

DOMESTIC VIOLENCE AND  
WELFARE RECEIPT IN MARYLAND:  
HOW IS THE FAMILY VIOLENCE OPTION BEING  
IMPLEMENTED?

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## **Executive Summary**

This report, the second in a series of three on domestic violence and welfare receipt in Maryland, examines the implementation of the Family Violence Option (FVO) at the jurisdictional level. Evaluation of sub-state implementation data is critical because in keeping with its overarching theme, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) does not specify or limit the manner in which states can or must implement the FVO. With regard to the FVO, as with many aspects of PRWORA, states have thus had to grapple with a new and complex area of involvement and focus, especially for front-line welfare staff, but with little empirical data available to guide their work.

Today's report describes and analyzes data gathered through interviews conducted with welfare program personnel in each of Maryland's 24 jurisdictions. The interviews were semi-structured and had questions in seven main topic areas: background and staffing, trainings, screening and disclosures, waivers, relationships with other agencies, miscellaneous issues, and opinion questions. The availability of domestic violence services and the general economic and social climate in each of the jurisdictions were also investigated. Data on the jurisdictions were compiled from a number of sources and used to complement the qualitative data. These data contain information on crime, vital statistics, and human capital for each of Maryland's 24 jurisdictions.

Congruent with the federal FVO policy, Maryland's policy offers crucial leeway to its jurisdictions in establishing the specifics of screening and service

provision for domestic violence victims. Given the flexibility allowed to the jurisdictions, it is not surprising that interviewees reported many variations in the ways jurisdictions have implemented the FVO in terms of staffing, training, screening, and waivers. Moreover, in terms of identifying typical patterns of implementation, no common patterns were evident in the data, and only a handful of variables were related to each other. Most notably, the presence of a family violence expert seemed to be the most important variable in terms of implementation strategies. Jurisdictions with an expert were more likely to have a caseworker conduct the screening and use locally designed screening questions. However, these same jurisdictions were less likely to tell customers about FVO waivers before disclosure and distribute printed domestic violence information. Additionally, the timing of the domestic violence training was related to another training-related variable and to one screening variable. Jurisdictions with later trainings were more likely to have had all staff attend the training and to use locally designed screening questions.

Similarly, agency implementation variables were not universally related to a particular set of economic or socio-demographic characteristics. Just as no set patterns of FVO implementation emerged from the data, jurisdictional characteristics such as population density, unemployment rate, and high school dropout rate did not have a common impact on what decisions and strategies the DSS employed. According to our data, the most important influences were population size, the level of domestic violence service availability, and a general

risk indicator reflecting the level of economic opportunities, material well-being, and human capital development in each jurisdiction.

While further analyses are needed to determine the causal and relative impact of jurisdictional and agency characteristics on FVO implementation, the findings presented in this report do lead to a handful of preliminary recommendations. The opinions expressed by the interviewees coupled with the findings from the data analyses point to three probable strategies for program enhancement.

First, because the presence and role of the family violence expert has both positive and negative impacts on other FVO strategies, the mandate to establish one in each jurisdiction may not be as necessary as originally thought. The idea of an appointed family violence expert initially was offered as a solution to the difficulty of implementing the new policy. However, it is clear from these data that the presence of an expert does not solve all problems and also may inadvertently lead to or at least contribute to certain undesired effects. For example, it is generally accepted in the domestic violence literature that an explanation of FVO waivers should come before screening questions are asked and that a universal notification policy of the waivers should be adopted. However, in this study, we found that the presence of an expert is related to a policy of selective rather than universal notification.

Given the mixed anecdotal and empirical results, it is not surprising that interviewees who reported no expert in their agency expressed mixed reactions to the possibility of hiring or appointing one. Some did not see a need and others

were satisfied with their relationship with either the services agency or the local domestic violence agency. Instead of a mandated family violence expert, perhaps a better strategy for guaranteeing a minimal level of domestic violence support and expertise would be to establish a different type of support system. One suggestion would be to mandate that a certain percentage or cohort of the frontline staff, either TCA or services workers, be intensively trained and be available for consultation or referral if the need were to arise. All staff should be familiar enough with the policy to describe the waivers and do an initial, but not superficial, screen for abuse.

Second, the infrequency of domestic violence training was a concern of many interviewees. Most jurisdictions have had only one training, and many were so long ago that the majority of frontline staff may not have attended. Moreover, the data point to a positive impact of more recent trainings in terms of offering more tools and taking a more “whole agency” approach. Unfortunately, but not surprisingly, the biggest obstacle noted by interviewees to offering more training was lack of funding. In general, locals seemed either unable or unwilling to identify funds to devote to such a specific project. Fiscal difficulties notwithstanding, study data do suggest that FVO training for frontline staff should be placed on the FIA-DHR training radar screen and, in fact, that some type of FVO training program be developed and offered to local agencies during the next fiscal year.

From these data, it seems that the relatively small amount of funds that would need to be earmarked for training design, delivery, and related expenses

could have a proportionately much larger beneficial impact on customers, staff, and local agencies. Additionally, while flexibility in the implementation of screening and waiver approvals is very welcomed on the local level and is appropriate, stronger guidelines regarding training and making resources available to provide that training would immensely aid overall FVO implementation and service delivery. Decisions regarding appropriate screening and services would be better informed and demonstrate that, unequivocally, Maryland is committed to effective, thorough use of the FVO.

Third, continued monitoring of screening results and service uptake is essential. One interviewee commented that the policy and service strategies are “continuing to evolve.” This statement could not be more accurate; the FVO and the implementation of the policy are, relatively speaking, still very new. Thus, policies and practices have not been set in stone at the jurisdictional level, but are being tweaked and changed in response to their results. In this situation, especially, an understanding of what is happening on the frontlines is critical in informing evaluations of the results as well as the development of improved training, screening, and perhaps service delivery methods and partnerships.

Finally, while unrelated to FVO implementation at the agency level, the apparent impact of domestic violence services on a jurisdictional level must be noted. More than any other jurisdictional characteristic, a higher level of services county-wide seem to lead to, facilitate, or at least be correlated to FVO implementation strategies which more closely approximate what are currently considered to be “best practices” in the domestic violence field.

## Introduction

This report, the second in a series of three arising from a multi-stage project on domestic violence and welfare reform in Maryland, focuses on implementation of the Family Violence Option (FVO) in local Departments of Social Services (DSS) and inter-jurisdictional variation in practices and services. The project as a whole examines the impact of the FVO by combining quantitative and qualitative research methods to investigate the interaction among individual, agency, and jurisdictional variables. The purpose is to generate information that is useful to policy reform and the development of best practices.

The present report, *Domestic Violence and Welfare Receipt in Maryland: How is the Family Violence Option being Implemented?*, describes and analyzes data gathered through interviews conducted with welfare program personnel in each of Maryland's 24 jurisdictions. The availability of domestic violence services and the general economic and social climate in each of the jurisdictions is also discussed. The conclusion focuses on the importance of local implementation and FVO practices as well as how certain local economic and demographic conditions might impact FVO implementation and service delivery.

Evaluation of sub-state data is an important part of the project because, in keeping with its overarching theme, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) does not specify or limit the manner in which states can or must implement the FVO. For example, regarding service referrals the legislation simply says that states must refer affected

individuals to counseling and supportive services, but does not outline any requirements regarding who should offer such services, where they should be located, or when the referral should take place. With regard to the FVO, as with many aspects of PRWORA, states have thus had to grapple with a new and complex area of involvement and focus, especially for front-line welfare staff, but with little empirical data available to guide their work. Hopefully, today's report and our other two on the topic will be of value to state and local officials in assessing FVO practice to date and in identifying areas where improvement or enhancement may be needed.

## **Policy Context**

The 1996 federal welfare reform legislation, the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), heralded a new era of United States welfare policy. PRWORA replaced the federal entitlement program, Aid to Families with Dependent Children (AFDC), with a system of state block grants, Temporary Assistance to Needy Families (TANF), and with it changed the focus of welfare policy from guaranteed monetary grants to temporary aid with strong work mandates. Recognizing that many of these changes, most notably time limits and work and child support participation requirements, potentially place battered women in danger of either being found by their abusers or being forced to return to them for financial support, Maryland, like many other states, elected TANF's Family Violence Option (FVO). The FVO allows participating states to grant waivers for TANF program requirements that would make leaving an abusive situation difficult, would unfairly penalize formerly abused women, or would put them at risk of abuse by an estranged partner. Exemptions include good cause waivers from the five-year life time limit as well as work participation and child support requirements.

Maryland adopted the FVO in October 1996 as part of its comprehensive welfare reform program, the Family Investment Plan (FIP). Formal policy on the topic of domestic violence was issued in early 1997. Specifically, the Family Investment Administration (FIA) of the Maryland Department of Human Resources (DHR) issued a formal notification, or FIA Action Transmittal, on

January 23, 1997.<sup>1</sup> Action Transmittal 97-77, which was effective upon receipt, was the first written communication on how to implement the FVO on the jurisdictional level and provided information on how to conduct family violence screening. The document includes sections on issue background, the definition of domestic violence, identification process, service referral, waiver, good cause, and action to be taken. Highlights of the new state policy included:

- **Identification** mandates a screening with “several appropriate screening questions” at both the individual front-end assessment and at redetermination;
- **Service referral** means that the customer should be referred to “counseling and supportive services.” Referrals may be made to “partners in the community”;
- **Waivers** are given for time limits, residency and child support cooperation requirements, and work activities if compliance would make it “more difficult for the customer to escape domestic violence”; and
- **Good cause** means there are reasons that compliance “may be against the best interests of the caretaker relative or the child.” This section instructs one to “use the same criteria to determine good cause as is done for child support.” The local department makes the determination of good cause, informs the customer in writing and reviews the good cause at each redetermination.

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<sup>1</sup> Action Transmittals are the official written means of communicating state policies to local jurisdictions in Maryland.

Approximately one year later (December 30, 1997), a superceding Action Transmittal (98-30) was issued and became effective on February 1, 1998. This document includes the same sections as 97-77, but adds a new section on “systems procedures,” which describes how to enter information in the state welfare databases. Action Transmittal 98-30 also makes some changes within existing sections including:

- The **Definition** of abuse is expanded. Specifically, the mental abuse bullet point is replaced with “mental injury, verbal abuse (i.e., threats, controlling behavior, deprivation of freedom, denial of personal liberties and isolation).” The definition is also expanded to include intimidation.
- The **identification procedure** now places more emphasis on the importance of “worker sensitivity and customer confidentiality.” Screening is now also supposed to take place at the job readiness assessment.
- In **Service Referral**, the appointment of an in-house family violence expert in each local department is mandated. Customers are now referred to the expert who, in turn, may refer the customer to a DHR-funded family violence service provider.
- In **Good Cause**, there is no reference to the child support criteria. An identified family violence victim now “must participate in a minimum of one session with an in-house family violence expert to receive a family violence waiver.”

This document remains the official statement on policies and procedures relating to the FVO and has been frequently referred to in subsequent Action

Transmittals. For example, Action Transmittal 99-08, effective on August 31, 1998, discusses determination of non-cooperation for Temporary Cash Assistance and Medical Assistance customers. When describing good cause determination, the reader is referred to Action Transmittal 98-30 for information on policy and procedures in cases of family violence.

The changes from Action Transmittal 97-77 to Action Transmittal 98-30 are very interesting in that they solely address questions of definitions (or applicant qualifications) and screening. The sections of the policy that deal with service provision and exemptions remain virtually unchanged. In comparing Maryland policy with the language of the federal FVO, there are no inconsistencies. The federal legislation (Sec. 103 - Block Grants to States - SubSec. 402(a)(7)) lists the following three steps as the standards and procedures for screening and serving domestic violence victims:

- (i) screen and identify individuals receiving assistance under this part with a history of domestic violence while maintaining the confidentiality of such individuals;
- (ii) refer such individuals to counseling and supportive services; and
- (iii) waive, pursuant to a determination of good cause, other program requirements, such as time limits (for as long as necessary) for individuals receiving assistance, residency requirements, child support cooperation requirements and family cap provisions, in cases where compliance with such requirements would make it more difficult for individuals receiving assistance under this part to escape domestic violence or unfairly penalize such individuals who are or have been victimized by such violence, or individuals who are at risk of further domestic violence.

The purpose of the federal legislation as well as the guidelines for service delivery is clearly reflected in Action Transmittal 98-30. Thus, in theory, Maryland's FVO policy is congruent with both the letter and the spirit of the

federal provision. The remainder of this paper examines how the state policy has played out in practice at the local level.

## **Background**

The devolution in welfare policy from the federal to state level has forced a change in the traditional method of evaluating the success of cash assistance programs in the United States. From the establishment of Aid to Dependent Children (ADC) in 1935 through the next fifty years of alterations to that original policy, researchers have been able to conduct thorough evaluations on the national level. The federal uniformity of cash assistance programs to the poor enabled researchers to use findings from both large national studies and smaller state and local studies to generate national conclusions and policy recommendations. The lack of variability across states meant that an evaluation of the policy, regardless of where it was done, had relevance to national as well as local policy-making.

While many policy researchers began to question the reliability of studies which ignored the question of local implementation beginning in the 1970s, it was not until the advent of AFDC state waivers in the 1980s that local level studies and evaluations became wide-spread. The subsequent passage of PRWORA in 1996 made these studies not only common but also necessary.

Considering the devolution of welfare policy in general and the leeway given to states regarding the FVO in particular, it is impossible to conduct an accurate and comprehensive national evaluation of the implementation of the FVO. Not only do states have vastly different policies in place, but their methods of data collection also differ. Moreover, while some agencies have begun to collect standardized national data, current national survey research data sets are

only large enough to support state-level analyses for the largest states (Hotz et al., 1999).

Besides the methodological barriers to national studies, local and state level studies are conceptually more appropriate to answer the most pressing questions of interest in the TANF era, including those pertaining to the FVO. The design of PROWRA has made local level innovation a leading factor in service delivery. Research on best practices and successful results now consider and, in many cases, focus on local practices.

In addition to agency practices and local implementation of reforms, many researchers have questioned the role of the local economy in bringing about the 50 percent caseload decline we have seen since the mid-1990s. The period between 1994 and 2001 was characterized by both a strong economy and unprecedented and numerous welfare policy changes. Many published papers examining reasons for the caseload decline indicate that jurisdictional policies are one factor, but that the local economy also affects the situations of individuals receiving welfare. (See, for example, Council of Economic Advisors, 1997; Danzinger, 1999.) While the vast majority of studies consider only the role that economic factors play, a handful of papers have been published on the importance of other macro level conditions such as crime rates and cost of living. In particular, sociologists and community psychologists are examining neighborhood factors and community well-being indicators and how they impact individual outcomes and well-being (e.g., Brooks-Dunn, Duncan, & Aber, 1997).

This literature, however, has focused mostly on child well-being and has not yet been completely incorporated into most welfare research and evaluations.

Considering FVO evaluations in particular, studies focus on either individual level factors or macro-level factors such as disclosure rates. Recent studies concerning disclosure rates are addressing the large discrepancy between prevalence and disclosure rates by examining service delivery practices. These studies focus on the question of which screening practices yield the highest rates of disclosure (Angelari, 1998; Burt et al., 2000; Raphael and Haennicke, 1999). This type of research is important for caseworkers and administrators who are interested in best service practices and how to implement the FVO effectively, but they do not answer the question fully. This body of research does not consider and incorporate other non-agency variables such as the availability of community services or local economic indicators and the role these factors may play in influencing policy implementation and service outcomes.

The purpose of this paper is to review the adoption of the FVO in Maryland and its implementation in the State's 24 jurisdictions including the role that other local factors (not under the power of local agencies) play in social service provision. We present findings on training practices, screening and waiver policies, services, and staff awareness. We also examine relationships between these variables and other jurisdictional level variables, measuring local conditions in the areas of economics, demographics, crime, education, and community services. The conclusion focuses on the importance of local

implementation and FVO practices as well as how certain local economic and demographic conditions might impact FVO implementation and service delivery.

## **Methodology**

This section of the report describes sample selection, data sources, coding and variable construction, and data analyses. In particular, we pay special attention to an explanation of our telephone interviews with local welfare personnel and the use of those data in our analyses.

### **Sample**

Maryland serves as an excellent case study to analyze the implementation of the FVO for three reasons. First, Maryland is particularly appealing because it is one of the few states that grant a significant degree of autonomy to its counties in implementing the FVO (Raphael and Haennicke, 1999). Besides making the state more interesting, this also makes the evaluation process more feasible in that it offers variation in the service delivery process. Second, Maryland has been given the nickname, “America in Miniature,” for its diversity in geography and demography, among other characteristics. The state encompasses both rural and urban areas, farming and manufacturing, and considerable racial and socio-economic diversity. While conclusions based exclusively on Maryland data are not statistically representative of the nation, Maryland is similar to most states in some way, thus, allowing any conclusion to at least be relevant to national policy-making. Lastly, the availability of accurate administrative data and detailed case notes on individuals allows researchers to study the impact of the policy through both quantitative and qualitative methods.

In gathering state data, we use the 24 jurisdictions of Maryland as our unit of analysis. This was the most logical choice as many policy implementation

decisions are made on a jurisdictional level. We are also able to capture more detailed measures of local economic and demographic indicators than a regional analysis would allow. Moreover, a sample size of 24 allows for considerable quantitative analyses in addition to the qualitative examination. In short, a jurisdictional level division was deemed most appropriate in order to capture as much local variation as possible but still permit the planned statistical analyses. The 24 jurisdictions include Maryland's 23 counties and the independent, incorporated City of Baltimore. (Appendix 1 is a map of Maryland's jurisdictions.)

While this is not a regional study, for ease and brevity, we sometimes refer to regions and discuss characteristics on a regional basis. In fact, many of the characteristics we examine are similar for a region of Maryland and not just a jurisdiction. However, we always examined and where appropriate we discuss the jurisdictions separately. The Maryland Department of Planning divides Maryland into six regions. Table 1, following, lists those regions and their member counties with one difference. Due to its size, we have removed Baltimore City from the Central Region and designated it as a separate one for purposes of this study.

Table 1. Maryland regions and member jurisdictions

<b>Regions</b>	<b>Jurisdictions</b>
Western Maryland	Allegany Garrett Washington
Capital Region	Frederick Montgomery Prince George's
Southern Maryland	Calvert Charles St. Mary's
Baltimore City	Baltimore City
Central Maryland	Anne Arundel Baltimore County Carroll Harford Howard
Lower Eastern Shore	Dorchester Somerset Worcester Wicomico
Upper Eastern Shore	Caroline Cecil Kent Queen Anne's Talbot

**Data sources**

Qualitative sources

A series of telephone interviews was conducted by the lead author with local Department of Social Services (DSS) personnel in each of the 24 jurisdictions to obtain specific information on how the Family Violence Option has been implemented and what impact they perceive it has had. Original contact was made with a written memo to the Directors in each jurisdiction. In a follow-up telephone call, the majority of Directors recommended that the Assistant Director of Family Investment Programs complete the interview. In a handful of cases, interviews were completed with a supervisor, caseworker, or with more

than one individual. In two cases (Cecil and Montgomery counties), the lead author conducted site visits to the local department and met with several employees.

