investigations determine the manner and cause of death, ensuring that the circumstances of the death are understood. Charleston County Coroner's Office provides sensitive death notification to the family members affected by homicide, including intra-familial homicide. Charleston County Coroner's Office will join the NCVC and partnering agencies to provide the excellent care to individuals in the Tri-County area who are affected by intra-familial homicide.

North Charleston Police Department (NCPD). North Charleston Police Department has a history of collaborating with the NCVC to provide care for survivors of homicide. The Victim Advocate Unit within the NCPD provides guidance and support particularly to victims of crime, including intra-familial homicide. This unit refers homicide survivors to appropriate agencies, like NCVC, that provide quality care and resources to those in need within the community. NCPD will continue collaborating with NCVC and partners to help create and participate in a multi-disciplinary response to intra-familial homicide.

Goose Creek Police Department. The victim and witness advocates of Goose Creek Police Department refer survivors of homicide for different services and resources within the community, and use NCVC as a resource of referral for these individuals who have experienced trauma. Goose Creek Police Department will join NCVC and their partnering agencies in developing and enacting a coordinated community response to intra-familial homicides that occur in the Tri-County area.

Berkeley County Sheriff's Office. Berkeley County Sheriff's Office Victims' Advocacy is housed under the Special Services Unit. Victims' Advocates in Berkeley County are available to victims of violent crimes, inclusive of intra-familial homicide. Berkeley County Victims' Advocates duties include legal assistance for crime victims, counseling of victims, and referrals to agencies like NCVC and their partnering agencies. Berkeley County Sheriff's Office will continue their collaborative relationship with NCVC and community partners in order to ensure the coordination and maintenance of a seamless collective response to intra-familial homicides, and the effects that these homicides have on survivors.

Hanahan Police Department. The Hanahan Police Department houses a Victim Advocate within their Criminal Investigations Division. The role of the Victim Advocate includes assisting victims of crime. The Victim Advocate is charged with providing guidance to crime victims, as well as locating community resources for them as needed. The Hanahan Police Department will partner with NCVC and collaborating agencies to develop a multidisciplinary response to survivors of intra-familial homicide, and ensure that their needs are met.

Summerville Police Department. Summerville Police Department Victim Advocate provides immediate crisis intervention to violent crime victims and other trauma survivors. The Victim Advocate, with twenty years of experience, responds to the needs of domestic violence and homicide victims and their families, providing crisis services in order to assist and enhance their emotional wellbeing in the aftermath of traumatic events. Summerville Police Department and their Victim Advocate will participate as part of the collaborative effort put forth by NCVC and

partners to create and bolster a comprehensive response to intra-familial homicides that occur within the Tri-County area.

Coastal Crisis Chaplaincy. The Chaplaincy is a spiritually ecumenical organization that works closely with law enforcement and emergency agencies to provide assistance during emergency situations. These include murders, suicides, shootings, fires, including the fire at the Sofa Super Store on June 18, 2007 where nine Charleston firefighters died, and similar critical events. From its beginning with one Chaplain, the Coastal Crisis Chaplaincy has grown to its present strength of two full time Chaplains and some 30 volunteer Chaplains that provide pastoral care and counseling 24 hours a day, seven days a week. The Coastal Crisis Chaplaincy will partner with NCVC and collaborating agencies to develop a multidisciplinary response to survivors of intra-familial homicide, referral coordination, and will ensure services are trauma informed and evidence based.

Medical University of South Carolina (MUSC) Chaplaincy. MUSC Hospital offers 24 hour chaplaincy care, seven days a week for those individuals who are admitted to the MUSC trauma care and inpatient hospitals. Further, there are four chapels located across MUSC campus for family members, patients, and staff. MUSC Chaplaincy will partner with the NCVC on coordinated response approach and referral of family members for follow-up care.

Amendments: Amendments may be made to the Agreement by mutual consent of the National Crime Victims Research and Treatment Center and all partnering agencies.

Termination, Review and Renegotiations: This agreement shall remain in effect and will rollover automatically on an annual basis.

IN WITNESS WHEREOF, The undersigned represent that they are authorized to enter into agreement of behalf of the party indicated.

I have read the Memorandum of Understanding for ***Charleston Homicide Early intervention and Advocacy Response Team (HEART)*** and agree with its components.

National Crime Victims Research and Treatment Center:

_____ Date _____

Alyssa A. Rheingold, Ph.D.

Project Director

National Crime Victims Research and Treatment Center

SAMPLE PARTNER SURVEY

SURVEY FOR PARTNER ORGANIZATIONS

Organization worker's name and official title within the organization: _____

Time Point (Pre/Post): _____ Date: _____

Interviewer: _____

Start time: _____ End time: _____

Introduction:

May I please speak with *(name of worker)*? *[If person is designated respondent, continue; if designated respondent is someone else and is not available immediately ask…]*

When would be the best time for me to reach him/her? [*Record time]*_____

I am calling from the MUSC National Crime Victims Center working on an Office for Victims of Crime (OVC) funded Project entitled Charleston HEART where we are attempting to better address the needs of intrafamilial homicide survivors in the Charleston, Dorchester, and Berkeley County areas. Intrafamilial homicide is defined as any homicide that occurs within a family -for example, domestic violence homicide or parent that kills a child. As part of our project we are reaching out to partnering organizations that work with survivors to gather input on current strategies and gather feedback on areas for improvement as a community to respond in a trauma-informed coordinated and collaborative approach. We would appreciate your input and observations. This survey interview will take approximately 45 minutes, and you will receive a $25 gift card for your time. Your responses will be confidential and all information gathered will be presented back to organizations in a group format without any identifying information. Do you have time to take the survey now or could we schedule a time for me to call you back?

Yes, Survey Now	"Great, thank you," and proceed.
No, Schedule later	"When would be a better time for me to call back?" Time: _____ "Thank you for your willingness to participate, and I will call back during *(time indicated*). [END CALL.]

Great! Please know that there are no correct or incorrect answers to these questions, and if you do not have an answer to any one question, that is okay. We are interested in your thoughts, opinions and suggestions, and we value your input as we begin to formulate a coordinated response to intrafamilial homicide in our area.

STAGE 1: GATHERING INFORMATION ABOUT ORGANIZATION

First, I would like to gather some background information about your agency and services that you provide for victims and homicide survivors.

SERVICE CLARIFICATION:

S1. YOUR ROLE:

A. What is your current role? _____
B. How many years have you been involved with victim services?_____
C. How many years have you been involved with (*your specific organization*)?_____

S2. ORGANIZATION:

A. Please describe the kinds of services your organization offers

_____

B. As part of this grant project, we're trying to collect specific information about the types of services your agency provides and the population your agency serves.

Please provide information about:

a. Approximate number of victims of crime your agency works with each year? _____
b. Approximate number of homicide survivors your agency works with each year? _____
c. Approximate number of **intrafamilial** homicide cases your agencies works with each year? _____
d. How does your agency get referrals of homicide survivors?

_____

e. Approximately how long since the time of the homicide are survivors referred to your agency? _____
f. Does your agency track the following information about homicide survivors you serve?

1. Demographics of victim such as age, gender, and race	Yes No
2. Demographics of survivors such as age, gender, and race	Yes No
3. Relationship of victim to perpetrator	Yes No
4. Types of services you provide	Yes No
5. Number of contacts with survivors	Yes No
6. Number of referrals made	Yes No
7. Places of referral	Yes No

8. Success of referral (meaning: do you do any follow-up to determine if survivor connected with the referral?)	Yes No

g. What other types of information do you collect about your clients and/or services provided by your organization?

_____

h. Approximately what percentage of survivors that you work with do you refer to partner agencies for additional services?

