



**WORKING GROUP ON RESOURCE COORDINATION TO SUPPORT VICTIMS OF  
SEXUAL EXPLOITATION, VIOLENCE AND DOMESTIC ABUSE**

**MEETING #5 – OCTOBER 7, 2024 @ 1:00 PM**

**ROOM 118, BALTIMORE COUNTY HISTORIC COURTHOUSE AND VIA WEBEX.**

**Welcome and Introduction**

- Henry Callegary (Senior Coordination Manager for Public Safety and Accountability) welcomed the members of the Working Group.
- The primary focus of the October 7, 2024 Working Group is to discuss data provided by the Working Group’s providers.

**Presentation on Domestic Violence Provider Data: BCSTAT:**

- Presentation can be found in its entirety on the SEVDA webpage:  
<https://www.baltimorecountymd.gov/departments/county-executive/working-group-resource-coordination-support-victims-sexual>
- The presentation outlines data on providing a snap of services provided by the Baltimore County providers. To get a better idea of what services that are being provided and ascertaining where the demand is. What services that are most needed that aren’t able to be met by the providers at this time. The goal is to look at policy recommendations for Baltimore County and the state of Maryland that are applicable and make the recommendations to the Baltimore County Executive and the Baltimore County Council by the end of the year.
- Questions and Discussion:
  - There are providers that have provided the data, but who serve residents of multiple jurisdictions. Was the data provided specific to Baltimore County residents? Does it break down geographically where clients are coming from? For House of Ruth Maryland, the data was just provided just for Baltimore County.
  - What is the theory as to why the Greater Baltimore Medical Center

(GBMC) has seen a large influx of non-acute child examinations in the last three months? It is believed it is because there has been a lot more communication with advocacy programs, as well as getting more cases from Baltimore City's Center for Hope. There has been a spike in elder strangulations. GBMC partners with the Center for Hope for all juvenile cases. What is considered a SAFE patient? A SAFE patient is if a patient is seen for a sexual assault examination. Intimate partner domestic violence is considered SAFE. Is the cost covered for strangulation services? If they are having advocacy, then yes. If services are declined and the medical services are still needed in the emergency department, then no it is not covered.

- In reference to the DOVE Program (Domestic Violence Program at Northwest Hospital) how many therapists are providing therapy to individuals? Currently, there are two therapists, a social worker and an art therapist, these are the only in-house therapists. They partner with 17 to 20 outpatient counseling agents in the community and they defer the overflow out.
- In reference to the bottleneck shelter effect i.e., individuals in the Family Crisis Center (FCC) not moving out or not being able to move individuals out fast enough into housing and getting them stabilized to bring in more individuals to get services, is it strictly shelter or overall? It is mainly with shelter.
- During the pandemic did the federal funds from the treasury prohibit or help the ability to move individuals in and out of shelters? A lot of individuals were in arrears in rent, bills etc., and the amount owed was so astronomical that they now cannot be placed into a new home. Therefore, many individuals shelter stay had to be extended and it did not allow for new individual placement. Is this only victim data or are AIP (Abuse Intervention Program) services included as well? The data is all individuals that have been served. There has been a decrease in individuals who participate in AIP. It could possibly be individuals not being Court ordered to AIP. A large number of referrals are going to Anger Manager and not AIP or not being referred at all. It is a priority of the Governors Family Violence Council to work with the Department of Public Safety (DPSCS) to have better oversight of AIP. There was a workgroup in 2015 that was asked to track the completion rates of offender's violations, that are still not in use by DPSCS agents. Dr. Jackie Campbell is an advocate for a new Abuser Intervention Program, the Strength at Home Program at Johns Hopkins Hospital Center. This program focuses more on positive reinforcements. Is AIP different from Anger Management? Yes, they are different programs. Anger and loss of control is a mental health issue in contrast abuse is about gaining and maintain power and control of a relationship?
- Can there be more a deeper dive into the data for the services of persons with limited English proficiency? FCC data does not reflect this currently,

but moving forward this will be addressed. What are the services available to persons who speak other languages for all the service providers? Lisa Nitsch from the House of Ruth can provide data and break down information about what the language service is provided in and what the service recipients primary language. GBMC's system includes interpretation as well as a video interpretation, so it can also use sign language.

- House of Ruth is seeing a reduced number of consents for follow-up from survivors. In Baltimore City they are looking into retraining around police engagement. The greatest challenge is the lack of ability to pay, to continue to pay a living wage as the number increases. As well as, offering competitive salaries, particularly for licensed clinicians because of reduced funding.
- The shelter overflow issue is not just within the domestic violence shelter systems, but in the homeless shelters there are a lot of domestic violence victims because there is no availability in the DV shelter systems.
- Turnaround is seeing an increase in AIP (Abuse Intervention Program), which is particularly due to the start of a youth AIP program. Turnaround can't keep staff for clinical services based on the funding for salaries.

### **Next steps:**

- Policy recommendations for Baltimore County Government.
- A major area to explore is housing challenges, in terms of affordable housing, and providing shelter and the challenges that creates.
- The need to provide services in both internal and the external providers that meet the growing diversity of the county in terms of the language and cultural background.
- Challenge of grant funding for providers to be able to meet the demands of staff and able to offer competitive salaries.
- Providing an internal link through the Baltimore County Government website, which provides a list of providers, description of what the provider offers, address, geography. Also, information from the law enforcement side, for example; what are the steps to obtaining a protective order, etc.
- Elder abuse victims that are afraid to use the eviction process because it doesn't give them a safety component.
- There is a national trend exploring a variety of shelter options as opposed to traditional domestic violence shelters for example: eviction prevention, rapid rehousing.
- This data should be part of Baltimore County and Maryland stats.
- Need to explore what is the overlap geographically, legally, counseling, services etc. How to be coordinated with the current restrictive services.
- Please send Henry any questions and/or recommendations for the next meeting.

**Next meeting:**

- Proposed date will be circulated by Henry Callegary to the Working Group members.