The interviews were semi-structured and had questions in seven main topic areas: background and staffing, trainings, screening and disclosures, waivers, referrals and relationships with other agencies, miscellaneous issues (including data entry and confidentiality), and opinion questions. Answers provided data on the timing and extent of caseworker training and the presence of an expert in the local Departments of Social Services as well as critical insights into frontline experiences with the policy. Appendix 2 is a copy of the interview instrument. Interviews averaged 30 to 40 minutes in length and all were completed between March 2001 and June 2001. A draft of the descriptive analyses of these data was sent to each of the local directors to validate the accuracy of the data and the interpretations reached.

### Quantitative sources

Data on the jurisdictions were compiled from a number of sources and used to complement the qualitative data. Data on agency, demographic, and economic variables were gathered from Maryland's Departments of Planning; Human Resources; Labor, Licensing, and Regulation; and Health and Mental Hygiene, as well as the U.S. Bureau of Economic Analysis and the Uniform Crime Report of the U.S. Department of Justice. These data contain information on housing, crime, vital statistics, and human capital in each of Maryland's 24 jurisdictions and for the state as a whole. Additional data on community resources related to domestic violence, such as the number of shelter beds

available and if a domestic violence agency exists in each county, were gathered from the Maryland Department of Human Resources and a variety of domestic violence hotline data and information clearing houses. (Appendix 3 is a complete list of jurisdictional level data sources.)

### **Coding and Variable Construction**

Variables were divided into four categories: agency characteristics, socio-demographic indicators, economic indicators, and community services. Table 2, following, lists these four main categories, sub-categories within the agency group, and the constructed variables in each category. Appendix 4 contains a descriptive table for each jurisdiction presenting these variables, and Appendix 5 is a discussion of the jurisdictional economic and socio-demographic characteristics.

Table 2. Variable descriptions

<b>Categories</b>	<b>Variables</b>
<b>Agency Characteristics</b>	
TCA Caseload	- unique cases during study period
	- average number of cases per month
	- average monthly cases per 1000 persons
	- caseload turnover
Family Violence Expert	- presence of an expert
Domestic Violence Training	- type of staff who received DV training
	- type of organization which conducted training
	- on-going or one-time training
	- month training began or took place
Domestic Violence Screening Procedures	- month screening began
	- staff who conduct screenings
	- screening tools used
	- time clients are informed of waivers
	- type of written materials distributed
Family Violence Option Waivers	- who grants waivers
	- frequency with which waivers granted
	- frequency with which clients refuse waivers
<b>Socio-demographic indicators</b>	
Population	- total population in 2000
	- population density in 2000
	- % African American in 2000
	- % other non-white in 2000
	- % female-headed households in 2000
Health and vital statistics	- infant mortality rate in 2000
Education	- % over age 25 population with Bachelor's degree in 1996
	- high school dropout rate in academic year 1998-1999
Crime	- annual murder rate in 1999
	- annual domestic violence rate in 1999
<b>Economic indicators</b>	- average unemployment rate in 1999
	- % below poverty line in 1998
Industry trends	- % of total jobs in services and trade in 1999
	- average job growth rate 1994 - 1999
Income measures	- average weekly wages in 1999
	- median household income in 1999
	- average per capita income in 1999
Cost of living measures	- cost of living index in 1998
	- fair market rent in 1999
<b>Domestic violence Community Services</b>	- agency located in jurisdiction
	- number of shelter beds in jurisdiction

In the category of agency characteristics, total unique cash assistance cases between March 1998 and June 2000 and average monthly caseload size during the same time period were gathered from state sources and examined. Using these data, we also calculated the average monthly caseload per 1000 residents (using the 1999 population size) and a measure of caseload turnover (total cases divided by the monthly average number). Additionally, agency variables were constructed from approximately half of the interview questions. The remaining interview questions were coded qualitatively and not transformed into quantitative measures.

Socio-demographic variables fall into four sub-categories: population, health and vital statistics, education, and crime. Besides providing a measure of size, population in each jurisdiction was used to convert many of the other variables into percentages. Population density provided a measure of urbanicity, and the variables of proportions of racial composition and female-headed households offered other important indicators of jurisdictional demographic characteristics. Infant mortality rate, namely, out of 1000 infants born alive, how many die before living one year, was used to represent the general health level of the population. The level of educational attainment is reflected by the percentage of the population over age 25 with a Bachelor's degree and the high school dropout rate. The last socio-demographic sub-category includes crime indicators and covers the rate of reported incidences per 1000 people for murder, robbery, breaking and entering, and domestic violence.

Variables in the economic indicator category measure unemployment and poverty trends, industrial and job growth, income, and cost of living.

Unemployment and poverty measures are the most traditional macro level variables of interest. The percentage of jobs in the services and trade industries and the average job growth rate were used as indicators of industry trends.

Measures of jobs in the services and trade industries were chosen because studies have shown that the majority of welfare exiters find jobs in these two sectors (University of Maryland School of Social Work, 1998, 1999, 2000, 2001).

Income measures used were average weekly wages, median household income, and average per capita income. The cost of living index and the fair market rent were used as proxies for living costs in each jurisdiction. These measures were included to complement and give additional context to the income measures used.

Lastly, the measures of community services related to domestic violence included whether or not a service organization existed in the jurisdiction and how many shelter beds were available in the county.

### **Analyses**

A document review of the Family Violence Option legislation and Maryland DHR Action Transmittals was conducted to understand the policy and the documented implementation process and service delivery strategies. Data from the interviews with local agency staff were combined with findings from the document review to complete the qualitative description of agency practices. These agency data were coded and in appropriate cases transformed into quantitative variables. Quantitative variables were then analyzed with the

community and economic indicators using bi-variate analyses such as the chi-square test and correlation tables to identify relationships between the variables.

## Key Agency Characteristics

### Structure

Maryland's state-supervised, locally-administered system of public social services is comprised of the cabinet level Maryland State Department of Human Resources (DHR) and 24 local Departments of Social Services (DSS). Each DSS is located in and serves a "jurisdiction" – one of the 23 counties or the independent, incorporated City of Baltimore. Some of the more populous counties as well as Baltimore City offer services at multiple sites (i.e., in district offices), but all are part of the same local department and report to the jurisdiction's DSS director. Each DSS is run by a Director appointed by the DHR Secretary from a list of candidates chosen by the local executive or governing body.

Although DHR broadly designs and supervises all cash assistance program activities in the State, the local DSS are responsible for many key implementation decisions and critical frontline activities, such as determining applicant eligibility and assessing customers for possible exemptions from time limits and work requirements. In addition, the local DSS have an important reciprocal relationship with DHR. For example, before submitting the two-year state TANF plan to the U.S. Department of Health and Human Services, DHR consults with local departments and allows a 45-day public comment period to react to the state plan.<sup>2</sup> Local departments also have the authority to contract with any organization to provide TANF-funded services and have control over

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<sup>2</sup> Each local department also prepares its own plan.

such contractual details as compensation, length, and service parameters. The interactive relationship with DHR and the leeway provided to local departments in implementation and service delivery allows each DSS to tailor program design and delivery to meet the unique needs of their customers and employees.

### **Caseload size**

The size of the average active monthly cash assistance caseload between March 1998 and June 2000 among the 24 jurisdictions ranged from 41 cases in Kent County to 21,175 cases in Baltimore City. Considering the number of unique cases in each jurisdiction during this two and one-quarter year time period, Kent County also had the fewest cases (n=140) and Baltimore City the most (n=41,554). There were five jurisdictions with average monthly caseloads over 1,000 cases and total unique cases in excess of 3,000. These jurisdictions were Baltimore City and the counties of Prince George's, Montgomery, Baltimore, and Anne Arundel. Eleven jurisdictions had average monthly caseloads between 256 and 594 cases and a total unique caseload between 702 and 1,752 during the same two and a half year period. Two Western Maryland counties (Washington and Allegany), the remaining Central Region counties (Harford, Howard, and Carroll), the final Capital Region county (Frederick), two Southern Maryland counties (Charles and St. Mary's), and three Eastern Shore counties (Wicomico, Cecil, and Dorchester) were in this group. Lastly, eight counties were in the small caseload group with an average of between 41 and 183 cases per month and between 140 and 557 unique cases during the study period. These were the counties of Calvert in Southern Maryland; Garrett in

Western Maryland; Somerset and Worcester on the Lower Eastern Shore; and Caroline, Kent, Queen Anne’s, and Talbot on the Upper Eastern Shore.

Table 3. Caseload size by jurisdiction

<b>Jurisdictions</b>	<b>Total unique cases 3/98-6/00</b>	<b>Average monthly caseload size 3/98-6/00</b>	<b>Cases per 1000 residents – average monthly 3/98-6/00</b>	<b>“Turnover” = total divided by average monthly caseload</b>
Allegany	807	265	3.72	3.05
Anne Arundel	3,444	1,300	2.70	2.65
Baltimore City	41,554	21,176	33.47	1.96
Baltimore County	9,268	3,366	4.65	2.75
Calvert	557	183	2.47	3.04
Caroline	418	139	4.65	3.01
Carroll	717	235	1.54	3.05
Cecil	890	250	2.96	3.56
Charles	1,202	439	3.62	2.73
Dorchester	769	284	9.54	2.71
Frederick	1,100	341	1.78	3.23
Garrett	426	121	4.09	3.52
Harford	1,528	558	2.56	2.74
Howard	824	248	1.02	3.32
Kent	140	41	2.11	3.41
Montgomery	3,467	1,204	1.41	2.88
Prince George's	11,588	4,932	6.31	2.35
Queen Anne's	283	85	2.08	3.33
Somerset	383	115	4.74	3.33
St. Mary's	702	255	2.87	2.75
Talbot	331	111	3.31	2.98
Washington	1,227	369	2.88	3.33
Wicomico	1,752	594	7.46	2.95
Worcester	540	164	3.74	3.29
Maryland State	83,877	36,763	7.11	2.28

The third column of the table shows the average number of cases per 1000 residents. Recognizing that a medium-sized caseload in a very large jurisdiction may have a different impact on implementation strategies than a caseload of the same size in a small jurisdiction, we constructed a measure that

accounted for population size.<sup>3</sup> This variable presents a different picture from the previous two. In this case, Howard, Montgomery, Carroll, and Frederick (all Central Region counties) have less than two cases per 1000 residents. On the other end of the spectrum, Prince Georges, Wicomico, Dorchester, and Baltimore City have over six cases per 1000 persons.

These three variables (total caseload, average monthly caseload, and cases per 1000 persons) show much variety among the jurisdictions in caseload size. However, considering the first two variables jointly, they do indicate that case turnover is similar across the jurisdictions. This figure is shown in the last column of the table. The number of total unique cases in all jurisdictions between March 1998 and June 2000 ranged from approximately two to three and one-half times the size of the average monthly caseload size. The jurisdiction with the lowest turnover was Baltimore City with its total unique caseload at 1.96 times the average monthly size. Cecil had the highest turnover with its total unique caseload at 3.56 times the average monthly size. No consistent regional patterns were evident in the turnover rate among the jurisdictions, although, in general, smaller subdivisions tended to have higher turnover (i.e., proportionately more unique cases) than did larger ones.

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<sup>3</sup> Population size during the year 1999 was used in calculating the figure.

## **Frontline Implementation**

### **Family violence expert**

Regarding staff positions, the issue of concern is whether or not a “family violence expert” is present in the agency. Per Action Transmittal 98-30, agencies are mandated to appoint an in-house family violence expert. However, no specific funds were made available to hire a new staff member. Notably, but perhaps not surprisingly, only seven of the 24 jurisdictions reported in 2001 that they had a specific person as the designated family violence expert. Of these seven jurisdictions, all reported that this was a permanent position, but also that in addition to functioning as the family violence expert all experts had other responsibilities such as general case management or supervision. Only one of the seven agencies hired an outside person for the job rather than appointing from within. Reported date of hire or appointment ranged from January 1997 to December 1999.

Of the 17 counties which, as of spring 2001, said they did not have designated in-house experts, seven (41.2%) referred individuals with possible domestic violence issues to a service worker or other in-house social worker. Six counties (35.3%) had arrangements with their local domestic violence service providers to ask for assistance in helping clients. One county reported that they had an expert in the past, but could no longer afford to fund that position. Only four counties (23.5%) reportedly had no specifically designated workers or firmly established protocol for dealing with difficult screenings or cases.

## **Training**

One critical challenge to the successful implementation of TANF policies in general and the FVO policies in particular is to train employees who were previously benefit assessment workers to be comprehensive case managers. This transition from primarily administrative tasks to a role that includes a degree of assessment and counseling is hypothesized to be a key component in the successful screening of domestic violence victims.

With funds from the U.S. Department of Health and Human Services, Maryland implemented a pilot training program in the fall of 1996 at the Anne Arundel County Department of Social Services. The curriculum was designed in collaboration with the YWCA of Annapolis and the Anne Arundel County DSS. The goal of the training program was two-fold: first, to train welfare staff to identify and serve customers who are also victims of domestic violence; and second, to provide general information to the public regarding domestic violence. (Johnson and Meckstroth, 1998)

In 1997, the County implemented a three-day training program that incorporated lectures, group work, and videos. The training, designed for both welfare administrators and frontline staff such as caseworkers, job counselors, and child support workers, focused on asking screening questions as well as identifying signs of domestic violence through other indicators and indirect questions. While the training developed is quite intensive and considered a national success by many, it was not implemented throughout the state. Without funds to implement such an extensive curriculum, many jurisdictions have

developed more succinct modules. In fact, Anne Arundel County itself has decreased the frequency of its training module from twice a year to once a year and is currently trying to find the funds to resume the biannual schedule.

As of spring 2001, all but two of Maryland's 24 jurisdictions (Charles and Dorchester) reported that they had offered some type of domestic violence training program to their staff. While, as with other policies, jurisdictions have considerable leeway in many of the details of FVO training curricula and scheduling, there are some common elements among the 22 jurisdictions that have had at least one training. First, as in Anne Arundel County, most counties (n = 16, 72.7%) had trainings conducted by local domestic violence service providers. Of the remaining six counties, five (22.7%) had their trainings led by government employees, usually the in-house expert or a services worker; and one (4.5%) took a team approach and had both a local provider and a government employee lead the sessions.

Unlike in Anne Arundel, annual trainings do not appear to be common. Only Baltimore City also reports offering an annual training session, and Wicomico reports sending their staff to the Baltimore session on an annual basis. Fifteen counties (68.2%) report having had only one training, and the remaining four (18.2%) have had one full training and one refresher training. All 22 counties with training modules in place reported sending at least all frontline FIA staff, if not all agency staff, to the training. However, many respondents noted that the sessions were so long ago that, in many cases, not all caseworkers have had the opportunity to complete domestic violence training. In counties which have had

only one training session, the dates of these sessions ranged from January 1997 to September 1999.

### **Screening procedures**

All counties reported established procedures for screening for domestic violence. Five counties (Anne Arundel, Dorchester, Frederick, Washington and Wicomico) began formal screening in January 1996 and the last county (Cecil) reportedly began in December 1998. The remaining eighteen counties said they officially began their screening procedures sometime between October 1996 and February 1998.

All jurisdictions reported performing formal screening of cash assistance customers at intake and redetermination and close to three-quarters (n=17, 70.8%) said that they encouraged questions to be asked at other times as well, including during orientation and meetings with vendors. In fact, the vast majority of counties (n = 22, 91.7%) reported that individuals have disclosed domestic violence issues during these more informal sessions. In most cases (n=17, 70.8%), screenings are conducted by caseworkers. The remaining jurisdictions are divided into two groups. Four counties (16.7%) use a team approach where a caseworker and a service worker will interview a customer together, and three counties (12.5%) have eligibility workers perform the screenings.

The design and use of a screening instrument is of particular interest to researchers examining the identification of sensitive issues such as domestic violence. Word choice and order can dramatically alter the meaning of a question. Similarly, close-ended versus open-ended questions can elicit very

different responses. Because of the critical effect the nature and structure of questions themselves can have on disclosure rates, close attention was paid to the screening instruments in this study. A full half of the jurisdictions (n=12, 50%) reported using the screening questions outlined by DHR in Action Transmittal 98-30. (Appendix 6 is a copy of the DHR suggested screening questions.) Five questions make up this instrument and focus on issues of abuse and fear. Ten counties (41.7%) collaborated with their local domestic violence shelters to either alter the questions or devise new ones. For the most part, these latter instruments expand on the DHR questions, adding inquiries into behaviors and ability to work. However, one county decided to limit the questions to two: first, has any one in your household experienced abuse and second, will you accept a referral. Two counties (Anne Arundel and Carroll) do not have a fixed set of questions, but rather encourage their workers to engage customers in a dialogue about the issue.

Because the intake process, in general, and personal questions regarding intimate violence, in particular, can seem very invasive and confusing, we were specifically interested in two particular aspects of the screening process: when waivers were explained and if written materials were distributed to customers.

First, we asked whether the FVO and specifically the availability of waivers was communicated to women before or after they had disclosed any domestic violence. The screening questions may not seem as intrusive if the purpose of the questions is stated in the beginning. However, only seven jurisdictions (29.2%) reported explaining the applicable portions of the FVO before asking the

screening questions. The remaining 17 jurisdictions (70.8%) explain waivers and good cause after disclosure. Some interviewees expressed concern over possible abuse of the waivers if the explanation came before the disclosure. They speculated that some customers might fabricate experiences of domestic violence in order to claim good cause and receive a waiver.

Second, as so much needs to be covered in the application and redetermination process, we wondered how many jurisdictions had printed information available for their customers on the issue of domestic violence, community resources for domestic violence victims, or the agency policy for victims. A full two-thirds (n=16, 66.7%) distributed pamphlets or information on the issue and related community services. Some gave examples of having palm cards available in the restrooms and waiting areas as well. The remaining third (n=8, 33.3%) said they had no written material to hand out, and none of the jurisdictions reported having printed information on the FVO or agency policies concerning it.

### **Waiver policies**

After an individual discloses domestic violence, the procedure to receive a waiver also differs among jurisdictions. In only five counties (20.8%) are individual caseworkers able to grant a waiver themselves. The majority of jurisdictions (n=16, 66.7%) have the caseworker consult with a supervisor, in-house expert, service worker, or local provider. Three jurisdictions (12.5%) have teams to discuss the case and decide on a waiver. The outcomes of these decisions also vary. Seven jurisdictions (29.2%) reported that waivers are

granted automatically. The remaining jurisdictions grant waivers on an individual basis, with eleven (45.8%) indicating that they grant them often and six (25.0%) reporting that they grant them rarely or never. Of the individuals who are granted waivers, jurisdictions report having had very distinct experiences with acceptance of the waivers. While eleven (45.8%) of the jurisdictions reported that no one had ever refused a waiver, six (25%) reported that some individuals had, and seven (29.2%) had not heard instances of that but could imagine it happening.

### **Awareness**

Our findings on awareness of the issue of domestic violence among welfare staff are based on qualitative analyses and interpretation. For the most part, interviewees expressed an interest in the issue and a concern that they lacked full understanding of the prevalence and correlates of domestic abuse. However, a wide range of reactions existed in terms of how much of a problem interviewees felt the issue posed to their jurisdiction's residents, how they felt their staff was dealing with the screening process, and how much they had thought about possible changes and improvements to existing procedures.

Regarding the prevalence of domestic violence, interviewee comments spanned a wide array of perceptions. One interviewee stated that domestic violence wasn't a problem in that particular county. Another said that if an applicant is a victim, she will just say so when asked, "Why are you here?," implying that there are no individuals who have not been identified. On the other hand, one interviewee stated that while they have a fairly high disclosure rate in that jurisdiction, "if some folks (domestic violence victims) don't want you to

know, you don't know." Another respondent said that while they do receive many referrals from the local domestic violence shelter, they are in his/her opinion "not doing a great job of identifying those not coming from the shelter."

