

Victim Services Advisory Board

Advocating for Victims of Crime



Montgomery County, Maryland
Fiscal Year 2017 – 2018
Annual Report

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Message from the Chairs

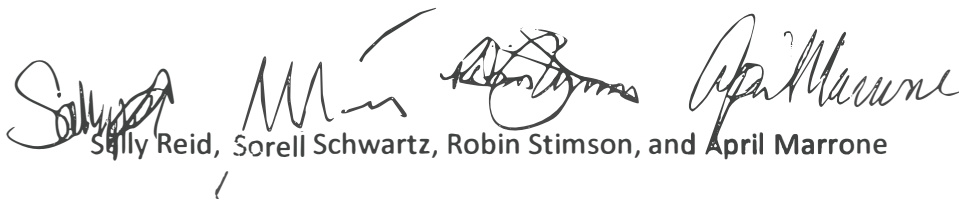
Dear County Executive and County Council:

The Victim Services Advisory Board (VSAB) is pleased to present the FY 2017-2018 annual report. This year's initiatives and priorities continue to meet the Board's mission to provide best practices, advise on policy to administration officials, and advise on legislation that is in the best interest of victims.

The VSAB will continue to dedicate its time to identifying the needs of crime victims to ensure that they are being met considering our County's current financial constraints. In addition, the VSAB will continue to recognize the importance of community and providing quality services to crime victims in need, centering its focus on the idea that our County Government has a responsibility to provide enough funding to serve crime victims.

Moving forward, the VSAB will continue to provide both the County Executive and the County Council with recommendations on how to best meet the needs of crime victims and their families in Montgomery County. We make it our mission to serve this community. On behalf of the members of the VSAB, we respectfully share our report with your office.

Sincerely,



Sally Reid, Sorell Schwartz, Robin Stimson, and April Marrone

Co-Chairs, Victim Services Advisory Board

Mission Statement

The Victim Services Advisory Board (VSAB) supports Montgomery County's commitment to serving victims of crime and their families. These crimes include: rape, domestic violence, sexual assault, homicide, adults molested as children, terrorism, hate violence, human trafficking, robbery, driving while intoxicated (DWI), vehicular manslaughter, assault, battery, burglary, arson, larceny, stalking, carjacking, harassment, vandalism and bullying.

Mandate

The Board must periodically:

- review available services and facilities for victims and their families;
- determine the needs of victims and families; which includes services and programs;
- submit at least one report annually to the County Executive and County Council on the progress of programs to victims and their families, and actions needed to improve those programs; and
- make recommendations for appropriate allocation of funds in accordance with priorities and the consideration of financial resources.

Meetings and Membership

Meetings

The Board meets the fourth Thursday of each month from 7:00 p.m. to 9:00 p.m.; at the Office of the Montgomery County Department of Health and Human Services at 1301 Piccard Drive Rockville, Maryland 20850. The Board does not meet in August and combines its November and December sessions into one meeting held the first Thursday in December. All meetings are open to the public.

Members

Alanna Ward
Sally Reid (co-chair)
Sorell Schwartz (co-chair)
Gerda Gallop-Goodman
Robin Stimson (co-chair)
Reem Sharaf

Jennifer Todd
Parker O'Shea
Anita Pinto
Steven Whitehorn
Kathryn Pontzer
Richard Mackenzie

April Marrone (co-chair)
Breanna Blose
Ronald Cohen
Cinder Cooper Barnes
Pooja Deb

Meetings and Membership Continued

Ex-Officio, Non-Voting Members

Ellen Alexander (Montgomery County Police)

VACANT (Office of Public Defender)

VACANT (Department of Corrections and Rehabilitation)

Rebecca Marcolini (State's Attorney's Office)

Teresa Bennett (HHS)

Dr. Rafiah H. Prince (HHS/VASAP)

Felix Avellanet (HHS/VASAP)

Maria Carzon (HHS/VASAP)

Victim Advocate Program Highlights

Priorities

The Board has several current priorities:

- transitional and permanent housing for victims of domestic violence transitioning from the Betty Ann Krahne (BAK) Domestic Violence shelter
- budget funding increase for domestic violence offender groups
- county policy change on forensic exams for rape and sexual assault victims
- support non-governmental agencies and non-profits that advocate for victims
- advocate for the filling of vacant positions needed by victim services programs
- victim services directory

Activity Highlights

The Board had several accomplishments throughout this reporting period. The work and advocacy of the Board was instrumental in getting the passage of several pieces of legislation at the State Level. Board Members participated in weekly calls organized by the Maryland Network Against Domestic Violence (MNADV). Some of the bills that passed this session (January 10, 2018 – April 9, 2018) included:

- HB388/SB 170 which addresses Violation of the Conditions of Release
- HB 1303/SB 491 regarding the expansion of Permanent Protective Orders, and
- HB255 and 633/SB 578 which strengthened address confidentiality programs shielding of Real Property Records
- HB1/SB2 Rape Survivors Family Protection Act, to name a few.

Other advocate activities including testifying on behalf of VASAP in front of the Boards, Committees and Commissions (BCCs) quarterly meetings with the HHS director. Board members also presented the budget priorities to County Executive Leggett in a “town hall” format during both fiscal years. In FY 18 the board testified in front of the County Council during their budget hearings on the board’s priorities. Moreover, attended and provided testimony during the HHS work sessions with George Leventhal. Several members of the Board attended the non-partisan Women’s Legislative Briefing in January 2018, held by the Montgomery County Commission for Women. The theme of the event was “*Enlightened, Empowered, Engaged.*” Several members also attended the Maryland Commission for Women “*Voices of Maryland Women*” listening tour in April 2017. Board members also attend meetings with the Criminal Justice Coordinating Commission (CJCC). In addition, members also participated in Montgomery County’s newly formed Sexual Assault Response Team (SART) Policy Committee. Looking ahead to next year, the Board plans to build on previous successes by advocating on behalf of victims of sexual assault, human trafficking, domestic violence and gun safety.

The Board has also advocated securing properties for victims of domestic violence, but the need for transitional housing for domestic violence survivors is still unmet. More on this topic is discussed below: *Priority: housing for victims of domestic violence.* The Board also advocated for the County’s Safe Passage Center for visitation and/or monitored exchange for not only situations involving domestic violence, but for any family in Montgomery County with a county court order. The Safe Passage Center is now open to serve the community (<http://www.fs-inc.org/services/programs/safe-passage-center>).

As part of National Sexual Assault Awareness Month, the Montgomery County Multidisciplinary Sexual Assault Response Team (SART) held an event and vigil on April 10, 2018 to honor victims and to stand in defiance and solidarity against sexual assault. This event provided an opportunity for victims and their families to learn about the services available from SART members and to hear firsthand from a victim of sexual assault.