Less than 25% 25-50% 50-75% 75-100%

C. PARTNER ORGANIZATIONS:

C1. What partner organizations do you tend to work most closely with in our community?_____

If you could let me know if you partnered/worked with the agency in the past year:

Organization	
a. Charleston City Dept Police Victim Services	Yes No
b. Charleston County Sheriff's Office Victim Services	Yes No
c. North Charleston Police Dept Victim Services	Yes No
d. Hanahan Police Dept Victim Services	Yes No
e. Goose Creek Police Department Victim Services	Yes No
f. Berkeley County Sheriff's Office Victim Services	Yes No
g. Mount Pleasant Police Dept Victim Services	Yes No
h. Ninth Circuit Court Charleston Solicitor's Victim Services Office	Yes No
i. Ninth Circuit Court Berkeley Solicitor's Victim Services Office	Yes No
j. First Circuit Solicitor's Victim Services Office	Yes No
k. Coastal Crisis Chaplaincy	Yes No
l. National Crime Victims Center at MUSC case management	Yes No
m. National Crime Victims Center at MUSC therapy	Yes No
n. Coroner's office	Yes No
o. Dee Norton Child Advocacy Center (Dee Norton), previously known as Lowcountry Children's Center (LCC)	Yes No
p. My Sister's House	Yes No

q. Department of Social Services (DSS)	Yes No

C3. What do you see could be done to improve services provided by your partnering agencies?

_____

C4. Sometimes we may not understand services or activities about our partnering agencies. What, if any, additional information would you like to know about the services provided by each of the following organizations?

Organization	
a. Charleston City Dept Police Victim Services	
b. Charleston County Sheriff's Office Victim Services	
c. North Charleston Police Dept Victim Services	
d. Hanahan Police Dept Victim Services	
e. Goose Creek Police Department Victim Services	
f. Berkeley County Sheriff's Office Victim Services	
g. Mount Pleasant Police Dept Victim Services	
h. Ninth Circuit Court Charleston Solicitor's Victim Services Office	
i. Ninth Circuit Court Berkeley Solicitor's Victim Services Office	
j. First Circuit Solicitor's Victim Services Office	
k. Coastal Crisis Chaplaincy	
l. National Crime Victims Center at MUSC case management	

m. National Crime Victims Center at MUSC therapy	
n. Coroner's office	
o. Dee Norton Child Advocacy Center (Dee Norton), previously known as Lowcountry Children's Center (LCC)	
p. My Sister's House	
q. Department of Social Services (DSS)	

PROCESS OF SERVICE PROVISION

One of our goals is to learn more about how our partner organizations coordinate the delivery of services to homicide survivors. This can include processes such as, how you make initial contact with clients, developing service plans, and strategies for coordinating follow-up and referral.

P1. STEPS TO SERVICE PROVISION: What happens next? After making initial contact with clients, how do you determine what specific services to offer? What is the process for terminating services? Specific prompts if the participant does not mention it themselves:

i. Assessment of needs
ii. Referral to other services
iii. Case assignment to appropriate service provider
iv. Record keeping
v. Outcome tracking
vi. Ongoing coordination of services with partner organizations
vii. Decision to end services
viii. Case follow up

P3. What happens after service provision? Do you follow up following service provision?

P4. What are your procedures for coordinating services of child survivors of intrafamilial homicide?

P5. FORMALIZATION OF PROCESS: Are there any formal guidelines in place to facilitate the process you described above (e.g., procedures manual)? If so, would we be able to have a copy?

SERVICE COORDINATION:

As we have already discussed, we generally coordinate services with other community partner organizations serving homicide survivors.

REFERRING OUT: Now we would like to ask you some questions regarding how you make determinations about referring out to other partner organizations.

CC1. How is the decision to refer clients to partner organizations made?

CC2. Are there any formal guidelines or resource reference lists in place to facilitate referral to partner organizations (for example, documents describing services offered by partner organizations and appropriate methods for referring to each organization)?

CC3. How do you usually handle referrals? For instance, do you provide numbers directly to survivors and have them call the referrals? Or do you call the referral on their behalf? Or do you call with the survivor?

CC4. If your agency facilitates referrals directly to partner organization …

a. Is there a specific individual in your organization who is responsible for facilitating a referral to partner organizations? Yes No
b. If yes, who is that? _____

CC5. What type of follow-up does your agency do regarding referral to the partner organizations?

CC6. What information would you like to know about the process of referring to each partner organization? [follow-up: What type of information would be most helpful to you?]

RECEVING REFERRALS FROM PARTNER ORGANIZATIONS:

Now we would like to ask you some questions regarding how you **accept** referrals from partner organizations.

CC7. Are there any formal guidelines in place to facilitate referral from partner organizations to your organization (Follow up probe: Any documents describing services offered by your organization? Any specific steps or methods for referring to your organization)?

_____

CC8. When you receive a referral what does your intake process look like?

_____

a. Is there a specific individual in your organization who receives referrals? Yes No
b. If yes, who is that? _____

CC9. Do you feel that most of your referrals are typically the right fit for your organization? Describe a little more.

_____

CC10. What information would you like partner organizations to know about the process of referring to your organization?

_____

STAGE 2: ORGANIZATION SELF-ASSESSMENT AND IMPROVEMENT

Now, we would like to ask you about ways that your and other organizations can improve the delivery of services to homicide survivors.

I1. YOUR ORGANIZATION:

a. What improvements, if any, do you feel can be made to your organization (e.g., process of referral to your organization, assessment of needs, etc.)?

_____

b. What needs does your organization currently have that you do not feel are being met?

_____

I2. OVERALL COORDINATION AND SERVICE PROVISION:

a) What improvements, if any, do you feel can be made to how partner organizations coordinate their services with yours and vice versa?

---

b) Considering all the partner organizations we have asked you about in this survey, what gaps do you believe currently exist in the services that are being offered to survivors of intra-familial homicide?

---

c) Considering all the partner organizations we have asked you about in this survey, what gaps do you believe currently exist in the services that are being offered to child survivors of intra-familial homicide specifically?

I3. TRAINING: Do you feel that your organization would benefit from receiving training in any additional topics?

SERVICE SATISFACTION:

We are interested in understanding your satisfaction with your organization's approaches to serve survivors of homicide, specifically intrafamilial homicide survivors. I am going to list several processes and approaches, and if you could indicate how satisfied you are within your organization as follows:

I4. How satisfied are you with the [*read as]?* Very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

Organization	**4=Very satisfied 3=Somewhat satisfied 2=Somewhat dissatisfied 1=Very dissatisfied**	**Comments**
a. Process of referral to your organization	1 2 3 4 NA	
b. Process of referral to partner organizations	1 2 3 4 NA	
c. Assessment of client needs	1 2 3 4 NA	

d. Assignment of client to appropriate services within your organization	1 2 3 4 NA	
e. Documentation or client tracking protocols	1 2 3 4 NA	
f. Ongoing coordination of services with partner organizations for intrafamilial homicide	1 2 3 4 NA	
f. Ongoing coordination of services with partner organizations specifically for child survivors of intrafamilal homicide	1 2 3 4 NA	
g. Level of training in needs assessment	1 2 3 4 NA	
h. Level of training in early bereavement intervention (resilience building)	1 2 3 4 NA	
i. Level of training in ongoing bereavement intervention (bereavement-specific mental health treatment)	1 2 3 4 NA	

SATISFACTION SCORE IS **2 OR BELOW** FOR ANY ABOVE RESPONSES ASK:

I5. What impacted your satisfaction rating for _____?

I6. What do you see could be done to improve _____?

_____

J1. Any final comments, suggestions, or thoughts that you have regarding our community response to intrafamilial homicide?

_____

SAMPLE SURVIVOR SURVEY

SURVIVORS OF INTRA-FAMILIAL HOMICIDE SURVEY

Participant #: _____ Time Point (Pre/Post): _____

Interviewer: _____ Date: _____

Introduction:

⇒ May I please speak with ***(name of participant)*****?** *[If person is designated respondent, continue; if designated respondent is someone else and is not available immediately ask…]*

⇒ When would be the best time for me to reach him/her? *[Record time]*

Script for Designated Respondent*:*

⇒ Hello, my name is ***(name of surveyor)*****.** I am calling from the Medical University of South Carolina's Charleston HEART program, which is a grant funded by the Office for Victims of Crime. The goal of Charleston HEART is to determine ways to best meet the needs of survivors of intrafamilial homicide—which is homicide that occurs within the family.