The perceptions of staff comfort level and ability also differed. Some interviewees stated that caseworkers were "uncomfortable" and "not trained well," and that caseworkers were dealing with a "difficult situation" and a "sensitive issue." One interviewee stated that caseworkers had to deal with so many different issues and training was not intensive enough. This respondent perceived that the nature of the diverse and complex demands on the typical caseworker forces front-line staff to be "a jack of all trades and a master of none". Others felt that while many caseworkers were uncomfortable at first, they are more confident now when dealing with domestic violence. Many stated that the availability of an expert or service worker as a consultant helped put staff at ease. There were a number of interviewees, however, who did not perceive or at least express any difficulties on the part of their staff in dealing with domestic violence. When asked about feedback from their staff regarding screening, some simply responded, "positive." One could interpret this response as indicating that these jurisdictions have mastered screening techniques, or, alternatively, that, at least in some cases, awareness of the complex nature of domestic violence may not be fully understood.

Finally, respondents' answers to questions on suggestions for policy changes or service improvements appeared to reflect differing levels of domestic violence awareness. That is, some interviewees said they had no suggestions

for changes, despite reporting few training sessions and low disclosure rates. Others had many suggestions and were concerned with the lack of funding available to address the issue. The recommendations suggested by interview respondents will be reviewed further in the discussion session.

### **Domestic violence services**

Echoing the trend of diversity of characteristics among the jurisdictions, the availability of community domestic violence services also differs from county to county. While most counties have access to some type of domestic violence service agency, the proximity of the organization to the DSS and its size or capacity differ greatly. Looking first at agencies with state-funded shelter beds, we find that not all jurisdictions have an agency within their borders while other jurisdictions have more than one. For example, on the Lower Eastern Shore (Dorchester, Somerset, Wicomico, and Worcester Counties), there is only one domestic violence service provider with state-funded shelter beds, located in Wicomico County. Broadening our view to include other domestic violence agencies, there are only four counties with no agency in their immediate area. These include Somerset and Worcester on the Lower Eastern Shore which are served by an agency in Wicomico; and Queen Anne's and Talbot on the Upper Eastern Shore which are served by an agency in Caroline.

Table 4. Domestic violence services by jurisdiction

<b>Jurisdictions</b>	<b>Provider located in county</b>	<b>State-funded shelter beds</b>
Allegany	Yes	11
Anne Arundel	Yes	21
Baltimore City	Yes	28
Baltimore County	Yes	54
Calvert	Yes	5
Caroline	Yes	10
Carroll	Yes	5
Cecil	Yes	22
Charles	Yes	0
Dorchester	Yes	0
Frederick	Yes	57
Garrett	Yes	0
Harford	Yes	28
Howard	Yes	29
Kent	Yes	0
Montgomery	Yes	30
Prince George's	Yes	34
Queen Anne's	No	0
Somerset	No	0
St. Mary's	Yes	5
Talbot	No	0
Washington	Yes	36
Wicomico	Yes	16
Worcester	No	0

Cecil and Montgomery counties have an additional agency resource that is unique to those counties and is worthy of mention. In both counties, the local domestic violence shelter is linked to the Department of Social Services, providing an impressive and closely integrated resource for referrals and services. This structure will be further discussed later in the report.

## **Bi-variate Analyses**

In this section, we investigate statistical relationships among the variables in order to identify and summarize any patterns of FVO implementation, to condense jurisdictional characteristics into more succinct and manageable meta-indicators, and finally to determine if jurisdictional characteristics are related to agency FVO implementation. This question of how certain economic and socio-demographic conditions might impact FVO implementation and service delivery is critical for two reasons. First, FVO implementation may have evolved differently across regions of the state or based on some other identifiable jurisdictional characteristic such as caseload or population size. A lack of discussion of this development would lead to an incomplete picture of local implementation, which would miss important features of local implementation strategies and, perhaps, lead to faulty policy and practice recommendations. Second, if non-agency factors can be shown to relate to implementation then recommendations must recognize that some important influences are not under the local agencies' control and thus that, absent more broad-based, community-level investments, there will be limits on the improvements that local Departments themselves can make.

### **Relationships among Agency Characteristics**

Relationships among agency characteristics were examined first to identify any typical "profiles" of FVO implementation. Interestingly, very few patterns emerged from the data. In fact, the majority of the variables were not significantly related to one another and thus we were unable to devise a schema

to describe the most typical patterns of FVO implementation. However, while it is impossible to present pattern A versus pattern B, there were a few striking relationships, all of which have interesting implications for particular implementation decisions and strategies. In the following discussion, we highlight both statistically significant relationships (with p-values of less than 0.05<sup>4</sup>) and those that we have classified as potentially important relationships. These latter relationships have p-values over 0.05, but less than 0.10, translating into less than a 10% chance that the relationship occurred randomly. Due to the small sample size (n=24), statistical significance is mathematically hard to reach. Thus, in this study, these other notable relationships may also be important.

#### Family violence expert

The presence of a family violence expert in the jurisdiction was a significant correlate to whether customers are reportedly told about FVO waivers before or after disclosure. In all jurisdictions with a family violence expert, customers are told of the FVO waivers after they disclose domestic violence. This makes sense as the initial screening in these jurisdictions is done by a caseworker who then refers the individual to the family violence expert if violence is disclosed. It is then the responsibility of the expert to describe the FVO waivers and discuss other services.

While no other statistically significant correlations exist between the presence of an in-house expert and other agency characteristics, there are some relationships worthy of note. A potentially important relationship exists between

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<sup>4</sup> Simply put, for a relationship to be deemed significant, there had to be less than a 5% likelihood that the observed relationship occurred by chance.

the expert and the type of worker who conducts screenings, what screening tools are used, and whether written material is distributed. First, in all jurisdictions with a domestic violence expert, the initial screening is conducted by a caseworker. In jurisdictions without an expert, over half (10/17, 58.8%) use a caseworker, three (17.6%) use an eligibility worker, and four (23.5%) take a team approach in screening for victims. It is interesting that teams in these cases are caseworkers and a services worker, not a family violence expert, and that experts are not utilized in this capacity. Second, the majority of jurisdictions without a violence expert (10/17, 58.8%) use the screening questions designed by DHR, while jurisdictions with an expert tended to use locally designed questions (5/7, 71.4%). Third, regarding written materials, jurisdictions with a family violence expert were almost evenly split with three jurisdictions distributing information and four reportedly not distributing anything in writing. In contrast, 13 out of the 17 jurisdictions with no family violence expert did distribute written information while only four did not. While this finding seemed surprising, it is heartening that the absence of a designated in-house expert did not translate into an absence of all domestic violence resources.

#### Timing of FVO training

The timing of staff training was significantly correlated with who was reported to have attended the training. In general, the earlier the training the more likely that only some or all of the FIA staff attended as opposed to all program staff at the DSS. All five jurisdictions with training in 1997 or earlier sent FIA staff. Seven out of the nine jurisdictions (77.8%) with training in the first half

of 1998 (January – June 1998), sent all staff, and seven out of the eight later training jurisdictions (87.5%) sent all staff to the training session. It seems as if the need for coordinated services and overall department understanding of domestic violence has developed steadily over time. This would also seem to parallel developments in the state with regard to welfare reform more generally.

Additionally, there was an interesting relationship between the timing of the training and the screening tools used. While not a statistically significant correlation, the trend evident in the data was that the later the training the less likely the jurisdiction was to use the DHR designed screening questions. Four out of the seven jurisdictions (57.1%) with either no training or a training in or before 1997 used DHR questions. Similarly, five out of the eight jurisdictions (55.6%) with training in the first half of 1998 used DHR questions. Of those with training during or after November 1998 though, only three (out of 8, 37.5%) utilized DHR questions as their screening tool. Related to the first finding on trainings, one might conclude that, in general, the latter trainings may have been more comprehensive, offered more tools, and/or took more of a “whole agency” approach.

### **Relationships among Jurisdictional Characteristics**

We next explored relationships among characteristics and indicators in the general jurisdictional categories. (Appendix 4 is a more detailed discussion of the indicators and how the jurisdictions look in terms of these characteristics.) Though not possible with the variables describing agency characteristics, the relationships observed regarding jurisdictional variables did enable us to

construct a few typical jurisdictional profiles. However, it is important to note that we used a relatively small group of indicators in comparison to the various ways one could measure such macro-level jurisdictional characteristics. For example, we could have used life expectancy instead of the infant mortality rate as an indicator of health. Since the inclusion of all measures of jurisdictional characteristics would have been impossible, our attempt to be parsimonious required us to use certain indicators and omit others.

### Economic and Socio-Demographic Meta-Indicators

We used two main meta-indicators (socio-demographic and economic) to group the 24 jurisdictions into three risk categories. For the meta-indicator reflecting economic characteristics, we considered both macro-economic opportunity, specifically the variables of unemployment rate, poverty rate, and job growth rate between 1994 and 1999, and personal economic well-being, including average weekly wages, median household income, average per capita income, cost of living index, and fair market rent. In terms of the socio-demographic meta-indicator, we considered infant mortality rate, proportion of population over age 25 with a Bachelor's degree, high school drop-out rate, percentage of female-headed households, and three crime rates (murder, robbery, and breaking and entering).<sup>5</sup>

The two meta-indicators were then divided into low, medium, and high risk categories, and jurisdictions were designated the appropriate labels. These assignments or classifications were based on the values of each jurisdiction for

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<sup>5</sup> Population and caseload size are not included here, but will be discussed separately.

the above listed indicators. If a jurisdiction fell in the “worst” third of the values for the majority of the variables (e.g., top third for unemployment rate, bottom third for median household income), it was classified as high risk. Likewise, jurisdictions in the “best” third were grouped in the low risk category.

Jurisdictions with the majority of values around the mean or median for the state or with mixed values were grouped into the medium risk category.

Table 5, following, portrays a matrix of the indicator categories and shows how the jurisdictions are distributed across the nine possible combinations of economic and socio-demographic risk categories.

Table 5. Matrix of jurisdictional risk categories

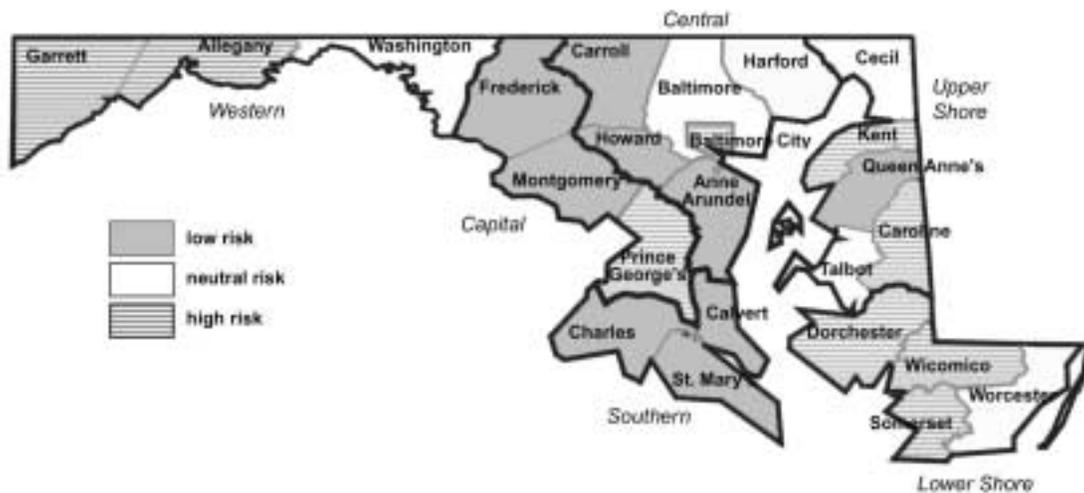
	Low economic risk	Medium economic risk	High economic risk
Low socio-demographic risk	Calvert Carroll Frederick Montgomery		
Med socio-demographic risk	Anne Arundel Charles Howard Queen Anne’s St. Mary’s	Baltimore County Cecil Harford Talbot Washington Worcester	Allegany Garrett Somerset
High socio-demographic risk		Caroline Kent Prince Georges Wicomico	Baltimore City Dorchester

Three-Tiered Risk Categorization

Using these results, each jurisdiction was then assigned to one of three risk categories for overall risk: high risk, neutral risk, and low risk. Figure 1, on the following page, is a map of Maryland with the jurisdictions shaded to indicate

their designated category. This designation was created to enable a more succinct examination of potential patterns of FVO implementation at the jurisdictional level.

Figure 1. Map of jurisdictional risk categories



Jurisdictions with at least one low ranking and no high rankings in either the economic or socio-demographic meta-indicators were designated low risk. Nine counties fall in this category. These are all three counties in the Southern Maryland region (Calvert, Charles, and St. Mary's); Anne Arundel, Carroll, and Howard in the Central region of Maryland; Frederick and Montgomery in the Capital region; and Queen Anne's on the Upper Eastern Shore.

The second category is neutral risk and includes six geographically dispersed counties with both medium economic and medium socio-demographic risk indicators. These are Talbot and Cecil on the Upper Eastern Shore, Worcester on the Lower Eastern Shore, Harford and Baltimore County in the Central Region, and Washington in Western Maryland.

Jurisdictions with at least one meta-indicator in the high risk ranking and neither in the low risk ranking were grouped into the high risk category.

Dorchester (Lower Eastern Shore) and Baltimore City (Central Maryland) are the lowest ranked counties in this category with low rankings for both indicators. The remaining members of this group are Allegany and Garrett counties in Western Maryland; Somerset and Wicomico on the Lower Eastern Shore; Caroline and Kent on the Upper Eastern Shore, and Prince George's in the Capital Region.

### Population size

Population size was hypothesized to be another important jurisdictional characteristic that may potentially impact or be related to implementation decisions. Many studies on the impact of welfare reform have distinguished between the results in rural, suburban, and urban areas. Based on the diverse situations in Maryland's subdivisions, we examined population size in addition to region to determine its importance in the implementation of the FVO. Before investigating the potential implementation connection, we first looked at the relationship between population size and the risk categorizations. While some obvious trends between the risk categorization and regions were evident, no such trend existed between the risk categorization and population size.

In considering a possible relationship, jurisdictions were divided into four groups. For purposes of this study, urban jurisdictions are those with populations of over 500,000. High population jurisdictions had between 100,000 and 500,000 residents, while jurisdictions with populations between 50,000 and 100,000 residents were categorized as medium sized. And, finally, those with between

19,000 and 50,000 residents were classified as small. Using this categorization system, we find jurisdictions of each size group in all three of the risk categories. Because a relationship between size and risk was not identified, population size was examined separately as a possible unique influence on FVO implementation strategies.

### Domestic Violence Community Services

In order to more succinctly discuss the availability of domestic violence services in each of the jurisdictions and relate those factors to FVO implementation, we also created a meta-indicator for the level of domestic violence services in each jurisdiction. The indicator was based on whether a domestic violence service provider existed in that jurisdiction, the number of shelter beds per 1000 residents, and the number of domestic violence arrests per 1000 residents. If a jurisdiction had no provider, but was officially served by a provider in a neighboring county, the number of shelter beds per 1000 residents was calculated on a regional basis and that figure was also considered. Admittedly, the components of the devised indicator do not exhaust potential measures of important county-wide domestic violence services. Due to either the confidentiality of such data or the unavailability of the information (lack of computerized data, lack of data collection, or lack of jurisdictional-level data), we were unable to consider variables measuring such critical community indicators as domestic violence related emergency room or doctor office visits, the number of court orders granted for domestic violence, or domestic violence hotline calls.

Considering the data that were available, we created a four-tiered categorization to reflect very high, high, medium, and low levels of domestic violence services. Jurisdictions with an agency in their county, over 0.1 shelter beds per 1000 residents (on either a jurisdictional or regional basis), and over four arrests per 1000 residents were classified as having a very high level of domestic violence services. Jurisdictions that met two of these three criteria were considered to have a high level of services. Medium level jurisdictions exceeded the cut-off value on only one criterion, and low level ones met none of them. Table 6 lists the jurisdictions, their rankings, and individual indicator values; the numbers in parentheses in the shelter bed column represent the regional figures.

Table 6. Jurisdictional ranking of domestic violence services

<b>Jurisdictions</b>	<b>DV services rating</b>	<b>DV agency in jurisdiction</b>	<b>DV shelter beds per 1000 residents</b>	<b>DV arrests per 1000 residents</b>
Allegany	Very high	Yes	0.147	4.90
Anne Arundel	Medium	Yes	0.043	3.82
Baltimore City	Low	Yes	0.043	2.17
Baltimore County	High	Yes	0.072	6.76
Calvert	Medium	Yes	0.067	3.38
Caroline	Very high	Yes	0.336 (0.096)	5.99
Carroll	Low	Yes	0.033	2.74
Cecil	Very high	Yes	0.256	6.49
Charles	Medium	Yes	0.0	6.21
Dorchester	Medium	Yes	0.0	4.95
Frederick	Medium	Yes	0.292	2.96
Garrett	Low	Yes	0.0	3.50
Harford	High	Yes	0.128	3.19
Howard	Medium	Yes	0.117	2.64
Kent	Low	Yes	0.0	2.51
Montgomery	Low	Yes	0.034	2.62
Prince George's	Medium	Yes	0.042	4.83
Queen Anne's	Medium	No	0.0 (0.096)	2.24
Somerset	High	No	0.0 (0.103)	17.62
St. Mary's	Low	Yes	0.058	1.74
Talbot	High	No	0.0 (0.096)	4.56
Washington	Medium	Yes	0.273	1.88
Wicomico	Very high	Yes	0.189 (0.103)	4.89
Worcester	High	No	0.0 (0.096)	8.56

Considering the relationship between the risk categorization and the level of domestic violence services, some interesting patterns emerged. None of the low risk jurisdictions had a high or very high level of domestic violence services. Instead, all nine jurisdictions (Anne Arundel, Calvert, Carroll, Charles, Frederick, Howard, Montgomery, and St. Mary's) have a low or medium domestic violence services rating. In contrast, five out of the six neutral risk counties (Talbot, Worcester, Cecil, Harford and Baltimore County) have high or very high domestic violence service rankings. Washington County, the remaining county in that category, has a medium level of services and also borders Allegany County,

which has a very high level of domestic violence services. Finally, jurisdictions in the high risk category have mixed levels. Four of the nine counties (Allegany, Caroline, Somerset, and Wicomico) in this category have a high or very high domestic violence services ranking, while the remaining five (Baltimore City, Dorchester, Garrett, Kent, and Prince Georges) have medium or low rankings.

At this point, it is important to note an additional aspect of our ranking of domestic violence services at the jurisdictional level. Specifically, the ranking classification does not include consideration of how accessible services are to the on-welfare population, how well-developed coordination is between the general domestic violence service agencies and the welfare agencies, or how aware welfare personnel are of the issue. Unfortunately, we were unable to include these factors because of the difficulty in gathering, measuring, and assessing information and data on these topics. For instance, while we were able to gather the reactions of study interviewees regarding awareness of domestic violence, their statements do not necessarily reflect those of the entire DSS staff and in particular of frontline workers who are the ones with the most contact with possible victims.