SART services represented on a panel discussion included the Police Department Special Victims Investigation Division, the Department of Health and Human Services Trauma Services, the Family Justice Center and the State’s Attorney’s Office. Other members of the SART who supported the event by displaying their service information and sponsoring the event included the Sheriff’s Office, the Department of Corrections, the Commission for Women, the Walter Reed Army Institute of Research SHARP Program, Montgomery College, the Universities at Shady Grove and Adventist Health Care/Shady Grove Medical Center, and the Maryland Coalition Against Sexual Assault (MCASA). Members of the VSAB were on the event planning committee and helped in the development of the event by designing and helping distribute the event flyer and aiding with the press release. On the day of the event, the VSAB provided the video production, helped in getting guests to their seats, handed out ribbons and glow sticks for the vigil, and manned a table with information about Trauma Services and needed resources for victims.

The VSAB welcomed guest speakers at monthly meetings during this reporting period from the following:

- Court Watch Montgomery – Mary Silva October 27, 2016
- Shady Grove Hospital – Sexual Assault Nurse Examiners (SANE) Jessica Volz, VSN, RN, FNE A/P January 26, 2017
- Commission on Women – Jodi Finkelstein October 26, 2017
- Court Watch Montgomery – Laurie Duker June 28, 2018
- The VSAB also was provided a tour of the Betty Ann Krahne Center in April 2017

Priority: housing for victims of domestic violence

Goals

1. Establish a priority to end Homelessness for Domestic Violence victims
2. Restore lost DV transitional housing at Fleet Street
3. Identify transitional housing units for 20 DV survivor families transitioning from the BAK
4. Revisit consideration request of \$100,000 for in-depth and targeted case management

Background

The Betty Ann Krahne shelter also known as BAK, is Montgomery County's domestic violence shelter. BAK is intended for emergency and short-term stays for domestic violence, trafficking, and rape victims. It is the lifeline for survivors when they are fleeing violence. The shelter was established to provide immediate safety, case management services to help trauma survivors with safety planning, and necessary services. The research documents that survivors who access shelter services and follow through with the program's recommendations, are less likely to get re-assaulted or killed. The maximum stay at BAK is 60 days; however, some clients require extensions to accomplish their initial goals or a safe discharge.

Survivors who discharge from the program, often move in with family and friends. Some access homeless services and some can rent their own housing independently. The County has a lack of affordable housing options for this population. Transitional housing which is the most appropriate option for many survivors, who need additional time to resolve their homelessness, is not adequately offered. In addition, the County lacks the necessary intense case management services for survivors who need continuous

support to be able to work on their long-term safety planning and road towards independence free from violence.

BAK was designed as an emergency shelter targeting high risk victims who are at imminent risk of harm and escaping domestic violence related high risk lethality. Its size has increased to 60 beds to accommodate the ever-growing Montgomery County population of domestic violence victims. Providing continuous openings to those victims is necessary to prevent the potential for homicide or serious re-assault. When victims are not able to find appropriate housing accommodations and must remain at BAK for an extended period, they prevent the high risk or immediate danger victims from accessing safe shelter offered at BAK. Women who are victimized by intimate partners are often deprived from working, lack adequate education, and tend to be isolated from family resources. Many of those families are not equipped to make a transition out of the BAK in such a short time. These most vulnerable victims are often pregnant. The Center for Disease Control (2017) documents every year in the United States 300,000 pregnant women experience violence involving an intimate partner. The threat of physical and psychological harm is amplified for expectant mothers. Physically, expectant mothers are less able to escape harm by fighting back, running away, hiding, calling for help, and drive a vehicle to safety. Physical abuse during pregnancy may lead to pregnancy complications and possibly death for both mother and unborn child/fetus. Many of the BAK's victims are younger than 25 years of age and may have several young children. Many have language and immigration barriers.

When the shelter is full, high lethality victims seeking shelter are placed in motels. In addition, to create space for high risk individuals at BAK, lower risk victims who could benefit from transitional housing are placed into hotels for 30 days, so they can continue seeking remedies to their homelessness. Motels however do not provide childcare or meals, making it almost impossible for those victims to continue pursuing their goals for independence. Motels also do not provide ongoing case management and safety planning, which increases their risk for danger and re-assault.

In FY16 out of 194 adult victims, 23 were discharged to motels and 53 ended up with family and friends, often sleeping on a couch, or "couch surfing" moving from friend to friend. This means that thirty-nine percent (39%) of the victims discharged from their stay at BAK left without a permanent solution for their domestic violence homelessness. FY17 numbers do not differ much (33%). Such dispositions increase the risk for further victimization, Child Protective Service (CPS) involvement, and lead to further destabilization of the survivor. DV victims cannot be protected from their abusers while staying in motels or when they move from one family member to the next. When DV victims are unable to receive readily needed services and supports they sometimes will return to their abusers to prevent further homelessness. Included is the discharge summary for FY16 and FY17 (**Tables 1 and 2**).

Table 1: BAK Disposition Summary July 1, 2015 – June 20, 2016

Code	Disposition	Count	Percent
1	MoCo Emergency Svcs (Motel/short term)	23	12%
2	Family/Friend	53	27%
3	Return to Abuser	2	1%
5	Home with PO	16	8%
6	Transitional	3	2%
7	New home	28	14%
8	Treatment/Shelter	9	5%
9	Unknown	41	21%
10	Other	15	8%
11	Unfavorable Discharge	4	2%
Total clients w/disposition codes		194	100%

Table 2: BAK Disposition Summary July 1, 2016 – June 20, 2017

Code	Disposition	Count	Percent
1	MoCo Emergency Svcs (Motel/short term)	17	8%
2	Family/Friend	51	25%
3	Return to Abuser	11	5%
5	Home with PO	8	3%
6	Transitional	18	9%
7	New home	24	12%
8	Treatment/Shelter	9	5%
9	Unknown	53	26%
10	Other	1	1%
11	Unfavorable Discharge	10	5%
12	Inappropriate Referral	2	1%
Total clients w/disposition codes		204	100%

The high cost of living in Montgomery County, costs of child care, coupled with low level job skills, makes survivors highly vulnerable to further victimization, loss of employment, and chronic homelessness. DV victims leaving BAK often do not qualify or take precedence for transitional and permanent low-cost housing. They also face the dilemma that the average wait for housing vouchers is 2 to 5 years. Moreover, when using the Vulnerability Index; VI-SPDAT, a widely-recognized tool used to determine the need for housing assistance in Montgomery County, DV victims receive only a one-point priority. To add, most victims do not qualify for the Rapid Rehousing Program because of lack of stable employment. Out of the 194 discharged victims in FY16 only 3 (2%) and in FY17 out of 204 discharged only 18 (9%) met the requirements for the County's Rental Assistance Program (RAP). In FY16, only one (0.67%) received Housing Opportunities Commission (HOC) housing.

Victims face many additional barriers to affordable housing often due to poor credit and legal problems often stemming from the abuse. Some victims might also have pending immigration cases that prevent them from seeking lawful employment. Further, many housing programs do not favor survivors because they are afraid that they will bring problems or make the community unsafe.

