Celebrating Solutions Award
Nomination Form

Section I – General Program Information

Legal name of organization: Maryland Network Against Domestic Violence, Inc.
Year established: 1980
Program nominated for award: The Domestic Violence Lethality Assessment Program – Maryland Model
Year established: 2003
Address: 6911 Laurel Bowie Road, Suite 309
City/State/ZIP code: Bowie, Maryland 20715
Contact person: Michaele Cohen
Title: Executive Director
Phone number: 301-352-4574
Fax number: 301-809-0422
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Website address: www.mnadv.org

Brief description of the organization:
The Maryland Network Against Domestic Violence (MNADV) is the state coalition in Maryland. Part of our mission is to sponsor specialized workshops, conferences and staff development opportunities to a broad range of service providers and allied professionals so they are better equipped to provide meaningful and responsibly appropriate service to all survivors of domestic violence. The MNADV believes partnerships are essential to addressing domestic violence comprehensively and works collaboratively with local, state and national organizations to ensure that survivors receive the best coordinated community response possible to address their unique needs.

Geographical area served: Maryland
Is the organization tax-exempt under IRS 501 (c) (3) guidelines or a public agency/unit of government?

The MNADV is tax-exempt under IRS 501 (c)(3) guidelines.

Please check up to five descriptors that best apply to the program you are nominating:

- Shelter-based
- Counseling [x]  
- Health care setting
- Dating violence
- School/youth violence
- Underserved population
- Faith-based [x]
- Elder abuse
- Legal aid/assistance
- University setting
- Batterer treatment

- Prison-based
- Stalking
- Coalition/collaboration [x]
- Transitional housing
- Technology/Internet service
- Employment/training program
- Civil justice
- Hotline service [x]
- Public awareness/education
- Police/law enforcement [x]
- Other ____________________
As one of the goals of the Mary Byron Project is to disseminate information about cutting-edge programs and best practices, we wish to post exemplary Celebrating Solutions Award nominations on our website (www.marybyronproject.org). Those posted will include the organization's website address, telephone number, and e-mail address. If you have concerns about this request, please address them to information@marybyronproject.org, prior to submitting a nomination.

By my signature on this letter, I grant the Mary Byron Project permission to use the contents of my nomination for the Celebrating Solutions Award in the manner and for the purposes set above. I further affirm that I am fully authorized to grant such permission to the Mary Byron Project.

Signature

Date Nov, 12 2009
Celebrating Solutions Award
Program Outline

1. **Describe the mission of your organization in five sentences or less.**
The Maryland Network Against Domestic Violence (MNADV) has been working since 1980 to eliminate domestic violence in Maryland through education, training, and advocacy. As Maryland’s state coalition, the MNADV works together with local domestic violence programs as well as with criminal justice and law enforcement personnel, legal advocates, health care and social service providers, clergy, educators, businesses, community groups, and concerned individuals to promote a coordinated community response to end domestic violence.

2. **Describe the most innovative aspects of the program you are submitting for consideration.**

Before the Lethality Assessment Program—Maryland Model (LAP) was created and implemented, police officers in Maryland responding to the scene of a domestic violence call would measure the volatile nature of a situation using little more than their intuition. After advising victims to seek help and giving them program information, they would inwardly hope the victims would reach out to domestic violence service programs before they became another homicide statistic. It wasn’t unusual for officers to leave the scene shaking their heads and thinking to themselves, “Something’s going to happen.”

The most innovative aspects of the LAP are: 1) the simple, user-friendly, evidence-based 11-question lethality screening tool that identifies victims of domestic violence who are at risk of being seriously injured or killed by their intimate partners; 2) the on-the-spot referral protocol that immediately connects high risk victims to the domestic violence service provider in their area; and 3) the supportive follow-up phone calls or visits many victims receive.

The LAP screen can be used by law enforcement officers and other first responders and professionals in many disciplines within the community to identify high risk domestic violence victims. If a victim screens in at “high danger,” the screener immediately makes a phone call to the local 24-hour domestic violence hotline to seek guidance and encourages the victim to speak with the hotline worker as well. Hotline workers trained in the LAP use special guidelines to communicate with and encourage victims who have not come to terms with the gravity of their situation to go in for services. Victims identified at high risk through the LAP may receive follow-up visits or telephone calls.