⇒ To better serve survivors in the tri-county area, we are contacting family members who have been impacted by this type of loss in Charleston, Dorchester, and Berkeley counties. We would like to know your experience with agencies and services received, so that we can improve services for families impacted by such tragedy in the future.

⇒ The survey will take approximately 30 to 45 minutes and can be done via phone or in person. We will give you a $25 gift card to thank you for your time.

⇒ Answering questions is completely voluntary, and you may choose to not answer certain questions if you do not want to. You may also stop the survey at any time. Your comments will be kept confidential and will not be tied to identifying information.

⇒ Your comments will be summarized with those of other survivors and will help us improve how agencies coordinate services for other families impacted by intrafamilial homicide.

⇒ Do you have any questions?

Yes 1

⇒ **If YES:** Type questions:

No 0

C1. Do you have time to take the survey now or could we schedule a time for me to call you back or do it in person?

Yes, Survey Now	2	"Great, thank you," and proceed to C1a below.
Yes, complete in person	1	"Great, when would be a time and day that works for you? Date/Time:
No, Schedule later	0	"When would be a better time for me to call back?" Date/Time: "Thank you for your willingness to participate, and I will call back during *(time indicated*). [END CALL.]

Refused	99	[If participant refuses to participate, "Do you have any questions or concerns that I could help address?" - Problem solve. If still refuses, "Thank you for your time. We respect your right to decline participation, and hope that you have a good day/evening."] Document below that person declined to participate [Time, date, & your initials]

C1a. Do you currently have the privacy to speak freely?

Yes	1	[Continue to C2 below.]
No	0	"When would be a better time for me to call back?" Time: "Thank you for your willingness to participate, and I will call back during *(time indicated*). [END CALL.]

C2. In order to participate in this survey, I need to confirm that you are at least 18-years-old. Are you at least 18-years-old?

Yes	1	["Ok, thank you." Continue to C3 below.]
No	0	[Read script: "Unfortunately, for legal reasons it is necessary for you to be at least 18 to participate in this survey. Is there someone else in your household who *is* at least 18 that you think might be interested in participating in this survey?"]

⇒ **C2a**.

Yes	1	["What is his/her name? Is he/she available at the moment?" If available, "May I speak with him/her?" and begin from top of survey. If not available, "Thank you again for your cooperation. Is there a good time to reach him/her?" Note suggested person's name and good time to call back.]
No	0	[End survey: "Thank you again for your time and your willingness to participate. I'm sorry if I disturbed you. Have a good day/evening."]

C3. It is my understanding that you were listed as a family member to [*read Victim/Deceased name*]. Is that correct?

Yes	1	
No	0	[If no, read script: "Do we have the wrong information?"
Refused	99	

⇒ **IF WRONG INFO:** "I am sorry for the confusion and thank you for your willingness to participate but this survey is just for family members of homicide victims. Thank you for your time."]

C4. What is your relationship with [*read Victim/Deceased name*]?

Respondent is:

Mother	1	
Father	2	
Spouse	3	
Child	4	
Sister	5	
Brother	6	
Grandmother	7	
Grandfather	8	
Aunt	9	
Uncle	10	
Mother/father in law	11	
Brother/sister in law	12	
No family relation	13	
Other	14	(please indicate)
Refused to answer	99	

C5. What is your relationship with the perpetrator?

Respondent is:

Mother	1	
Father	2	
Spouse	3	
Child	4	
Sister	5	
Brother	6	
Grandmother	7	
Grandfather	8	
Aunt	9	
Uncle	10	
Mother/father in law	11	
Brother/sister in law	12	
No family relation	13	
Other	14	(please indicate)
Refused to answer	99	

C6. Some of our questions relate to services for children (up to 18 years old) impacted by homicide.

C6a.Were there any children (under the age of 18) in your care after you lost your loved one?

Yes	1
No	0
Refused	99

C6b.Were any children (under the age of 18) placed in your care after you lost your loved one?

Yes	1
No	0
Refused	99

PART A

KNOWLEDGE / INFORMATION ABOUT SERVICES

The following questions are about agencies and professionals who may provide services to victims of homicide. As I name each resource, please let me know:

K: If you *were told about this resource/agency* at any time following the homicide.

Yes, I **was told about** this resource	1
No, I **was not told about** this resource	0
Don't know / Don't remember	77
NA (agency not applicable)	88
Refused	99

Comments (please indicate)

⇒ **Ka. IF YES: Who gave you the information or referral?**

Agency	1
Friend/Family	2
Other (please indicate)	3
Don't know / Don't remember	77
Refused	99

⇒ **Ka1: If Agency:** Agency name (please indicate)
⇒ **Ka2: If Agency:** Person within agency (please indicate)

[For section about who offered referral, if they can't remember please ask their permission to go over this list to try to help them remember who made the referral:]

Law Enforcement
Law Enforcement Victim Advocate
Victim Advocate (Other Agency)
Solicitor's Office
Lowcountry Children's Center (LCC)
ER or Hospital
National Crime Victims Center at MUSC
Chaplain

⇒ **Kb. IF YES: Did you become involved with this resource or agency?**

Yes, I **became involved with** this resource	1
No, I **did not become involved with** this resource	0
Don't know / Don't remember	77
NA (agency not applicable)	88
Refused	99

Resources/Agencies
K1. Law Enforcement Victim Advocate ⇒ IF YES: Who was your advocate_____
K2. Solicitor's Office Victim Advocate ⇒ IF YES: who was your advocate_____
K3a. National Crime Victims Center at MUSC (Case Management)

K3b. National Crime Victims Center at MUSC (Counseling)
K4a. Coastal Crisis Chaplaincy
K4b. CCC Survivor Follow-up Team
K5. Solicitor's Office
K6. Coroner's Office
K7. Homicide Support Group
K8. State Office of Victim Assistance (provides crime victim compensation)
K9. My Sister's House (or other shelter for domestic violence survivors) K9a. If other _____
K10. Department of Mental Health K10a. If so, what county _____
ONLY IF CHILDREN WERE IN YOUR CARE
K11. Dee Norton Child Advocacy Center (Lowcountry Children's Center) K11a. If other _____
K12. Department of Social Services
K13. Any other services or agencies for you or your children? K13a. If so, Name(s) _____

ONLY if children were in your care:

K14. Were any services, such as mental health services or other support, <u>offered for your children</u> under the age of 18?

Yes, a service was offered	1
No service was offered	0
Don't know / don't remember	77
N/A (no children in the home)	88
Refused	99

⇒ **K14a. IF YES: What type? [Select all that apply]**

individual therapy	1
family therapy	2
home based therapy (individual, family)	3
school counseling	4
grief support group	5
Other (please indicate)	6
Don't know/don't remember	77
Refused	99

⇒ **K14b. IF YES: Did you become involved with this resource?**

Yes, I **became involved with** this resource	1
No, I **did not become involved with** this resource	0
Don't know / Don't remember	77
NA (agency not applicable)	88
Refused	99

K15. Were any services, such as mental health services or other support, offered for minor children of the deceased?

Yes, a service was offered	1
No services were offered	0
Don't know / don't remember	77
N/A (diseased did not have children)	88
Refused	99

⇒ **K15a. IF YES: What type? [Select all that apply]**

individual therapy	1
family therapy	2
home based therapy (individual, family)	3
school counseling	4
grief group	5
Other (please indicate)	6
Don't know / don't remember	77
Refused	99

⇒ **K15b. IF YES: Did they become involved with this resource?**

Yes, they **became involved with** this resource	1
No, they **did not become involved with** this resource	0
Don't know / Don't remember	77
NA (agency not applicable)	88
Refused	99

K16. Was there any type of support either from an individual or from an organization that you found helpful that I have not asked you about?