Finally, most survivors do not qualify for permanent supportive housing services which require a documented permanent disability. Although they often suffer from mental illnesses related to DV; such as depression, substance abuse and PTSD; those conditions are not seen as serious barriers to housing and therefore they are not meeting the criteria for permanent supportive housing. These victims are often left with no alternative but living with relatives or friends. They may find themselves and their children constantly moving around to avoid their abusers. This is a daunting task that poses many risks especially for young mothers with large families. Even the most resilient of these victims are at risk for homelessness or returning to abusers. In turn, many of these victims end up back at the BAK after being re-victimized.

Another issue that the BAK has encountered is the lack of transitional housing for pregnant women. In FY17, there were 6 pregnant mothers in need of transitional housing. Pregnant women are more vulnerable and more likely to get assaulted when they are in abusive relationships. The literature documents that violence tends to increase and escalate when a woman becomes pregnant.

In the County, there are two tracks for homeless persons to receive shelter; single persons and family tracks. Pregnant mothers do not fit either track. In the single persons' track, pregnant women are not considered because they are carrying a child. For the Family track, pregnant women are not considered a family unit. Pregnant women fall between those two categories; the County calls it "a gray zone". To add, the only maternity home in the Metro area is St. Ann's in Prince Georges' County; which does not accept DV survivors into their program because of their high needs, risk of violence, and fears for their community's safety.

Transitional Housing & Case Management Request

Finding transitional housing and/or a system for prioritizing DV victims' access to long-term housing was the Board's top priority in FY14 and FY15.

The Board considered the need for a transitional housing program serving young female-headed households most vulnerable to the effects of domestic violence that would:

1. help break the cycle of violence and dependency,
2. deliver supportive case management services,
3. afford time to build needed life skills (e.g. education, GED, vocational, parenting),

4. provide increased trauma recovery and empowerment, and
5. offer a resolution of housing barriers (e.g. legal problems, identifying appropriate long-term housing).
6. Such a program would provide service for 1 year, with 3-month extensions, as needed, to achieve progress toward individual growth.

Transitional Housing

The VSAB began to explore the options available for both transitional and permanent housing in its general meetings. An appointed task force met with County leaders to discuss transitional housing options and strategies. Meetings were held with: Dr. Raymond Crowell, Chief of Behavioral Health Services, to review BAK discharge challenges; Nadim Khan, Chief, Special Needs Housing, DHHS; and Sara Black, Senior Administrator Housing Stabilization Services, to review the County's policies on homeless and priorities for the homeless; David Dice, of the Department of General Services, to discuss the possibility of renovating the Fleet Street townhouses for use as transitional housing. These meetings happened in FY15. As a pilot project, four of the Fleet Street townhouses were secured for transitional housing and are currently earmarked for DV victims and their families. The Department of General Services refurbished these homes to house as many as 4 families transitioning from the BAK. These properties were subsequently found to have unsafe levels of lead present and deemed inhabitable. The families were forced to move out. The board is asking that these properties be remediated, so that properties can be utilized for housing DV victims again. In addition, once the houses are remediated there is, however, no budget for appropriate case management services for domestic violence victims. The families cannot be moved until case management is in place. Family Services Inc. has applied for a Federal Department of Justice Grant (\$100,000) for case management services but unfortunately the grant was not funded. VSAB will continue to actively seek funds for and support all efforts to raise funds for crucial case management services.

Next Steps

Domestic Violence survivors and their families require temporary housing, case management and safety planning services after they leave BAK. Those services are not readily available in the County. This is an identified gap in services. There is lack of transitional and permanent housing for survivors of violence. Without resolution, more than likely these victims are at risk of continuing the cycle of violence. Finding adequate housing is a unique challenge facing DV victims. The challenge cannot be resolved by paying for expensive motel facilities or by securing another shelter. To close the gap in services there needs to be available transitional housing specifically for survivors, so they can eventually transition to permanent independent housing and remain safe from abuse. To ensure their long-term safety, the county needs to identify transitional units that will serve survivors and their unique needs.

In addition, survivors must be prioritized to ensure that they remain housed after they leave the shelter. Last year, 40% of the victims discharged to a homeless hotel or with families could not find permanent safety and security. As the County has made it a priority to eradicate homelessness for the Veterans in the past years with remarkable success, is it no less a priority to ensure safe housing for DV victims as the next priority.

Lastly, it is recommended that the County identify transitional housing units for survivors. A beginning goal would be to accommodate 20 individuals and revisit previous funding request of 100k for specialized domestic violence case management services to include safety planning, employment readiness, education and other trainings as well as all necessary services to maintain long term safety plan and independence. The board will seek to collaborate more with the Interagency Commission on homelessness for resolutions around this problem.

SUMMARY OF NEEDS

1. Establish a priority to ensure safe, transitional housing for domestic violence victims so that they can become self-sufficient survivors
2. Restore the Fleet Street housing for domestic violence victims
3. Identify transitional housing units for 20 survivor families
4. Allocate \$100,000 for in-depth and targeted case management

Priority: funding increase for domestic violence offender groups

Trauma Services Abused Persons Program (APP) offers domestic violence offender groups through a contractor. These groups are ordered by the judicial system to offenders in the County and are mandatory. These groups utilize a best practice model for treatment of DV offenders in hope of decreasing or eradicating recidivism of offenses. In these groups, the offenders learn interventions that help them manage anger, communicate better, and learn how to have positive and healthy relationships. This past fiscal year, sixteen groups needed to be cancelled because of lack of funding. The clinical contractor that helps with male offender intakes additionally has been an HHS unfunded budget pressure. Most DV victims want the abuse to stop and not to terminate their relationships; to this end, these groups are valuable. The VSAB advocates funding more groups, the intake clinician, a full-time secretary, and additional funding to provide intensive individual therapy for high risk offenders.

Priority: policy change on forensic exams for rape and sexual assault victims

Forensic exams are essential after a rape or sexual assault to collect vital evidence and provide appropriate healthcare. Most of these examinations can only be done at one hospital in the County. Victims who go to other hospitals must somehow transport themselves to this one location to get the help that they need for their health, for the best chance to seek best practices in rape kit examinations, and for best evidence collection for criminal prosecution. Many victims cannot do this for reasons such as psychological and physical distress, physical pain and the financial and temporal burden of traveling across the County. This is not in line with a victim centered approach for victims of rape and sexual assault during this most critical time. Every hospital in the County should be able to provide forensic exams by forensically trained nurses to provide quality care and best practices for victims of sexual assault and rape. Another model used has a revolving team of SAFE nurses to provide care at any hospital. The board will continue to advocate for this policy change.

Priority: victim services directory

The Victim Services Directory is under development and will be a comprehensive guide to services in Montgomery County for victims including healthcare, mental health, education, substance abuse and more. Services will be categorized according to the type and include additional details such as location, contact information, services provided, populations served, languages spoken, and eligibility requirements. After this information is compiled, committee members will contact agencies and confirm the information included. The final product will be available in electronic format via the VASAP website and be distributed to providers.