If these factors were taken into consideration, the ranking of both Montgomery County and Anne Arundel County, and perhaps others, would undoubtedly change. To illustrate, Montgomery, like Cecil County, has the domestic violence shelter completely run by the DSS. In these two cases, victims who enter shelter are quickly and efficiently referred to the Department's cash assistance unit when needed, and conversely, welfare recipients who

disclose abuse are likewise appropriately and competently referred to the shelter and the other non-resident services provided by the shelter. Additionally, shelter staff are available for consultations and questions from frontline welfare personnel. Similarly, the Anne Arundel County DSS has developed close ties with the local YWCA and works with them on referrals and consultations. The partnership between these two agencies in developing the state-funded pilot training program has fostered an impressive network of services in Anne Arundel for welfare recipients who have or have had experiences with domestic violence.

The unique situation in all three of these counties and the DSS/domestic violence agency relationship is key for women already connected to one or the other agency as well as for welfare staff in terms of support and a source of expertise. However, even if this element could have been assessed and included in our study for all jurisdictions, it is not reflective of county-wide awareness and may not necessarily fit well into the overall jurisdictional ranking. Unquestionably, these types of integrated, ongoing, reciprocal relationships can be extremely beneficial. Even in jurisdictions with these types of relationships in place, however, women who have not connected to either their local welfare agency or domestic violence shelter provider may not be aware of or benefit from such arrangements. The level of agency awareness is distinct from general community awareness; the former is a better and more relevant criterion for purposes of the present study and is reflected under the FVO implementation characteristics.

## **Relationships between Agency and Jurisdictional Characteristics**

Finally, we examined relationships between the agency and jurisdictional characteristics. We looked separately at relationships between the implementation variables and each of the following jurisdictional characteristics or meta-factors: caseload size, population size, region, economic risk factor, socio-demographic risk factor, the three-tiered risk categorization, and domestic violence service ranking. No single jurisdictional characteristic was associated with all of the agency implementation variables. Instead, similar to the relationships identified among the agency variables themselves, correlations between certain individual variables stood out. Again, we used a p-value of 0.05 as the cut-off for statistical significance. Relationships with p-values over 0.05, but less than 0.10, were again considered potentially important and thus are also discussed. Table 7 lists the seven jurisdictional characteristics and the agency implementation variables with which either a statistically significant or potentially important relationship existed.

Table 7. Relationships between jurisdictional and agency implementation variables

<b>Jurisdictional characteristic</b>	<b>Agency implementation variable</b>	<b>Type of relationship</b>
Caseload size	Distribution of written DV materials	Statistically significant
Population size	Affiliation of DV trainers	Statistically significant
	Frequency of DV trainings	Potentially important
	Timing of DV trainings	Potentially important
Region	Presence of in-house expert	Potentially important
	Timing of FVO waiver discussion	Potentially important
Socio-demographic risk indicator	None	
Economic risk indicator	Presence of in-house expert	Statistically significant
	Distribution of written DV materials	Statistically significant
	Timing of FVO waiver discussion	Statistically significant
	Type of worker who conducts DV screening	Potentially important
Three-tiered risk categorization	Presence of in-house expert	Statistically significant
	Distribution of written DV materials	Statistically significant
	Timing of FVO waiver discussion	Potentially important
	Type of worker who conducts DV screening	Potentially important
Domestic violence services ranking	Presence of in-house expert	Statistically significant
	Timing of DV screening	Statistically significant
	Staff who grants FVO waivers	Statistically significant
	Frequency of trainings	Potentially important
	Frequency of waiver approvals	Potentially important

First, examining caseload size, we found only one statistically significant relationship between caseload size per 1000 residents and the agency variables. There was a significant relationship between the average number of monthly cases between 3/98 and 6/00 per 1000 residents and the distribution of written material to welfare recipients and applicants. All six agencies with fewer than 2.25 cases per 1000 residents distributed written material on domestic violence. Of the ten DSS with a monthly average between 2.25 and 4.0 cases per 1000

residents, eight (80.0%) distributed materials. However, of the eight agencies with more than 4.0 cases per 1000 residents, only two DSS (25.0%) reportedly had printed domestic violence information available.

Second, population size was significantly related to one implementation variable, and two additional relationships were considered potentially important. Urban jurisdictions (populations over 500,000) were significantly more likely to have a government employee conduct the domestic violence training. Three of the four (75.0%) urban jurisdictions (Baltimore City, Baltimore County, and Montgomery County) had trainings led by a government employee while only two of the remaining 18 jurisdictions with at least one training used a government-affiliated trainer. The relationship of population size to the frequency and timing of domestic violence training was considered potentially important.

Regarding frequency, seven of the smallest jurisdictions had only one training and the eighth and remaining small county reported it had had no training. Seven of the 12 medium and large jurisdictions had only one training, one reported none, and four had more than one. In contrast three of the four (75.0%) urban jurisdictions had more than one. Additionally, smaller jurisdictions tended to begin screening welfare recipients and applicants for domestic violence at a later date, while larger ones, especially urban areas tended to begin earlier.

The third jurisdictional variable that was hypothesized to be related to agency implementation strategy was region. Surprisingly, no significant relationships existed and there were only two small trends evident for some, but not all, regions in the state. We found that no agencies in the Southern,

Western, and Capital regions said they had an appointed in-house domestic violence expert while over half of those in the Eastern Shore region did. Also, probably related to the presence of an in-house expert, the Eastern Shore was the region most likely to discuss waivers after disclosure of violence. In contrast, all three jurisdictions in Southern Maryland discussed waivers before disclosure.

Next, we considered economic and socio-demographic risk as the fourth and fifth possibilities for identifying relationships between jurisdictional characteristics and FVO implementation. While none of the agency-level implementation variables were significantly or even potentially related to the socio-demographic risk variable, four of them were related to the economic risk variable. The presence of a designated, in-house family violence expert was significantly related to the economic risk meta-indicator. None of the nine jurisdictions in the low economic risk category had appointed an expert, but five of the ten in the medium risk category had, as well as two of the five in the high risk category.

The second significant relationship existed between economic risk and the timing of customers being told about the option of a waiver. All ten jurisdictions in the medium economic risk category informed customers only after a disclosure of domestic violence. Jurisdictions in the high and low risk categories were approximately split with high risk jurisdictions tending to talk about waivers after disclosure (3/5, 60.0%) and low risk jurisdictions tending to do the opposite (5/9, 56.6% talking about waivers beforehand). A significant relationship was also identified between economic risk and whether or not the agency reported

distribution of written domestic violence materials to customers. All of the low economic risk jurisdictions distributed material as did 60.0% (6/10) of the middle group jurisdictions; in contrast, only 20.0% (1/5) of the high risk group did so. Lastly, who conducts domestic violence screening was identified as a potentially important factor, but was not significantly related to economic risk. While only one jurisdiction in each risk category used an eligibility worker, all four jurisdictions which took a team approach were in the low economic risk category.

The sixth possible group of relationships considered was between the three-tiered risk categorization and the implementation variables. Four implementation variables were identified as having either a statistically significant (presence of an in-house expert and distribution of written material) or potentially important (type of worker who conducts screenings and timing of FVO waiver discussion) relationship with the risk categorization. Interestingly, but not surprisingly, these four variables are the same ones that were identified using the economic risk meta-variable and the trends were the same in this situation as well.

Finally, examining the level of domestic violence services, we found five variables related to domestic violence ranking. This jurisdictional characterization provided the greatest number of relationships with the implementation variables. Notably, only one variable is common to this set of analyses and the three-tiered or economic risk categorizations. This variable is the presence of a domestic violence expert in the agency. In this case, the relationship is statistically significant and jurisdictions with a high or very high

ranking of domestic violence services (55.6%, 5/9) were more likely to have an in-house expert than were jurisdictions with a low or medium ranking (13.3%, 2/15).

Of the remaining four variables, two were statistically significant and two were not, but may nonetheless be potentially important and programmatically informative. Notably, jurisdictions with a low or medium ranking of domestic violence services started screening for domestic violence earlier than those with a high or very high ranking. However, this relationship may be more reflective of jurisdictional size than domestic violence services. The second significant relationship exists with regard to who grants FVO waivers. Two-thirds of jurisdictions in high or very high categories as well as two-thirds in the low or medium categories had an individual caseworker grant waivers in consultation with a supervisor, in-house expert, or local domestic violence service provider. The difference between the categories emerges when looking at the remaining third of the jurisdictions. Those in the high or very high category took a team approach, while the other third of the low and medium used individual caseworkers who did not need to consult with any other staff or experts.

The two variables with potentially important relationships to the domestic violence ranking are whether trainings were one-time or on-going and how often FVO waivers are granted. Surprisingly, jurisdictions with medium or low levels of domestic violence services were more likely to have more than one training, six out of 15 (40.0%) as opposed to one out of nine (11.1%) high or very high jurisdictions. Not surprisingly, most jurisdictions with more than one training use

government employees to lead the training as opposed to local domestic service providers. Additionally, both jurisdictions that reportedly have not had any domestic violence training are in the low or medium domestic violence service categories. Regarding the frequency of waiver approvals, jurisdictions with low or medium levels of services were more likely to grant waivers automatically (40.0%, 6/15) compared to those jurisdictions in the higher level category (11.1%, 1/9). This finding may relate to the fact that these jurisdictions were also less likely to take a team approach to granting waivers.

## Conclusion

The preceding chapters have presented a large amount of both qualitative and quantitative data describing how the FVO has been implemented in Maryland's 24 jurisdictions and how local characteristics may be related to the decisions made and strategies adopted at the local level. What more general conclusions do these specific findings suggest?

In many respects, Maryland's implementation of the FVO is quite impressive. First, it is apparent that Maryland's policy makers understand the difficulty in identifying victims of domestic violence. The DHR Action Transmittal 98-30 states,

family violence victims generally hide the fact that the situation is occurring. Consequently, the screening and identification of customers with a history of family violence requires the local department to include several appropriate screening questions as part of their job readiness assessment and redetermination process.

Second, the level of flexibility on the jurisdictional level also has some obvious advantages. Caseworkers can determine on an individual basis whether a waiver is warranted and what type of service referral is needed. Moreover, the services provided to victims vary depending upon both the individual situation and the local resources. Jurisdictions are free to partner with local domestic violence agencies for information and referrals, and, in general, to incorporate the FVO into their local welfare reform plans as they think best.

In fact, the interviews with agency personnel did reveal many variations across jurisdictions in the ways they have implemented the FVO in terms of staffing, training, screening, and waivers. Given the flexibility afforded to locals

and the tremendous economic and social diversity documented in this report and elsewhere, it is perhaps not surprising that no common patterns were evident in the data, and only a few variables were related to each other. Most notably, the presence of a designated in-house family violence expert was either significantly or potentially programmatically related to four screening-related implementation variables. According to the interview data, jurisdictions with an in-house expert were more likely to have a caseworker (as opposed to an eligibility worker or a team) conduct the screening and to use locally designed screening questions. However, these same jurisdictions were less likely to tell customers about FVO waivers before disclosure and, by self-report, also less likely to distribute printed domestic violence information. Also, the timing of the domestic violence training was related to another training variable and to one screening variable.

Jurisdictions with trainings that occurred more recently were more likely to have had all staff attend the training and to use locally designed screening questions.

Similarly, agency implementation variables were not universally related to the admittedly incomplete, but certainly relevant set of economic, socio-demographic, or community service characteristics used in this study. The most informative jurisdictional characteristics were population size, the three-tiered risk categorization, and the level of domestic violence services. First, larger jurisdictions were more likely to have a government employee lead trainings, to have had at least one and often more than one training, and to have begun screening for domestic violence at an earlier date. We are unable from these data to say why, but perhaps larger jurisdictions may have had more

governmental resources to allocate to FVO implementation or had more willing and appropriate community partners available. Second, lower risk jurisdictions were least likely to have a designated in-house family violence expert, more likely to discuss waivers before disclosure, most likely to distribute printed information, and were the only jurisdictions to take a team approach to screening. Third, jurisdictions with high or very high levels of domestic violence services were more likely to have an appointed expert, to have started screening later, and to have had one training session. Regarding FVO waivers, the level of domestic violence services is the only macro-level indicator related to actual waiver practice. Jurisdictions in the very high or high categories of service levels were more likely to use a team approach in granting waivers and to grant waivers on an individual, case-by-case basis rather than automatically.

While we can hypothesize why particular jurisdictional characteristics might influence how the FVO was implemented in each sub-division, the statistical tests performed here do not speak to causation. Thus, we can say that the 24 local departments differ in their past and present approach to carrying out the FVO, but we are unable, in this paper, to explain why those differences exist. However, further analyses will aid in determining the causal and relative impact of jurisdictional characteristics on FVO implementation. Specifically, the next phase of this project will tie individual outcomes to implementation strategies, thus completing the evaluation of the impact of the policy.

Although descriptive in nature, the findings presented in the present paper do lead to a handful of preliminary recommendations. Specifically, the opinions

expressed by the interviewees coupled with the findings point to three strategies that, at least at this stage in our research, appear to hold promise as possible program improvement or enhancement strategies. These suggestions are briefly described below.

First, the presence and role of the in-house family violence expert seems to have both positive and negative impacts on other implementation strategies or dimensions. Thus, the state mandate to establish an expert in each jurisdiction may not be as necessary as originally thought. The idea of an appointed family violence expert initially was offered as a solution to the difficulty of implementing the new policy. However, it is clear from these data that the presence of an expert per se does not solve all problems and also may inadvertently lead to or at least contribute to certain undesired effects. For example, it is generally accepted in the domestic violence literature that an explanation of the FVO waivers should come before screening questions are posed and that there should be a universal notification policy rather than explaining the waiver option only to those individuals who disclose abuse. However, in this study, we found that the presence of an expert is associated with the practice of selective, rather than universal, notification. In our view, this is most likely because, given the presence of the expert, frontline case managers may believe that the expert, rather than themselves, is best-equipped to provide waiver information.

On the other hand, while the presence of an in-house expert is related to a policy of non-universal notification, experts also seem to be a key element associated with expanding screening questions to include locally designed ones;

the presence of an expert also reportedly helps to put other frontline staff at ease concerning this very sensitive issue. Interviewees who reported the presence of an expert were pleased with the expert's performance and had few suggestions for changing the role except for the need to establish a back-up procedure when the expert was unavailable.

Given the mixed anecdotal and empirical results, it is not surprising that interviewees who reported no designated expert on staff expressed mixed reactions to the possibility of creating such a position or designating a specific current staff member as the in-house expert. Some did not see a need and were satisfied with their relationship with either the services agency or the local domestic violence agency. Others were concerned with limited resources in terms of funding, staff, and time.

All in all, it would appear to the authors that the mandate that all local DSS have an in-house expert is probably not necessary and could be rescinded. At this stage in the evolution of welfare reform in Maryland, our data suggest that perhaps a more appropriate strategy for guaranteeing a minimal but sufficiently broad-based level of expertise and issue ownership at the jurisdictional level would be to establish a different type of support system. One suggestion would be to mandate that a certain percentage or cohort of the frontline staff, either TCA or services workers, be intensively trained about domestic violence and be available for consultation or referral if the need were to arise. All other staff, however, should be familiar enough with the policy to describe waivers and do an initial, but not superficial, screening for abuse. Knowledge and awareness of

domestic violence is obviously needed, but having one particular person may not be the optimal solution in all jurisdictions.

Second, the infrequency of domestic violence training was of concern to many interviewees. Most jurisdictions have only had one training and many were so long ago that the majority of frontline staff may not have attended. Moreover, the data point to a positive impact of more recent trainings in terms of offering more tools and taking a more holistic agency approach. Unfortunately, but not surprisingly, the biggest obstacle noted by interviewees to offering more training was lack of funding. The availability of designated monies for domestic violence services was a critical concern of most interviewees and related not only to training, but to experts and printed material as well. In general, locals seem either unable or unwilling to identify funds to devote to a specific domestic violence project. Fiscal difficulties notwithstanding, study data do suggest that FVO training for frontline staff should be placed on the FIA-DHR training radar screen and, in fact, that some type of FVO training program be developed and offered to local agencies during the next fiscal year.

From these data, it seems that the relatively small amount of funds that would need to be earmarked for training design, delivery, and related expenses could have a proportionately much larger beneficial impact on customers, staff, and local agencies. Additionally, while flexibility in the implementation of screening and waiver approvals is very welcomed on the local level and is appropriate, stronger guidelines regarding training and making resources available to provide that training would immensely aid overall FVO

implementation and service delivery. Decisions regarding appropriate screening and services would be better informed and demonstrate that, unequivocally, Maryland is committed to effective, thorough use of the FVO.

Third, continued monitoring of screening results and service uptake is essential. One interviewee commented that the policy and service strategies are “continuing to evolve.” This statement could not be more accurate; the FVO and the implementation of the policy are, relatively speaking, still very new. Thus, policies and practices have not been set in stone at the jurisdictional level, but are being tweaked and changed in response to their results. In this situation, especially, an understanding of what is happening on the frontlines is critical in informing evaluations of the results as well as the development of improved training, screening, and perhaps service delivery methods and partnerships.

Finally, while unrelated to FVO policy or program implementation at the agency level, the apparent impact of domestic violence services on a jurisdictional level must be noted. More than any other jurisdictional characteristic, a higher level of services county-wide seems to lead to, facilitate, or at least be correlated with FVO implementation strategies which more closely approximate what are currently considered to be “best practices” in the domestic violence field.

## References

- Angelari, Marguerite. 1998. *The Family Violence Option in Maryland: A Preliminary Report*. Baltimore: The Women's Law Center of Maryland, Inc.
- Brooks-Dunn, Jeanne, Greg J. Duncan, and Lawrence Aber. 1997. *Neighborhood Poverty: Volume II Policy Implications in Studying Neighborhoods*. New York: Russell Sage Foundation.
- Burt, Martha R., Janine M. Zweig, and Kathryn Schlichter. 2000. *Strategies for Addressing the Needs of Domestic Violence victims within the FANG Program: The experience of seven counties*. Washington, D.C.: The Urban Institute.
- Council of Economic Advisors. 1997. *Technical Report: Explaining the Decline in Welfare Receipt, 1993-1996*. Washington, DC: Council of Economic Advisors.
- Danzinger, Sheldon H., editor. 1999. *Economic Conditions and Welfare Reform*. Kalamazoo, MI: W.E. Upjohn Institute for Employment Research.
- Hotz, V. Joseph, Robert Goerge, Julie Balzekas, and Francis Margolin, eds. 1999. *Administrative Data for Policy-Relevant Research: Assessment of Current Utility and Recommendations for Development*. Chicago: Joint Center for Poverty Research.
- Johnson, Amy and Alicia Meckstroth. 1998. *Ancillary Services to Support Welfare to Work*. Princeton, NJ: Mathematica Policy Research, Inc.
- Lennett, Judith. 1997. Like Ships That Pass in the Night: AFDC Policy and Battered Women. *Law and Policy*. Vol. 19, No. 2, April 1997: 183-203.
- Maryland Department of Human Resources. 1997a. Action Transmittal 97-77. Baltimore, author (January 23, 1997).
- Maryland Department of Human Resources. 1997b. Action Transmittal 98-30. Baltimore, author (December 30, 1997).
- Maryland Department of Human Resources. 1998. Action Transmittal 99-08. Baltimore, author (August 31, 1998).
- Public Law 104-193 The Personal Responsibility and Work Opportunity Reconciliation Act. 1996. Washington D.C.: U.S. Government Printing Office, 37-945 CC.