Yes	1
No	0
Refused	99

⇒ **K16a. If yes, who**? (please indicate)

SATISFACTION AND QUALITY OF SERVICES:

Now I am going to ask about how satisfied you felt with each of the following agencies:

SQa. How satisfied were you with the [*read Organization]?*

Very satisfied	4
Somewhat satisfied	3
Somewhat dissatisfied	2

Very dissatisfied	1
Don't know/Don't remember	77
Did not use agency	88
Not applicable	99

SQb. What aspects of the services you received were you <u>most satisfied</u> with? [Open ended]

SQc. What aspects of the services you received were you <u>most dissatisfied</u> with? [Open ended]

Agencies
SQ 1. Police Department
SQ 2. Law Enforcement Victim Advocate
SQ 3. Solicitor's Office
SQ 4. Solicitor's Office Victim Advocate
SQ 5. National Crime Victims Center at MUSC (Case Management)
SQ 6. National Crime Victims Center at MUSC (Counseling)
SQ 7. Coastal Crisis Chaplaincy
SQ 8. CCC Survivor Follow-up Team
SQ 9. Coroner's Office
SQ 10. Homicide Support Group
SQ 11. Community Activities for Survivors
SQ 12. State Office of Victim Assistance (provides crime victim compensation)
SQ 13. My Sister's House (or other shelter for domestic violence survivors) K9a. If other _____
SQ 14. Department of Mental Health K10a. If so, what county _____
ONLY IF CHILDREN WERE IN YOUR CARE
SQ 15. Dee Norton Child Advocacy Center (Lowcountry Children's Center) K11a. If other _____
SQ 16. Department of Social Services
SQ 17. Any other services or agencies for you or your children? SQ 17a. If so, Name(s) _____

<u>SERVICE COORDINATION PROCESS (INCLUDING DEATH NOTIFICATION)</u>

SC1. I understand that being notified of the death of your loved one was very difficult. We are trying to see ways we can improve this really difficult process for others. Would it be ok to ask a few questions about your experience during the notification process?

Yes	1	[IF YES, continue to SC2]
No	0	
Refused	99	

SC2. How did you FIRST find out about the death of your loved one?

Witness at the scene	1
Coroner	2
Family	3
Friend	4
News Media	5
Social Media	6
Other (please indicate)	7
Don't know/don't remember	77
Refused	99

SC3. Were you present during the official notification by the coroner?

Yes	1
No	0
Don't know/don't remember	77
Refused	88

⇒ **SC3a. IF YES:** The coroner was…

…not at all sensitive to my needs	(Poor)	1
…somewhat sensitive to my needs	(Fair)	2
…sensitive to my needs and provided appropriate support	(Good)	3
…very sensitive to my needs, provided appropriate support and referrals to care when I asked	(Very Good)	4

⇒ **SC3b. IF YES:** How would you describe your experience with the coroner who notified you that your loved one was killed? [Open comment]

SC4. What could professionals do to be more responsive to families' needs when notifying them of a loved one's death? [Open comment]

SC5. Of the services we talked about earlier, which ones were offered to you first after you learned about the death of your loved one? [List of agencies/services (please indicate _____)]

⇒ **SC5a.** How long after the your loved one was killed were you offered the service?

Immediately	1
In the first 48 hours	2
In the first week	3
In the first month	4
Don't Know/Don't Remember	77
Refused	88

⇒ **SC5b.** Did this feel like the right time to be offered the service?

Yes	1
No	0
Don't Know/Don't Remember	77
Refused	99
[Open comment]	

⇒ **SC5c.** Was the manner of contact appropriate (e.g., respectful, informative, etc.)?

Yes	1

No	0
Don't Know/Don't Remember	77
Refused	88
[Open comment]	

⇒ **SC5d.** Would you have preferred that another service were offered first?

Yes	1
No	0
Don't Know/Don't Remember	77
Refused	99
[Open comment]	

⇒ **SC5d1: IF YES:** If so, which service? [Please indicate]

⇒ **SC5d2: IF YES:** Why do you feel this service would have been more appropriate at this time? [Open comment]

SC6. Did anyone follow-up up with you after you were first told about the death of your loved one?

Yes	1
No	0
Don't Know/Don't Remember	77
Refused	88
[Open comment]	

⇒ **SC6a1: IF YES:** If so, who? [Please indicate agency/service- make sure to have multiple options]

⇒ **SC6a2: IF YES:** How did they follow up?

Phone	1
In-Person	2
Mail	3
Social Media	4
Other (please indicate)	5
Don't know/don't remember	77
Refused	88

⇒ **SC6b1: IF NO: If not, would you have wanted an agency to follow up with you?**

Yes	1
No	0
Don't Know/Don't Remember	77
Refused	88

⇒ **SC6b2: IF NO:** Please tell me a bit more about that. [open comment]

<u>IMPROVEMENTS TO QUALITY AND ACCESS OF SERVICES</u>

⇒ Now I am going to ask about how you think the following agencies could improve in terms of services offered to survivors and process of accessing those services.

IQAa. What, if any, improvement would you suggest to *[read Organization]* in terms of services offered?

IQAb. What, if any, improvement would you suggest to *[read Organization]* in terms of accessing care?

Agencies
SQ 1. Police Department
SQ 2. Law Enforcement Victim Advocate
SQ 3. Solicitor's Office
SQ 4. Solicitor's Office Victim Advocate
SQ 5. National Crime Victims Center at MUSC (Case Management)
SQ 6. National Crime Victims Center at MUSC (Counseling)
SQ 7. Coastal Crisis Chaplaincy
SQ 8. CCC Survivor Follow-up Team
SQ 9. Coroner's Office
SQ 10. Homicide Support Group
SQ 11. Community Activities for Survivors
SQ 12. State Office of Victim Assistance (provides crime victim compensation)
SQ 13. My Sister's House (or other shelter for domestic violence survivors) K9a. If other _____
SQ 14. Department of Mental Health K10a. If so, what county _____
ONLY IF CHILDREN WERE IN YOUR CARE
SQ 15. Dee Norton Child Advocacy Center (Lowcountry Children's Center) K11a. If other _____
SQ 16. Department of Social Services
SQ 17. Any other services or agencies for you or your children? SQ 17a. If so, Name(s) _____

BARRIERS TO ACCESS OR FOLLOW THROUGH WITH SERVICES

B1. Did any of the following make it difficult for you to schedule or keep appointments for yourself or a child? [Check all that apply. Make notes to the side. Read through responses]

1 Did not know who to contact
2 Did not know what services they offered/the services offered were not explained clearly
3 Placed on a waitlist (e.g., agency was full client/case load)
4 Cost of services
5 No health insurance
6 Hours clinic/agency was open
7 Work or school schedule
8 Childcare
9 Transportation difficulties
10 Services too far from home
11 Felt too upset
12 Health problems
13 Did not think appointment was necessary
14 Not satisfied with services offered/available
15 Service provider/agency did not follow up with me
16 Concern about what others might think

17 Other things that made it hard to make or keep appointments [Open comment]
77 Don't know/don't remember
99 Refused

B2. Are there any other services that you feel would be helpful to your family that you were not offered? [Open comment]

B3. Did you receive a Guide for Survivors of Homicide booklet?

Yes	1
No	0
Don't know/Don't remember	77
Refused	99

⇒ **B3a. If YES:** Did you find the Guide for Survivors of Homicide booklet useful?

Yes	1
No	0
Don't remember	77
Refused	99

⇒ **B3a1. If NO:** Why did you not find it useful? [open comment]

⇒ **B3b.** Is there any information that would be helpful to add to the booklet? [open comment]

B4. Were you provided any other brochures/books?

Yes	1
No	0
Don't know/Don't remember	77
Refused	99

⇒ **B4a. If YES:** What were the names of the brochures/books? [open comment]

⇒ **B4b. If YES:** Did you find the brochures/books helpful?

Yes	1
No	0
Don't remember	77
Refused	99

⇒ **B4b1. If NO:** Why did you not find it helpful? [open comment]

B5. Have you attended any community events for survivors of homicide?

Vigil during the holidays	1
National Day of Remembrance	2
Fellowship Picnic	3
Other community activity	4
None	0
Don't know/don't remember	77
Refused	99

⇒ **B5a. IF YES**: Did you find the events supportive or helpful?

Yes	1
No	0
Don't remember	77
Refused	99

⇒ **B5a1. IF NO**: Why did you not find it helpful? [open comment]

DEMOGRAPHICS

⇒ I appreciate your time in answering all these questions. I have just a few more questions.

DM1. Just confirming your gender?