The research of Dr. Jacquelyn Campbell, spanning 25 years, has shown that there is a 60% reduction in risk of severe assault when victims utilize the services of a domestic violence advocacy program, and abused women who used community-based domestic violence services were almost never the victim of murder or...
attempted murder. Yet, only 4% of victims of actual or attempted intimate partner violence utilized the services of community-based domestic violence programs.

Since the MNADV began implementing this program in Maryland in October 2005, an average of 29% of high danger victims (1,528) identified through the LAP—the majority of who would not have otherwise contacted programs for assistance—have sought program services. None of them have been killed.

The LAP enlightens victims who underestimate the amount of danger they are in to realistically interpret their risk of being killed. This immediate knowledge gives many victims the motivation they need to take positive action to protect themselves and their children. Even victims whose responses do not rise to the level of high danger find the screen informative and attempt to manage their lives with an amplified sense of care and caution. The LAP also educates the screeners and empowers them, as well as the community, with the ability to help victims and keep them safe. It has substantially improved the collaboration and services provided by first responders, domestic violence programs, and other professionals in the community. The LAP has been implemented in every Maryland jurisdiction, initially with law enforcement first responders but now expanding to health care providers, prosecutors, the faith community, and caseworkers at the departments of social services and health as part of a coordinated community response. Additionally, courts in four counties in Maryland are using the LAP to screen victims after temporary protective order hearings and connect them to the hotlines in their areas.

We are very excited about the potential for injury and homicide prevention the LAP provides. The LAP-Maryland Model is the only program of its kind that makes use of an evidence-based screening tool and an accompanying response and referral protocol. The LAP provides ways for the members of the community to work as partners in a coordinated, standardized and structured manner to improve victim safety. The LAP-Maryland Model, with its unique referral approach, was recognized by Harvard University's Ash Institute as one of the "Top 50" Innovations in American Government programs in 2008.

3. Describe your program’s implementation. What barriers did your organization have to overcome? How did you marshal the necessary resources for implementation?

Implementation: This project began in 2003 with a 24-member statewide Lethality Assessment Committee consisting of law enforcement; other criminal justice system practitioners, including a prosecutor, investigator, and parole and probation agent; domestic violence advocates, the director of the Stalking Resource Center; and researchers from the Johns Hopkins University and the University of Maryland, all of whom have done extensive work in the area of intimate partner fatalities, most notably Dr. Jacquelyn Campbell, the foremost researcher in this field.
The Committee developed the 11-question Lethality Screen for First Responders that predicts lethality with a high degree of validity, and the accompanying proactive referral protocol that encourages victims in high danger to seek domestic violence program services, if they choose to do so.

During the pilot of the program, which was field-tested and evaluated in three counties in August 2004, sixty-one percent (61%) of the victims who screened in at "high danger" spoke with a domestic violence program hotline counselor and, of that group, 30% availed themselves of further program services.

After a year of further evaluation and training workshops, the LAP was implemented on October 1, 2005, on a voluntary basis by four law enforcement agencies and two domestic violence programs in three counties. As of November 1, 2009, the LAP program has expanded to 95 law enforcement agencies (out of a possible 109 agencies statewide that respond to calls for service) and 20 domestic violence programs in all 23 counties and Baltimore City. Additionally, also using the LAP are hospitals in two counties; courts in four counties that are screening victims who are granted temporary protective orders; clergy in one county; the Department of Social Services in one county; and community partners in one county as part of a coordinated community response.

**Barriers:** Initially, law enforcement agencies balked at the idea of adding more time and work to what the officers were already doing at the scene of a domestic call. However, when the LAP was piloted in three counties in August 2004, the majority of officers who responded to a survey said the program was relatively easy to carry out and the extra time they spent at the scene gave them the peace-of-mind knowing victims were getting the help they needed right on the spot.