Priority: victim services programs vacant positions

There is a need to restore previously cut Trauma Services' victim assistants (VA) to better staff the local Circuit and District courthouses in Rockville and Silver Spring. The role of the VA is to help crime victims in the courthouses. VAs play a vital role for victims of crime. What makes Trauma Services' VAs different than other VAs is that they are independent of the criminal justice system providing confidential services and are on the frontline within our courtrooms. VAs help in the courts by assisting crime victims in filing peace and protective orders, accompany crime victims during trials, help with victim impact statements,

hold court school, help in filing family emergency maintenance, attend show cause hearings for DV offenders, and connect victims to needed resources and to the victims' services program. Over the last 5 years the victim assistance program has seen significant cuts. Thus, there are not enough VAs in the courts to meet the needs of victims. The impact of the cuts has resulted in delays processing compensation cases for crime victims and less court coverage in both Circuit and District Courts, where crime victims are seeking immediate assistance. In the last Court Watch report; an independent court monitoring program, "Critical Scaffolding" reported that 42% of DV victims did not have a lawyer or victim assistant at their final protective order. In addition, 37% of petitioners who had a victim assistant present were granted final protective orders and received family emergency maintenance as opposed to 6% of petitioners who were alone. Moreover, the report calls for victim assistants to staff the courthouses and the victim assistant's offices whenever the court is open to help petitioners. The 24/7 Court Commissioners location, where a great number of victims apply for interim orders, have no victim assistants to help them afterhours.

Identifying Future Priorities

Throughout Montgomery County, there are many programs to assist victims of sexual assault and domestic violence. These programs have been providing services to victims not only in the county but throughout the state of Maryland. They have been providing excellent care to victims who have sought out help by providing legal assistance, medical attention, and even assisted survivors in creating a new stable, safe life.

For this annual reporting period, the VSAB assessed several Montgomery County victim service providers. The Board identified service providers and interviewed some of these providers (**Table 3**). Primarily, the Board was interested in knowing the goals of the service providers, what needs the providers have, and how the VSAB can help the service providers meet their goals and address their needs.

Populations Served and Services Offered

Table 3: Interviewed Montgomery County Providers of Victim Services names, number of victims served, populations served, and the mission/priorities

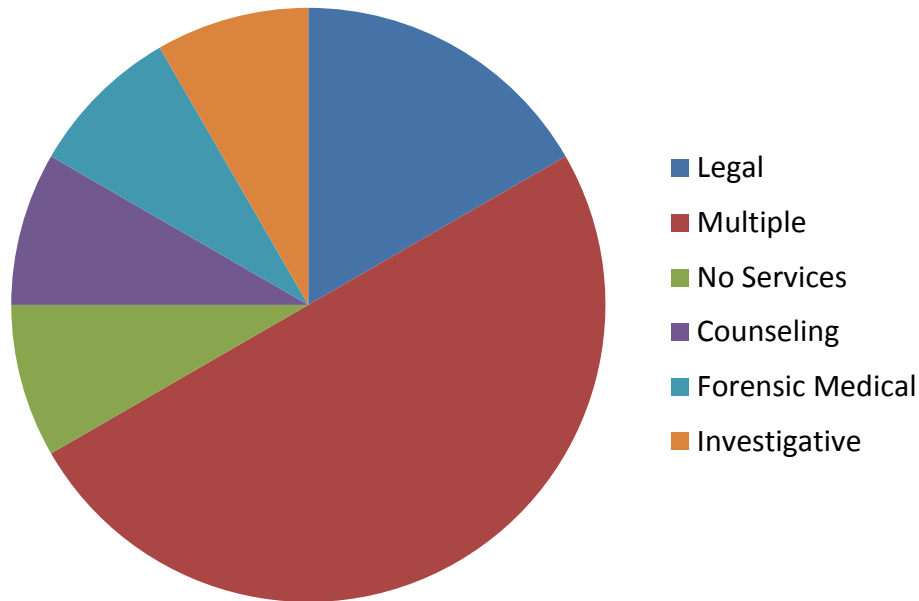
Service Provider (N = Average number victims served annually)	Mission/Priorities	Population(s) Served*
*Sexual Assault Legal Institute (SALI) (N > 400; this number is increasing)	<p>Mission: devoted solely to the legal needs of sexual assault survivors in Maryland providing comprehensive legal services to survivors of sexual violence, as well as training and technical assistance for professional working with survivor</p> <p>Priorities: to provide access to safety and justice through core legal services for sexual assault survivors; committed to identifying and providing holistic, survivor centered, direct legal services to survivors by responding to any legal need arising from the sexual assault</p>	<p>survivors of sexual assault when the survivor is either a Maryland resident, or when the</p> <p>sexual assault occurred in Maryland</p>
House of Ruth Maryland (N = 8,000 (900 in MC) adults and 500 (30 in MC) children; these numbers are consistent, but immigrant community not seeking services as much since early 2017)	<p>Mission: end violence against women and their children by confronting the attitudes, behaviors and systems that perpetuate it, and by providing victims with the services necessary to rebuild their lives safely and free of fear</p> <p>Priorities: get a victim to safety if in imminent danger and to assure that each victim has and understands how to use a personal safety plan to keep themselves safe; make each victim aware of resources available (both inside HRM and through other organizations) to help them build a strong support system (such as using the legal system when appropriate); educate about partner violence and awareness of rights as lives are rebuilt</p>	victims of intimate partner violence and their children
Montgomery County Pre-Trial Services (N = 0: services are not provided to victims, but help ensure victim safety from offenders)	Mission: provide community supervision and referrals for offenders released pre-trial to minimize risk to community and failure to appear	Persons charged with criminal offenses
Betty Ann Krahne Center (BAK) (N = 204)	<p>Mission: serve survivors of domestic violence, sexual assault and human trafficking and their families by providing immediate safe shelter after a high lethality level – County Residents</p> <p>Priorities: Promote independence and self-sufficiency</p>	any female victim of domestic violence+ their children fleeing violence, Montgomery County Residents
Abused Persons Program (APP) – Trauma Services (N = 1355 domestic violence victims referred)	Mission: Is to reduce the effects of partner related violence by providing safety planning, therapeutic services, advocacy, shelter and offender treatment	Domestic violence victims, domestic