Female	1
Male	0
Other	2
Refused	99

DM2. What is your age? [open number]

DM3. How many people currently live in your household? [open number]

DM4. Do children under the age of 18 currently live in the home or do you have any caretaking responsibilities for children under the age of 18?

Yes	1
No	0
Refused	99

⇒ **DM4a. If YES:** Number of children [open number]

⇒ **DM4b. If YES:** Please list current ages [open number]

DM5. Do you feel comfortable sharing your race/ethnicity with me?

African American/Black	1
Asian/Pacific Islander	2
White/Caucasian	3
Native American	4
Bi/multiracial	5
Other [open comment]	6
Would rather not answer	99

DM6. Do you consider yourself Hispanic or Latinx?

Yes	1
No	0
Would rather not answer	99

DM7. What is your primary language? [open comment]

DM8. What is your employment status?

Full-time	1
Part-time	2
Unemployed	3
Student	4
Retired	5
Unable to work	6
Caregiver/homemaker	7

DM9. Was your loved one that was killed contributing to your family income?

Yes	1
No	0
Refused	99

DM10. Was your loved one that was killed supporting children?

Yes	1
No	0
Refused	99

DM11. Do you currently have insurance?

Yes	1
No	0
Refused	99

⇒ **DM11a. If YES:** What kind?

Medicaid	1
Medicare	2
Private insurance	3
Other (please indicate)	4
Refused	99

DM12. Please describe your household's current yearly income range: (*Read through responses*)

1	$1-9,999
2	$10,000-24,999
3	$25,000-49,999
4	$50,000-74,999
5	$75,000-99,999
6	$100,000+
7	70,000+
88	Not Applicable
99	Refused to answer

DM13. What county do you reside in?

Charleston	1	
Dorchester	2	
Berkeley	3	
Other	4	(please indicate)
Refused	99	

CONCLUDING PART A

G1. We recognize that losing a loved one to homicide can be very difficult, especially when the perpetrator was someone that you may have known or is a member of your own family. Is there anything that you feel victim service providers should know about this type of loss?

Yes	1
No	0
Don't know/don't remember	77
Refused	99
(Open Comment)	

G2. Anything else you would like to say about either satisfaction with agencies, access to services, or what you think would be helpful for other survivors?

Yes	1
No	0
Don't know/don't remember	77
Refused	99
(Open Comment)	

G3. We thank you again for participating. Your responses will improve our capacity to respond to the special needs of survivors of homicide. For your time we will be sending you a $25 gift card. **We have an additional 10-minute survey asking about your well-being related to your loss. If you would like to complete this portion of the survey, you will receive an additional $10 gift card for your time. Would you like to continue?**

Yes	1
No	0
Refused	99
(Open Comment)	

⇒ **G2a. IF YES:** CONTINUE TO *PART B*

⇒ **G2b. IF NO:** FINISH REST OF SURVEY –Go to G4 AND END CALL.

G4. Would you like for our program staff to contact you regarding services that may be available to you or another family member?

Yes	1	"You will be contacted within the next week. Is that ok?" [If ok, confirm number to call. Let them know our team will be contacting them. Pass info to homicide case manager after survey.] [If they want to speak to someone immediately, contact licensed mental health clinician on staff who will take call or call back ASAP. If this person is unavailable, try another licensed mental health clinician on staff until you find one who can help.]
No	0	

G5. Do you have other family members who you think would be interested in completing this survey?

Yes	1
No	0

[If yes] → If yes, would you please ask them if it's ok for us to contact them? It's important they agree to the call. If they are ok with us calling, **THEN** → would you like to provide us with their contact information to call them directly?

→ Family member contact information provided
→ Will have family member call us

⇒ Thank you very much for your participation!

⇒ I will mail you a $25 gift card within a week.

⇒ **(CONFIRM ADDRESS FROM CONTACT FORM and leave business card with contact information if meeting in-person)**

⇒ **(LOG END TIME)**

⇒ **(LOG COMPLETION TIME)**

END PART A

SUPPLEMENTAL PART B: MENTAL HEALTH ASSESSMENT

The following questions relate to how you have been doing since the death of your loved one. Please answer them in regard to how you have been feeling and thinking over the past **PAST MONTH.**

Patient Health Questionnaire: Nine-symptom Checklist (PHQ-9)

Over the *past month*, how often have you been bothered by any of the following problems?	**Not at all**	**Several days**	**More than half the days**	**Nearly every day**
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way*	0	1	2	3

(Total Score ____ = ____ + ____ + ____)

10. If you checked off *any* problems, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	**Somewhat difficult**	**Very difficult**	**Extremely difficult**
□	□	□	□
0	**1**	**2**	**3**

*If respondent answers 3 for #9 (suicidal ideation): It sounds like you are having thoughts of not wanting to live, and I am concerned for your safety. I am not a mental health counselor, but given these thoughts, I would like to get one of our clinicians on the phone to talk with you about that to make sure you are safe and taken care of. Would you be able to wait a few minutes while I get a clinician to join the call? [Call licensed mental health clinician]

Severity of Posttraumatic Stress Symptoms—Adult

National Stressful Events Survey PTSD Short Scale (NSESSS)

How much have you been bothered during the **PAST month** by each of the following problems that occurred or became worse after an extremely stressful event/experience? **Please respond to each item by marking (□ or x) one box per row.**

							Clinician Use
		Not at all	A little bit	Moderately	Quite a bit	Extremely	Item score
1.	Having “flashbacks,” that is, you suddenly acted or felt as if a stressful experience from the past was happening all over again (for example, you reexperienced parts of a stressful experience by seeing, hearing, smelling, or physically feeling parts of the experience)?	□ 0	□ 1	□ 2	□ 3	□ 4	
2.	Feeling very emotionally upset when something reminded you of a stressful experience?	□ 0	□ 1	□ 2	□ 3	□ 4	
3.	Trying to avoid thoughts, feelings, or physical sensations that reminded you of a stressful experience?	□ 0	□ 1	□ 2	□ 3	□ 4	
4.	Thinking that a stressful event happened because you or someone else (who didn’t directly harm you) did something wrong or didn’t do everything possible to prevent it, or because of something about you?	□ 0	□ 1	□ 2	□ 3	□ 4	
5.	Having a very negative emotional state (for example, you were experiencing lots of fear, anger, guilt, shame, or horror) after a stressful experience?	□ 0	□ 1	□ 2	□ 3	□ 4	
6.	Losing interest in activities you used to enjoy before having a stressful experience?	□ 0	□ 1	□ 2	□ 3	□ 4	
7.	Being “super alert,” on guard, or constantly on the lookout for danger?	□ 0	□ 1	□ 2	□ 3	□ 4	
8.	Feeling jumpy or easily startled when you hear an unexpected noise?	□ 0	□ 1	□ 2	□ 3	□ 4	
9.	Being extremely irritable or angry to the point where you yelled at other people, got into fights, or destroyed things?	□ 0	□ 1	□ 2	□ 3	□ 4	

Total/Partial Raw Score:	
Prorated Total Raw Score: (if 1-2 items left unanswered)	
Average Total Score:	

Persistent Complex Bereavement Disorder Module (PCBD)

I am going to read to a list of problems people sometimes have after the violent death of a family member, friend, or someone else who is very close to them. Please let me know if you are still having any of these problems about the death of any of your family members, friends, or someone else you who was very close to that were killed in the Mother Emanuel shooting. For each problem, please tell us if you have been bothered **during the past month.**

PCBD2. You had a persistent yearning or longing for the person who was killed.

Yes	1
No	0

PCBD3. You had intense feelings of emotional pain, sorrow, or grief about the person who was killed.

Yes	1
No	0

PCBD4. You were preoccupied with the person who was killed.

Yes	1
No	0

PCBD5. You were preoccupied with the circumstances surrounding the death of the person who was killed.

Yes	1
No	0

PCBD6. You had a great deal of difficulty accepting the fact that the death occurred.

Yes	1
No	0

PCBD7. You experienced disbelief or emotional numbness about your loss due to the death.

Yes	1
No	0

PCBD8. You were bitter or angry due to the death and your loss because of the death.