A second barrier we faced was that many domestic violence programs and law enforcement agencies in the same jurisdictions had rarely spoken to one another before the implementation of the LAP. What emerged as a result of participating in the LAP were improved and closer communication and coordination between programs and law enforcement. Their relationships were based on mutual respect and a structured language with the common goal of keeping victims safe.

The third and most significant barrier we faced was changing our program practices and altering our program services to more effectively address the immediate needs and crisis level of these victims who are in very different states of change in their lives. Hotline workers created new guidelines that respond to the reluctance and fear of these victims who often require a different kind of conversation. Some programs that generally place victims in shelters on a first-come basis now reserve space for victims identified by the LAP as being in high danger. Because the increase in the amount of calls and demand for services has increased program staff stress levels, some programs have created employee wellness programs.
Resources for Implementation: The Governor’s Office of Crime Control and Prevention has made the LAP-Maryland Model a statewide funding priority. Additionally, the Maryland Healthcare Coalition Against Domestic Violence, local coordinating councils, the LAP Advisory Board, and Drs. Jacquelyn Campbell and Daniel Webster provide assistance, oversight, and feedback.

4. How do you know your program works? Please cite two examples. Although anecdotal examples are helpful, at least one example must include quantitative data.

Example 1: As mentioned earlier, research has shown that there is a 60% reduction in risk of severe assault when victims utilize the services of a domestic violence advocacy program, and abused women who used community-based domestic violence services were almost never the victim of murder or attempted murder. Yet, only 4% of victims of actual or attempted intimate partner violence utilized the services of community-based domestic violence programs. Since the MNADV began implementing this program in Maryland an average of 29% of high danger victims (1,528) identified through the LAP by law enforcement have sought program services. None of them have been killed. This data, which is collected quarterly, does not include the additional number of victims who sought services as a result of being screened and referred to by community service providers other than law enforcement, which brings the percentage even higher.

Example 2: In November 2008, the MNADV was awarded a Byrne Competitive Crime Prevention Grant to provide LAP training and technical assistance to jurisdictions in five states in the country who would be implementing the Program. The jurisdictions were required to collect quarterly data and submit the results to the MNADV. During the 3-month period from June to August 2009, an average of 30% of high risk victims in these five jurisdictions sought program services as a result of the LAP.

These two examples strongly demonstrate that the LAP successfully links domestic violence victims to programs they would not otherwise have approached, according to Jacquelyn Campbell’s research, which indicates only 4% of domestic violence murder victims nationwide had ever received the benefit of domestic violence program services.

Example 3: Anecdotally, according to a webinar recently hosted by the National Institute of Justice, courts in Baltimore County are using the LAP results for batterer bail and incarceration considerations.
5. Who are your key partners? What are their roles?

Because a community has many points of entry through which victims of intimate partner violence enter the system, the LAP has been expanded to other key partners in Maryland, other than law enforcement, including system and private practitioners such as health care providers, mental health counselors, hospitals, court personnel, prosecutors, the faith community, and case workers at departments of social services and health as part of a unified, comprehensive, multidisciplinary coordinated community response. The key partners are trained to implement the LAP by screening for high risk victims and connecting them on the spot to the local domestic violence hotline. Every participating domestic violence program is a key partner in their jurisdiction.

A 13-member multi-disciplinary LAP Advisory Board offers guidance and advice on matters related to how the LAP can function at its best and seeks to find timely resolution to challenges that arise.

6. Could/should your program be replicated in other areas of the country? Why?

Yes, the LAP-Maryland Model should be and is being replicated throughout the country. The Maryland Network Against Domestic Violence received a 2008 Byrne Competitive Crime Prevention grant to train and provide technical assistance to at least 5 states in the country who, through a competitive application process, expressed an interest in implementing the LAP in at least one jurisdiction and met the conditions necessary for implementation. Jurisdictions in Georgia, Indiana, New Hampshire, Missouri, Oregon were selected and trained and began implementing the LAP in June. Members of all five participating jurisdictions responded to a survey that confirmed the ease of implementation and value of the LAP in saving lives. All the jurisdictions will continue to use the LAP and are making plans to expand it within their states. Additionally, a jurisdiction in Florida was recently trained and is currently using the LAP; Delaware is preparing to begin implementation; and jurisdictions in Mississippi, Oklahoma, and Vermont are in training.

