



Greenville Partners in Action ¹

Creating access to a seamless network of services for victims of domestic and sexual violence impacted by mental illness

I. INTRODUCTION

Greenville Partners in Action is a three year project funded in October 2009 by the Department of Justice, Office on Violence against Women's Education, Training, and Enhanced Services to End Violence Against and Abuse of Women with Disabilities. The project is a partnership and collaboration of three organizations located in Greenville, South Carolina that have united to improve response to adult individuals with mental illness who are victims of sexual and/or domestic violence. The three partner organizations are Julie Valentine Center (formerly the Greenville Rape Crisis and Child Abuse Center), the Greenville Mental Health Center and Safe Harbor.

The **Julie Valentine Center**, is an organization that provides services to adult survivors of child sexual abuse, adult sexual assault victims and child victims of sexual and physical abuse. The **Greenville Mental Health Center** assesses, treats and provides rehabilitative services for individuals with mental illness. **Safe Harbor**, the lead partner, is a comprehensive domestic violence organization that provides shelter, counseling, court advocacy, education and community services in four counties. The three Greenville Partners in Action organizations all provide direct service to individuals who are victims of violence.

This Charter is a document reflecting the process of Greenville Partners in Action team-building and it outlines the principles, functions, and organization of our specific collaborative partnership. The Charter also lays the foundation for building the relationship, establishing trust, and creating an effective process for our three organizational partners and their individual representatives.

II. VISION STATEMENT

Adult individuals with mental illness who have also been victimized by sexual and/or domestic violence will have access to safe, comprehensive, nonjudgmental, client-centered services in Greenville County. They will be treated with integrity, compassion, and respect by competent service providers.

¹ "The Man in the Maze is a Tohono O'odham and Salt River-Pima Maricopa (AZ) Native American symbol. The walls represent the struggles, challenges and problems one encounters in life. But the continuation of the walls to the center of the maze means that one can find their way in life and life will move forward.

III. MISSION STATEMENT

Greenville Partners in Action will establish a sustainable cultural change in the representative organizations that reflects integrity, compassion, and respect for adult individuals with mental illness who are victims of domestic or sexual violence. The population we have targeted are adult individuals who seek access to the services of our organizations and are in a process of recovery regardless of the impact of mental illness, and trauma experiences as victims or survivors of sexual or domestic violence.

We plan and address this change by:

- Eliminating barriers to services
- Strengthening partnerships by enhancing communication and resource sharing
- Providing education and training to ensure a culture of competency among service providers
- Establishing organizational policies and procedures that create a non-judgmental, safe, and accessible continuum of care.

IV. VALUES AND OPERATING PRINCIPLES

These values and principles represent the fundamental assumptions of Greenville Partners in Action and what we as partners hold as core beliefs. The principles and values we share guide us in making decisions and taking actions that are in alignment with each other and our common goal. These actions will ultimately help us realize the intent of this project which is for our partner organizations to become more accessible to adult individuals with mental illness who are also victims of sexual and/or domestic violence.

Accountable. Greenville Partners in Action representatives are bound to a partnership process of planning and producing project deliverables such as a team Charter which defines our relationship and reflects our team processes; the Needs Assessment which will help us identify gaps and barriers; and other products or processes that will help the partners take the appropriate steps to reduce barriers and increase accessibility. We agree to be accountable to each other, the process, our leadership, advisors and funding authority, and especially to the clients-in-recovery served by each of the three partner organizations. We will honor and uphold the responsibilities of the partners as outlined in this Charter.

Client-Centered. This project will reflect the respect and commitment to future client needs and services by creating a culture of change within each organization that will attempt to reduce barriers to service and will provide safety and accessibility to the satisfaction of the client. Greenville Partners in Action is aware that the client will ultimately be the primary focus of our project Implementation Plan. We will continually measure our planning, our actions and future recommendations by how these efforts will impact these clients-in-recovery. We will demonstrate our value of clients-in-recovery with responses that include a respectful *acknowledgement* of the individual; an *understanding* of their needs; a plan to *meet or exceed* their needs, and a way to *confirm their satisfaction* with the services provided as determined by a thorough assessment and evaluation of the services, as well as gaps and barriers identified within each of our organizations.

Compassion. Greenville Partners in Action will at all times demonstrate compassion by acknowledging and respecting the humanity of all individuals regardless of their circumstances. This sensitivity of partner representatives will be especially reflected in all communication and actions with one another and with all stakeholders and others engaged in Greenville Partners in Action activities.

Competency. Greenville Partners in Action recognizes that each individual representative of Greenville Partners in Action and other key stakeholders have knowledge, skills and abilities that are unique and valuable. Each representative commits to sharing their own expertise and competency in the planning and implementation process, in addressing the future needs of the clients-in-recovery, and all activities of Greenville Partners in Action. Representatives will also value and recognize the competencies of additional project stakeholders such as executive leadership, OVW and Vera. We understand the diversity of skill, experience and knowledge adds to a brighter "collective partnership IQ". The acknowledgement and utilization of such competencies will strengthen Greenville Partners in Action and ultimately, the goals of the project.

Confidentiality. A critical element in the development of our partnership was the establishment of trust. Trust has to be built on solid relationships and agreed-upon values and principles. We each represent three different organizations, and have a variety of experiences and opinions we want to communicate and express within the safety of Greenville Partners in Action. We are able to share with individual representatives of Greenville Partners in Action and with the entire collaborative team information about ourselves, our agencies, experiences, activities, and interactions with others. We have agreed to continue to build trust and respect by upholding confidentiality within Greenville Partners in Action at meetings or in individual conversations.

Elimination of Barriers. Unfortunately, the prejudices held by many individuals in society about people with mental illness, and those who have experienced domestic and sexual violence, has contributed in creating a climate in which it is more difficult to find a home, sustain employment, seek help from service providers, or achieve a basic quality of life. These barriers also include physical barriers, discriminatory barriers, environmental barriers, barriers due to stigma, shame and lack of knowledge, resources, or information. The partnership believes that clients-in-recovery should have access to all services within our community that can aid in physical, psychological, social, spiritual and any other practical support as needed or desired by the individual.

Integrity. Greenville Partners in Action and representatives will at all times reflect honesty and integrity in all communications within Greenville Partners in Action and outside of Greenville Partners in Action. We will be truthful with each other, with clients-in-recovery, with all persons, stakeholders, and organizations involved with the project. We will continue to build trust as a team by comporting ourselves with honesty and integrity when confronting conflict, diverse opinions, the need for clarification, and team interactions. Integrity with clients-in-recovery, with each other, and with persons and agencies involved with our project, will strengthen Greenville Partners in Action and our future efforts.