Service Provider (N = Average number victims served annually)	Mission/Priorities	Population(s) Served*
Abused Persons Program (APP) 599 assigned for continued services. 846 offenders were referred and 530 were assigned for continued services) *FY18 stats only	Priorities: Safety and an empowerment model of treatment for domestic violence survivors and to provide the best evidence base model of treatment for domestic violence offenders.	violence offenders, who are County residents.
Victim Assistance and Sexual Assault Program (VASAP) Trauma Services (N = 777 rape and sexual assault victims referred and 579 assigned for continued services and 693 general crime victims referred and 412 assigned for continued services) *FY18	Mission: provide crime victims in Montgomery County with comprehensive services that will restore victims to their previous condition before the trauma Priorities: children and adolescents are prioritized at VASAP regarding therapy, compensation, etc.; recent rape and DV victims' safety is also prioritized	crime victims who are residents of the county or victims who had crimes perpetrated against them in the county, all ages
Chesapeake Counseling (N = 250 – 300; numbers are decreasing potentially due to lack of referral by newer judges) *FY18 stats only	Mission: help children and families Priorities: crime victims' needs	all persons
Korean Community Service Center of Greater Washington (N = 74; number is stable in Mont. County)	Mission: assist and empower Asian Americans and new immigrants to become well-adjusted and fully contributing members of the United States through social services, education, advocacy, and development of resources Priorities: responding to community need for culturally competent services for survivors of domestic violence and preventive education for those at-risk for domestic violence; safety and support victims to understand that they are victims and identify rights and information; all services provided by Korean bilingual staff members with culturally sensitive procedures	primary focus is on Korean Americans, but services are available to anybody in the community
Family Justice Center (FJC) (N = 1,100 – 1,200; numbers relatively consistent)	Mission: promote safety, well-being, and healing for victims of family violence Priorities: safety; that clients can be as safe as they can be while still being empowered to make their own choices; most important priority is for them to do whatever they feel comfortable moving forward and feeling; put mechanisms in place to make them feel safer even if they are not ready to move forward which includes safety planning, helping them develop job skills or attend school so they no longer are dependent on their abusers and feel capable of leaving and pressing charges	any victims of domestic violence/partner violence

Service Provider (N = Average number victims served annually)	Mission/Priorities	Population(s) Served*
Shady Grove Adventist Hospital Medical Unit (N = 479, upward trend in numbers)	<p>Mission: to provide medical services to victims of domestic violence, sexual assault and abuse, child physical and sexual assault, abuse and neglect, human trafficking, and elder abuse, assault and neglect</p> <p>Priorities: insuring access to care; educating those who may refer patients to Shady Grove; informing the public of services that we provide; caring for the emotional needs of the victims.</p>	all persons
State's Attorney's Office (N ~ 5,000; numbers are relatively consistent)	<p>Mission: to assist victims through the criminal prosecution process; to help ensure compliance with victims' rights under the law; to inform victims of available services; to assist prosecutors in the coordination of victims and witnesses in Circuit Court criminal cases</p> <p>Priorities: provide service; help through the prosecution process; keep victims informed, keep victims and the community safe</p>	victims of all crimes
Montgomery County Police Department (MCPD) Special Victims Investigational Division (N = 350 adults/650 children for physical and sexual abuse; 350-400 for DV; 150 mentally impaired individuals; 85% of reported cases involve female victims; there are more victims than detectives to serve them)	<p>Mission: MCPD: safeguard life and property, preserve the peace, prevent and detect crime, enforce the law, and protect the rights of all citizens</p> <p>Priorities: goal is to be victim-centered – this is a change in culture - implemented Trauma-informed Interviewing - a specific technique used increasingly across the country in similar sexual assault units; doing a better job to direct victims to the correct services in the county</p>	all persons
Domestic Violence Survivors Legal Services (since August 2016, monitored over 1,600 protective order cases and provided direct services to over 350 clients; in 2017, provided legal services to 286 clients (new and returning); this is a newer service, so it is expected that numbers will increase)	<p>Mission: to provide families impacted by domestic violence with affordable access to legal assistance and resources</p> <p>Priorities: provide as much legal assistance in family law cases and protective order cases so survivors of domestic violence are not forced to face these issues alone and face the potential to be re-victimized by the legal process</p>	all survivors of domestic violence

Figure 1: Service providers were asked, “What programs and/or services do you offer for victims?” The pie chart summarizes the answers; whereas, the table below provides more detail regarding which provider offers what type of service. Answers were simplified and paraphrased as necessary for this report.

Figure 1 details the types of service categories offered by the providers that the Board interviewed.



Service Provider	Service(s)
Sexual Assault Legal Institute	Legal, sexual assault; child sexual abuse
House of Ruth Maryland	Multiple: 24-hour hotline and crisis counseling; emergency residential options; legal advocacy; clinical; domestic violence victims; service coordination
Montgomery County Pre-Trial Services	No services
Betty Ann Krahne Center	Multiple: shelter; counseling; case management; legal advocacy; nursing; child care; meals; immediate needs; referrals; domestic violence; sexual assault; human trafficking
VASAP/APP	Multiple: counseling; psychiatric care; victim advocacy; shelter; victim compensation; crisis hotline/intervention; lethality assessment; service information and referral; safety planning; sexual assault victim; domestic violence; general crime; dv offenders
Chesapeake Counseling	Counseling; domestic violence victims
Korean Community Service Center	Multiple: case management; counseling; legal consultation; court accompaniment; interpretation/translation; information; referral; housing assistance, domestic violence victims
Family Justice Center	Multiple: Safety planning; assistance with protective orders; assist with writing petitions for protective orders, applying for social services; service information; domestic violence victims
Shady Grove Adventist Hospital	Forensic Medical; domestic violence; sexual assault; human trafficking; elder abuse; child abuse
State's Attorney's Office	Multiple: court hearing notification; services information; Crime Victim Notification Request and Demand for Rights Form; relocation and monetary assistance for witnesses; all crimes
Montgomery County Police Department	Investigative; all crime victims
Domestic Violence Survivors Legal Services	Legal; domestic violence victims

Of the twelve (12) service providers interviewed, only six (6) had, or provided, demographic information for the victims served as follows:

- Abused Persons Program (APP)

FY 18 STATISTICAL DATA

Race/Gender/Age	FY 18
Caucasian	26%
Black	30%
Hispanic	32%
Asian/Pac. Islander	5%
American Ind/Esk/Aleu.	0%
Other	7%
Males	8%
Females	92%
0-2 years	0%
3-12 years	2%
13-17 years	19%
18-59 years	76%
60 + years	3%

- Betty Ann Krahne Center reported:
 - 40% immigrants
 - 35% African American
 - 75% below poverty line
 - ~30% Hispanic
- Chesapeake Counseling noted that most of the persons served by them are children
- Korean Community Service Center of Greater Washington reported the following statistics for the last calendar year:
 - 97% Korean American
 - 90% female
 - 94% limited English proficiency
 - 95% immigrants
 - 69% between aged 21 to 49 years
 - 30% over 50 years old
- The Family Justice Center provided the board with the following comprehensive table:

FJC Client Race/Ethnicity Breakdowns* **

**Includes only clients that came to the FJC in person. Does not include phone outreach.*

***Each client is only counted once, regardless of whether they returned for additional services.*

Race/Ethnicity	2013	2014	2015	2016
Asian/Pacific Islander	6.1%	6.1%	6.1%	5.7%
American Indian/Native American	< 1%	< 1%	0	<1%
Black/African American	25.7%	26.6%	23.5%	27.2%
Hispanic/Latino	38.2%	35.9%	38.6%	40.1%
Indian/South Asian	< 2%	< 2%	< 1%	<2%
Multi-Racial	< 1%	< 1%	< 1%	<1%
Other	< 1%	< 1%	< 1%	<1%
Unknown	5.5%	6.7%	6.1%	5.8%
White	22.4%	22.7%	24.7%	21.1%