The LAP-Maryland Model is a life-saving program.
June 23, 2010

Ms. Marcia Roth – Executive Director
The Mary Byron Project
Celebrating Solutions Award
10401 Linn Station Road
Louisville, KY 40223

Dear Ms. Roth:

On behalf of the Maryland Network Against Domestic Violence (MNADV), our Board of Directors, staff, member programs, and allied professionals throughout Maryland, I wish to express our deep appreciation and pride in being selected as a semi-finalist in the Mary Byron Project Celebrating Solutions Award national competition. Although the satisfaction we derive from our work is driven largely by empowering victims of domestic violence, it’s gratifying to have our efforts recognized as an exemplary model.

The Lethality Assessment Program - Maryland Model (LAP) has met much success, both within the State of Maryland and in jurisdictions in 11 other states. The best thing about the LAP is that it is a dynamic model that is easily adaptable for use by almost any discipline. It is ever-expanding as it becomes a valuable tool for a diversity of service professionals in their communities. The LAP is responsible for opening up lines of communication between and among community service providers who formerly had no reason to speak with one another. Above all, the LAP has brought community members together as empowered partners with the collective goal of keeping victims of domestic violence alive.

Please accept my sincere thanks and feel free to contact me should you have additional questions or need supplemental information. I can be reached at (301) 352-4574 or mcohen@mnadv.org.

Sincerely,

Michaelle Cohen
Executive Director
Requested Responses to Selection Committee Questions

Note: The Lethality Assessment Program (LAP) is a 2-pronged proactive process that makes use of: 1) a lethality assessment instrument (Screen); and, more importantly, 2) an accompanying referral protocol (Protocol) with the goal of raising the “High Danger” victim’s awareness of the potentially lethal situation she is in and immediately linking her to domestic violence services. The LAP is a dynamic and integrated model for screener – victim – service provider interaction, and it is this characteristic that is the innovative element of the LAP-Maryland Model.

1. Your application states that ‘courts in four counties in Maryland are using the LAP to screen victims after temporary protective order hearings and connect them to the hotlines in their areas.’ Why are the courts not utilizing the LAP and referral for services when the victim files for protection, instead of waiting until after the hearing?

Since the submission of our original nomination to the Mary Byron Project’s Celebrating Solutions Awards, five counties in Maryland are now conducting the LAP with victims at temporary protective order (TPO) hearings. To our knowledge, we are the only state in the nation to provide this service to petitioners in the courts.

The MNADV would like nothing better than to have all petitioners screened and high-risk victims immediately linked to domestic violence services as they are filing for protection but, thus far, we have been unsuccessful in our attempts to engage court clerks as part of the coordinated community response. In the absence of court clerks, our persistence has enabled us, whenever possible, to recruit court advocates and deputies.

Court advocates in one of the five participating counties (Montgomery County) are using the LAP at the time victims are filing for protection, although some advocates have expressed concern that the LAP only serves as a distraction for petitioners as they are completing their paperwork. When a victim is screened, and ultimately linked on the spot to a hotline worker before the hearing, she may lose the ability to be as focused and detail-minded as possible when explaining on paper what she wants and what particular event has occurred to bring her to this point.

Deputies in the five participating counties are conducting the LAP after temporary protection order hearings when they meet with petitioners who were granted TPOs to obtain service information on the respondents. (In the case of Montgomery County, deputies do not re-screen victims that were already
screened by court advocates.) Because more than 75% of petitions for TPOs are granted, few victims are falling through the cracks. In most of the other counties, deputies are not in the courts and service papers are sent to or picked up by the sheriff’s office.

Ultimately, we would like to develop a less intrusive, but comprehensive process for use with all petitioners as they are filing for protection. The statewide LAP Oversight Committee will be taking on this challenge in 2011 as part of its ongoing charge to expand and redefine the Program.