Nonjudgmental. Greenville Partners in Action respects the individuality and diversity of all persons and recognizes individual partner representatives may have personal values, standards, opinions or biases that may be inconsistent with those of others in Greenville Partners in Action, in their work, or social environments. However, representatives of Greenville Partners in Action will remain nonjudgmental and open-minded in all professional interactions and will reflect a respect for differences and the diversity of each individual and each opinion. This respect and nonjudgmental attitude will be reflected in all things that we do and say.

Self-determination

Greenville Partners in Action believes that self-determination differs from one individual to the next. We value the right of each individual to decide for him or herself what is essential to living a fulfilling and meaningful life. We value, acknowledge and are committed to the right of individuals to assume responsibility for their own lives, and we recognize the right of individuals to determine the extent of participation in the variety of services available to them that would impact their recovery.

Transparency. Representatives of Greenville Partners in Action value our interaction and celebrate the diversity that each individual partner representative brings to the team. We continue to strengthen the team by building trust and credibility. Our team will continue to remain open and transparent in all activities. Transparency will continue to strengthen our foundation by assisting us in addressing conflict, enhancing our communication and decision-making process, and in addressing conflict.

V. PARTNER ORGANIZATIONS AND REPRESENTATIVES

Greenville Partners in Action is composed of three organizations: Julie Valentine Center, the Greenville Mental Health Center, and Safe Harbor. Each organization has established a history within the Greenville community of providing comprehensive services to its unique client population. Although the Julie Valentine Center's target population is sexual assault victims, the Greenville Mental Health Center serve mentally ill clients, and Safe Harbor serves victims of domestic violence, all three organizations provide services to individuals with mental health disabilities and have a history of working together. This formal partnership has provided an opportunity for the three organizations to further develop a relationship that will ultimately allow the partners to explore additional access and support to adult individuals with mental illness who are also victims of sexual and/or domestic violence

Safe Harbor - Lead Partner Organization

Mission: *To provide safe shelter, counseling and advocacy for victims of domestic violence, and to provide leadership for education and prevention efforts throughout its four-county service area of Anderson, Greenville, Oconee and Pickens, South Carolina*

Services: Safe Harbor is a comprehensive domestic violence program that provides services in four South Carolina counties. Services to victims of domestic violence and their

children include emergency shelter, transitional housing, in-shelter and community counseling, legal advocacy and support, and community education and advocacy relating to domestic violence.

Safe Harbor Partner Representative

Jayne Crisp, CTS, Project Director
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864-467-1177x20 (work); jayne.crisp@safeharborsc.org

Michelle Allen, M. Ed., Project Assistant, Community Counselor
429 North Main Street, Greenville, SC 29601
844-467-1177 x 23 (work); michelle.allen@safeharborsc.org

Julie Valentine Center (formerly the Greenville Rape Crisis and Child Abuse Center)

Mission: *The Julie Valentine Center works to stop sexual violence and child abuse and the impact of these crimes through: prevention, investigation, partnership, treatment and advocacy.*

Services: Julie Valentine Center provides confidential programs and services for child, teen and adult survivors of sexual assault and child abuse in Greenville County.

Population Served: Adults and children and their family representatives that have been impacted by sexual violence or child abuse.

Julie Valentine Center Partner Representative

Stephanie Shatto, Rape Crisis Coordinator
2905 White Horse Road, Greenville, SC 29611
864-331-0560 x 244 (work) s.shatto@julievalentinecenter.org

Greenville Mental Health Center

Mission: *To improve the lives of the mentally ill and their families by the provision of mental health care in our community.*

Services:

- The Greenville Mental Health Center provides a broad range of direct services that include assessment, therapeutic treatment, and rehabilitative services for individuals with mental illness within the Greenville County catchment area.
- The Center monitors and evaluates the efficiency of services provided; the cost-effectiveness and quality of services and programs within the Mental Health Center
- The Center promotes public relations through better communication with referral sources and provides consultation, education and prevention services that are consistent with objectives and resources of the Center.

Greenville Mental Health Center Partner Representative

Ginger DeFrancesch, MA, Mental Health Counselor
124 Mallard Street, Greenville, SC 29601
241-1040 ext. 318 (work); ved05@scdmh.org

April Simpson, MA, Supervisor Intensive Case Management Services
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Note: All three partner organizations provide direct services to children and adolescent. However, this project's activities focus specifically on adults.

Consultant Organization

Upstate Area Health and Education Center

The collaborative partnership has also included as an experienced educational consultant, the **Upstate Area Health and Education Center**, a non-profit, community-based organization committed to providing high quality, accessible, educational programs and services designed to meet the specific needs of the health care practitioners, students, and health professions' faculty residing and working in its eleven county service area. Although the Upstate Area Health Education Center was initially designated a partner to the project, its role was changed from partner to educational consultant because of the specific training and educational expertise that this organization can provide during the last year, the Implementation Stage of the project.

Upstate Area Health and Education Center Representative

Bennie M. Pettit, MS, Education Consultant
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VI. COMMITMENTS AND CONTRIBUTIONS

Successful teams create processes and work together to reduce conflict, enhance productivity, and ensure smooth transitions. Partner representatives, the lead partner organization, and the funding source have identified specific decision-making entities that help to create clarity in the responsibilities of Greenville Partners in Action. Each representative of the team has a specific role that helps in creating effective administrative and programmatic processes for the entire partnership and project. The following section illustrates the responsibilities and commitments of each partner organization and each partner representative have made to this project.

Responsibilities of Partner Organizations

Partner organizations will:

- Provide meeting sites on alternate meeting dates;
- Be a unified voice in our representation of Greenville Partners in Action, its Vision and Mission, Charter and other deliverables;
- Commit staff to this project and recognize additional staff support may be needed for these changes to occur (as suggested by the Needs Assessment);
- Assign at least one individual to represent the organization and participate as a representative;
- Commit to a system's change within our organization (as determined by the Needs Assessment) by participating in the all aspects of the Planning and Implementation stages of the project;
- Contribute as active and engaged partners and providing the assistance as required for successful deliverables and outcomes, and recognize that the system's change within each partner organization will include adjustments to policies, procedures, budget, physical environments and staff.

Responsibilities of Safe Harbor, the Lead Partner Organization

- Is the OVW designated "Point of Contact" for the grant and official communication from OVW;
- Provides logistical and administrative support for meetings, conferences and retreats; (including taking Minutes, keeping historical documentation, creating agendas and all other day-to-day, administrative planning and administrative support activities).
- Delivers and helps process the mandatory travel-related information and the required team representative financial documentation;
- Shares critical partner, program, educational information, advice, and resources with team representatives;
- Has financial responsibility of project which includes grant reporting, financial recordkeeping, expense requests, payments to partners and all other financial documentation as required by the project.