- Shady Grove Adventist Hospital Medical Unit provided the following information regarding their 479 patients encountered in 2017:
 - Elderly Served: 13(3 male, 10 female)
 - Vulnerable Adults Served: 1
 - Children Age 0-17 Served: 158(33 male, 125 female)
 - Adults Age 18-59 Served: 307(16 male, 291 female)
 - Domestic Violence Patients Served: 67(2 male, 65 female)
 - Sexual Assault Patients Served: 139(6 male, 133 female)
 - Human Trafficking Patients Served: 15(all female)
 - Follow-up Examinations Performed: 72
- The Montgomery County Police Department Special Victims Investigational Unit stated that 60% of their cases involved undocumented immigrants.
- Victim Assistance and Sexual Assault Program (VASAP):

777 RAPE/SEXUAL VIOLENCE REFERRED, 579 ASSIGNED

Race/Gender/Age	FY 18
Caucasian	26%
Black	30%
Hispanic	32%
Asian/Pac. Islander	5%
American Ind/Esk/Aleu.	0%
Other	7%
Males	8%
Females	92%
0-2 years	0%
3-12 years	2%
13-17 years	19%
18-59 years	76%
60 + years	3%

693 GENERAL CRIME VICTIMS REFERRED, 412 ASSIGNED

Race/Gender/Age	FY 18
Caucasian	21%
Black	27%
Hispanic	42%
Asian/Pac. Islander	6%
American Ind/Esk/Aleu.	0%
Other	4%
Males	34%
Females	65%
0-2 years	0%
3-12 years	5%
13-17 years	8%
18-59 years	75%
60 + years	12%

Financing of Services

Victim service providers and organizations throughout Montgomery County were asked a series of questions related to their individual need for financial servicing and support. Funding to hire full-time experienced staff is a primary need of the organizations interviewed. A significant strain is placed on current employees of understaffed organizations. Funding for robust staff salaries is necessary to reduce employee turnover, provide periodic training, and attract employees with distinguished qualifications. Additional funding for these organizations will also assist with transportation, housing, and office space. More information on challenges facing service providers is provided in the Provider Concerns section below.

Fluctuations in budget have a great impact on the organizations interviewed. The lack of stability in funding places victims in Montgomery County at risk of not receiving the essential care and support needed after traumatic events. County victim services are often the initial introduction to services that victims may access after experiencing a hardship. A consistent budget is necessary for organizations to meet their service needs.

The services that most of the organizations interviewed provide are crucial to the recovery of crime victims. After a sexual assault has occurred, the victim, along with their family suffers an enormous decrease in quality of life. The urgency to provide high quality of care is essential to the well-being of the community.

The cost of sexual violence not only directly impacts victims, but it also indirectly impacts society (**Table 4**). As evidenced by the chart below suffering and loss of quality of life is the highest cost to communities. Financial costs to the community can be mitigated by providing sufficient funding now and avoiding the high cost of indirect financial burden caused by the lack of attention to crime victims.

Table 4: Costs associated with sexual violence

Direct and Indirect Cost of Sexual Violence			
Health Care Costs		Societal Costs	
Medical	\$25,469,359	Lost Work	\$104,042,654
Mental health	\$137,269,411	Property Damage	\$4,053,516
Sexually Transmitted Infections	\$21,943,920	Suffering & loss of quality of life	\$3,950,696,164
Pregnancy	\$13,548,127	Victim Services/Out of home placement	\$2,769,522
Suicidal Acts	\$264,752,905	Investigation/Adjudication	\$9,726,284
Substance Abuse	\$159,113,002	Confinement/Treatment	\$82,057,390
		Earning Loss While Confined	\$104,704,385
		Prevention	\$569,000
Total Health Care Cost: \$622,096,724		Total Societal Cost:	\$4,258,618,915

Chart Data Source: 2011 Youth Risk Behavior Survey, 2011 Utah Child Protective Services, 2006 Utah Behavioral Risk Factor Surveillance, 2011 National Center for Health Statistics, and U.S. Census Bureau Population Estimates.

Most of the organizations interviewed rely on volunteers to fill the gaps of insufficient staffing. Volunteers also ease the strain of full-time employees by offering the experience and knowledge to assist victims of crime in a timely manner. Volunteers throughout Montgomery County are generous with their time and commitment. A few of the organizations have benefitted greatly by maximizing the use of volunteers that are highly qualified. Volunteers also assist the organizations in achieving their overall missions of serving the community's crime victims. A good example of this is the use of volunteers at Montgomery County's trauma services; APP and VASAP. In FY 18, their volunteers who work in the local courthouses in our jurisdiction, accompanied and helped victims of crime with peace and protective orders and their volunteer outreach workers who accompanied victims of rape, sexual assault, and domestic violence victims to local hospital for victims' forensic exams, contributed 10,828.25 hours, which is the equivalent of about 5.20 full-time staff members.

The role of the Victim Services Advisory Board in relation to the financing of services for these organizations is to advocate for the financing necessary for these organizations to function at full capacity. The need for victim provider services and organizations is evident throughout the county.

Provider Performance

Service providers have different ways of collecting data and measuring success. Many of them focus on feedback provided by their clients, but some collect quantitative data. By looking at this data, they can continuously evaluate their programs and improve accordingly. The information is not only used for developing the program but not monitor trends. **Table 5** outlines how providers reported to the Board how they measure success and what quantitative data they collect. Of the 13 service providers, 11 out of 13 (85%) report that they collect quantitative data.

Table 5: Measurements of provider success

Service Provider	Measurement of Success	Quantitative Data Collected
Sexual Assault Legal Institute (SALI)	client response to legal services	NR
House of Ruth Maryland	implementing success outcome measurement and assessing increases in client safety and awareness of IPV dynamics and area resources for support	length, frequency, and type of program engagement; results of research-based assessments; demographic data, progress toward outcome; change in behavior or understanding of situation
Montgomery County Pre-Trial Services	NR	NR
Betty Ann Krahne Center (BAK)	client satisfaction/disposition	time client stays at facility
Victim Assistance and Sexual Assault Program (VASAP) – Trauma Services	Post-Traumatic Stress Disorder check list (PCL-C)/Child Scale: Child's reaction to traumatic event scale-Clinical	PCL-C: FY18 results, 94% improvement of symptoms Child Scale: FY18 results, 93% improvement of symptoms