2. Has there been any concern that the use of the LAP by the courts limits judicial discretion or independence?

To our knowledge, no such concern has been brought to our attention. The LAP Screen is merely a piece of evidence for the court to consider, just like any other piece of evidence. While the basis for the LAP is highly regarded research in the field of domestic violence, the Screen itself is merely a self-report by the victim.

3. Overall, since Maryland adopted the use of the LAP, has there been a reduction in the number of domestic violence fatalities statewide? Please provide any statistical documentation to support these findings.

During this current fiscal year, which will end June 30th, we have recorded 33 confirmed domestic violence fatalities to date. This number represents a significant reduction in domestic fatalities from the three previous fiscal years in which we recorded an average of 60 fatalities. Maryland is currently on pace to have the fewest number of domestic violence fatalities recorded since FY 1993 when there were 39 fatalities recorded statewide. Please see the attached comparison chart, Individuals Killed as a Result of Domestic Violence, which is also located on the MNADV website at www.mnad.org.

4. Have there been any objections by the defense bar regarding the use of the LAP for bail and incarceration considerations?

Yes, in some jurisdictions. When the issue was raised, copies of evidence-based studies were submitted to the court and defense counsel, along with expert testimony about the LAP. Continuing efforts in judicial education are being made around the state. For example, in Anne Arundel County, personnel involved with the LAP have been invited to the October 2010 District Court of Anne Arundel County bench meeting. The speakers will bring the bench up to date on the progress and impact of the LAP.

5. Are defense attorneys provided with a copy of the LAP completed on behalf of the victim? Do defense attorneys question the victim regarding the information on the LAP?
Yes. The LAP Screen is part of the police report and defense attorneys are provided the document as a part of discovery. We have always proceeded on the assumption the defendant sees it as well. (In criminal cases, all police files are subject to disclosure by the prosecution under Maryland court rules.) This disclosure was anticipated in the development of the Screen. In considering the wording of each question, we asked ourselves what insights the abuser would gain from the question and answer. This is not the same as the abuser's reaction to the cooperation of the victim with the police. In the LAP scenario, the police have already been called and the victim has already given them a statement. Rather, the issue in drafting the form was whether the defendant would learn anything he didn't already know. For example, the original research questionnaire (Danger Assessment) asked whether the victim had any children who were not the defendant's. This was reworded on the LAP Screen to ask whether the victim had any children who the defendant knew were not his.

Defense attorneys can question the victim regarding information on the LAP Screen, the same as with any written or spoken statement given by the victim. Their decision to do so would be unique to each case and each attorney.

Defense attorneys may question the victim about the information she provided on the Screen if it is inconsistent with what she told the police. They may also question the victim about her answers on the Screen if the answer differs from what the victim is saying now. For example, if the victim tells the police “the defendant put his hands around my neck,” and in the Screen, the victim answers Question Five [Has he/she ever tried to choke you?] with “no,” the defense attorney may press the victim about having conflicting answers. As with any cross-examination, the attorney would be attempting to diminish the witness’s credibility. Bringing out disparities or exaggerations would be a way of doing this.

6. Is a copy of the LAP given to the victim? Is the victim required to sign it as a sworn document? How do the courts obtain the LAP on a particular case?

The copy of the completed LAP Screen is not given to the victim. It does, however, become a part of the police report, which can be obtained by the victim upon her request. The victim is not required to sign the LAP Screen as a sworn statement. The courts obtain a copy of the LAP Screen on a particular case when they receive the police report to which it is attached.

7. There has been concern expressed that maintaining a copy of a lethality risk assessment tool in a court file could be used against the victim, jeopardize her safety or increase her risk of harm. Has that been an issue or concern in Maryland?

To our knowledge, this has not been a concern about the utility of the LAP Screen in the courtroom. Before she provides any information for the LAP Screen, the victim has already determined her best interest in a series of
decision points: 1) calling the police; 2) cooperating with the police; and 3) agreeing to cooperate in completing the Screen.