Responsibilities of Lead Partner Project director

- Works closely with the Safe Harbor (lead partner) accountant; and has financial responsibility of project which includes partnership budget and grant reporting;

creates and submits budget and project modifications to OVW and reports progress back to partners;

- Be the primary point of contact for the project to Safe Harbor staff.
- Be responsible for reporting to Safe Harbor executive leadership project progress and activities.
- Act as the main point of contact (as designated by the team) for all communications with OVW and VERA;
- Provide direct supervision to the part-time Project Assistant.
- Maintains and ensures Safe Harbor compliance with Special Conditions of project.

Responsibilities of Partner Representatives

Each individual representing an organization will:

- Share in meeting facilitation responsibilities and will assume the role of facilitator for meetings held at their organization location;
- Attend and participate at all scheduled meetings of Greenville Partners in Action;
- Complete assigned tasks as required and work on the deliverables required by the project funders;
- Provide information and project progress to their executive leadership regarding the activities of Greenville Partners in Action on a regular basis;
- Communicate with the partner organization staff information on current progress, activities, and status of Greenville Partners in Action;
- Assist in providing staff support, technical assistance, administrative support and become active participants in the Planning and Implementation processes of the project;
- Provide administrative support as needed during all phases of the project;
- Act as a point of contact and become agents-for-change within each partner organization;
- Remain committed to the project and each other and remain consistent to the Values and Operating Principles as defined in the Charter;
- Bring the knowledge and expertise of the organization we represent to Greenville Partners in Action.

VII. DECISION MAKING

In order for teams and effective processes to work successfully together they require clear competent leadership decisions.

Decision Making Authority

Partnership Organization Executive Leadership

The executive directors of each of the partner organizations have key decision-making authority that impacts the project activities and goals.

- Executive leadership make decisions regarding budget, funding, personnel, staffing, availability of staff and clients participating in project activities, organizational

policies and procedures and other decisions regarding planning for and the implementation of services.

Lead Partner Organization

- The lead partner organization has fiscal authority over the grant-related budget for the project.
- The lead partner organization has the authority to hire project staff.

The Project Director

The project director provides operational and day to day logistical management of the project such as meetings retreats, and other activities as is required for the effective and efficient management of the project.

Partner Representatives

- Establish the team priorities and work processes;
- Determine recommendations for the change within Greenville Partners in Action;
- Determine and approves weekly drafts of product deliverables throughout the Planning, Development and Implementation process of the project;
- Assign tasks, homework, and deadlines for completion of all projects;
- Develop and prioritize team concepts and processes throughout the stages of the project;
- Review, assess and approve all project products including the Charter, Partnership Talking Points, the Needs Assessment products and surveys, Press Releases, and other project-related documentation prior to review by executive leadership and OVW staff;
- Determine how, what, and when information is communicated back to each organization executive director;
- Makes decision regarding the representation of Greenville Partners in Action and the addition and removal of partners.
- Concept development and overall direction of the collaborative processes.

Decision-Making Process

Greenville Partners in Action decision-making process includes solving problems, making decisions and processing information. Good, clear decision-making processes will lead to success and consistent, high-quality results and improvements in almost everything the partnership does.

Greenville Partners in Action has created a systematic, logical and consistent decision-making process that addresses these five critical elements:

1) **A safe environment.** Greenville Partners in Action is committed to creating and maintaining an environment that allows for honest and transparent communication and shared values.

2) **Opportunities to be heard.** Greenville Partners in Action encourages everyone to engage in dialogue, to be heard and to share and generate good alternatives. All partner representatives are encouraged and expected to participate in discussions with recognition that each representative brings unique expertise, diversity of opinions and value to Greenville Partners in Action.

3) **Exploration of options.** The Communication Plan and Guiding Principles allow Greenville Partners in Action to explore additional alternatives and space to present, recognize, and value each representative's opinion. Greenville Partners in Action shares a commitment that all representatives will remain non-judgmental throughout the decision-making process to promote a safe environment for open dialogue.

4) **A consensus decision-making process.** This process allows representatives to choose the best alternative, after careful consideration of each person's point-of-view, and allows representatives to present their own point of view and opportunities to indicate their personal preference in an objective manner on a color scale that offers safe opportunities for disagreement and discussion. Greenville Partners in Action uses the following gradient scale as a method of measuring agreement or disagreement.

- Red - Indicates a representative or representatives emphatically disagree and cannot move forward. These ideas, opinions or decisions may be in contrast to those policies of the partner organization represented.
- Orange - Indicates disagreement with a need to have additional information to move forward.
- Yellow - Indicates a neutral commitment or no strong opinion by each representative either way.
- Blue - Indicates the representative may have reservations about the decision but it is okay to move ahead affirmatively.
- Green - Indicates the representative is one hundred percent on board and full approval of the decision.

5) **Action.** After determining each individual decision, partner representatives will then proceed in a joint effort to achieve a consensus and a decision even if there is not full agreement regarding an issue. Representatives will take opportunities to discuss the final decision and take the necessary action that will help the partnership remain consistent with the Mission.

- At any time a representative can call for a check of the collective consensus on the gradient scale. A formal check will be called for by the Project director before each decision is made. Each representative must be at blue or green in order for the

decision to move forward. If this is not achieved the steps outlined in conflict resolution will be followed.

- If an immediate consensus is not evident, the representatives will follow the steps set forth in **Conflict Resolution**.

Administrative Approval Process on Critical Decisions

If an agreement on a decision is made on a deliverable such as the Charter, or other issues or products that have an impact on the process the partner representatives will follow an administrative approval process as follows:

1. The partner decision and/or product is presented to the organization executive leadership for review and approval.
2. The partner decision and/or product will then be presented to the partnership's assigned technical advisor from Vera for review and recommended edits or for feedback and advice.
3. The partners will review the feedback from leadership and Vera and make appropriate adjustments.
4. The decision and/or product will again be presented to executive leadership for final review, and upon approval
5. The product will be submitted to OVW for review and approval.

VIII. CONFLICT RESOLUTION

It is anticipated that the procedure for Decision Making will be adequate in order to reach a consensus on most critical decisions. However, Greenville Partners in Action recognizes conflict is a normal part of human interaction and there are legitimate conflicts that may present themselves to Greenville Partners in Action.

This conflict may arise from significant differences over ideas, organizational and cultural differences, motives, and perceptions. Resolving conflicts in respectful and positive ways can provide opportunities for the individuals and Greenville Partners in Action to grow and strengthen. Partner representatives are committed to examining them in an environment of compassionate understanding. This approach will ultimately enhance the relationships with one another and build mutual trust.