Service Provider	Measurement of Success	Quantitative Data Collected
Chesapeake Counseling	input from clients; number of referrals; number of kids who complete counseling and system checklists to assess children	referral data
Abused Persons Program (APP) – Trauma Services	Stages of Change Scale	FY18 results, 89.37 % improvement of symptoms
Korean Community Service Center of Greater Washington	continually evaluates programs for positive impact	Software measures efforts to outcomes; internal evaluation process; client surveys; population feedback
Family Justice Center(FJC)	NR	number of clients, protective orders, therapy sessions, and legal services received
Shady Grove Adventist Hospital Medical Unit	Balridge performance excellence program; monthly new standards to work toward	patient numbers; types of exams; nursing hours; number of patients testing positive for sexually transmitted infection(s); number of patients following through with treatment(s); number of subpoenas
State’s Attorney’s Office	immediate contact with victims; ability to point victims in right direction; number of victims who exert their rights and fill out the crime notification request forms or sign up for VINE	required to collect extensive data for quarterly grant reporting
Montgomery County Police Department (MCPD) Special Victims Investigational Division	victim interaction	monthly reporting and closure rates
Domestic Violence Survivors Legal Services (DVS)	number of clients provided legal services and seeing those who no longer struggles with legal issues	number of protective order cases and tracking of if attorney is present and how paid (e.g., pro-bono); outcome of cases; number of clients and what services they need and from where

NR = not reported to VSAB interviewer

In summary, of the twelve (12) providers interviewed, here are some of the comments:

- 2 out of 12 did not have any changes to recommend
- 1 out of 12 commented that Montgomery County Court Watch program was helping improve their ability to provide services
- 2 out of 12 agencies commented that there needed to be more communication with stakeholders regarding services offered
- 4 out of 12 agencies would like better collaboration between service providers
- 1 out of 12 agencies commented that a County Services directory would be helpful

- 1 out of 12 agencies commented that they needed better coordination
- 1 out of 12 agencies commented that victim privacy should be better protected
- 1 out of 12 agencies noted the need for more trauma-informed training
- 3 out of 12 agencies had no response

Interviewed service providers were also asked if they are pursuing any opportunities and/or initiatives relevant to the victim services that they provide. **Table 6** provides this information for the providers who volunteered information. The listed initiative(s) may not be the only opportunity/initiative that the service provider is currently pursuing and lack of this information here does not mean that the service provider is not pursuing opportunities and/or initiatives.

Table 6: Current Initiatives of interviewed service providers whom provided this information

Service Provider	Opportunity/Initiative
Sexual Assault Legal Institute (SALI)	developing trainings and best practices regarding survivors of human trafficking
House of Ruth Maryland	developing more partnerships around mental health services; received funding to expand Safe Homes program into Montgomery and Prince George's counties; educating victims on what services are available to families to meet basic needs, and assisting with accessing these resources; help assure victim stability; legal team continues to seek funding to sustain and expand divorce and custody service
Betty Ann Krahne Center (BAK)	building improvements; victim advocacy in court
Victim Assistance and Sexual Assault Program (VASAP)/Abused Persons Program (APP) – Trauma Services	SAFE Passage Center (where supervised visits can be held, and safe exchanges (safe visitation) of children whose parents are involved in contentious divorces or domestic violence situations can be arranged); involved in providing transitional housing for DV victims
Korean Community Service Center of Greater Washington	trauma-informed mental health counseling services, educational tools, and one-on-one support to victims of DV to empower them in their healing and recovery from life threatening violence and trauma needed to gain key life skills and increase their financial capacity to become more socially and economically self-sufficient
Family Justice Center (FJC)	applying for grants to expand technology footprint, legal services, other services, and grant funded client assistant position
Shady Grove Adventist Hospital Medical Unit	would like a medical suite in the Family Justice Center (allowing a nurse to be in the suite it would allow all of the services to be in one place)
State's Attorney's Office	two VOCA grant positions: 1 Victim/Witness Coordinators and 1 Victim Specialist
Montgomery County Police Department (MCPD) Special Victims Investigational Division	to be able to serve more victims
Domestic Violence Services Legal Services	to find grants and additional funding to increase staff and provide more direct and specialized legal representation for clients; to provide more representation in divorce and custody matters

Provider Concerns

Service providers were specifically asked, *“Do you believe that the current political climate impacts the number of persons who reach out to your program for services who may benefit from your services? If so, in what manner?”* Eleven of the twelve providers commented that they believed and/or had data to support that the current political climate impacts the number of persons that they provide services to. The biggest concern, shared by seven (7) providers, is fear of deportation keeping victims from seeking services. The main reason believed to be due to an increase in those served is the “metoo” movement. In addition, recent media coverage of high-profile sexual harassment cases in Hollywood, public figures, and government has impacted on the number of persons provided with services.

Service providers were also asked, *“How has the opioid epidemic affected the services and/or persons that you provide services to?”*, *“How does substance misuse affect the services and/or persons that you provide services to?”*, and *“What are the major challenges that you face in accomplishing these opportunities and/or initiatives?”*

In summary, of the twelve (12) providers interviewed:

- 3 out of 12 reported anecdotal evidence of “metoo” and “time’s up” movements influencing client behavior
- 7 out of 12 agencies reported that anecdotally the political climate toward immigration has affected client behavior
- 4 of the 12 agencies reported a lack of affordable and transitional housing for domestic violence victims
- 3 out of 12 agencies anecdotally reported that the opioid epidemic directly/indirectly affects their services to/and/or clients
- 10 out of 12 agencies reported that they have major concerns regarding funding shortfalls
- 6 out of 12 reported having a shortage of staff
- 3 out of 12 reported that transportation of their clients is a concern
- 2 out of 12 reported that outdated equipment/technology is a concern
- 2 out of 12 reported that space (office, transitional housing, childcare) is a concern
- 3 out of 12 reported that a lack of knowledge about services offered is a problem
- 1 out of 12 providers reported that fear of retaliation for reporting a crime is a problem

Table 7 provides more details regarding the individual responses from service providers.

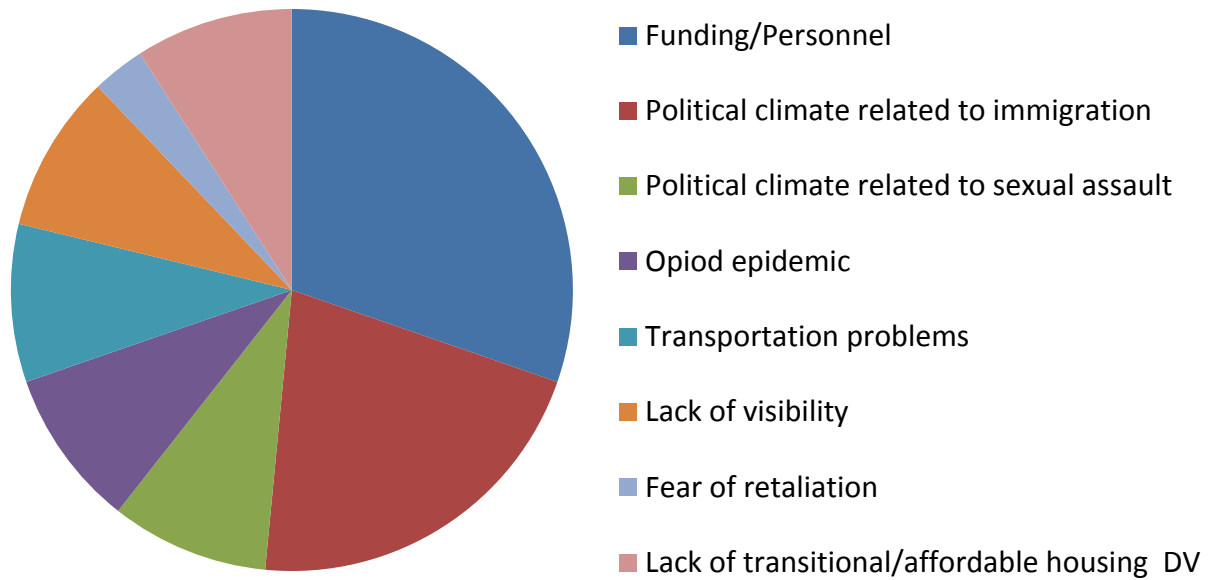
Table 7: Interviewed Montgomery County Providers of Victim Services concerns