The value of the model is in the sole objective of the LAP, to place the "High Danger" victim in contact with a domestic violence service provider in the immediate aftermath of the abuse. All other uses of the LAP Screen are of secondary or even tertiary consideration. For example, it is unlikely the LAP Screen would be used by the State in the guilt/innocence phase of a criminal case. The information on the Screen has some value in helping to provide a measure of court protection in the pretrial phase, and may be of some value in the sentencing phase. However, while we assumed it would be used in criminal cases, and developed the Screen with that in mind, the objective of the LAP was never to enhance criminal cases.

8. Please provide a copy of the lethality assessment tool you are currently utilizing.

Please see the attached Lethality Assessment Screen for First Responders, which is the original screen.
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<td><strong>Total</strong></td>
<td><strong>62</strong></td>
<td><strong>68</strong></td>
<td><strong>58</strong></td>
<td><strong>89</strong></td>
<td><strong>69</strong></td>
<td><strong>70</strong></td>
<td><strong>63</strong></td>
<td><strong>52</strong></td>
<td><strong>75</strong></td>
<td><strong>53</strong></td>
</tr>
</tbody>
</table>
## DOMESTIC VIOLENCE LETHALITY SCREEN FOR FIRST RESPONDERS

<table>
<thead>
<tr>
<th>Officer:</th>
<th>Date:</th>
<th>Case #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim:</td>
<td>Offender:</td>
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</tr>
</tbody>
</table>

☐ Check here if victim did not answer any of the questions.

- **A "Yes" response to any of Questions #1-3 automatically triggers the protocol referral.**
  1. Has he/she ever used a weapon against you or threatened you with a weapon? ☐ Yes ☐ No ☐ Not Ans.
  2. Has he/she threatened to kill you or your children? ☐ Yes ☐ No ☐ Not Ans.
  3. Do you think he/she might try to kill you? ☐ Yes ☐ No ☐ Not Ans.

- **Negative responses to Questions #1-3, but positive responses to at least four of Questions #4-11, trigger the protocol referral.**
  4. Does he/she have a gun or can he/she get one easily? ☐ Yes ☐ No ☐ Not Ans.
  5. Has he/she ever tried to choke you? ☐ Yes ☐ No ☐ Not Ans.
  6. Is he/she violently or constantly jealous or does he/she control most of your daily activities? ☐ Yes ☐ No ☐ Not Ans.
  7. Have you left him/her or separated after living together or being married? ☐ Yes ☐ No ☐ Not Ans.
  8. Is he/she unemployed? ☐ Yes ☐ No ☐ Not Ans.
  9. Has he/she ever tried to kill himself/herself? ☐ Yes ☐ No ☐ Not Ans.
  10. Do you have a child that he/she knows is not his/hers? ☐ Yes ☐ No ☐ Not Ans.
  11. Does he/she follow or spy on you or leave threatening messages? ☐ Yes ☐ No ☐ Not Ans.

- **An officer may trigger the protocol referral, if not already triggered above, as a result of the victim’s response to the below question, or whenever the officer believes the victim is in a potentially lethal situation.**

Is there anything else that worries you about your safety? *(If "yes") What worries you?*

---

**Check one:** ☐ Victim screened in according to the protocol  
☐ Victim screened in based on the belief of officer  
☐ Victim did not screen in

**If victim screened in:** After advising her/him of a high danger assessment, ☐ Yes ☐ No did the victim speak with the hotline counselor?

---

*Note: The questions above and the criteria for determining the level of risk a person faces is based on the best available research on factors associated with lethal violence by a current or former intimate partner. However, each situation may present unique factors that influence risk for lethal violence that are not captured by this screen. Although most victims who screen "positive" or "high danger" would not be expected to be killed, these victims face much higher risk than that of other victims of intimate partner violence.*

MNADV 08/2005
EVALUACION DOMÉSTICA DE LA MORTALIDAD PARA
LOS RESPONDedores DE PRIMERA VEZ

<table>
<thead>
<tr>
<th>Oficial:</th>
<th>Fecha:</th>
<th>No. de Caso:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Víctima: delincuente

☐ Marque aquí si la víctima no contestó ninguna de las preguntas.