In alignment with Greenville Partners in Action operating principle of transparency, each representative believes in open communication with each other and in addressing conflict proactively. During conflict resolution representatives will maintain a safe place and a healing environment for open communication to take place. In addition, Greenville

Partners in Action commits to the following Conflict Resolution Values regarding conflict resolution:

- Conflict must be addressed for successful collaboration.
- The representatives of our collaborative will remain committed to the Vision and Mission of Greenville Partners in Action and the Operating Principles and Values of Greenville Partners in Action.
- Conflict will be depersonalized. The partner representatives will always be aware of and respectful of differences that are shared.
- The relationships of the representatives will remain a priority, and opportunities to heal will be conscientiously created.
- Resolution can support the interests and needs of Greenville Partners in Action.

The Conflict Resolution Process

Greenville Partners in Action's Conflict Resolution Process will follow these steps in addressing and resolving conflict.

1. **Identify the root cause of the conflict.** It is the belief of the Greenville Partners in Action that the partners must first determine the root cause of the conflict. Is the issue a philosophical difference of an organization, a personal difference of a representative of Greenville Partners in Action, or is it some other cause? In determining the underlying issue of the conflict, we as a partnership will be better able to handle the conflict resolution.
2. **Establish an opportunity for open dialogue between the person in conflict and Greenville Partners in Action.** The root cause of the conflict will be determined through an open dialogue by the representative-in-conflict with the partner representative/s.
3. **Determine conflict "flexibility".** If the cause of the conflict is a philosophical difference that is rooted in the culture of one of the agencies, it is the understanding that this philosophy will probably not change. A compromise regarding the issue must be made.
4. **Determine level of conflict.** Greenville Partners in Action will first check with the representative-in-conflict on the level of conflict they are feeling. This will be done by using the gradient scale ranging from red to green.
5. **Initiate further discussion.** If the representative-in-conflict rates their level of disagreement at an orange or red, further discussion must be initiated.
6. **Remain calm, objective and respectful.** Partner representatives will remain calm, will focus on the present, and will use good listening skills. Representatives will make every effort to depersonalize the conflict and focus on the issue.

7. **Dedicate specific time to work the process.** Partner representatives will follow a time-line to stay focused on the conflict and the solution.
 - a. A discussion surrounding the issue will continue for twenty (20) minutes. The Project director will act as time keeper.
 - i. The representative-in-conflict will be given ten (10) minutes to explain the root of the conflict.
 - ii. The other partner representatives will be given the remaining 10 minutes to ask questions and pose possible solutions to the conflict.
 - b. At the end of the 20 minutes allowed for the representative-in- conflict and other partner representatives, time will be called and the team will follow the Decision Making gradient scale to check the level of agreement and conflict. If the score reveals a level of orange or red, the discussion will be tabled and added as the first item on the agenda for the next partner meeting.

8. **Have patience, and work the process again!** The next meeting will begin by opening with a discussion surrounding the issue of the conflict and a review by the Project director of the team's Conflict Resolution Values. Representatives will remain calm, will focus on the present and will use good listening skills. Partner representatives will make every effort to depersonalize the conflict and focus on the issue.

The 20-minute discussion will give the representatives additional opportunities to make suggestions as to possible compromises to the specific conflict. The representative-in-conflict will be given the time to explain their position on each of the possible solutions. After 20 minutes, a check on the gradient scale will be made and if the representative-in-conflict continues to remain at orange or red, the conversation will be tabled and the team will determine what, if any, additional steps should be taken to resolve the issue.

9. **Get feedback from partners.** A partner representative consensus will be taken to determine what the next steps should be. If deemed appropriate by the representatives, it may be determined that executive leadership of the organization in conflict be brought into the decision-making process.
10. **If needed, invite executive leadership to assist.** If the representatives have invited executive leadership to participate, they (or specifically identified leadership) will be invited to the next scheduled meeting. The topic in conflict will be the first topic on the agenda at the meeting.
 - a. The Project director will initiate the contact with Vera for the meeting request to participate via conference call during this meeting with executive leadership.

- b. The Project director will also set up a time for the Vera representative, the Project director, and the representative-in- conflict to communicate via conference call to fully articulate both sides of the issue before the meeting with executive leadership.
- c. If it is not determined necessary for executive leadership to be involved in the conflict resolution meeting, Vera will still be notified and invited to the full partnership meeting after being fully briefed by both the Project director and the organization in conflict.
- d. A representative from OVW will be invited to assist in mediating the conflict only if the conflict has an impact on the integrity of the program or grant.

11. Reach a resolution! The purpose of the next meeting will be to come to a final resolution. If representatives are not able to come to an agreement, Greenville Partners in Action will commit to agree to disagree and will move forward.

Note: If Safe Harbor is the organization in conflict, another partner representative, selected by consensus of Greenville Partners in Action, will act in the Project director's place during this resolution process.

VIX. COMMUNICATION

The following plan includes overtures that describe: (A) Communication among organization partner representatives, (B) Communication between the organization partner representatives and their organization executive leadership, and (C) Communication with external key stakeholders in the project's activities.

Partner Representatives include:

- Project Director, Jayne Crisp
- Michelle Allen, Project Assistant, Safe Harbor
- Stephanie Shatto, Julie Valentine Center
- April Simpson, Greenville Mental Health Center
- Ginger DeFrancesch, Greenville Mental Health Center

In-Person Communication

The preferred method of communication is in person. The partner representatives have agreed to meet at a minimum, once a week for three hours. These meeting times will be used as a forum for concept development task completion and for setting the priorities of the collaboration. An approved agenda will be followed. The project director will convene and adjourn the meetings. The partner representatives have committed Tuesdays from 9:00 am to 12:00 noon for meeting times. The location of the meeting will rotate among the agencies. A calendar of meetings and project dates will be distributed to the representatives and meetings will be reconfirmed at the conclusion of each meeting.

Additional in-person meetings may include Vera conferences and workshops, retreats and additional meetings with partner representatives, leadership, staff and OVW representatives.

In Person Meeting Process:

- Partner representatives have agreed that Minutes will be taken to record decisions made and meeting activity. The Minutes will be documented in writing and reviewed at the next meeting. Minutes will be taken by either the Project director or Project Assistant.
- During the last 10 minutes of each meeting, priorities for the next meeting will be determined.
- The Project director will create the agenda for the next meeting based on the priorities established by the partner representatives.
- The agenda for the upcoming meeting will be emailed to all partner representatives 48 hours prior to the scheduled meeting. Any additions or suggestions to the agenda must be communicated to the Project director within 24 hours of the scheduled meeting.
- During the last meeting of each month, partner representatives will determine the project activity talking points to be distributed to each partner executive director.