Raphael, Jody and Richard Tolman. 1997. *Trapped by Poverty/ Trapped by Abuse: New evidence documenting the relationship between domestic violence and welfare*. Chicago: The Project for Research on Welfare, Work, and Domestic Violence: a collaboration between the Taylor Institute and the University of Michigan.

Raphael, Jody and Sheila Haennicke. 1999. *Keeping Battered Women Safe Through the Welfare-to-Work Journey: How are we doing?* Chicago: The Taylor Institute.

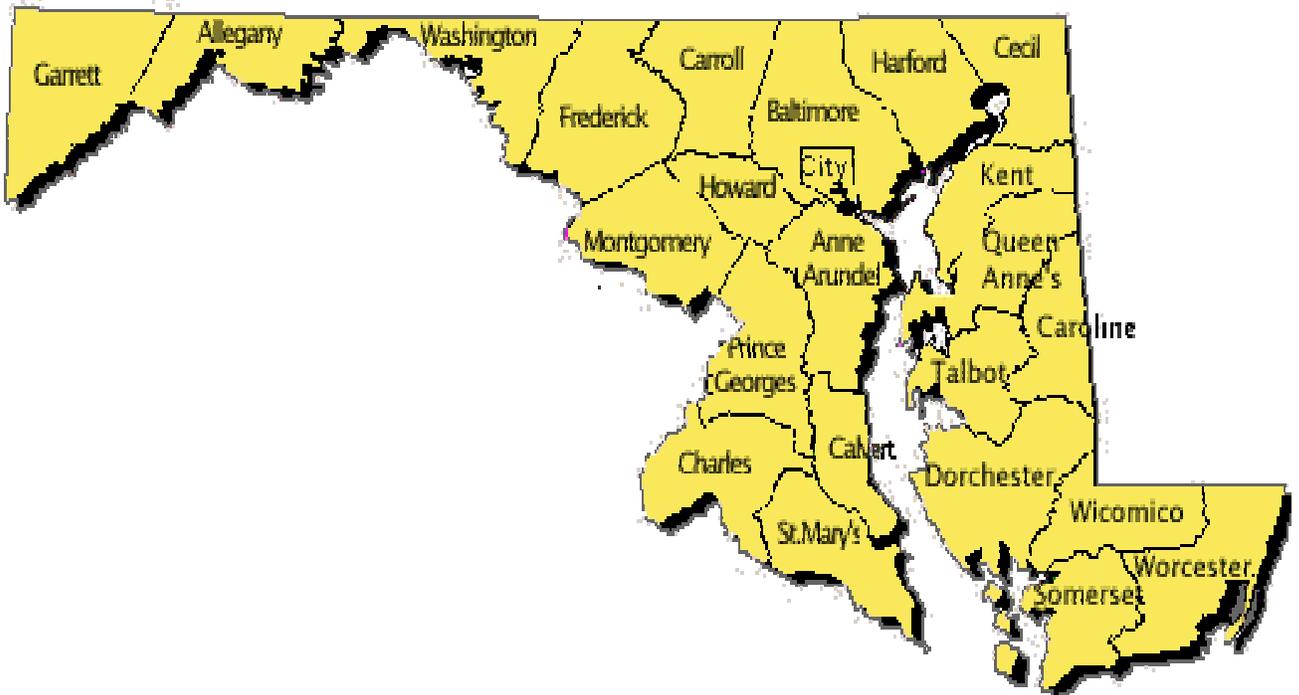
Welfare and Child Support Training and Research Group. 1998. *Life After Welfare: Third Interim Report*. Baltimore: University of Maryland School of Social Work.

Welfare and Child Support Training and Research Group. 1999. *Life After Welfare: Fourth Interim Report*. Baltimore: University of Maryland School of Social Work.

Welfare and Child Support Training and Research Group. 2000. *Life After Welfare: Fifth Interim Report*. Baltimore: University of Maryland School of Social Work.

Welfare and Child Support Training and Research Group. 2001. *Life After Welfare: Sixth Interim Report*. Baltimore: University of Maryland School of Social Work.

**Appendix 1. Map of Maryland and its jurisdictions**



## **Appendix 2. Interview Guide**

County/Jurisdiction \_\_\_\_\_  
Respondent's Name \_\_\_\_\_  
Title \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Date of Interview \_\_\_\_\_  
Time: Start \_\_\_\_\_ End \_\_\_\_\_

### **Background and staffing**

- Q1. What are your primary duties or responsibilities in relation to the implementation of the FVO?
- Q2. Is there currently a family violence expert in your agency? Where is this person housed – FIA, services, child support?
- Q3. a. If YES, when did that person start?  
b. If NO, why is there not one?
- Q4. Is this a revolving or a permanent responsibility?
- Q5. How did this person enter into this position? (e.g. Were they newly hired or appointed?)
- Q6. What are the primary duties or responsibilities of this person?
- Q7. What changes, if any, would you like to see made to the appointment process or responsibilities of the DV expert?

### **Trainings**

- Q8. Who in your agency is trained to identify domestic violence?
- Q9. Who conducts the trainings?
- Q10. Are trainings ongoing or one-time sessions?
- Q11. When did training begin? How often is it provided?
- Q12. What changes, if any, would you like to see made regarding training?

### **Screening and disclosure**

- Q13. When did your office begin screening TCA customers for domestic violence?
- Q14. Who conducts the screenings?
- Q15. What, if any, tools are used in screening?

- Q16. When, and how often, are customers screened for DV?
- Q17. Are customers told about the waivers when screened for DV?
- Q18. Do you have any written material related to the FVO which you give to customers?
- Q19. Are there other times when customers self-disclose without being asked?
- Q20. What feedback have you received from your staff regarding screening?
- Q21. What is the most successful element of the screening process?
- Q22. What changes, if any, would you like to see made to the screening process?

### **Waivers**

- Q23. Who can grant a waiver under the FVO? Is it a group decision or an individual one?
- Q24. How are waiver decisions made?
- Q25. How often are waivers granted when an individual screens positive for domestic violence?
- Q26. How often do customers refuse waivers?
- Q27. How long are waivers valid?
- Q28. Can they be renewed?
- Q29. What changes, if any, would you like to see made to the waiver process or policy?

### **Referrals and Relationships with other agencies**

- Q30. What type of relationship have you formed with the local DV service provider(s)?
- Q31. What changes, if any, would you like to see made to this relationship?

### **Miscellaneous issues**

- Q32. What measures are taken to ensure confidentiality?
- Q33. Regarding data entry in CARES in your jurisdiction, are incidences of domestic violence recorded in the narratives, the fields, or both?
- Q34. Specifically, if a person is exempt in your jurisdiction, is the domestic violence indicator filled as yes as well or is that reserved for victims who are not granted an exemption?

### **Opinion questions**

- Q35. What, if any, additional training, information, or assistance do you or your caseworkers need?
- Q36. In your opinion, is there any unmet need either in your agency or in the community regarding helping domestic violence victims?
- Q37. Following up on the previous question, what additional resources do you feel could help meet this need?
- Q38. What, if anything, would you like to see changed in Maryland's approach to domestic violence in TANF cases?
- Q39. Finally, are there any other issues, questions, or points that you feel are important that I have not spoken with you about?

### Appendix 3. Macro variable sources

Categories	Variables	Source
<b>Socio-demographic</b>		
Population	- total population in 2000	Maryland Department of Planning
	- population density in 2000	Maryland Department of Planning
	- % African American in 2000	Maryland Department of Planning
	- % other non-white in 2000	Maryland Department of Planning
	- % female-headed households in 2000	Maryland Department of Planning
Health	- infant mortality rate in 2000	Maryland Department of Health and Mental Hygiene
Education	- % over age 25 population with Bachelor's degree in 1996	U.S. Census Bureau
	- high school dropout rate in academic year 1998-1999	Maryland State Department of Education
Crime	- annual murder rate in 1999	U.S. Department of Justice, Uniform Crime Report
	- annual robbery rate in 1999	U.S. Department of Justice, Uniform Crime Report
	- annual breaking and entering rate in 1999	U.S. Department of Justice, Uniform Crime Report
	- annual domestic violence rate in 1999	U.S. Department of Justice, Uniform Crime Report
<b>Economic</b>	- average unemployment rate in 1999	Maryland Department of Labor, Licensing and Regulation
	- % below poverty line in 1998	Maryland Department of Human Resources
	- % of total jobs in services and trade in 1999	U.S. Bureau of Economic Analysis
	- average job growth rate between 1994 and 1999	Maryland Department of Labor, Licensing and Regulation-
Income	- average weekly wages in 1999	U.S. Census Bureau
	- median household income in 1999	Maryland Department of Planning
	- average per capita income in 1999	U.S. Bureau of Economic Analysis
Cost of living	- cost of living index in 1998	Maryland Department of Business & Economic Development
	- fair market rent in 1999	Maryland Department of Human Resources
<b>Domestic violence services</b>	- agency located in jurisdiction	Compiled by the lead author from various domestic violence clearinghouses and web sites
	- number of shelter beds in jurisdiction	Maryland Department of Human Resources

## Appendix 4. Jurisdictional profiles

<b>Allegany</b>	
<b>Agency Characteristics</b>	
- unique cases during study period	807
- average number of cases per month	265
- average monthly cases per 1000 residents	3.72
- case "turnover"	3.05
- family violence expert	Yes, appointed August 1998
- staff who received DV training	All Department staff
- organization who conducted training	Local domestic service provider
- on-going or one-time training	One-time session
- month training began or took place	September 1999
- month screening began	February 1998
- staff who conducts screenings	FIA caseworker
- screening tools used	Locally designed questions
- time clients are informed of waivers	Before disclosure of violence
- type of written materials distributed	General domestic violence information only
- who grants waivers	Individual with advice from others
- frequency with which waivers granted	Automatically
- frequency with which clients refuse waivers	Never
<b>Socio-demographic indicators</b>	
- total population in 2000	74,930
- population density in 2000	176 people per 100 square miles
- % African American in 2000	5.35%
- % other non-white in 2000	1.63%
- % female-headed households in 2000	31.5%
- infant mortality rate in 2000	5.0 per 1,000 infants born alive
- % over age 25 population with Bachelor's degree in 1996	12.0%
- high school dropout rate in academic year 1998-1999	3.60%
- annual murder rate in 1999	0.00 per 1,000 people
- annual robbery rate in 1999	0.28 per 1,000 people
- annual breaking and entering rate in 1999	5.54 per 1,000 people
- annual domestic violence rate in 1999	4.90 per 1,000 people
<b>Economic indicators</b>	
- average unemployment rate in 1999	7.1%
- % below poverty line in 1998	15.1%
- average job growth rate between 1994 and 1999	6.8%
- % of total jobs in services in 1999	31%
- % of total jobs in trade in 1999	22%
- average weekly wages in 1999	\$469
- median household income in 1999	\$27,700
- average per capita income in 1999	\$21,453
- cost of living index in 1998	85.37
- fair market rent in 1999	\$497
<b>Domestic violence community services</b>	
- agency located in jurisdiction	Yes
- number of shelter beds in jurisdiction	11

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## Anne Arundel

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### Agency Characteristics

- unique cases during study period	3,444
- average number of cases per month	1,300
- average monthly cases per 1000 residents	2.70
- case "turnover"	2.65
- family violence expert	No, uses local domestic violence service provider
- staff who received DV training	All FIA staff
- organization who conducted training	Local domestic violence service provider
- on-going or one-time training	On-going
- month training began or took place	June 1995
- month screening began	January 1996
- staff who conducts screenings	Team
- screening tools used	No set questions
- time clients are informed of waivers	After disclosure of violence
- type of written materials distributed	General domestic violence information only
- who grants waivers	Individual with advise from others
- frequency with which waivers granted	Individual basis – rarely or never given
- frequency with which clients refuse waivers	

### Socio-demographic indicators

- total population in 2000	489,930
- population density in 2000	1,172 people per 100 square miles
- % African American in 2000	13.57%
- % other non-white in 2000	5.20%
- % female-headed households in 2000	25.60%
- infant mortality rate in 2000	6.3 per 1,000 infants born alive
- % over age 25 population with Bachelor's degree in 1996	25.0%
- high school dropout rate in academic year 1998-1999	5.12%
- annual murder rate in 1999	0.01 per 1,000 people
- annual robbery rate in 1999	1.13 per 1,000 people
- annual breaking and entering rate in 1999	7.27 per 1,000 people
- annual domestic violence rate in 1999	3.82 per 1,000 people

### Economic indicators

- average unemployment rate in 1999	2.8%
- % below poverty line in 1998	5.5%
- average job growth rate between 1994 and 1999	11.3%
- % of total jobs in services in 1999	28.0%
- % of total jobs in trade in 1999	20.0%
- average weekly wages in 1999	\$636
- median household income in 1999	\$63,700
- average per capita income in 1999	\$32,607
- cost of living index in 1998	107.46
- fair market rent in 1999	\$628

### Domestic violence Community Services

- agency located in jurisdiction	Yes
- number of shelter beds in jurisdiction	21

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## Baltimore City

### Agency Characteristics

- unique cases during study period	41,554
- average number of cases per month	21,176
- average monthly cases per 1000 residents	33.47
- case "turnover"	1.96
- family violence expert	Yes, appointed April 1999
- staff who received DV training	All Department staff
- organization who conducted training	Government agency
- on-going or one-time training	On-going
- month training began or took place	January 1999
- month screening began	January 1997
- staff who conducts screenings	Caseworker
- screening tools used	DHR designed questions
- time clients are informed of waivers	After disclosure of violence
- type of written materials distributed	None
- who grants waivers	Individual with advise from others
- frequency with which waivers granted	Individual basis – often given
- frequency with which clients refuse waivers	Never

### Socio-demographic indicators

- total population in 2000	651,154
- population density in 2000	8,058 people per 100 square miles
- % African American in 2000	64.34%
- % other non-white in 2000	4.03%
- % female-headed households in 2000	48.6%
- infant mortality rate in 2000	11.7 per 1,000 infants born alive
- % over age 25 population with Bachelor's degree in 1996	16.0%
- high school dropout rate in academic year 1998-1999	10.85%
- annual murder rate in 1999	0.48 per 1,000 people
- annual robbery rate in 1999	11.79 per 1,000 people
- annual breaking and entering rate in 1999	19.58 per 1,000 people
- annual domestic violence rate in 1999	2.17 per 1,000 people

### Economic indicators

- average unemployment rate in 1999	7.3%
- % below poverty line in 1998	21.8%
- average job growth rate between 1994 and 1999	-1.7%
- % of total jobs in services in 1999	41%
- % of total jobs in trade in 1999	15%
- average weekly wages in 1999	\$710
- median household income in 1999	\$31,700
- average per capita income in 1999	\$26,655
- cost of living index in 1998	95.19
- fair market rent in 1999	\$628

### Domestic violence Community Services

- agency located in jurisdiction	Yes
- number of shelter beds in jurisdiction	28

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## Baltimore County

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### Agency Characteristics

- unique cases during study period	9,268
- average number of cases per month	3,366
- average monthly cases per 1000 residents	4.65
- case "turnover"	2.75
- family violence expert	Yes, appointed November 1997
- staff who received DV training	All Department staff
- organization who conducted training	Government agency
- on-going or one-time training	One-time session
- month training began or took place	January 1999
- month screening began	January 1997
- staff who conducts screenings	Caseworker
- screening tools used	DHR designed questions
- time clients are informed of waivers	After disclosure of violence
- type of written materials distributed	None
- who grants waivers	Team
- frequency with which waivers granted	Individual basis – often given
- frequency with which clients refuse waivers	Never

### Socio-demographic indicators

- total population in 2000	754,292
- population density in 2000	1,260 people per 100 square miles
- % African American in 2000	20.10%
- % other non-white in 2000	5.10%
- % female-headed households in 2000	32.5%
- infant mortality rate in 2000	6.4 per 1,000 infants born alive
- % over age 25 population with Bachelor's degree in 1996	25.0%
- high school dropout rate in academic year 1998-1999	2.87%
- annual murder rate in 1999	0.04 per 1,000 people
- annual robbery rate in 1999	2.36 per 1,000 people
- annual breaking and entering rate in 1999	8.56 per 1,000 people
- annual domestic violence rate in 1999	6.76 per 1,000 people

### Economic indicators

- average unemployment rate in 1999	3.85
- % below poverty line in 1998	7.3%
- average job growth rate between 1994 and 1999	12.6%
- % of total jobs in services in 1999	35.0%
- % of total jobs in trade in 1999	23.0%
- average weekly wages in 1999	\$627
- median household income in 1999	\$51,700
- average per capita income in 1999	\$34,236
- cost of living index in 1998	102.95
- fair market rent in 1999	\$628

### Domestic violence Community Services

- agency located in jurisdiction	Yes - multiple
- number of shelter beds in jurisdiction	54

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## Calvert

### Agency Characteristics

- unique cases during study period	557
- average number of cases per month	183
- average monthly cases per 1000 residents	2.47
- case "turnover"	3.04
- family violence expert	No
- staff who received DV training	Some FIA staff
- organization who conducted training	Local domestic violence service provider
- on-going or one-time training	One-time session
- month training began or took place	January 1997
- month screening began	February 1998
- staff who conducts screenings	Team
- screening tools used	DHR designed questions
- time clients are informed of waivers	Before disclosure of violence
- type of written materials distributed	General domestic violence information only
- who grants waivers	Individual
- frequency with which waivers granted	Individual basis – often given
- frequency with which clients refuse waivers	

### Socio-demographic indicators

- total population in 2000	74,563
- population density in 2000	347 people per 100 square miles
- % African American in 2000	13.11%
- % other non-white in 2000	2.97%
- % female-headed households in 2000	20.5%
- infant mortality rate in 2000	4.9 per 1,000 infants born alive
- % over age 25 population with Bachelor's degree in 1996	16.0%
- high school dropout rate in academic year 1998-1999	3.79%
- annual murder rate in 1999	0.01 per 1,000 people
- annual robbery rate in 1999	0.22 per 1,000 people
- annual breaking and entering rate in 1999	4.41 per 1,000 people
- annual domestic violence rate in 1999	3.38 per 1,000 people

### Economic indicators

- average unemployment rate in 1999	2.6%
- % below poverty line in 1998	6.1%
- average job growth rate between 1994 and 1999	25.4%
- % of total jobs in services in 1999	
- % of total jobs in trade in 1999	21.0%
- average weekly wages in 1999	\$576
- median household income in 1999	\$61,800
- average per capita income in 1999	\$28,888
- cost of living index in 1998	107.43
- fair market rent in 1999	\$820

### Domestic violence Community Services

- agency located in jurisdiction	Yes
- number of shelter beds in jurisdiction	30

## Caroline

### Agency Characteristics

- unique cases during study period	418
- average number of cases per month	139
- average monthly cases per 1000 residents	4.65
- case "turnover"	3.01
- family violence expert	Yes, hired July 1999
- staff who received DV training	All FIA staff
- organization who conducted training	Local domestic violence service provider
- on-going or one-time training	One-time session
- month training began or took place	December 1998
- month screening began	December 1997
- staff who conducts screenings	Caseworker
- screening tools used	Locally designed questions
- time clients are informed of waivers	After disclosure of violence
- type of written materials distributed	General domestic violence information only
- who grants waivers	Individual with advise from others
- frequency with which waivers granted	Individual basis – rarely or never given
- frequency with which clients refuse waivers	Sometimes