Yes	1
No	0

PCBD9. You thought that you were responsible in some way for the death.

Yes	1
No	0

PCBD10. You went out of your way to avoid things that remind you of the death or of the loss you experienced because of the death.

Yes	1
No	0

PCBD11. You had a desire to die so that you could be with the person who was killed.

Yes	1
No	0

PCBD12. You had difficulty trusting other people since the death.

Yes	1
No	0

PCBD13. You felt alone or detached from other people since the death.

Yes	1
No	0

PCBD14. You felt that life is meaningless or empty without the person who was killed or that you cannot function without them.

Yes	1
No	0

PCBD15. You were confused about your role in life or felt like a part of you has died after the death of the person who was killed.

Yes	1
No	0

G4. Would you like for our program staff to contact you regarding services that may be available to you or another family member?

Yes	1	"You will be contacted within the next week. Is that ok?" [If ok, confirm number to call. Let them know our team will be contacting them. Pass info to homicide case manager after survey.] [If they want to speak to someone immediately, contact licensed mental health clinician who will take call or call back ASAP. If that clinician is unavailable, try another licensed mental health clinician on staff until you are able to connect with one who can help.]
No	0	

G5. Do you have other family members who you think would be interested in completing this survey?

Yes	1
No	0

[If yes] → If yes, would you please ask them if it's ok for us to contact them? It's important they agree to the call. If they are ok with us calling, **THEN** → would you like to provide us with their contact information to call them directly?

→ Family member contact information provided
→ Will have family member call us

⇒ Thank you very much for your participation!

⇒ I will mail you a $35 gift card within the week.

⇒ **(CONFIRM ADDRESS FROM CONTACT FORM and leave business card with contact information)**

⇒ **(LOG END TIME)**

⇒ **(LOG COMPLETION TIME)**

END PART B

SAMPLE COMMUNITY MAPPING

TRICOUNTY HOMICIDE RESPONSE MAP					
Agency Type	On Scene	48 Hours	~1 Week	~1 Month	1 Month+
Emergency Services	EMS				
	Fire Department		Lowcountry Firefighter Support Group		
	SWAT				
Law Enforcement	FBI				
	Police Department				
	Sheriff's Office				
		Police Chief (NCPD)			
		Detectives			
		SC Department of Probation, Parole & Pardon Services			
Religious	Survivors' faith community (e.g., pastor, minister, priest, rabbi, imam)				
		Hospital Chaplain			
Medical	Coroner				
	Hospital & Emergency Department services				
		MUSC Clinical Forensic			
			Outpatient Medical Providers		
Victim Advocacy	Law Enforcement Victim Advocates (e.g., County Sheriff, Police Dept., FBI, Probation Parole & Pardon)				
		M.A.D. USA			
			Solicitor's Office Victim Advocates		
Mental Health & Social Support	Coastal Crisis Chaplaincy (Chaplain Crisis Response)			CCC (Survivor Care Team)	
	SC DMH (Mobile Crisis Unit, VOCA clinicians)		DMH (VOCA & staff clinicians)		
	MUSC MAP Advocacy Program (DV services)				
		Hospital Social Worker			
		Dee Norton Child Advocacy Center			
		Dorchester Children's Advocacy Center			
		MUSC Telehealth Resilience & Recovery Program (TRRP)			
		MUSC National Crime Victims Research & Treatment Center (NCVRTC)			
				Local Homicide Support Groups	
Housing & Shelter		DV Shelters			
		One80 Place			
Legal	DSS/Family Court				
		Attorneys			
		Bond Court			
			Solicitor's Office		
				Probate Court	
				Guardians Ad Litem	
Financial Assistance	SCVAN (hotel & forensic clean up)				
		Department of Crime Victims Compensation (DCVC)			
		Homeowner's Insurance			
			Liza's Lifeline		
			Project Unity USA		
			M.A.D. USA		
Other	Forensic cleanup				
	Media				
		Funeral Homes			
		School personnel (e.g., counselor, teacher, principal, DMH, chaplain, nurse)			

SAMPLE TRAINING CHECKLIST

Charleston HEART
Homicide Early intervention & Advocacy Response Team

[WORKSHOP TITLE]
[GUEST SPEAKER/PRESENTER NAME]
[WORKSHOP DATE]

ANNOUNCEMENTS:

____ **Morning:** Greetings and Welcome
- ____ Sign in
- ____ Inform of restroom locations
- ____ *No food provided was purchased with grant funds*
- ____ Pre- and post-survey instructions:
  - ____ Do not write your name
  - ____ Pre items: complete before workshop begins
  - ____ Post and satisfaction items: complete and hand in at end of workshop
- ____ Introducing Guest Speaker/Presenter
- ____ Inform about Certification/Credits (e.g., CEUs, VSPs, Rostering/Certification process)
- ____ Orient to folder contents/materials provided
- ____ Review agenda for workshop

____ **Pre-Lunch:** Provide lunch recommendations to attendees

____ **Post-Lunch:** Inform of dates of next trainings/events
- ____ Hand out flyer for events/recruitment (i.e., Homicide Survivor Survey Flyer)
- ____ Inform to contact [PROGRAM COORDINATOR] if interested in:
  - ____ Announcing other events
  - ____ Participating in MDT

____ **End of Day:** Thank you & Questions
- ____ Hand in post-survey
- ____ Sign out for credits

FOLDER CONTENTS: (EXAMPLE)

Left Pocket
- Workshop Agenda
- Description of TGCT
- PPTs – Module 1-2
- PPTs – Module 3-4 (Day 2 only)

Right Pocket
- Pre-Post and Satisfaction Surveys
- PROQOL Compassion Fatigue Survey
- Handouts & Resources for Therapy
- Self-Care Survey

TO DO: (EXAMPLE)

____ **Months Out**: Contact speaker and discuss purpose
- ____ Informed consent about funding (*grantor*)
- ____ Plan logistics (e.g., room, dates, days)
- ____ Send workshop flyer to community partners
- ____ Send registration link [e.g., REDCAP]
- ____ Order materials (e.g., markers, sticky pads)
- ____ Request CEUs/VSPs

____ **Week—Day Before:** Gather all speaker materials
- ____ Print all documents (e.g., PPT, Certificates)
- ____ Prep & organize all documents (e.g., folder)
- ____ Buy snacks/food (*not with grant funds*)
- ____ Order coffee (*not with grant funds*)
- ____ Confirm plan & logistics with speaker
- ____ Flashdrive & paper copy (PPT & documents)

____ **Training Day:** Pick up coffee & ice
- ____ Arrive (1.5 – 2 hours prior)
- ____ Prep instructions to team/volunteers
- ____ Arrange tables & organize materials
- ____ Registration table & sign-in sheets
- ____ Signs to training room & restroom
- ____ Volunteers at doors
- ____ Event flyers
- ____ Prep AV, microphone, & PPT
- ____ Food & coffee table
- ____ Monitor ice

____ **Lunch**: Order food for speaker & hosts (*not on grant*)
- ____ Delivery or staff to pick-up

____ Certificates: Attendee name from roster
- ____ Speaker & host signatures

____ **End of Workshop**: Collect post-survey
- ____ Attendees sign out
- ____ Hand Certificates
- ____ Clean up

____ **Post-Workshop**: Thank speakers & attendees
- ____ Provide registration list for VSPs/CEUs
- ____ Coordinate certification/rostering for EBP
- ____ Input pre-post/satisfaction data
- ____ Provide satisfaction summary/report

SAMPLE INTERAGENCY MOU FOR MDT STAFFING

INTERAGENCY MEMORANDUM OF UNDERSTANDING (MOU)

Charleston HEART MDT

The Charleston HEART (Homicide Early intervention & Advocacy Response Team) multidisciplinary team (MDT) facilitates service coordination for survivors of intra-familial homicide in the Tri-County area (Charleston, Berkeley, Dorchester). To better serve survivors, the HEART MDT is comprised of victim service providers from diverse fields (i.e., mental health, law enforcement, legal, nonprofit, child advocacy, chaplaincy). The MDT gives providers the opportunity to share essential case information; make timely, survivor-focused recommendations; and facilitate ongoing, need-based service provision (i.e., case management, advocacy, evidence-informed mental health care).