Document Review and Edit Process

Greenville Partners in Action will review written documents such as the Charter; press releases; and other deliverables on a regular basis. Greenville Partners in Action has defined the following process for review:

1. Each person who is assigned a section to write, edit or review will email *only their edits* (not the whole document) to the Project Assistant (PA) by Thursday or Friday, (two to three days following Greenville Partners in Action weekly Tuesday meetings). Each file sent will be named something unique which will clearly identify it for the PA. The edits should be in yellow to distinguish them from the existing document.
2. The project assistant will incorporate the edits/adjustments into the whole document leaving the color-coded edits for easier review.
3. The color-coding will follow the color codes used in the Decision Making Gradient Scale: Green (all approved); Red (no approval); Yellow (current edits pending review).

4. The Project Assistant will email the entire document with the new partner edits to the Project director to review no later than Friday afternoon or two days after receiving the edits from partner representatives.
5. The Project director will email the document to the designated volunteer representative (no later than Monday lunch time) to print on a color printer so that each representative can have a set with the current changes (in color) at the next meeting.
6. All representative team members will review in person all incorporated revisions *together* to determine and approve the final adjustments to the document. Once approved, the Project director will incorporate the adjustments and revisions into a final document.

Electronic Communication (E-mail)

E-mail communication will include but will not be limited to:

reminders of meetings; meeting agendas, Vera and OVW communications to the Project director; notices about telephone conferences; Vera educational seminars; travel; and additional activities that may impact Greenville Partners in Action.

- E-mail communications will flow from partner to project director/project assistant and distributed to other partner representatives or organization leadership. Documents shared through email will be distributed using the same method.
- Any additional information and notifications will be distributed through e-mail.
- Representatives will request a response from other partners within the subject line of the e-mail if one is needed.
- If a response is requested, the response is expected from representatives within 24 hours of the initial e-mail.
- An e-mail "read-receipt" will be attached to all monthly organization leadership updates

Telephone

Telephone communication will be used for last-minute notification if email is unavailable. Telephone calls will be used for planning and during travel, for notification of a change in meetings, for last-minute adjustments to schedule, emergencies, calls to VERA and OVW, telephone conferences, and when email or face-to-face communication is not available or appropriate.

Communication with Partner Organization Leadership

Greenville Partners in Action recognizes the need to keep the organization leadership and staff informed and involved in our process in order to guarantee cooperation, support, and a commitment to uphold the mission and vision of the collaboration throughout the

lifespan of the project. Internal partner organization leadership includes board representatives, executive directors, department heads and others who have influence on the success of the project. Each representative in the collaboration will determine the executive leadership that will be engaged throughout the process.

Communication of Project Activities

Partner organization executive directors will be made aware of partner activity and major changes to the project by email and personal communication. This communication will be presented to executive directors by the representative of that partner organization.

Other forms of communication to leadership will also include written documentation of reports, deliverables, and other products developed by Greenville Partners in Action for review and approval by leadership. Current and future activity talking points will be generated by partner representatives to executive leadership once a month.

Meeting Attendance

Executive leadership will be invited to attend meetings with partnership representatives every three months during regularly scheduled meetings. The first date of the leadership meetings was December 7, 2010. During this time, leadership will receive status reports, assessed current activities and addressed future plans.

The intent of the Quarterly Leadership Meetings is to ensure that partner leadership is presented consistent information by all participants of partner progress, decisions and anticipated activities. The meetings will also attempt to enhance dialogue among leadership, build trust and minimize the opportunities for misinformation about the activities and goals of the project.

Review and Approval of Partnership Documents

Partner representatives will submit all deliverables for review only to the appropriate organization executive leadership prior to final review by OVW.

The frequency and method of distributing documentation and critical information to organization leaders will be decided by the partners at regularly scheduled meetings. When such a decision is made, the following method will be used:

1. Partner leadership will have 24-48 hours to review materials and provide feedback to the partner representative.
2. The partner representatives will provide leadership comments to the other partner representatives for discussion and consideration during weekly meetings.
3. Partner representatives will communicate organization concerns and a summary of discussions to the representatives of Greenville Partners in Action.

Communication Between Partners in Action and Stakeholders

This partnership is strengthened by relationships that the partnership has with three types of stakeholders in the project. They include: (1) Partner Organization Stakeholders, (2) Key External Leadership Stakeholders, and a (3) Consulting Stakeholder.

(1) Partner Organization Stakeholders

Organization stakeholders include staff representatives, volunteers, and other individuals who have a "stake" in the partner organization. It is the responsibility of each organization designee to communicate to the appropriate stakeholders the project progress, process and anticipated activity. Each designee will determine the method of communicating the necessary information. Communication options include, but are not limited to information sharing during staff meetings, written reports, staff meetings, lunch and learns, and meetings with the other partner organizations.

(2) Key External Leadership Stakeholders

The key external stakeholders of this project include representatives from the **Vera Institute of Justice** (Vera) and the **Office on Violence Against Women** (OVW), US Department of Justice. These organizations have a vested interest in the work of partnership partners, processes, discoveries, and outcomes.

- **Vera Institute of Justice**

Vera is an independent, non-partisan, nonprofit center for justice policy and practice. Vera projects and reform initiatives, typically conducted in partnership with local, state, or national officials, are located across the United States and around the world. The Vera Institute of Justice combines expertise in research, demonstration projects, and technical assistance to help leaders in government and civil society improve the systems people rely on for justice and safety.

- **Office on Violence Against Women, US Department of Justice**

The Office on Violence Against Women, a department of the U.S. Department of Justice, provides national leadership in developing the nation's capacity to reduce violence against women through the implementation of the Violence Against Women Act (VAWA). Created in 1995, OVW administers financial and technical assistance to communities across the country that are developing programs, policies, and practices aimed at ending domestic violence, dating violence, sexual assault, and stalking.

Responsibilities and Authority of External Stakeholders

- Vera - Vera leadership, advisors and other Vera will share expertise and information with Greenville Partners in Action as needed by phone, in person and electronically, as appropriate.
- OVW - The OVW representative is an additional external stakeholder who will make all final decisions regarding the approval of deliverables such as the team Charter,

the Needs Assessment and other products and significant programmatic changes. OVW is also responsible for review and approval of grant modifications which includes budget and program changes.

Communication Between External Stakeholders and Partnership

Vera

Greenville Partners in Action has agreed to appoint the Project director as the single point of contact between Greenville Partners in Action, Vera and OVW unless there is a conflict whereby the Conflict Resolution Process will be used. The Project director will communicate with Greenville Partners in Action all educational opportunities and technical information offered by Vera and OVW.