- **Una respuesta **“SI” a las preguntas del #1-3 automáticamente requiere una recomendación protocolar
  1. ¿Le ha amenazado con matarla/o a usted o a sus hijos? ☐ Si ☐ No ☐ Sin Respuesta
  2. ¿Ha usado algún arma contra usted o le ha amenazado con algún arma? ☐ Si ☐ No ☐ Sin Respuesta
  3. ¿Cree usted que pudiera tratar de matarla/o? ☐ Si ☐ No ☐ Sin Respuesta

- **Respuestas NEGATIVAS** a las preguntas del 1-3, PERO por lo menos cuatro respuestas **POSITIVAS** a las preguntas del 4-11, pueden activar una recomendación protocolar
  4. ¿Tiene él/ella un arma o puede él/ella obtenerlo fácilmente? ☐ Si ☐ No ☐ Sin Respuesta
  5. ¿Ha intentado estrangularla/o alguna vez? ☐ Si ☐ No ☐ Sin Respuesta
  6. ¿Es celoso con usted constante y violentamente o le controla la mayor parte de sus actividades diarias? ☐ Si ☐ No ☐ Sin Respuesta
  7. ¿Lo/a ha dejado se ha separado después de vivir juntos a casados? ☐ Si ☐ No ☐ Sin Respuesta
  8. ¿Está sin trabajo? ☐ Si ☐ No ☐ Sin Respuesta
  9. ¿Ha amenazado él/ella con suicidarse o ha intentado quitarse la vida? ☐ Si ☐ No ☐ Sin Respuesta

¿Tiene un hijo que él/ella sabe que no es de él/ella? ☐ Si ☐ No ☐ Sin Respuesta
¿La/o persigue, espía o le deja mensajes amenazadores? ☐ Si ☐ No ☐ Sin Respuesta

- **El oficial puede hacer una referencia Protocolar**, si ya antes no ha sido activada como resultado de la respuesta del/a víctima, o en caso de que el oficial crea que la víctima está en una situación mortal.

Hay algo más que le preocupa a usted por su seguridad? (Sí) ¿Qué le preocupa?

<table>
<thead>
<tr>
<th>Marque Uno:</th>
<th>Víctima evaluada de acuerdo al protocolo</th>
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</thead>
<tbody>
<tr>
<td>☐</td>
<td>Víctima evaluada en base al oficial</td>
</tr>
<tr>
<td>☐</td>
<td>Víctima no ha sido evaluada</td>
</tr>
</tbody>
</table>

Si la Víctima fue evaluada: Después de haberle notificado de su alto riesgo de peligro, hablo él/la víctima con un consejero? ☐ Si ☐ No

**Nota:**
Las preguntas previas y el criterio para determinar el nivel de riesgo que enfrenta un individuo es basado en los mejores estudios disponibles en correlación con las investigaciones correlativas con la violencia mortal de un cónyuge previa o actual. Sin embargo, cada situación puede presentar factores únicos que influyan el riesgo de violencia mortal que no es captado por esta evaluación. Aunque en la mayoría de casos evaluados “positiva” o “de alto riesgo” no deben pensar que terminaran en muerte, estos casos afrontan mucho más riesgos que el de las otras víctimas de maltrato por sus cónyuge.
Requested Information

1. Please see Attachment A for the enclosed three letters of support from:
   - Westminster Police Department
   - Heartly House, Inc.
   - Maryland Governor Martin O'Malley

2. Please see Attachment B for proof of non-profit 501 (c) (3) status.

3. In FY 2009, our budget for the Lethality Assessment Program was $47,055, which came in the form of two VAWA S*T*O*P grant awards from the Governor’s Office of Crime Control and Prevention. Please see Attachment C for last year’s Lethality Assessment Program budget.

4. Responses to the following questions:

   a. What is the approximate number of individuals served annually by the applicant or nominee?