### Socio-demographic indicators

- total population in 2000	29,772
- population density in 2000	93 people per 100 square miles
- % African American in 2000	14.77%
- % other non-white in 2000	3.53%
- % female-headed households in 2000	28.0%
- infant mortality rate in 2000	22.1 per 1,000 infants born alive
- % over age 25 population with Bachelor's degree in 1996	11.0%
- high school dropout rate in academic year 1998-1999	4.37%
- annual murder rate in 1999	0.10 per 1,000 people
- annual robbery rate in 1999	0.47 per 1,000 people
- annual breaking and entering rate in 1999	8.62 per 1,000 people
- annual domestic violence rate in 1999	5.99 per 1,000 people

### Economic indicators

- average unemployment rate in 1999	3.3%
- % below poverty line in 1998	12.0%
- average job growth rate between 1994 and 1999	17.0%
- % of total jobs in services in 1999	
- % of total jobs in trade in 1999	22.0%
- average weekly wages in 1999	\$467
- median household income in 1999	\$37,200
- average per capita income in 1999	\$19,431
- cost of living index in 1998	90.43
- fair market rent in 1999	\$495

### Domestic violence Community Services

- agency located in jurisdiction	Yes
- number of shelter beds in jurisdiction	10

## Carroll

### Agency Characteristics

- unique cases during study period	717
- average number of cases per month	235
- average monthly cases per 1000 residents	1.54
- case "turnover"	3.05
- family violence expert	No, uses services
- staff who received DV training	All FIA staff
- organization who conducted training	Joint government agency and local DV service provider
- on-going or one-time training	One-time session
- month training began or took place	January 1998
- month screening began	February 1998
- staff who conducts screenings	Caseworker
- screening tools used	No set questions
- time clients are informed of waivers	After disclosure of violence
- type of written materials distributed	General domestic violence information only
- who grants waivers	Individual with advise from others
- frequency with which waivers granted	Individual basis – often given
- frequency with which clients refuse waivers	Never

### Socio-demographic indicators

- total population in 2000	150,897
- population density in 2000	336 people per 100 square miles
- % African American in 2000	2.28%
- % other non-white in 2000	2.03%
- % female-headed households in 2000	20.4%
- infant mortality rate in 2000	3.7 per 1,000 infants born alive
- % over age 25 population with Bachelor's degree in 1996	20.0%
- high school dropout rate in academic year 1998-1999	2.72%
- annual murder rate in 1999	0.01 per 1,000 people
- annual robbery rate in 1999	0.37 per 1,000 people
- annual breaking and entering rate in 1999	4.43 per 1,000 people
- annual domestic violence rate in 1999	2.74 per 1,000 people

### ECONOMIC INDICATORS

- average unemployment rate in 1999	2.5%
- % below poverty line in 1998	4.5%
- average job growth rate between 1994 and 1999	17.8%
- % of total jobs in services and trade in 1999	29.0%
- % of total jobs in services and trade in 1999	24.0%
- average weekly wages in 1999	\$488
- median household income in 1999	\$62,100
- average per capita income in 1999	\$28,888
- cost of living index in 1998	102.49
- fair market rent in 1999	\$628

### DOMESTIC VIOLENCE COMMUNITY SERVICES

- agency located in jurisdiction	Yes
- number of shelter beds in jurisdiction	5

<b>Cecil</b>	
<b>Agency Characteristics</b>	
- unique cases during study period	890
- average number of cases per month	250
- average monthly cases per 1000 residents	2.96
- case "turnover"	3.56
- family violence expert	Yes, appointed December 1998
- staff who received DV training	All Department staff
- organization who conducted training	Government agency
- on-going or one-time training	One-time session
- month training began or took place	November 1998
- month screening began	December 1998
- staff who conducts screenings	Caseworker
- screening tools used	Locally designed questions
- time clients are informed of waivers	After disclosure of violence
- type of written materials distributed	None
- who grants waivers	Team
- frequency with which waivers granted	Individual basis – often given
- frequency with which clients refuse waivers	Sometimes
<b>Socio-demographic indicators</b>	
- total population in 2000	85,951
- population density in 2000	247 people per 100 square miles
- % African American in 2000	3.91%
- % other non-white in 2000	2.70%
- % female-headed households in 2000	24.0%
- infant mortality rate in 2000	8.8 per 1,000 infants born alive
- % over age 25 population with Bachelor's degree in 1996	12.0%
- high school dropout rate in academic year 1998-1999	4.45%
- annual murder rate in 1999	0.00 per 1,000 people
- annual robbery rate in 1999	0.44 per 1,000 people
- annual breaking and entering rate in 1999	8.23 per 1,000 people
- annual domestic violence rate in 1999	6.49 per 1,000 people
<b>Economic indicators</b>	
- average unemployment rate in 1999	4.6%
- % below poverty line in 1998	8.0%
- average job growth rate between 1994 and 1999	16.5%
- % of total jobs in services in 1999	24.0%
- % of total jobs in trade in 1999	23.0%
- average weekly wages in 1999	\$569
- median household income in 1999	\$48,400
- average per capita income in 1999	\$25,333
- cost of living index in 1998	97.71
- fair market rent in 1999	\$671
<b>Domestic violence Community Services</b>	
- agency located in jurisdiction	Yes
- number of shelter beds in jurisdiction	22

## Charles

### Agency Characteristics

- unique cases during study period	1,202
- average number of cases per month	439
- average monthly cases per 1000 residents	3.62
- case "turnover"	2.73
- family violence expert	No
- staff who received DV training	No training
- organization who conducted training	
- on-going or one-time training	
- month training began or took place	
- month screening began	January 1997
- staff who conducts screenings	Caseworker
- screening tools used	DHR designed questions
- time clients are informed of waivers	Before disclosure of violence
- type of written materials distributed	General domestic violence information only
- who grants waivers	Individual with advise from others
- frequency with which waivers granted	Individual basis – often given
- frequency with which clients refuse waivers	Sometimes

### Socio-demographic indicators

- total population in 2000	120,546
- population density in 2000	262 people per 100 square miles
- % African American in 2000	26.06%
- % other non-white in 2000	5.43%
- % female-headed households in 2000	26.1%
- infant mortality rate in 2000	9.2 per 1,000 infants born alive
- % over age 25 population with Bachelor's degree in 1996	16.0%
- high school dropout rate in academic year 1998-1999	3.45%
- annual murder rate in 1999	0.02 per 1,000 people
- annual robbery rate in 1999	1.03 per 1,000 people
- annual breaking and entering rate in 1999	5.31 per 1,000 people
- annual domestic violence rate in 1999	6.21 per 1,000 people

### Economic indicators

- average unemployment rate in 1999	2.5%
- % below poverty line in 1998	6.9%
- average job growth rate between 1994 and 1999	12.7%
- % of total jobs in services in 1999	26.0%
- % of total jobs in trade in 1999	30.0%
- average weekly wages in 1999	\$521
- median household income in 1999	\$59,700
- average per capita income in 1999	\$27,701
- cost of living index in 1998	105.21
- fair market rent in 1999	\$820

### Domestic violence Community Services

- agency located in jurisdiction	Yes
- number of shelter beds in jurisdiction	0

## Dorchester

### Agency Characteristics

- unique cases during study period	769
- average number of cases per month	284
- average monthly cases per 1000 residents	9.54
- case "turnover"	2.71
- family violence expert	No
- staff who received DV training	No training
- organization who conducted training	
- on-going or one-time training	
- month training began or took place	
- month screening began	January 1996
- staff who conducts screenings	Eligibility worker
- screening tools used	DHR designed questions
- time clients are informed of waivers	Before violence is disclosed
- type of written materials distributed	None
- who grants waivers	Individual
- frequency with which waivers granted	Automatically
- frequency with which clients refuse waivers	Never

### Socio-demographic indicators

- total population in 2000	30,674
- population density in 2000	55 people per 100 square miles
- % African American in 2000	28.39%
- % other non-white in 2000	2.16%
- % female-headed households in 2000	34.2%
- infant mortality rate in 2000	9.1 per 1,000 infants born alive
- % over age 25 population with Bachelor's degree in 1996	11.0%
- high school dropout rate in academic year 1998-1999	6.14%
- annual murder rate in 1999	0.17 per 1,000 people
- annual robbery rate in 1999	1.01 per 1,000 people
- annual breaking and entering rate in 1999	9.12 per 1,000 people
- annual domestic violence rate in 1999	4.95 per 1,000 people

### Economic indicators

- average unemployment rate in 1999	7.3%
- % below poverty line in 1998	15.0%
- average job growth rate between 1994 and 1999	0.9%
- % of total jobs in services in 1999	24.0%
- % of total jobs in trade in 1999	18.0%
- average weekly wages in 1999	\$466
- median household income in 1999	\$33,600
- average per capita income in 1999	\$21,916
- cost of living index in 1998	98.71
- fair market rent in 1999	\$495

### Domestic violence Community Services

- agency located in jurisdiction	Yes
- number of shelter beds in jurisdiction	0

## Frederick

### Agency Characteristics

- unique cases during study period	1,100
- average number of cases per month	341
- average monthly cases per 1000 residents	1.78
- case "turnover"	3.23
- family violence expert	No, uses local domestic violence service provider
- staff who received DV training	All Department staff
- organization who conducted training	Local domestic violence service provider
- on-going or one-time training	On-time session
- month training began or took place	June 1998
- month screening began	January 1996
- staff who conducts screenings	Team
- screening tools used	DHR designed questions
- time clients are informed of waivers	After disclosure of violence
- type of written materials distributed	General domestic violence information
- who grants waivers	Individual
- frequency with which waivers granted	Individual basis – often given
- frequency with which clients refuse waivers	Sometimes

### Socio-demographic indicators

- total population in 2000	195,277
- population density in 2000	295 people per 100 square miles
- % African American in 2000	6.36%
- % other non-white in 2000	4.31%
- % female-headed households in 2000	23.1%
- infant mortality rate in 2000	2.8 per 1,000 infants born alive
- % over age 25 population with Bachelor's degree in 1996	22.0%
- high school dropout rate in academic year 1998-1999	2.66%
- annual murder rate in 1999	0.01 per 1,000 people
- annual robbery rate in 1999	0.70 per 1,000 people
- annual breaking and entering rate in 1999	4.10 per 1,000 people
- annual domestic violence rate in 1999	2.96 per 1,000 people

### Economic indicators

- average unemployment rate in 1999	2.2%
- % below poverty line in 1998	5.5%
- average job growth rate between 1994 and 1999	21.9%
- % of total jobs in services in 1999	30.0%
- % of total jobs in trade in 1999	22.0%
- average weekly wages in 1999	\$560
- median household income in 1999	\$61,400
- average per capita income in 1999	\$32,174
- cost of living index in 1998	99.87
- fair market rent in 1999	\$820

### Domestic violence Community Services

- agency located in jurisdiction	Yes
- number of shelter beds in jurisdiction	57

## Garrett

### Agency Characteristics

- unique cases during study period	426
- average number of cases per month	121
- average monthly cases per 1000 residents	4.09
- case "turnover"	3.52
- family violence expert	No
- staff who received DV training	All Department staff
- organization who conducted training	Local domestic violence service provider
- on-going or one-time training	One-time training
- month training began or took place	January 1999
- month screening began	January 1997
- staff who conducts screenings	Caseworker
- screening tools used	Locally designed questions
- time clients are informed of waivers	After disclosure of violence
- type of written materials distributed	None
- who grants waivers	Individual
- frequency with which waivers granted	Individual basis – often given
- frequency with which clients refuse waivers	Sometimes

### Socio-demographic indicators

- total population in 2000	29,846
- population density in 2000	46 people per 100 square miles
- % African American in 2000	0.43%
- % other non-white in 2000	0.74%
- % female-headed households in 2000	23.2%
- infant mortality rate in 2000	6.0 per 1,000 infants born alive
- % over age 25 population with Bachelor's degree in 1996	10.0%
- high school dropout rate in academic year 1998-1999	3.74%
- annual murder rate in 1999	0.00 per 1,000 people
- annual robbery rate in 1999	0.17 per 1,000 people
- annual breaking and entering rate in 1999	4.80 per 1,000 people
- annual domestic violence rate in 1999	3.50 per 1,000 people

### Economic indicators

- average unemployment rate in 1999	8.4%
- % below poverty line in 1998	15.2%
- average job growth rate between 1994 and 1999	9.6%
- % of total jobs in services in 1999	30.0%
- % of total jobs in trade in 1999	21.0%
- average weekly wages in 1999	\$402
- median household income in 1999	\$30,800
- average per capita income in 1999	\$19,360
- cost of living index in 1998	94.88
- fair market rent in 1999	\$495

### Domestic violence Community Services

- agency located in jurisdiction	Yes
- number of shelter beds in jurisdiction	0

## Harford

### Agency Characteristics

- unique cases during study period	1,528
- average number of cases per month	558
- average monthly cases per 1000 residents	2.56
- case "turnover"	2.74
- family violence expert	No
- staff who received DV training	All Department staff
- organization who conducted training	Local domestic violence service provider
- on-going or one-time training	One-time training
- month training began or took place	January 1998
- month screening began	February 1998
- staff who conducts screenings	Caseworker
- screening tools used	DHR designed questions
- time clients are informed of waivers	After disclosure of violence
- type of written materials distributed	General domestic violence information
- who grants waivers	Individual with advise from others
- frequency with which waivers granted	Individual basis – rarely or never given
- frequency with which clients refuse waivers	

### Socio-demographic indicators

- total population in 2000	218,590
- population density in 2000	496 people per 100 square miles
- % African American in 2000	9.275
- % other non-white in 2000	3.96%
- % female-headed households in 2000	23.3%
- infant mortality rate in 2000	5.4 per 1,000 infants born alive
- % over age 25 population with Bachelor's degree in 1996	22.0%
- high school dropout rate in academic year 1998-1999	4.54%
- annual murder rate in 1999	0.03 per 1,000 people
- annual robbery rate in 1999	0.67 per 1,000 people
- annual breaking and entering rate in 1999	4.30 per 1,000 people
- annual domestic violence rate in 1999	3.19 per 1,000 people

### Economic indicators

- average unemployment rate in 1999	3.2%
- % below poverty line in 1998	5.9%
- average job growth rate between 1994 and 1999	15.5%
- % of total jobs in services in 1999	27.0%
- % of total jobs in trade in 1999	25.0%
- average weekly wages in 1999	\$554
- median household income in 1999	\$59,200
- average per capita income in 1999	\$27,907
- cost of living index in 1998	101.36
- fair market rent in 1999	\$628

### Domestic violence Community Services

- agency located in jurisdiction	Yes
- number of shelter beds in jurisdiction	28

## Howard

### Agency Characteristics

- unique cases during study period	824
- average number of cases per month	248
- average monthly cases per 1000 residents	1.02
- case "turnover"	3.32
- family violence expert	No
- staff who received DV training	All Department staff
- organization who conducted training	Local domestic violence service provider
- on-going or one-time training	One-time training
- month training began or took place	January 1998
- month screening began	January 1997
- staff who conducts screenings	Eligibility worker
- screening tools used	Locally designed questions
- time clients are informed of waivers	Before disclosure of violence
- type of written materials distributed	General domestic violence information
- who grants waivers	Individual with advise from others
- frequency with which waivers granted	Automatically
- frequency with which clients refuse waivers	

### Socio-demographic indicators

- total population in 2000	247,842
- population density in 2000	983 people per 100 square miles
- % African American in 2000	14.425
- % other non-white in 2000	11.26%
- % female-headed households in 2000	24.0%
- infant mortality rate in 2000	7.6 per 1,000 infants born alive
- % over age 25 population with Bachelor's degree in 1996	47.0%
- high school dropout rate in academic year 1998-1999	2.03%
- annual murder rate in 1999	0.02 per 1,000 people
- annual robbery rate in 1999	0.99 per 1,000 people
- annual breaking and entering rate in 1999	5.42 per 1,000 people
- annual domestic violence rate in 1999	2.64 per 1,000 people

### Economic indicators

- average unemployment rate in 1999	1.85
- % below poverty line in 1998	3.9%
- average job growth rate between 1994 and 1999	32.8%
- % of total jobs in services in 1999	39.0%
- % of total jobs in trade in 1999	25.0%
- average weekly wages in 1999	\$693
- median household income in 1999	\$77,000
- average per capita income in 1999	\$38,212
- cost of living index in 1998	104.28
- fair market rent in 1999	\$628

### Domestic violence Community Services

- agency located in jurisdiction	Yes
- number of shelter beds in jurisdiction	29

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## Kent

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### Agency Characteristics

- unique cases during study period	140
- average number of cases per month	41
- average monthly cases per 1000 residents	2.11
- case "turnover"	3.41
- family violence expert	Yes – appointed January 1997
- staff who received DV training	All FIA staff
- organization who conducted training	Local domestic violence service provider
- on-going or one-time training	One-time session
- month training began or took place	December 1997
- month screening began	January 1997
- staff who conducts screenings	Caseworker
- screening tools used	Locally designed questions
- time clients are informed of waivers	After disclosure of violence
- type of written materials distributed	General domestic violence information
- who grants waivers	Individual with advise from others
- frequency with which waivers granted	Automatically
- frequency with which clients refuse waivers	Never

### Socio-demographic indicators

- total population in 2000	19,197
- population density in 2000	69 people per 100 square miles
- % African American in 2000	17.41%
- % other non-white in 2000	2.95%
- % female-headed households in 2000	30.3%
- infant mortality rate in 2000	4.9 per 1,000 infants born alive
- % over age 25 population with Bachelor's degree in 1996	17.0%
- high school dropout rate in academic year 1998-1999	4.39%
- annual murder rate in 1999	0.16 per 1,000 people
- annual robbery rate in 1999	0.37 per 1,000 people
- annual breaking and entering rate in 1999	7.28 per 1,000 people
- annual domestic violence rate in 1999	2.51 per 1,000 people

### Economic indicators

- average unemployment rate in 1999	3.8%
- % below poverty line in 1998	10.4%
- average job growth rate between 1994 and 1999	6.2%
- % of total jobs in services in 1999	33.0%
- % of total jobs in trade in 1999	19.0%
- average weekly wages in 1999	\$435
- median household income in 1999	\$43,200
- average per capita income in 1999	\$28,165
- cost of living index in 1998	95.83
- fair market rent in 1999	\$546

### Domestic violence Community Services

- agency located in jurisdiction	Yes
- number of shelter beds in jurisdiction	0

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## Montgomery

### Agency Characteristics

- unique cases during study period	3,467
- average number of cases per month	1,204
- average monthly cases per 1000 residents	1.41
- case "turnover"	2.88
- family violence expert	No, uses services
- staff who received DV training	All Department staff
- organization who conducted training	Government
- on-going or one-time training	On-going
- month training began or took place	January 1998
- month screening began	October 1996
- staff who conducts screenings	Caseworker
- screening tools used	Locally designed questions
- time clients are informed of waivers	Before disclosure of violence
- type of written materials distributed	General
- who grants waivers	Individual with advice
- frequency with which waivers granted	Automatically
- frequency with which clients refuse waivers	Sometimes