The Project director will take part in a conference call initiated by the Vera technical advisor every two weeks at a minimum. The advisor will be invited to participate in partner team meetings as needed for review of materials and for assistance and guidance in project activities.

OVW

Communication via conference call, and/or emails will take place between the Project director and the OVW project manager at critical times during the project such as during partner selection, budget revisions, changes in personnel or at any other time the project is experiencing an administrative change that may impact the program.

(3) Consulting Stakeholders

Upstate Area Health and Education Center

The collaborative partnership has also included as an experienced educational consultant, the **Upstate Area Health and Education Center**, a non-profit, community-based organization committed to providing high quality, accessible, educational programs and services designed to meet the specific needs of the health care practitioners, students, and health professions' faculty residing and working in its eleven county service area. Although the Upstate Area Health Education Center was initially designated a partner to the project, its role was changed from partner to educational consultant because of the specific training and educational expertise that this organization can provide during the last year, the Implementation Stage of the project. The project director will communicate with Upstate AHEC leadership on a regular basis to keep them informed as to the progress of the project and anticipated AHEC participation.

X. The Media Plan

A media plan will be followed to ensure accurate and consistent communication about issues that impact Greenville Partners in Action, its activities and actions, and issues related to Greenville Partners in Action focus of mental health disabilities and violence against women.

The media plan will include two primary responses to media requests or interaction a **Proactive Media Plan** and a **Reactive Media Plan**. These two plans take into consideration the need to provide on-going information and education about the project and areas of interest, and also requests by the media for an immediate response to a critical incident.

Proactive Media Plan

The Proactive Plan will provide partner-controlled opportunities for public information and education regarding Greenville Partners in Action, activities, mental health, violence against women and other related issues and topics. The proactive plan may not have a deadline or be time constrained and will be initiated by Greenville Partners in Action for education. The proactive plan will include, but not be limited to press releases, news articles, and interviews.

Each representative will identify the public information officer of their respective partner organization and will provide the name and contact information to the Project director.

Greenville Partners in Action is proactive and has identified and created informational talking points that have created a message of solidarity and consistency for interactions with the press. These talking points (See Appendix I) have been approved by the executive leadership and partner representatives (See Appendix II).

No public information specific to Greenville Partners in Action, its activities or overtures, or press releases about such activities, will be provided to the print or electronic media representatives without prior review and approval by each individual partner representative, the partner organization executive director, designated media contact, public information officer or OVW representative.

If there is a concern or issue that is unique to an organization within Greenville Partners in Action, the Project director will refer to the public information officer of that organization.

The Project director will share all published public information specific to project activities, Greenville Partners in Action, and other information that may have an impact the project with the OVW representative.

Articles, press releases and other written information.

- All documentation presented to the media will be drafted, reviewed, and approved by partner representatives. The topics of interviews or potential subject matter of interviews will be presented to partner representatives for approval.
- The Project director, or any member of the partnership, may release Greenville Partners in Action's mission and vision statements to the media without approval from Greenville Partners in Action. The other members of Greenville Partners in Action will be notified through email every time this information is released.

- Partner representatives may share expertise and provide specific information (pertaining to her partner agency or the population the agency serves). This information could be shared in addition to the approved talking points established in Appendix I. Once again, this information would be shared with the other members of Greenville Partners in Action through email. This information may be included in print and electronic media interviews with or without prior approval from Greenville Partners in Action.
- All documentation presented to the media, excluding the sharing of the collaboration's mission and vision statements, will be drafted, reviewed, and approved by partner representatives and OVW. The topics of interviews or potential subject matter of interviews will be presented to partner representatives for approval.

Public Speaking Engagements

Before discussing the work of Greenville Partners in Action in a public forum as much information as possible (including the purpose of the speaking engagement, the audience, other community partners that may be in attendance) will be presented to Greenville Partners in Action, organization executive leadership and OVW representative, in advance of the speaking opportunity. The approved *Talking Points* in Appendix I should be used as a guide for the speaking engagement. Other information pertaining to the collaboration must be approved by Greenville Partners in Action prior to the speech being given following the Proactive Media Plan.

Reactive Media Plan

The Reactive Media Plan is a crisis response protocol that has been developed to address a situation that may have occurred which requires a timely response or has an immediate deadline and one that has or could have an impact on the collaboration, the project and partnership. It is a plan which responds to an overture by the media's request for information about a particular event, topic, situation or critical incident that demands urgency. All responses will remain consistent with the *foundational protocol* established in the Reactive Plan.

Reactive Response Protocol

1. All media requests regarding a particular topic should be filtered through the Project director.
2. Any additional information requested shall be responded to with the explanation that a statement will be made after meeting with the representatives of Greenville Partners in Action.
3. An emergency meeting (either face to face or through conference call) shall be called by the Project director and held within 48 hours of the request.

4. At that time an official statement shall be formulated by the representatives in conjunction with executive leadership or the media designees of each partner organization and the representative of OVW.
5. A consensus must be reached and agreed upon regarding the content of the message that will be released.
6. Upon approval, a message will be provided to the electronic and print media.

XII. Confidentiality and Mandatory Reporting

Partner Confidentiality

Greenville Partners in Action recognizes that confidentiality is essential in maintaining and supporting the safety of clients, the partner organizations, and the partner representatives. Each collaborative partner expects members to hold confidences regarding the disclosure of personal and privileged information about ourselves, our agencies, experiences, activities, interactions with others, and the entire collaboration. We have agreed to continue to build trust and respect by upholding our shared value of confidentiality within Greenville Partners in Action at meetings or in individual conversations.

If a situation should arise within a partner agency or about a partner representative that is disclosed to the collaborative partner members, and this information is believed to:

- Adversely affect the collaboration or an agency's relationship with another partner agency, and;
- At least one member believes that the knowledge gained needs to be shared with those outside of the collaborative:
 1. A discussion with team members will be initiated by the member that believes the information needs to be shared. If the partner representative does not agree that the information about their particular member organization should be shared,
 2. The formal partnership Conflict Resolution protocol shall be enacted.

Client Confidentiality

Each of the collaborative partner organizations has policies regarding client confidentiality that are mandated by State law or determined by Federal or State funding sources. We hold the confidentiality of client information as important and as valued as shared partner confidentiality. Based on these values, the Partnership agrees not to share any identifying information about any clients served by our organizations. This information includes, but is not limited to the client's name, age, or any information about his/her situation that would make him/her easily identifiable.

During the planning of the Needs Assessment process, the Partnership will develop a more comprehensive and detailed policy and procedure that will reflect the value of confidentiality among the partner representatives, their organizations and clients.