Charleston HEART MDT Partner Members

1st Circuit Solicitor's Office	Dorchester Children's Advocacy Center
9th Circuit Solicitor's Office	Dorchester Country Sheriff's Office
Berkeley Community Mental Health Center	Get It Right With Raven, LLC
Berkeley County Sheriff's Office	Goose Creek Police Department
Berkeley County Department of Social Services	Men Against Domestic Violence (M.A.D. USA)
Charleston County Coroner's Office	Mount Pleasant Police Department
Charleston County Department of Social Services	My Sister's House, Inc.
Charleston County School District	MUSC Pastoral Care Services
Charleston County Sheriff's Office	MUSC National Crime Victims Research &
Charleston Dorchester Mental Health Center	Treatment Center
Charleston Police Department	North Charleston Police Department
Coastal Crisis Chaplaincy	Probation, Parole & Pardon Services
Dee Norton Child Advocacy Center	Survivor Representatives

Purpose of Agreement

The purpose of this agreement is to promote interagency care coordination for survivors of intrafamilial homicide in the Tri-County area. Cooperation among HEART MDT partner agencies will significantly improve the level and quality of care we provide to survivors of homicide. Additionally, interagency communication will help agencies increase service access for survivors and family members experiencing barriers to care.

For case information to be shared between HEART MDT agencies a signed interagency MOU is required. All HEART MDT members may request a staffing at any time (*refer to Case Review Staffing Protocol for full staffing procedures*).

The present program goals will be accomplished via collaboration among agencies identified above, as well as additional agencies involved in victim service provision (*on a case-by-case basis; contingent upon signing confidentiality agreement*). The HEART MDT partner agencies and their representatives are expected to (*when applicable to victim service care*):

- Assign a representative member to attend monthly case review staffings
- Share relevant case information in a timely manner
- Collaborate to ensure the safety of adult and child survivors
- Facilitate the provision of victim services
- Support survivor engagement with victim services

- Guide recommendations to meet survivor needs
- Document and track case information
- Provide reports (i.e., law enforcement incident report) to necessary agencies
- Sign and abide by confidentiality agreements
- Complete assigned recommended action items
- Communicate issues requiring additional case coordination
- Gather any additional release of information requirements

HEART MDT Facilitator

The HEART MDT will be facilitated by the MUSC National Crime Victims Research and Treatment Center (NCVRTC) through the duration of the Charleston HEART grant period. HEART MDT members will determine the partner agency that will facilitate subsequent staffings, the process for selecting agency facilitator, and the term duration for facilitator. The HEART MDT facilitator (*currently assigned by the NCVRTC*) is expected to:

- Collaborate with partner agencies to staff case reviews
- Facilitate meeting logistics
- Securely distribute staffing agenda to individuals and agencies involved in the case
- Document recommendations made during case review staffings

Agency Agreement

As part of this MOU, all partnering agencies agree to:

- Participate in the aforementioned activities
- Collaborate and consult with other HEART MDT partner agencies
- Implement recommended action steps
- Abide by confidentiality agreements per requirements of the state of South Carolina

Amendments

Amendments may be made to the MOU by mutual consent of the Charleston HEART MDT partner agencies.

Termination, Review, and Renegotiations

This agreement shall remain in effect and will rollover automatically on an annual basis.

IN WITNESS WHEREOF, the undersigned represent that they are authorized to enter into agreement on behalf of the indicated agency.

I have read the MOU for the *Charleston HEART MDT* and agree with its components.

MUSC National Crime Victims Research and Treatment Center:

_____ Date _____

Alyssa A. Rheingold, Ph.D.
Director of Clinical Operations
National Crime Victims Research and Treatment Center

SAMPLE CASE REVIEW STAFFING PROTOCOL

Purpose

The purpose of the Charleston HEART multidisciplinary team (HEART MDT) is to:

- Staff intrafamilial homicide cases in the Tri-County area (Charleston, Berkeley, Dorchester)
- Provide a forum for providers to share and discuss essential survivor/family case information for service coordination purposes
- Make recommendations for survivor wellbeing and continuity of service provision
- Facilitate a forum for professional development and collaborative efforts

Member Agencies

The HEART MDT is comprised of partner agencies that serve survivors of intrafamilial homicide. Local partners include but are not limited to:

Agency Type	Local Partners
Mental Health Care	MUSC National Crime Victims Research & Treatment Center (NCVRTC) Berkeley Community Mental Health Center Charleston Dorchester Mental Health Center
Law Enforcement	County Sheriff's Office (Berkeley, Charleston, Dorchester) Police Departments (Charleston, Goose Creek, Mount Pleasant, North Charleston)
Victim Advocacy	County Sheriff's Office (Berkeley, Charleston, Dorchester) Police Departments (Charleston, Goose Creek, Mount Pleasant, North Charleston) Solicitor's Office (1st Circuit, 9th Circuit) South Carolina Department of Probation, Parole & Pardon Services Men Against Domestic Violence (M.A.D. USA)
Coroner	Charleston County Coroner's Office
Child Advocacy Center	Dee Norton Child Advocacy Center (DNCAC) Dorchester Children's Advocacy Center
Department of Social Services	Department of Social Services (Berkeley, Charleston, Dorchester)
Chaplaincy	Coastal Crisis Chaplaincy (CCC) MUSC Pastoral Care Services
Domestic Violence Shelter	My Sister's House, Inc.
School District	Charleston County School District
Non-Profit Consultant	Get It Right With Raven, LLC
Survivor Representatives	*Designated local survivor(s) of homicide*

MDT Member Expectations

MDT members are expected but not limited to:

- Attend monthly case review staffings
- Share relevant case information with member agencies (*when applicable to victim service care)*
- *For law enforcement and solicitors' offices** to collaborate with partners (i.e., DSS, child advocacy centers, domestic violence shelters, mental health care) to ensure survivor safety and coordinate victim services
- *Investigation information for active law enforcement cases is not required to be shared.*
- *For mental health providers* to help integrate information from partner members, provide input for service provision, and guide recommendations to meet the psychosocial needs of survivors
- *For other victim service providers (i.e., chaplaincy, victim advocacy)* to help coordinate services and support survivor engagement with services
- *For nonprofit consultants and survivor representatives* to provide recommendations for service coordination and advocate for survivor needs
- *In cases involving child survivors, for child and family-focused partners* (i.e., DSS, child advocacy, school staff) to assist with child and adolescent safety, family engagement, and coordination of child-focused services

Case tracking and information sharing is necessary to provide best services to survivors. Tracking allows monitoring MDT response and case progress, and reducing service redundancy.
Agencies track and agree to share case information in a timely manner
Information is shared with documented authorization for the release of protected information and/or signed interagency MOU

Case Review Staffings

Participation in HEART MDT staffings is recommended for a service coordination model that produces best outcomes for survivors of intrafamilial homicide. Consistent participation:

- Broadens the knowledge base for guiding case decision-making
- Allows for incorporating data from diverse agencies
- Strengthens recommendations for improving survivor services

The following is a list of expectations for HEART MDT staffings:

- All HEART MDT members may request a staffing at any time by contacting the facilitator (*for contact information, refer to section HEART MDT Facilitator*)
- Member agencies are expected to assign a representative to attend staffings
- Representatives attending staffings will sign and abide by confidentiality agreements
- Agencies understand that all information regarding victims and their families is confidential and covered under state and federal statutes

The Facilitator will provide staffing recommendations to:

- Individual MDT members involved in the case (i.e., specific mental health provider, victim advocate, DSS case manager) with recommended action items
- MDT members who request *(with appropriate authorization to receive)* recommendations

It is the responsibility of the individual HEART MDT members to:

- Complete assigned recommendations
- Communicate to the facilitator any issues requiring additional case coordination

- Gather any additional release of information requirements needed per state and federal law to share information
- If required by organization (i.e., mental health), gather release of information from client prior to staffing case. Copies do not need to be provided to Charleston HEART