### Socio-demographic indicators

- total population in 2000	83,341
- population density in 2000	1,763 people per 100 square miles
- % African American in 2000	15.14%
- % other non-white in 2000	20.08%
- % female-headed households in 2000	28.9%
- infant mortality rate in 2000	4.4 per 1,000 infants born alive
- % over age 25 population with Bachelor's degree in 1996	50.0%
- high school dropout rate in academic year 1998-1999	1.85%
- annual murder rate in 1999	0.02 per 1,000 people
- annual robbery rate in 1999	0.84 per 1,000 people
- annual breaking and entering rate in 1999	4.54 per 1,000 people
- annual domestic violence rate in 1999	2.62 per 1,000 people

### Economic indicators

- average unemployment rate in 1999	1.8%
- % below poverty line in 1998	5.3%
- average job growth rate between 1994 and 1999	14.0%
- % of total jobs in services in 1999	45.0%
- % of total jobs in trade in 1999	17.0%
- average weekly wages in 1999	\$794
- median household income in 1999	\$68,500
- average per capita income in 1999	\$45,595
- cost of living index in 1998	113.47
- fair market rent in 1999	\$820

### Domestic violence Community Services

- agency located in jurisdiction	Yes
- number of shelter beds in jurisdiction	30

## Prince George's

### Agency Characteristics

- unique cases during study period	11,588
- average number of cases per month	4,932
- average monthly cases per 1000 residents	6.31
- case "turnover"	2.35
- family violence expert	No
- staff who received DV training	All FIA staff
- organization who conducted training	Local domestic violence service provider
- on-going or one-time training	On-going
- month training began or took place	January 1997
- month screening began	January 1997
- staff who conducts screenings	Caseworker
- screening tools used	DHR designed questions
- time clients are informed of waivers	After disclosure of violence
- type of written materials distributed	None
- who grants waivers	Individual
- frequency with which waivers granted	Individual basis – rarely or never given
- frequency with which clients refuse waivers	Never

### Socio-demographic indicators

- total population in 2000	801,515
- population density in 2000	1,651 people per 100 square miles
- % African American in 2000	62.70%
- % other non-white in 2000	10.26%
- % female-headed households in 2000	36.5%
- infant mortality rate in 2000	9.7 per 1,000 infants born alive
- % over age 25 population with Bachelor's degree in 1996	26.0%
- high school dropout rate in academic year 1998-1999	2.62%
- annual murder rate in 1999	0.12 per 1,000 people
- annual robbery rate in 1999	3.16 per 1,000 people
- annual breaking and entering rate in 1999	10.21 per 1,000 people
- annual domestic violence rate in 1999	4.83 per 1,000 people

### Economic indicators

- average unemployment rate in 1999	3.5%
- % below poverty line in 1998	8.7%
- average job growth rate between 1994 and 1999	9.9%
- % of total jobs in services in 1999	31.0%
- % of total jobs in trade in 1999	22.0%
- average weekly wages in 1999	\$666
- median household income in 1999	\$55,000
- average per capita income in 1999	\$29,547
- cost of living index in 1998	106.85
- fair market rent in 1999	\$820

### Domestic violence Community Services

- agency located in jurisdiction	Yes
- number of shelter beds in jurisdiction	34

## Queen Anne's

### Agency Characteristics

- unique cases during study period	283
- average number of cases per month	85
- average monthly cases per 1000 residents	2.08
- case "turnover"	3.33
- family violence expert	No
- staff who received DV training	All Department staff
- organization who conducted training	Local domestic violence service provider
- on-going or one-time training	One-time training
- month training began or took place	January 1999
- month screening began	January 1997
- staff who conducts screenings	Caseworker
- screening tools used	DHR designed questions
- time clients are informed of waivers	After disclosure of violence
- type of written materials distributed	General domestic violence information
- who grants waivers	Individual with advise from others
- frequency with which waivers granted	Automatically
- frequency with which clients refuse waivers	Never

### Socio-demographic indicators

- total population in 2000	40,563
- population density in 2000	109 people per 100 square miles
- % African American in 2000	8.78%
- % other non-white in 2000	2.18%
- % female-headed households in 2000	22.0%
- infant mortality rate in 2000	4.0 per 1,000 infants born alive
- % over age 25 population with Bachelor's degree in 1996	20.0%
- high school dropout rate in academic year 1998-1999	4.08%
- annual murder rate in 1999	0.00 per 1,000 people
- annual robbery rate in 1999	0.20 per 1,000 people
- annual breaking and entering rate in 1999	7.52 per 1,000 people
- annual domestic violence rate in 1999	2.24 per 1,000 people

### Economic indicators

- average unemployment rate in 1999	2.8%
- % below poverty line in 1998	6.7%
- average job growth rate between 1994 and 1999	22.9%
- % of total jobs in services in 1999	22.0%
- % of total jobs in trade in 1999	28.0%
- average weekly wages in 1999	\$443
- median household income in 1999	\$57,400
- average per capita income in 1999	\$29,952
- cost of living index in 1998	101.32
- fair market rent in 1999	\$628

### Domestic violence Community Services

- agency located in jurisdiction	No
- number of shelter beds in jurisdiction	0

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## Somerset

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### Agency Characteristics

- unique cases during study period	383
- average number of cases per month	115
- average monthly cases per 1000 residents	4.74
- case "turnover"	3.33
- family violence expert	Yes – appointed February 1998
- staff who received DV training	All Department staff
- organization who conducted training	Local domestic violence service provider
- on-going or one-time training	On-going
- month training began or took place	June 1999
- month screening began	February 1998
- staff who conducts screenings	Caseworker
- screening tools used	Locally designed questions
- time clients are informed of waivers	After disclosure of violence
- type of written materials distributed	None
- who grants waivers	Individual with advise from others
- frequency with which waivers granted	Individual basis – often given
- frequency with which clients refuse waivers	

### Socio-demographic indicators

- total population in 2000	24,747
- population density in 2000	76 people per 100 square miles
- % African American in 2000	41.10%
- % other non-white in 2000	2.53%
- % female-headed households in 2000	34.1%
- infant mortality rate in 2000	7.3 per 1,000 infants born alive
- % over age 25 population with Bachelor's degree in 1996	17.0%
- high school dropout rate in academic year 1998-1999	6.56%
- annual murder rate in 1999	0.00 per 1,000 people
- annual robbery rate in 1999	0.45 per 1,000 people
- annual breaking and entering rate in 1999	8.66 per 1,000 people
- annual domestic violence rate in 1999	17.62 per 1,000 people

### Economic indicators

- average unemployment rate in 1999	7.6%
- % below poverty line in 1998	19.8%
- average job growth rate between 1994 and 1999	8.9%
- % of total jobs in services in 1999	
- % of total jobs in trade in 1999	15.0%
- average weekly wages in 1999	\$482
- median household income in 1999	\$31,800
- average per capita income in 1999	\$17,360
- cost of living index in 1998	90.64
- fair market rent in 1999	\$495

### Domestic violence Community Services

- agency located in jurisdiction	No
- number of shelter beds in jurisdiction	0

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## St. Mary's

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### Agency Characteristics

- unique cases during study period	702
- average number of cases per month	255
- average monthly cases per 1000 residents	2.87
- case "turnover"	2.75
- family violence expert	No
- staff who received DV training	All Department staff
- organization who conducted training	Local domestic violence service provider
- on-going or one-time training	One-time training
- month training began or took place	June 1998
- month screening began	February 1998
- staff who conducts screenings	Team
- screening tools used	Locally designed questions
- time clients are informed of waivers	Before disclosure of violence
- type of written materials distributed	General domestic violence information
- who grants waivers	Individual with advise from others
- frequency with which waivers granted	Individual basis – often given
- frequency with which clients refuse waivers	Never

### Socio-demographic indicators

- total population in 2000	86,211
- population density in 2000	239 people per 100 square miles
- % African American in 2000	13.92%
- % other non-white in 2000	4.51%
- % female-headed households in 2000	22.4%
- infant mortality rate in 2000	9.9 per 1,000 infants born alive
- % over age 25 population with Bachelor's degree in 1996	10.0%
- high school dropout rate in academic year 1998-1999	3.03%
- annual murder rate in 1999	0.02 per 1,000 people
- annual robbery rate in 1999	0.47 per 1,000 people
- annual breaking and entering rate in 1999	4.80 per 1,000 people
- annual domestic violence rate in 1999	1.74 per 1,000 people

### Economic indicators

- average unemployment rate in 1999	3.1%
- % below poverty line in 1998	8.0%
- average job growth rate between 1994 and 1999	32.1%
- % of total jobs in services in 1999	33.0%
- % of total jobs in trade in 1999	16.0%
- average weekly wages in 1999	\$669
- median household income in 1999	\$61,800
- average per capita income in 1999	\$28,263
- cost of living index in 1998	100.63
- fair market rent in 1999	\$686

### Domestic violence Community Services

- agency located in jurisdiction	Yes
- number of shelter beds in jurisdiction	5

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## Talbot

### Agency Characteristics

- unique cases during study period	331
- average number of cases per month	111
- average monthly cases per 1000 residents	3.31
- case "turnover"	2.98
- family violence expert	No
- staff who received DV training	Some FIA staff
- organization who conducted training	Government agency
- on-going or one-time training	One-time session
- month training began or took place	January 1998
- month screening began	February 1998
- staff who conducts screenings	Eligibility worker
- screening tools used	DHR designed questions
- time clients are informed of waivers	After disclosure of violence
- type of written materials distributed	General domestic violence information
- who grants waivers	Individual with advise from others
- frequency with which waivers granted	Individual basis – rarely or never given
- frequency with which clients refuse waivers	Never

### Socio-demographic indicators

- total population in 2000	33,812
- population density in 2000	126 people per 100 square miles
- % African American in 2000	15.36%
- % other non-white in 2000	2.66%
- % female-headed households in 2000	29.4%
- infant mortality rate in 2000	8.1 per 1,000 infants born alive
- % over age 25 population with Bachelor's degree in 1996	23.0%
- high school dropout rate in academic year 1998-1999	2.31%
- annual murder rate in 1999	0.03 per 1,000 people
- annual robbery rate in 1999	0.80 per 1,000 people
- annual breaking and entering rate in 1999	6.32 per 1,000 people
- annual domestic violence rate in 1999	4.56 per 1,000 people

### Economic indicators

- average unemployment rate in 1999	2.8%
- % below poverty line in 1998	9.1%
- average job growth rate between 1994 and 1999	12.1%
- % of total jobs in services in 1999	36.0%
- % of total jobs in trade in 1999	22.0%
- average weekly wages in 1999	\$514
- median household income in 1999	\$46,600
- average per capita income in 1999	\$35,359
- cost of living index in 1998	106.69
- fair market rent in 1999	\$613

### Domestic violence Community Services

- agency located in jurisdiction	No
- number of shelter beds in jurisdiction	0

## Washington

### Agency Characteristics

- unique cases during study period	1,227
- average number of cases per month	369
- average monthly cases per 1000 residents	2.88
- case "turnover"	3.33
- family violence expert	No
- staff who received DV training	All Department staff
- organization who conducted training	Local domestic violence service provider
- on-going or one-time training	On-going
- month training began or took place	June 1998
- month screening began	January 1996
- staff who conducts screenings	Caseworker
- screening tools used	DHR designed questions
- time clients are informed of waivers	After disclosure of violence
- type of written materials distributed	None
- who grants waivers	Individual with advise from others
- frequency with which waivers granted	Automatically
- frequency with which clients refuse waivers	Never

### Socio-demographic indicators

- total population in 2000	131,923
- population density in 2000	288 people per 100 square miles
- % African American in 2000	7.77%
- % other non-white in 2000	2.52%
- % female-headed households in 2000	28.2%
- infant mortality rate in 2000	5.6 per 1,000 infants born alive
- % over age 25 population with Bachelor's degree in 1996	11.0%
- high school dropout rate in academic year 1998-1999	4.56%
- annual murder rate in 1999	0.03 per 1,000 people
- annual robbery rate in 1999	0.84 per 1,000 people
- annual breaking and entering rate in 1999	5.22 per 1,000 people
- annual domestic violence rate in 1999	1.88 per 1,000 people

### Economic indicators

- average unemployment rate in 1999	3.4%
- % below poverty line in 1998	9.7%
- average job growth rate between 1994 and 1999	13.3%
- % of total jobs in services in 1999	30.0%
- % of total jobs in trade in 1999	23.0%
- average weekly wages in 1999	\$530
- median household income in 1999	\$40,300
- average per capita income in 1999	\$24,162
- cost of living index in 1998	91.50
- fair market rent in 1999	\$495

### Domestic violence Community Services

- agency located in jurisdiction	Yes
- number of shelter beds in jurisdiction	36

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## Wicomico

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### Agency Characteristics

- unique cases during study period	1,752
- average number of cases per month	594
- average monthly cases per 1000 residents	7.46
- case "turnover"	2.95
- family violence expert	No
- staff who received DV training	All Department staff
- organization who conducted training	Local domestic violence service provider
- on-going or one-time training	On-going
- month training began or took place	January 1998
- month screening began	January 1996
- staff who conducts screenings	Caseworker
- screening tools used	DHR designed questions
- time clients are informed of waivers	After disclosure of violence
- type of written materials distributed	General domestic violence information
- who grants waivers	Team
- frequency with which waivers granted	
- frequency with which clients refuse waivers	

### Socio-demographic indicators

- total population in 2000	84,644
- population density in 2000	224 people per 100 square miles
- % African American in 2000	23.29%
- % other non-white in 2000	4.12%
- % female-headed households in 2000	32.4%
- infant mortality rate in 2000	13.6 per 1,000 infants born alive
- % over age 25 population with Bachelor's degree in 1996	19.0%
- high school dropout rate in academic year 1998-1999	6.17%
- annual murder rate in 1999	0.05 per 1,000 people
- annual robbery rate in 1999	1.99 per 1,000 people
- annual breaking and entering rate in 1999	10.91 per 1,000 people
- annual domestic violence rate in 1999	4.89 per 1,000 people

### Economic indicators

- average unemployment rate in 1999	4.6%
- % below poverty line in 1998	13.0%
- average job growth rate between 1994 and 1999	10.7%
- % of total jobs in services in 1999	31.0%
- % of total jobs in trade in 1999	23.0%
- average weekly wages in 1999	\$504
- median household income in 1999	\$36,400
- average per capita income in 1999	\$24,227
- cost of living index in 1998	97.09
- fair market rent in 1999	\$551

### Domestic violence Community Services

- agency located in jurisdiction	Yes
- number of shelter beds in jurisdiction	16

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## Worcester

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### Agency Characteristics

- unique cases during study period	540
- average number of cases per month	164
- average monthly cases per 1000 residents	3.74
- case "turnover"	3.29
- family violence expert	Yes – appointed April 1999
- staff who received DV training	Some FIA staff
- organization who conducted training	Local domestic violence service provider
- on-going or one-time training	One-time session
- month training began or took place	November 1997
- month screening began	November 1997
- staff who conducts screenings	Caseworker
- screening tools used	Locally designed questions
- time clients are informed of waivers	After disclosure of violence
- type of written materials distributed	General domestic violence information
- who grants waivers	Individual with advise from others
- frequency with which waivers granted	Individual basis – often given
- frequency with which clients refuse waivers	

### Socio-demographic indicators

- total population in 2000	46,543
- population density in 2000	98 people per 100 square miles
- % African American in 2000	16.66%
- % other non-white in 2000	2.14%
- % female-headed households in 2000	27.9%
- infant mortality rate in 2000	8.1 per 1,000 infants born alive
- % over age 25 population with Bachelor's degree in 1996	15.0%
- high school dropout rate in academic year 1998-1999	3.94%
- annual murder rate in 1999	0.05 per 1,000 people
- annual robbery rate in 1999	1.01 per 1,000 people
- annual breaking and entering rate in 1999	9.62 per 1,000 people
- annual domestic violence rate in 1999	8.56 per 1,000 people

### Economic indicators

- average unemployment rate in 1999	8.9%
- % below poverty line in 1998	10.9%
- average job growth rate between 1994 and 1999	11.3%
- % of total jobs in services in 1999	29.0%
- % of total jobs in trade in 1999	31.0%
- average weekly wages in 1999	\$389
- median household income in 1999	\$30,500
- average per capita income in 1999	\$26,471
- cost of living index in 1998	99.19
- fair market rent in 1999	\$496

### Domestic violence Community Services

- agency located in jurisdiction	No
- number of shelter beds in jurisdiction	0

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## **Appendix 5. Jurisdictional characteristics**

In this appendix, we first discuss socio-demographic factors such as population density, education levels, and health statistics. We next discuss the more common and traditional jurisdictional indicators, those measuring economic conditions that may impact agency and individual experiences.

### **Demographic characteristics**

#### **Population size and density**

In year 2000, the population in Maryland's 24 jurisdictions ranged from 19,197 in Kent County to 873,341 in Montgomery County. The state is fairly easily divided into four groups in terms of total population. Counties with populations of less than 50,000 include Kent, Somerset, Garrett, Caroline, Dorchester, Talbot, Queen Anne's, and Worcester. All of these counties also have population densities of less than 130 persons per 100 square miles. This group includes all but two counties on the Eastern Shore (Cecil and Wicomico) and includes the westernmost county of Maryland, Garrett County.

The second group are counties with between 50,001 and 100,000 residents and consists of Allegany (the second westernmost county), the two remaining Eastern Shore counties, Wicomico and Cecil, and two of the three Southern region counties, Calvert and St. Mary's. In addition to relatively small population size, these five counties are also not very densely populated with between 150 and 250 persons per 100 square miles.

Counties with populations of between 100,001 and 500,000 and population densities of between 250 and 1200 people per 100 square miles

comprise the third group. These counties are Charles (the last of the Southern counties), Washington (the last of the Western Region counties), one Metro Region county, Frederick, and the four Baltimore Region counties: Carroll, Harford, Howard, and Anne Arundel. Lastly, the fourth group consisting of jurisdictions larger than 500,000 individuals and densities greater than 1200 people per 100 square miles includes Baltimore City with 651,154 residents and the counties of Baltimore, Prince George's, and the most heavily populated county, Montgomery with 873,341 residents.

Table E-1. Population measures by jurisdictions

<b>Jurisdictions</b>	<b>Total population</b>	<b>Population density (per 100 sq. miles)</b>	<b>% African American</b>	<b>% other non-whites</b>	<b>% female-headed households</b>
Allegany	74,930	176	5.35%	1.63%	31.5%
Anne Arundel	489,656	1,172	13.57	5.20	25.6
Baltimore City	651,154	8,058	64.34	4.03	48.6
Baltimore County	754,292	1,260	20.10	5.51	32.5
Calvert	74,563	347	13.11	2.97	20.5
Caroline	29,772	93	14.77	3.53	28.0
Carroll	150,897	336	2.28	2.03	20.4
Cecil	85,951	247	3.91	2.70	24.0
Charles	120,546	262	26.06	5.43	26.1
Dorchester	30,674	55	28.39	2.16	34.2
Frederick	195,277	295	6.36	4.31	23.1
Garrett	29,846	46	0.43	0.74	23.2
Harford	218,590	496	9.27	3.96	23.3
Howard	247,842	983	14.42	11.26	24.0
Kent	19,197	69	17.41	2.95	30.3
Montgomery	873,341	1,763	15.14	20.08	28.9
Prince George's	801,515	1,651	62.70	10.26	36.5
Queen Anne's	40,563	109	8.78	2.18	22.0
Somerset	24,747	76	41.10	2.53	34.1
St. Mary's	86,211	239	13.92	4.51	22.4
Talbot	33,812	126	15.36	2.66	29.4
Washington	131,923	288	7.77	2.52	28.2
Wicomico	84,644	224	23.29	4.12	32.4
Worcester	46,543	98	16.66	2.14	27.9
Maryland State	5,296,486	542	27.89%	8.08%	31.6%

### Race of population

The population of Maryland in the year 2000 was fairly diverse, especially for a state of its size. Over one-third of the population were non-white with African Americans comprising approximately three out of every ten residents (27.9%) and other non-whites making up 8.1% of the population. The proportion of African Americans ranged from less than 1% in Garrett County (0.4%) to over 60% in Prince George's County (62.7%) and Baltimore City (64.3%). The jurisdictions of the Western region were very homogenous with less than 9% of the population African American and less than 3% other non-whites.