Mandatory Reporting and Duty to Warn

South Carolina state law (see Appendix III) requires that certain people must report suspected or actual abuse and neglect of a vulnerable adult (see definition of vulnerable adult) as well as threats made by an individual toward themselves or others. Mandated reporters as defined by the state would include: a physician, nurse, dentist, optometrist, medical examiner, coroner, other medical, mental health, or allied health professional, Christian Science practitioner, religious healer, school teacher, counselor, psychologist, mental health or mental retardation specialist, social or public assistance worker, caregiver, staff or volunteer of an adult day care center or facility, law enforcement officer, and anyone with actual knowledge of abuse, neglect, or exploitation. Under this definition of mandated reporter all members of the collaborative would fall into this category.

As this is not a direct service grant, this may only become an issue during the Needs Assessment process and related activities. The collaborative partners have agreed to create policies and procedures concerning Mandated Reporting and Duty to Warn that uphold its values around confidentiality to respect and protect the safety, self-determination, and integrity of the clients, the partner representatives and partner organizations.

XIII. Key Terms and Definitions

Accessible. A welcoming and safe environment that allows for services to be obtained that free from barriers that allow for easy access to a building, culturally sensitive services, and easy navigation of services.

Barriers. Obstacles in the environment that make it difficult or impossible for clients-in-recovery to access or navigate treatment services provided by partner organizations.

Clients-in-Recovery. Adult individuals who seek access to the services of a partner organization who are in the process of recovery. These individuals are in the process or act of regaining a level of functioning that was compromised by sexual or domestic violence. These individuals may have developed a mental illness as a result of the victimization or may have had a mental illness prior to the victimization.

Continuum of Care. A process of care in which service providers recognize the immediate, ongoing, and future care available to clients-in-recovery by partner organizations and other community resources that may be helpful.

Cultural Change. The transformation of the atmosphere in and between each partner organization, that permeates policy, procedures, attitudes, and core values and beliefs of the organizations and the individuals working in the organizations.

Domestic Violence. Domestic violence is comprised of the purposeful intimidation, assault, battery, sexual assault or other abusive behavior and actions by one family

member, household member, or intimate partner against another. The act is typically motivated by power, control and/or manipulation.

Mental Illness. A psychological or behavioral pattern associated with distress or impaired functioning that occurs in an individual and is not part of a standard or range of values that represents the typical performance of a group or individual (of a certain age, culture, orientation, etc.) against which comparisons can be made.

Partner Organization. For the purpose of this collaboration partner organizations are determined to be Safe Harbor, Julie Valentine Center, and the Greenville Mental Health Center. For details regarding services provided by each organization and the responsibilities and participation required by each organization, please refer to Sections V and VI of the Charter.

Partnership. Safe Harbor, Julie Valentine Center, and the Greenville Mental Health Center working together to carry out the vision and mission of Greenville Partners in Action.

Safe. Offering services and an environment that is non-threatening, as well as physically and emotionally free of harm.

Sexual Violence. Unwanted sexual encounters, acts, or exploitation (as determined by the subject of the unwanted encounter) perpetrated through violence, threats, coercion, manipulation, pressure or tricks. The act is typically motivated by power, control and/or manipulation.

Survivor. A term used to describe a victim of sexual assault or domestic violence who has moved through the initial crisis and trauma of the act and is in the process of moving through his/her own recovery. This term may be used to describe a client in recovery only when the client themselves determines it is appropriate and applicable.

Victim. A term used to describe someone who is directly impacted by the sexual and or domestic violence. This term is typically used to describe the client in recovery immediately after the victimization has taken place or while the individual is still in the initial crisis and trauma caused by the acts of violence against him/her.

Vulnerable Adult. A vulnerable adult is defined under the SC Code of Laws, Title 43-35-10(11) as “a person eighteen years of age or older who has a physical or mental condition which substantially impairs the person from adequately providing for his or her own care or protection. This includes a person who is impaired in the ability to adequately provide for the person’s own care or protection because of the infirmities of aging including, but not limited to, organic brain damage, advanced age, and physical, mental or emotional dysfunction.

Appendix I Talking Points

Greenville Partners in Action

Creating Access to Comprehensive Services Victims of Domestic and Sexual Violence Impacted by Mental Illness

The Problem

Research consistently shows that women with disabilities, regardless of age, race, ethnicity, sexual orientation or class, are assaulted, raped, and abused at a rate *two times* greater than women without a disability (Sobsey 1994; Cusitar 1994).

- Women who are the targets of violence may develop mental health conditions such as Posttraumatic Stress Disorder (PTSD), depression, substance abuse and additional mental health and physical health issues.
- Research during a nine-year period of sixteen domestic violence shelter residents, indicated 33% to 88% of the residents experienced PTSD, and from 33% to 74% of the residents experienced moderate to severe depression.
- Abuse rates are even higher among homeless women with serious mental illness. In a study with 99 episodically homeless women with severe mental illness (SMI), researchers found that significant numbers had been physically (70%) or sexually (30.4%) abused by a partner. Rates of physical or sexual abuse in adulthood by any perpetrator were 87% and 76%, respectively.²

Project History

Project Purpose and Organization

More hopeful research indicates that symptoms, particularly symptoms of depression, may resolve when social support and safety increase.³ For this reason, **Safe Harbor** applied for funding from the US Department of Justice and became one of only six organizations in October 2009 to be awarded \$600,000 by the Office on Violence Against Women.

The funding has made it possible for two additional key organizations, the **Greenville Mental Health Center**, and the **Julie Valentine Center**, to form a unique partnership and alliance with Safe Harbor. This partnership is only one of four in the country that focuses specifically on *mental health* disabilities. Our three organizations are proactively committing to changing internal policies and procedures that will help each organization become more responsive, welcoming, and accessible to individuals impacted by domestic and/or sexual violence, mental illness, and trauma in Greenville County.

The Accessing Safety Initiative of the Vera Institute of Justice (NYC) has been designated by OVW as the technical advisor to the project. Designated staff provides technical support to the project director and to the partners during conference calls and partner retreats. Accessing Safety also hosts two conferences a year, organizes educational conference calls, and provides topic specific educational material and resources on a continual basis to the partners.

² Goodman et al (1995)

³ Campbell, Sullivan and Davidson, 1995; Tan et al, 1995.

Project Stages

There are two primary stages to the project. The (1) Planning and Development Phase and the (2) Implementation Phase. The collaboration is currently in **Planning and Development**, which lays the foundation for the policies, protocols and services for implementation in the future. This phase requires that the members to:

- 1) Develop a Collaborative Team Charter;
- 2) Conduct a Needs Assessment, and
- 3) Develop a Strategic Plan.

Members are meeting once a week for three hours and are currently creating the team Charter which outlines the principles, functions, and organization of our specific collaborative partnership. The Charter is the foundation which is critical for building the relationship, establishing trust, and creating an effective processes for our three organizational partners and their individual representatives.