Service Provider	Political Climate Concerns	Opioid Epidemic Concerns	Other Major Concerns/Challenges
Sexual Assault Legal Institute (SALI)	seen an increase in demand for assistance with cases regarding sexual harassment that corresponds to media attention of such as the “metoo” movement	Clients and their families have been directly and indirectly affected	NR
House of Ruth Maryland	deportations and hate crimes being reported across the nation perceived as having negative impact on utilization of services	NR	<p>program could see more victims if the resources were available: additional legal staff, childcare staffing, investment in organizational IT/Data/Technology capacity</p> <p>Metro and public transportation don’t effectively reach out into the community</p> <p>improving coordination to support clients and would like to collaborate more with community partners to support victims</p>
Montgomery County Pre-Trial Services	NR	NR	NR
Betty Ann Krahne Center (BAK)	last year saw a reduction in Latina clients but numbers have gone back to averaging at 30%	used to terminate clients who are addicted to drugs and alcohol, but changed policy to help them find appropriate treatment	<p>County’s limited funding - no position(s) in the contract</p> <p>treatment program is temporally short and there is a need for transitional housing services</p> <p>language barriers impact services and there are limitations associated with providing services to persons disabilities</p>

Service Provider	Political Climate Concerns	Opioid Epidemic Concerns	Other Major Concerns/Challenges
Victim Assistance and Sexual Assault Program (VASAP)/Abused Persons Program (APP) – Trauma Services	anecdotally, fewer undocumented victims are reporting (to the police) out of fear of encountering ICE, especially at the courthouse, and being deported	employ a harm reduction approach, but it is hard to develop effective safety planning if the client is highly dependent on substances	lack of resources - transitional housing needs a full-time case manager, other positions need to be created and/or filled (positions are frozen, and each service area was able to prioritize 10 positions and there are four + vacancies, and only one was prioritized), need more training for volunteers
Chesapeake Counseling	believes political climate impacts immigrant-clients	experiencing a growing number of affected children and noted parental substance use and abuse can greatly increase the risk of domestic violence incidents, CPS involvement and children experiencing psychological symptoms	funding - more funding [should be] slated for teen therapies, to provide a means to share information about services transportation help is needed for parents to bring children to office site
Korean Community Service Center of Greater Washington	undocumented victim[s] and her/his family seem to be hesitant to report to law enforcement due to fear of deportation.	NR	transportation support, housing support, and emergency fund DV victims uncomfortable staying in transitional housing language and culture barriers
Family Justice Center(FJC)	anecdotally, not seen a decrease in immigrants coming forward to seek service anecdotally, clients seem more willing to have a conversation about pressing charges due to increase in awareness of sexual violence in the media	NR	funding - would like to increase outreach but restricted by capacity, sustained funding is needed for client services so that there is no gap in the services differing policies between partner agencies

Service Provider	Political Climate Concerns	Opioid Epidemic Concerns	Other Major Concerns/Challenges
Shady Grove Adventist Hospital Medical Unit	some women are likely to avoid getting services because they may come from a culture that is not generally kind to women.	always seen issues associated with substance misuse	<p>funding – need more staff (on-call nurses), licensing, and training</p> <p>working on streamlining to see patients faster</p> <p>lack of awareness of services offered</p>
State's Attorney's Office	some immigrant populations have been hesitant to come forward and to seek services due to fear of deportation	a lot of criminal cases/incidents result from the abuse of substances, from drunk driving, to assaults, murders, domestic violence, etc.	<p>funding – must keep grants to ensure: need additional office space/meeting rooms/a kids' room, update computer systems to operate more smoothly</p> <p>fears of retaliation from offenders</p>
Montgomery County Police Department (MCPD) Special Victims Investigational Division	"metoo" campaign resulted in a subtle uptick with approximately 10 additional sexual assault cases from 2017 to 2018, but seen more reception from county leaders, more public outcry, and better coordination of agencies	most sexual assault and DV cases have some sort of drug/alcohol abuse, victims are often reluctant to talk about this – but not noted any spikes in need for services due to epidemic	<p>funding and personnel – would like to double number of detectives for sexual assault cases from 4 to 8</p> <p>lacking programs for adult sexual abuse while more is available for child abuse and elder abuse</p> <p>length of time between incident and reporting, recanting, and refusing to prosecute</p>
Domestic Violence Survivors Legal Services	fear of deportation for immigrants is a big concern for them but have not compiled statistical data to support this view.	NR	<p>funding - only one person on the staff who only works 20 hours a week - remaining services are entirely dependent upon volunteers – difficult to find attorneys to donate time</p> <p>lack of awareness of services offered</p> <p>lack of understanding about what DV survivors must endure</p>

Figure 2: Major challenges faced by Montgomery County service providers. Eleven (11/12) providers answered this question



VSAB Support

When service providers were asked how the Victim Services Advisory Board can help them in their role as an advisory committee to the Montgomery County Council and Executive, several themes emerged. Providers frequently asked for additional resources, primarily financial. They requested the board to advocate for more funding for their programs and to encourage the Executive and County Council to eliminate budget cuts. They also asked the committee to encourage the County Council and Executive to create more grant opportunities for their agencies. With an increase in these financial resources, they hope to expand services that they offer to victims and increase the number of staff available to serve victims. Service providers also discussed expanding their services by collaborating with other service providers to offer a more holistic approach to treatment. In addition, they asked board members to raise awareness about the services provided by each individual agency as well as issues pertinent to victims of violence. Furthermore, service providers requested that members continue to advocate for transitional housing options and case management for victims of violent crimes. Lastly, service providers identified a need to offer providers training opportunities, particularly in trauma-informed care.

In closing, the Victim Services Advisory Board appreciate your time and attention to this report. Moreover, the board would like to thank the victim service providers for providing us with the information about their programs. In addition, the VSAB would like to thank its members who spent hundreds of hours visiting, producing, and compiling the data for this report.

Victim Services Advisory Board

Advocating for Victims of Crime



Administrative Support

Dr. Rafiah H. Prince and Maria Carzon provided support for the Board.

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