The other regions were quite diverse in their racial composition. For example, jurisdictions on the Eastern Shore include Cecil and Queen Anne's counties with less than 10% of their populations comprised of non-whites, and, in contrast, Wicomico and Dorchester counties with non-whites representing over one quarter of the population. Jurisdictions in the central and capital regions tended to have a higher percentage of minorities, including the only two jurisdictions (Prince George's County and Baltimore City) where whites were the minority. However, even this trend does not hold completely true with jurisdictions such as Frederick with over 90% of the population composed of whites.

### Female-headed households

In the year 2000, over three of ten households (31.6%) in Maryland were headed by females. This proportion spanned from 20.4% in Carroll County to 48.6% in Baltimore City. However, the majority of counties had proportions

below the state average. In fact, only six jurisdictions, all located on either the Eastern Shore or in the Central/Capital Region, had figures above 32%. These were Wicomico (32.4%) and Somerset (34.1%) on the Lower Eastern Shore; Dorchester on the Upper Eastern Shore (34.2%); Baltimore County (32.5%); Prince George's County (36.5%); and Baltimore City (48.6%). Of these six jurisdictions, only Baltimore City differed significantly from the state average.

### Infant mortality

Mortality rates are often used as proxies for population health since they are easily measured, thus allowing comparisons among populations. We used the infant mortality rate, namely, out of 1000 infants born alive, how many die before living one year, to represent the general health level of the population in each jurisdiction. The state average in 2000 was 7.4 deaths per 1000 live births. Jurisdictions were split approximately evenly with thirteen jurisdictions having rates below the state average and eleven with rates above the average.

Low infant mortality jurisdictions include all three counties in the Western Region; two of the three Capital Region counties (Frederick and Montgomery); Calvert County in the Southern region; only Queen Anne's, Kent, and Somerset out of the nine counties on the Eastern Shore; and four of the five Central Region counties (Carroll, Harford, Anne Arundel, and Baltimore Counties). On the higher end of the spectrum, Howard County, the last of the Central Region counties, was very slightly above the state average at 7.6 deaths per 1000 births. Six of the nine counties on the Eastern Shore were also above the state average. These were Worcester, Talbot, Cecil, Dorchester, and the two counties with the

highest rate, Wicomico (13.6) and Caroline (22.1). Also in the high group were Prince George's County, Baltimore City and two of the Southern Region counties, Charles and St. Mary's.

Table E-2. Health and education indicators by jurisdiction

<b>Jurisdictions</b>	<b>Infant Mortality Rate (per 1,000 live births)</b>	<b>% age 25 and over with Bachelor degree</b>	<b>High school dropout rate</b>
Allegany	5.0	12.0%	3.60%
Anne Arundel	6.3	25.0	5.12
Baltimore City	11.7	16.0	10.85
Baltimore County	6.4	25.0	2.87
Calvert	4.9	16.0	3.79
Caroline	22.1	11.0	4.37
Carroll	3.7	20.0	2.72
Cecil	8.8	12.0	4.45
Charles	9.2	16.0	3.45
Dorchester	9.1	11.0	6.14
Frederick	2.8	22.0	2.66
Garrett	6.0	10.0	3.74
Harford	5.4	22.0	4.54
Howard	7.6	47.0	2.03
Kent	4.9	17.0	4.39
Montgomery	4.4	50.0	1.85
Prince George's	9.7	26.0	2.62
Queen Anne's	4.0	20.0	4.08
Somerset	7.3	17.0	3.03
St. Mary's	9.9	10.0	6.56
Talbot	8.1	23.0	2.31
Washington	5.6	11.0	4.56
Wicomico	13.6	19.0	6.17
Worcester	8.1	15.0	3.94
Maryland State	7.4		4.16

### Education

The level of educational attainment, as measured by the proportion of the population over age 25 with a Bachelor's degree in 1996 and the high school dropout rate during the 1998-99 academic year, varied greatly among the jurisdictions. Not surprisingly the two variables were significantly negatively

correlated, showing that the higher the dropout rate the lower the percentage of individuals with Bachelor's degrees. Considering first the proportion of the population over age 25 with a Bachelor's degree, the range spanned 10% of the population in Garrett and St. Mary's Counties to 50% in Montgomery County. All of the Western and Southern Region counties, seven out of nine counties on the Eastern Shore, and Baltimore City had proportions less than 20. In contrast, over 20% of the over age 25 population had Bachelor's degrees in all of the Central and Capital Regions and two of the Eastern Shore (Queen Anne's and Talbot) counties. While most of the counties in this latter group had percentages between 20 and 26%, Howard and Montgomery Counties were clear outliers with 47% and 50% of their over 25 populations respectively having at least a Bachelor's degree.

The high school dropout rate in 1998-99 was 4.16% for the state as a whole. Examining those jurisdictions with averages higher than the state's, we found Baltimore City and the same seven Eastern Shore Counties that had less than 20% of their over 25 populations with Bachelor's degrees. Harford and Anne Arundel Counties in the Central Region also had higher than average dropout rates, opposite than intuition would tell us considering the high percentage of college graduates among their populations. On the lower than average side, we found the remaining Central Region counties and the Capital Region counties. The Western and Southern Maryland counties also had dropout rates lower than the statewide average.

## Crime rates

The final group of socio-demographic indicators relates to crime and covers measures of murder, robbery, breaking and entering, and finally, domestic violence. For all these variables, we examined the rate of reported incidents per 1000 persons in 1999; it is critical to note that these measures include all reported incidents and are not limited to prosecuted or convicted crimes.

Table E-3. Crime incidence per 1,000 people by jurisdiction

<b>Jurisdictions</b>	<b>Murder</b>	<b>Robbery</b>	<b>Breaking and entering</b>	<b>Domestic violence</b>
Allegany	0.00	0.28	5.54	4.90
Anne Arundel	0.01	1.13	7.27	3.82
Baltimore City	0.48	11.79	19.58	2.17
Baltimore County	0.04	2.36	8.56	6.76
Calvert	0.01	0.22	4.41	3.38
Caroline	0.10	0.47	8.62	5.99
Carroll	0.01	0.37	4.43	2.74
Cecil	0.00	0.44	8.23	6.49
Charles	0.02	1.03	5.31	6.21
Dorchester	0.17	1.01	9.12	4.95
Frederick	0.01	0.70	4.10	2.96
Garrett	0.00	0.17	4.80	3.50
Harford	0.03	0.67	4.30	3.19
Howard	0.02	0.99	5.42	2.64
Kent	0.16	0.37	7.28	2.51
Montgomery	0.02	0.84	4.54	2.62
Prince George's	0.12	3.16	10.21	4.83
Queen Anne's	0.00	0.20	7.52	2.24
Somerset	0.00	0.45	8.66	17.62
St. Mary's	0.02	0.47	4.80	1.74
Talbot	0.03	0.80	6.32	4.56
Washington	0.03	0.84	5.22	1.88
Wicomico	0.05	1.99	10.91	4.89
Worcester	0.05	1.01	9.62	8.56

The first three measures (murder, robbery, and breaking and entering) were significantly correlated. With few exceptions, the Western and Southern

Maryland counties had low levels of violent crime as did Montgomery and Frederick in the Capital Region and Carroll and Harford in the Central Region. Jurisdictions on the Eastern Shore tended to experience higher rate of crimes especially in the category of breaking and entering. Queen Anne's and Cecil counties were the most exceptional in this region, ranking in the lower half for two of the three measures (murder and robbery). Baltimore City, Prince George's, and Wicomico were in the top six in all three measures. The remaining Central Region counties consistently fall in the high range for crime rates in 1999.

The rate of domestic violence incidents in the state presented a much different picture. There is no clear jurisdictional pattern in the reported incidence rate. In fact, among jurisdictions with the lowest rates (between 1.74 and 2.96 incidents per 1000 people in 1999), we found at least one jurisdiction from each region except the Lower Eastern Shore. This is also true for the middle group of jurisdictions (between 3.19 and 4.95 incidents/1000 persons) with every region represented except Baltimore City. The final group, with incidence rates of between 5.99 and 17.62/1000 persons, consists of six counties and is slightly more homogeneous. This group is comprised of Charles County in Southern Maryland, Baltimore County in Central Maryland and four counties on the Eastern Shore (Worcester and Somerset on the Lower Shore and Caroline and Cecil on the Upper Shore). While these data are official, we opine that this measure may more accurately express popular and institutional awareness of the issue as well as institutional resources rather than the totally accurate prevalence of domestic violence in each jurisdiction. This point will be a potentially important

one in assessing jurisdictional support for welfare services related to domestic violence.

### **Economic indicators**

Turning to the more traditional macro level variables of interest, we explored indicators measuring poverty and unemployment, industry trends, wages and income, and cost of living.

#### **Poverty and unemployment rates**

The unemployment rate in Maryland in 1999 was 3.5%, and the poverty rate for the state for 1998 was 8.8%. Jurisdictional rates for both measures deviated quite a bit from the state average. The unemployment rate ranged from 1.8% in Montgomery and Howard Counties to 8.9% in Worcester County on the Lower Eastern Shore. The lowest poverty rate was in Howard County with 3.9% of its population living below the national poverty threshold. Baltimore City had the highest poverty rate with 21.8% living in poverty.

Considering the regions, all three Southern Maryland counties as well as three Central Region counties had unemployment rates and poverty rates below the state average. Below the state poverty rate were five Central Region counties, but one of the five, Baltimore County, had an unemployment rate (3.8%) slightly above the average. Baltimore City fared poorly on both measures, ranking highest in the poverty rate and fifth highest for the unemployment rate (7.3%). Turning to the Eastern Shore, all three counties on the Lower Shore had poverty and unemployment rates above the state average. Queen Anne's County was the only Upper Shore county with both rates below

the state average. Cecil County had a higher unemployment rate (4.6%) and a lower poverty rate (8.0%), while Caroline and Talbot were the opposite with lower unemployment rates and higher poverty rates. The last two Eastern Shore counties, Dorchester and Kent had rates higher than the state rates for both measures. Finally, Garrett and Allegany Counties in the Western Region were above the state average on both measures, while the third western county, Washington had an unemployment rate slightly below the state average but a poverty rate above it.

**Table E-4. Economic indicators: Unemployment, poverty, and job growth**

<b>Jurisdictions</b>	<b>Unemployment Rate</b>	<b>% below poverty line</b>	<b>Job growth rate (1994-1999)</b>	<b>% of total jobs in services</b>	<b>% of total jobs in wholesale or retail trade</b>
Allegany	7.1%	15.1%	6.8%	31%	22%
Anne Arundel	2.8	5.5	11.3	28	20
Baltimore City	7.3	21.8	-1.7	41	15
Baltimore County	3.8	7.3	12.6	35	23
Calvert	2.6	6.1	25.4	Not available	21
Caroline	3.3	12.0	17.0	Not available	22
Carroll	2.5	4.5	17.8	29	24
Cecil	4.6	8.0	16.5	24	23
Charles	2.5	6.9	12.7	26	30
Dorchester	7.3	15.0	0.9	24	18
Frederick	2.2	5.5	21.9	30	22
Garrett	8.4	15.2	9.6	30	21
Harford	3.2	5.9	15.5	27	25
Howard	1.8	3.9	32.8	39	25
Kent	3.8	10.4	6.2	33	19
Montgomery	1.8	5.3	14.0	45	17
Prince George's	3.5	8.7	9.9	31	22
Queen Anne's	2.8	6.7	22.9	22	28
Somerset	7.6	19.8	8.9	Not available	15
St. Mary's	3.1	8.0	32.1	33	16
Talbot	2.8	9.1	12.1	36	22
Washington	3.4	9.7	13.3	30	23
Wicomico	4.6	13.0	10.7	31	23
Worcester	8.9	10.9	11.3	29	31
Maryland State	3.5%	8.8%	11.5%	35%	21%

## Industry Trends

The job growth rate between 1994 and 1999 as well as the percentage of available jobs in the service and wholesale and retail trade sectors in 1999 were used as indicators of the job availability for former and current welfare recipients.<sup>6</sup> The job growth rate ranged from -1.7 percent in Baltimore City for the five year period to +32.8 percent in Howard County. Notable, these two jurisdictions are also the extreme points for the ranges of poverty and unemployment rates. Not surprisingly, job growth rate, in general, was reflective of the poverty and unemployment rates in the jurisdictions. High job growth rates are generally associated with low poverty and unemployment rates, while low growth is associated with high poverty and unemployment figures. For example, six of the seven jurisdictions with negative or single digit growth rates had double digit poverty rates.

The percentage of available jobs in the service and wholesale and retail trade sectors in 1999 did not reveal very much inter-jurisdictional variation. Not including counties where data were unavailable, we found that the sum of the jobs in the two sectors made up approximately 50 percent of available jobs in most jurisdictions. Only four jurisdictions (Anne Arundel, Cecil, Dorchester, and St. Mary's) had totals less than 50 percent; specifically the rates ranged from 42 to 49 percent. Similarly, only two counties had totals in the sixties; the sectors equaled 60 percent in Worcester County and 62 percent in Montgomery County.

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<sup>6</sup> These industries were selected for use because our large, longitudinal study of welfare leavers, *Life after Welfare*, has consistently shown that, since 1996, these are the industries in which former recipients most often find employment.

## Income measures

Much of the current research on the policy versus economics debate uses the unemployment rate as the main and often only indicator of economic circumstance. However, unemployment rates and measures of macro economic trends are not the sole indicators of economic health. We expand economic measures to include individual-level measures of income. These include average weekly wages<sup>7</sup>, median household income, and per capita personal income in 1999. Similar to the relationships identified between the crime rate variables, we found significant correlations between these three variables. Per capita personal income was the most highly correlated with the two other measures. Thus, we limit our discussion in this section to findings on average weekly wages and median household income, confident that we are not losing significant data by omitting the findings on average per capita income.

For the state as a whole in 1999, median household income was \$53,300 and average weekly wage was \$663. Eleven counties had median household incomes above the state median, but only five had average weekly wages above the state average. For purposes of this discussion, counties were divided into two groups: one with 11 counties with weekly wages at \$554 and above, and the other with 13 counties with wages at \$553 per week and below.

This split allows us to compare the members of the top and bottom groups on each measure. The upper group for both measures consists of the three Capital Region counties, two of the Southern Maryland counties (St. Mary's and

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<sup>7</sup> This measure refers to wages for jobs located in the subdivisions, not to wages earned by residents of those jurisdictions.

Calvert), and three Central Region counties (Howard, Anne Arundel, and Harford). On the other end of the spectrum, the lower group on both measures is comprised of the three Western Maryland counties, and seven of the counties on the Eastern Shore (Caroline, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester). Six counties do not consistently fit in one group or the other.

Baltimore City, Baltimore County, and Cecil County have household incomes lower than the state median but fall in the top section of the average weekly wages divide. Queen Anne's, Charles, and Carroll counties are above the median household income but fall below the state average for weekly wages.

Table E-5. Economic indicators: Income and cost of living measures

<b>Jurisdictions</b>	<b>Average weekly wages</b>	<b>Median household income</b>	<b>Average per capita income</b>	<b>Cost of living index</b>	<b>Fair market rent</b>
Allegany	\$469	\$27,700	\$21,453	85.37	\$497
Anne Arundel	636	63,700	32,607	107.46	628
Baltimore City	710	31,700	26,655	95.19	628
Baltimore County	627	51,700	34,236	102.95	628
Calvert	576	61,800	28,888	107.43	820
Caroline	467	37,200	19,431	90.43	495
Carroll	488	62,100	28,888	102.49	628
Cecil	569	48,400	25,333	97.71	671
Charles	521	59,700	27,701	105.21	820
Dorchester	466	33,600	21,916	98.71	495
Frederick	560	61,400	32,174	99.87	820
Garrett	402	30,800	19,360	94.88	495
Harford	554	59,200	27,907	101.36	628
Howard	693	77,000	38,212	104.28	628
Kent	435	43,200	28,165	95.83	546
Montgomery	794	68,500	45,595	113.47	820
Prince George's	666	55,000	29,547	106.85	820
Queen Anne's	443	57,400	29,952	101.32	628
Somerset	482	31,800	17,360	90.64	495
St. Mary's	669	61,800	28,263	100.63	686
Talbot	514	46,600	35,359	106.69	613
Washington	530	40,300	24,162	91.50	495
Wicomico	504	36,400	24,227	97.09	551
Worcester	389	30,500	26,471	99.19	496
Maryland State	\$663	\$53,300	\$32,517		

### Cost of living measures

The cost of living index for 1998 and fair market rent in 1999 were used as proxies for living costs in each jurisdiction. The cost of living index used was devised by the Maryland Department of Business and Economic Development and was the first extensive, county-specific index completed in the U.S. The index is a comparative tool examining total costs among counties with component data on groceries, housing, utilities, transportation, health care, and miscellaneous goods. A value of 100 is the average so a value of 125 would indicate an area was 25% more expensive than average. The index ranged from 85.37 in Allegany to 113.47 for Montgomery County.

The fair market rent for a two-bedroom apartment in 1999 ranged from \$495 to \$820 per month. Seven counties had fair market rents below \$500; these were the three Western Region counties, the three Lower Eastern Shore counties, and three of the counties (Somerset, Worcester, and Kent) on the Upper Eastern Shore. All of these counties also had cost of living indices below 100. Also below the 100 index level were Baltimore City with a fair market rent of \$628, Cecil County (the upper-most Eastern Shore County) with a rent of \$671, and Frederick County in the Capital Region with a rent of \$820. The final two Eastern Shore counties, Talbot and Queen Anne's had fairly low rents, \$613 and \$628 respectively, but had cost of living indices of 106.69 and 101.32 respectively. All five of the Central Region counties had fair market rents of \$628 per month and ranged in their costs of living from 101.36 in Harford to 107.46 in Anne Arundel. The Southern and Capital Region counties had the highest fair

market rents; only St. Mary's County had a rent below \$700 per month. The other five counties had average rents of \$820 per month. St. Mary's and Frederick counties had fairly low cost of living indices, 100.63 and 99.87 respectively. Charles, Prince George's, Calvert, and Montgomery counties had cost of living indices between 105.21 (in Charles County) and 113.47 (in Montgomery County).

## **Appendix 6. Department of Human Resources suggested FVO screening questions**

- Are you currently or have you been in a relationship in which your partner has harmed you physically, mentally or sexually?
- Have you ever been afraid that this person might hurt you or your child(ren)?
- Has this person ever harmed or threatened to harm you or your child(ren) physically, mentally or sexually?
- Has this person ever prevented you from leaving your home, traveling to work or visiting your family or friends?
- Do you believe that seeking child support would put you or your child(ren) in danger?

Source: Maryland Department of Human Resources. 1997b. Action Transmittal 98-30. Baltimore, author (December 30, 1997)