Victims and survivors of violence will have a major role in helping project partners identify weaknesses, strengths and barriers within every level of their organization's response, and be encouraged to make recommendations for improvements during the Needs Assessment. This project will have the opportunity to create "best practice" tools and resources in future months for all three organizations.

Our Vision. Adult individuals with mental illness who have also been victimized by sexual and/or domestic violence will have access to safe, comprehensive, nonjudgmental, client-centered services in Greenville County. They will be treated with integrity, compassion, and respect by competent service providers.

Our Mission. We will establish a sustainable cultural change in the representative organizations that reflects integrity, compassion, and respect for adult individuals with mental illness who are victims of domestic or sexual violence. We will plan and address this change by:

- Eliminating barriers to services
- Strengthening partnerships by enhancing communication and resource sharing
- Providing education and training to ensure a culture of competency among service providers
- Establishing organizational policies and procedures that create a non-judgmental, safe, and accessible continuum of care.

Following the Planning Phase, the Partnership will begin **The Implementation Phase** of the project. The Implementation Phase is the last phase of the project. During this phase, our partnership is expected to develop and implement policies to increase accessibility and to develop a realistic plan to sustain the project activities. Other grantees have made the following changes and recommendations during the Implementation Phase:

- 1) Continuing the alliance with partner organizations to develop interagency policies that enhance accessibility for clients, professional development for staff, and continuing dialogue for creative change.
- 2) Developing a better understanding of, and initiate an intentional understanding of the Federal Fair Housing laws, the ADA, the Self Advocacy Movement (and related sensitivities), and anti-discrimination rights of survivors with disabilities.
- 3) Revising intake questionnaires, shelter guidelines and creating client agreements instead of "rules of conduct" to emphasize survivor empowerment and comply with anti-discrimination laws. (These overtures can include the identification of changes in regard to medication intake, storage and conditions of stay.)

- 4) Creating creative ways to respect agency confidentiality policies and provide seamless assistance especially to clients with mental health disabilities.
- 5) Creating policies, protocols, resources and outreach methods that specifically address the needs of victims with disabilities.
- 6) Working with additional organizations to assist with accessibility challenges and reducing or eliminating physical, environmental and other barriers/challenges to individuals with disabilities.
- 7) Providing additional equipment for individuals with disabilities, recognizing the importance of the environmental impact on individuals with physical and mental health disabilities, and making those adjustments.
- 8) Ensuring all agencies in partnership understand safety and security issues especially in regard to victims of domestic violence and sexual assault.
- 9) Providing staff with comprehensive information about additional community resources and programs for individuals with disabilities.

Resources

- Accessing Safety Initiative of Vera Institute of Justice – www.accessingsafety.org
- Vera Institute for Justice – www.vera.org
- Kelly Miller, ED, Idaho Coalition Against Sexual and Domestic Violence (kmiller@idvsa.org)
- General ADA Information – www.adata.org
- Employment – www.eeoc.gov/laws/types/disability.cfm
- State and local governments – www.ada.gov
- Institute for Human Centered Design – www.humancentereddesign.org
- ADA home page – www.ada.gov
- Section 504 of the Rehabilitation Act – www.ojp.usdoj.gov/about/ocr/statutes.htm
- Office for Victims of Crime – www.OVC.usdoj.gov
- Office on Violence Against Women – www.OVW.usdoj.gov
- National Center on Domestic and Sexual Violence (publications)-
http://www.ncdsv.org/publications_peopledisable.html
- **Accessibility and Safety Audit Tool**, designed to be used to assess disability organizations and domestic violence organizations as to their accessibility, safety and their ability to provide a welcoming environment to survivors with disabilities and Deaf survivors of experience violence and abuse. (Created by project HOPE, Haywood County, NC. Found on the Accessingsafety.org website, "Community Profile" link).

Appendix II
Collaborative Partner, Directors, and Consultant Contact Information

Ginger DeFrancesch, MA, Mental Health Counselor
Greenville Mental Health Center
124 Mallard Street, Greenville, SC 29601
864-241-1040 ext. 318 (work); ved05@scdmh.org;

Dr. Al Edwards, Executive Director
Greenville Mental Health Center
864-241-1040

April M. Simpson, MA
Interim Program Director, CRS Services
Greenville Mental Health Center
124 Mallard Street, Greenville, SC 29601
864-241-1040 x 311 (work)
AMS79@scdmh.org (work)

Stephanie Shatto, Rape Crisis Coordinator
Julie Valentine Center
2905 White Horse Road, Greenville, SC 29611
864-331-0560 x 244 (work); s.shatto@julievalentinecenter.org

Shauna Galloway-Williams, M.Ed., LPC Executive Director
Julie Valentine Center
864-331-0560 (work)

Becky Callaham, M.Ed., LPC, Executive Director
Safe Harbor, (Lead Partner Organization)
429 North Main Street, Greenville, SC 29601
864-467-1177 x 12 (work); becky.callaham@safeharborsc.org

Michelle Allen, M.Ed., Project Assistant and Community Counselor
Violence Against Women Safe Response/Safe Harbor
429 North Main Street, Greenville, SC 29601
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Jayne Crisp, Project director
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429 North Main Street, Greenville, SC 29601
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bpettit@upstateahec.org

Appendix III

Duty to Warn

SECTION 44-22-90. Communications with mental health professionals privileged; exceptions. [SC ST SEC 44-22-90]

(A) Communications between patients and mental health professionals including general physicians, psychiatrists, psychologists, psychotherapists, nurses, social workers, or other staff members employed in a patient therapist capacity or employees under supervision of them are considered privileged. The patient may refuse to disclose and may prevent a witness from disclosing privileged information except as follows:

(3) in an emergency where information about the patient is needed to prevent the patient from causing harm to himself or others;

Mandated Reporting

SECTION 63-7-310. Persons required to report.

(A) A ... mental health professional... must report in accordance with this section when in the person's professional capacity the person has received information which gives the person reason to believe that a child has been or may be abused or neglected as defined in Section 63-7-20.

(B) If a person required to report pursuant to subsection (A) has received information in the person's professional capacity which gives the person reason to believe that a child's physical or mental health or welfare has been or may be adversely affected by acts or omissions that would be child abuse or neglect if committed by a parent, guardian, or other person responsible for the child's welfare, but the reporter believes that the act or omission was committed by a person other than the parent, guardian, or other person responsible for the child's welfare, the reporter must make a report to the appropriate law enforcement agency.

(D) Reports of child abuse or neglect may be made orally by telephone or otherwise to the county department of social services or to a law enforcement agency in the county where the child resides or is found.

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