Logistics

Day: Second Tuesday of the Month
Time: 3:30 p.m. – 4:30 p.m. (60 minutes)
Dates (2019): February 28, March 28, April 25, May 30, July 9, August 13, September 10, October 8, November 12, December 10
Location: Charleston County Sheriff's Office/North Charleston City Hall

HEART MDT Facilitator

The role of the HEART MDT facilitator is to:

- Collaborate with partner agencies to staff case reviews
- Facilitate meeting logistics
- Securely distribute staffing agenda to individuals and agencies involved in the case
- Document recommendations made during case review staffings

For the duration of the HEART grant, the NCVRTC will provide a staff to serve as HEART MDT facilitator.
HEART facilitator: Sara delMas
Email: delmas@musc.edu

Prior to grant ending, the HEART MDT will determine the:

- Agency that will facilitate subsequent staffings and community-based coordination
- Process for selecting parent agency providing facilitator
- Term duration for facilitator

Training and Cultural Sensitivity

In addition to staffings and case coordination, the HEART MDT provides a forum for ongoing consultation, training, and education to HEART partners and community agencies. Topics may include:

- Education on partner agency services and resources
- Evidence-based practices in trauma-informed care
- Culturally sensitive victim services with diverse populations

SAMPLE MDT CONFIDENTIALITY STATEMENT

To: MDT Partner Agency Representative

The Charleston HEART MDT facilitates service coordination for homicide survivors in the Tri-County area (Charleston, Berkeley, Dorchester). The HEART MDT brings together victim service providers from different fields (i.e., mental health, law enforcement, legal, child advocacy) to review cases of intrafamilial homicide. Case review staffings gives providers the opportunity to: a) share essential case information; b) make timely, victim-focused recommendations; and c) facilitate the coordination of ongoing, need-based services (i.e., case management, advocacy, mental health care).

To promote coordination among agency partners, the *Charleston HEART MDT Case Review Staffing Protocol* and *MOU* were developed. These forms are signed and maintained by representatives of the MDT agency members. Refer to these for information on procedures and expectations for MDT case review staffings.

To participate in today's staffing, the undersigned must agree to sign and abide by the HEART MDT's confidentiality agreements:

- All information regarding victims of intrafamilial homicide and their surviving family members is confidential.
- Both written and verbal information shared about clients are governed by state and federal statutes of confidentiality (i.e., see Section 19-11-95 of Code of Laws of South Carolina, 1976).
- All information discussed today is confidential, *regardless of the agency that requested the case review.*
- Individual agencies will ensure their client has signed a release of access to confidential information prior to the MDT staffings, *if such documentation is required by that agency to share protected client information.*

I understand the exceptions to maintaining confidentiality, in such that *consent to disclose protected information is not required in the event of disclosures related to*:

- Suspected abuse to vulnerable populations (i.e., children, elderly, pregnant women, disabled)
- When a person is a danger to self and/or others.
- For cases in which confidentiality cannot be maintained, information may be provided to Department of Social Services (DSS), law enforcement, or mental health agency.

By signing below, I voluntarily agree to: a) participate in the HEART MDT process as an invited individual and/or representing my agency with professionalism, and to abide by all confidentiality expectations; b) grant permission for information regarding clients discussed today to be exchanged between MDT member agencies, and other partner agencies that may be present during the MDT process and who have signed a statement of confidentiality; and c) authorize information exchanged to be used for the purposes of program evaluation and improvement of service coordination (*any information used for program evaluation will not identify the client, their family, or the undersigned*).

I have read this form, and as an invited individual and/or representative of a partner agency of the Charleston HEART MDT, I understand and agree to: a) comply fully with South Carolina

confidentiality law; and b) refrain from discussing case-related information or sharing materials except as allowed by law, or with prior consent of the client whose case is being discussed.

Print Name	Partner Agency Represented
Signature	Date

SAMPLE AUTHORIZATION TO RELEASE AND EXCHANGE INFORMATION

The Charleston HEART (Homicide Early intervention & Advocacy Response Team) multidisciplinary team (MDT) facilitates service coordination for homicide survivors in the Tri-County area (Charleston, Berkeley, Dorchester). To better serve you and other survivors, the HEART MDT brings together victim service providers from different fields, including mental health, law enforcement, legal, nonprofit, child advocacy, and chaplaincy. The HEART MDT reviews cases of intrafamilial homicide, giving providers the opportunity to share essential case information and make timely, victim-focused recommendations. Sharing essential case information facilitates ongoing, need-based service provision, including case management, advocacy, and evidence-informed mental health care.

To promote service coordination among agency partners, the *Charleston HEART MDT Case Review Staffing Protocol* was developed, signed and maintained by representatives of the MDT members. The MUSC National Crime Victims Research and Treatment Center (NCVRTC) facilitates MDT staffings. Below is a list of the current HEART MDT partners. *If there is a specific partner that you do not want included in the staffing, please draw a line through the listed agency and initial next to it.*

HEART MDT Partner Members

1st Circuit Solicitor's Office
9th Circuit Solicitor's Office
Berkeley Community Mental Health Center
Berkeley County Sheriff's Office
Berkeley County Department of Social Services
Charleston County Coroner's Office
Charleston County Department of Social Services
Charleston County School District
Charleston County Sheriff's Office
Charleston Dorchester Mental Health Center
Charleston Police Department
Coastal Crisis Chaplaincy
Dee Norton Child Advocacy Center
Dorchester Children's Advocacy Center
Dorchester Country Sheriff's Office
Get It Right with Raven, LLC
Goose Creek Police Department
Men Against Domestic Violence (M.A.D. USA)
Mount Pleasant Police Department
My Sister's House, Inc.
MUSC Pastoral Care Services
National Crime Victims Research & Treatment Center
North Charleston Police Department
SC Department of Probation, Parole & Pardon Services
Survivor Representatives

Additional Agencies

Additional agencies involved in your service provision that you would like involved in MDT case review staffings.

_____ _____

_____

_____

By signing below, I voluntarily agree for my case to participate in the MDT process. I grant permission for written and verbal information about me (*as the client identified below*), my family, and/or the undersigned to be exchanged between MDT member agencies for service coordination purposes. For additional agencies to be present during the MDT staffings, representatives must sign a statement of confidentiality.

I authorize for information exchanged to be used for program evaluation and improvement of service coordination. Any information used for these purposes will not identify the client, their family, or the undersigned.

I understand the exceptions in which the MDT cannot maintain confidentiality, such that consent to disclose protected information is not required in the event of disclosures of: suspected abuse to vulnerable populations (children, elderly, pregnant women, disability), or when a person is a danger to self or others. In such cases, information may be provided to Department of Social Services (DSS), law enforcement, or mental health agency without consent.

These authorizations are for the following client(s): (Please print clearly)

Client's Last Name	**Client's First Name**	**Date of Birth**

A copy of these signed authorizations will be considered as effective and valid as the originals, and are valid for one year from the date of signature. By signing below, I agree I have read and understand the authorizations, knowingly and willingly authorize the activities described herein, and acknowledge the MDT HEART partners who may share essential case information. *This form must be kept by agency (need not be provided to Charleston HEART).*

_____ _____

Print Name of Client/Legal Guardian Relationship to Client (If Legal Guardian)

_____ _____

Signature of Client/Legal Guardian Date

_____

Witness

SAMPLE CASE STAFFING GUIDE

1. Key reason(s) case is being staffed (*questions for the MDT Team about helping survivors*)
2. Brief Synopsis of Incident (*details relevant to helping survivors*)
    a. When did the homicide occur?
    b. What jurisdiction?
3. What has your involvement (or your agency's) been with this case?
    a. Services provided (*brief*)
4. Status of family in the system (*court involvement, active legal case, ongoing investigation, DSS involvement)*
5. Services pending (*what needs are still unmet*)
6. Other Agencies involved with survivors (*to your knowledge*)

Survivor Information

Survivor 1

Name:

Age:

Gender:

School (*if child*):

Agencies Involved:

Needs/Concerns:

Survivor 2

Name:

Age:

Gender:

School (*if child*):

Agencies Involved:

Needs/Concerns:

Survivor 3

Name:

Age:

Gender:

School (*if child*):

Agencies Involved:

Needs/Concerns: