



**Howard County Domestic Violence Fatality Review Team
Howard County, Maryland**

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2014 ANNUAL REPORT

History

The Howard County Fatality Review Team (HCDVFRT) was originally established in November of 2007 and operated through April of 2012 at which time the group became inactive. In part this inactivity was due to a lack of DV related fatalities to review and due in part to an erroneous belief that cases could not be reviewed until all appellate action was exhausted. Staff changes at the State's Attorney's Office, as well as the Domestic Violence Center resulted in the re-establishment of the group in April of 2013. In recent years, there have been few domestic violence related fatalities in the County, therefore the HCDVFRT opted to focus on a recent non-reviewed DV homicide that occurred in 2010.

Purpose

The mission of the Howard County Domestic Violence Fatality Review Team (HCDVFRT) is to attempt to reduce domestic violence, specifically domestic related fatalities and near fatalities in our County through a multi-disciplinary review of our response to domestic violence in our community. The goal is to utilize a multi-disciplinary model to address training and community based prevention programs, as well as to effect systemic change to our community's response to domestic violence.

Authorization

HB 741, “Local Domestic Violence Fatality Review Teams,” was signed into law by Governor Robert Ehrlich on April 26, 2005, effective July 1, 2005. The legislation enabled counties to establish domestic violence fatality review teams, making Maryland the twenty-first state that passed legislation regarding domestic violence fatality review. The domestic violence fatality review legislation is based on the Child Fatality Review Statute under Title 5, Subtitle 7, entitled “Child Fatality Review Teams,” established by SB 464 during the 1999 legislative session.

The legislation is codified under Title 4, Subtitle 7, entitled “Local Domestic Violence Fatality Review Teams” of the Family Law Article. Below are the citations for specific aspects of the authorization:

- FL§ 4-701: Defines domestic violence (DV) as being between “intimate partners.”
- FL§ 4-702: Authorizes establishment of team and organizing agencies.
- FL§ 4-703: Sets out membership.
- FL§ 4-704: Establishes:
 - Purpose—to prevent deaths.
 - Method of operation—creation of protocol and review of DV fatalities and near fatalities.
- Scope of review—number and type of cases for review.
- FL§ 4-705: Authorizes mandatory access to records.
- FL§ 4-706: Authorizes closed meetings when discussing cases.
- FL§ 4-707: Authorizes confidentiality and protection from civil and criminal proceedings.
- CJ§ 5-637.1: Allows for protection from liability.

Membership

The HCDVFRT is made up of a multidisciplinary group of professionals whose role in the community may contribute to a better understanding of the factors that influenced the occurrence of a domestic violence fatality or near fatality and whose agency, organization or governmental department has the ability to influence or change the response protocol in hope of preventing future deaths or injury. Please see attached roster for a full listing of HCDVFRT members and agencies represented.

Methodology

Selection of cases for review by the HCDVFRT (“Team”)

The review process begins with the selection of cases for review. The Team discussed potential cases that fit the criteria that were set at our first meeting: domestic homicides, domestic suicides and domestic cases involving serious injury. After the selection of a case, the co-chair

provides the names of the victim and the perpetrator, as well as all identifying information to all of the team members. The Team members will then use the information to research their agency's files for any pertinent information.

Information gathering

The team will gather all pertinent information from their agency's files and submit the information to the chair of the Team. The Team is permitted by law to review confidential files for the purposes of reviewing the cases selected. The Team is permitted to request records from organization's that do not have participating team members. The Team may also request medical records for the victim through an agreement with the local hospitals.

Interviews

The Team during its initial review may decide that there are individuals that it would be beneficial to interview during the screening process. If the decision is made, the Team will contact the individuals by letter and request an interview. The interviews will be assigned to team members who have training in interviewing victims and witnesses.

Review Process

Prior to each meeting, the Team members are given a to-do list of items to complete prior to the next scheduled meeting. At the meeting, the members will present the materials they were asked to locate and may be questioned about the materials or procedures by Team members. Many items are asked to be submitted prior to the meeting so an assigned member of the Team can compile a Case Timeline for each case reviewed. The timeline is discussed at the meeting and the members discuss any areas where they believe the process might have been changed to better the outcome. The members continue to brainstorm solutions to the identified problems.

Recommendations

During the review process of a case, the Team compiles a list of "Identified Problems" and works to create "Recommendations" to address the problem. The members of the Team who are associated with the agency being discussed will participate in the discussion and help draft a potential solution. These solutions are then presented to the appropriate person in the agency and the member will report back what, if any, actions were taken on the Team's recommendations.

Annual Report

The Team prepares an annual report with the purpose of providing information to the public and persons, agencies or organizations and community groups that may have an influence on enacting the proposed recommendations.

Recommendations

The HCDVFRT reviewed in totality over the past year one domestic related homicide that occurred in our community in 2010 with the purpose of identifying systemic issues that might be addressed and corrected. The HCDVFRT has identified two (2) issues and has agreed upon the following recommendations to address these issues.

1. IMPROVE DOMESTIC VIOLENCE OUTREACH TO THE HOWARD COUNTY HOMELESS POPULATION

Identified Problem:

There is a lack of accessible information to the homeless population in Howard County regarding domestic violence. The main resource in Howard County for homelessness services is Grassroots which does not have specified domestic violence training for its volunteers.

Domestic violence victims who are homeless have a greater difficulty getting domestic violence services often due to multi-layered issues, including mental health and substance abuse, as well as a lack of stable living conditions.

Recommendations:

Increase the resources available for domestic violence victims at Grassroots Day Resource Center. HopeWorks will provide educational posters and pamphlets for display and dissemination at the Day Resource Center.

Provide training by HopeWorks and the Howard County Police Department Domestic Violence Unit to the Grassroots volunteers. The training will include information on screening for domestic violence, the cycle of violence, use of the lethality assessment by Howard County police and the location and availability of resources.

Assign a contact person at Grassroots in an effort to streamline communication.

Participate in the Howard County Government Citizen Service's "Point in Time Homeless Count" in order to circulate information on Domestic Violence resources.

Increase the visibility of HopeWorks at the Day Resource Center by making an advocate available on an on-call basis if necessary.

Progress Report:

HopeWorks has designated a poster to supply to Grassroots and is currently working with them to post at the Day Resource Center.

The Howard County Police Department DV Unit and HopeWorks are presently attempting to schedule different training classes for the staff and volunteers at Grassroots. This would include training on utilizing an advocate from HopeWorks who would be available on an on-call basis.

HopeWorks has established regular communication with Nicole DeChirico, Director of Grassroots crisis services.

Due to an issue with the HCPD internal mail system the items were not delivered in time for this year's Point in Time "Homeless Count"

2. CREATE A SYSTEM TO BETTER IDENTIFY AND MANAGE MENTAL HEALTH AND SUBSTANCE ABUSE ISSUES IN DOMESTIC VIOLENCE VICTIMS

Identified Problem:

There is no existing protocol on how Howard County agencies are to work together in order to provide services for domestic violence victims who are dual diagnosed and suffer from both mental health disorders and substance abuse. The level of services falls off almost completely when the victim is also homeless.

The agencies who deal with domestic violence, mental health and substance abuse are not always able to work together, due to a lack of funding and a serious lack of housing for dually diagnosed victims. Howard County General Hospital will evaluate victims and allow them to detox, but there is a lack of beds after they are sober. HopeWorks maintains a shelter with twelve (12) beds, but safety must be their priority. If a victim suffers from substance abuse problems or mental health issues they are not permitted to stay in the shelter if their behavior impedes the staff as they must be able to maintain a safe environment for all the residents. Howard County does not have an emergency shelter specifically for dually diagnosed domestic violence victims.

In the case reviewed, the deceased was homeless and had suffered from domestic violence for quite some time. Additionally, she suffered from mental health and substance abuse issues which made it difficult to get her the help she needed. Howard County agencies were not fully

equipped to deal with the multi-layered issues presented by a victim with mental health and substance abuse, especially when that victim was also homeless.

Recommendations:

Short-Term:

Await recommendations from the Howard County Behavioral Health Task Force that began in June 2014 with a mandate from the County Executive and is slated to produce a final report in March 2015.

Long-Term:

Increase crisis beds and long term, affordable treatment for dually diagnosed domestic violence victims.

Progress Report:

The Team is awaiting the Recommendations from the Howard County Behavioral Health Task Force which should be published in the next several months.

The Team is continuing the brainstorming discussion.

The Resource Guide for New Caretakers is complete and ready for final approval.

Continued Goals of DVFRT

The Team has the ongoing goal of following through with our 2013 and 2014 Recommendations, as well as including new participants in our working group.