      In 2009, law enforcement, alone, administered 10,497 Screens to victims who called the police. Of that group, 5,443 scored in at “High Danger.” Of those victims, 3,322 spoke to a hotline counselor on the spot, and of that group, 1,030 victims availed themselves of further domestic violence program services. An additional 150 victims sought domestic violence program services after being screened following interim and temporary protective order hearings. Please see Attachment D for further information.

   b. How many paid staff and volunteers are used to administer the nominated program?

      Karen Hartz is the one paid staff member who provides oversight of the program. MNADV Consultant, Dave Sargent, is the primary trainer and coordinator in Maryland and in other states where we have trained, as well as the central point of contact for data collection.

      The hundreds of volunteers include the law enforcement officers of the 90 agencies in Maryland implementing the LAP, staff of the 20 domestic violence comprehensive programs in the state that are partnering with them, 6 hospitals, and faith leaders in one county.
c. Does your agency have a workplace policy in effect that addresses the safety and needs of employees who are victims of domestic violence? If so, please include a copy.

Please see Attachment E for the MNADV Domestic Violence Policy.

d. Are there past awards, accolades, and grants furnished upon the applicant or nominee that would further exemplify its success in combating domestic violence?

**Award**
The Lethality Assessment Program was recognized in 2008 as a “Top 50” Innovations in American Government Program by the Ash Center for Democratic Governance and Innovation at Harvard University Kennedy School. Please see Attachment F.

**Grants**
In 2008, the Department of Justice, Office of Justice Program, awarded the MNADV a $105,280 competitive Byrne grant to provide LAP training and technical assistance to jurisdictions in other states. Please see Attachment G.

In 2008, the Verizon Foundation awarded an $18,000 grant to expand the LAP to a comprehensive, multi-disciplinary, county-based model.

From 2003-present, the Governor’s Office of Crime Control and Prevention has awarded the MNADV funding through the Office of Violence Against Women to develop, pilot, implement, and expand the LAP in Maryland to include law enforcement agencies, hospitals, faith-based groups, and service providers within communities to promote a coordinated community response.

**Accolades**
Please see Attachment H to read various media articles lauding the benefits of the LAP.

**Other Supplemental Materials**
We have taken the liberty to include examples of the newsletters and training bulletins we develop and send to our in-state LAP participants. These materials are not funded by any grants but provide guidance and encouragement to LAP participants. Please see Attachment I.

e. If funding were not an issue, what (if any) changes or additions would you make to your program in the future?

If funding were not an issue, we would expand the LAP in the following ways:
1. We would assist local domestic violence programs in creating more intensive services that better meet the needs of “High Danger” victims.

2. We would travel to jurisdictions around the country to teach the LAP to law enforcement and their partnering domestic violence programs. Most jurisdictions don’t have the funds at their disposal for on-site training, which is essential to implementing the LAP protocol. A grant awarded to us through the Department of Justice allowed us to travel to committed jurisdictions in five states to provide no-cost LAP training and technical assistance. Right now, we can no longer provide no-cost, out-of-state training because the grant ends June 30, 2010.

3. We would conduct a public awareness campaign about the LAP so more people could learn about it, use it, and provide a safety-net for victims in their communities. It would put abusers on notice that it is no longer an “abuser against victim” dynamic, but an “abuser against all of us” community.

4. Lastly, we would engage large corporations to adopt “High Danger” victims and their children and pay the rent on an apartment where these families can live during the transitional phase. This is surely a lofty wish, but it is something we’ve dreamed about over the years… and this dream never seems to go away!
Attachment A
June 21, 2010

Ms. Marcia Roth – Executive Director
The Mary Byron Project
Celebrating Solutions Award
10401 Linn Station Road
Louisville, KY 40223

Dear Ms. Roth:

We, the partner agencies working within Carroll County’s coordinated community effort to combat domestic violence, are delighted to have the opportunity to express our sincere and enthusiastic support for the nomination of the Maryland Network Against Domestic Violence (MNADV) “Lethality Assessment Program – Maryland Model” for the Mary Byron Foundation “Celebrating Solutions” Award.

For many years the MNADV has demonstrated unwavering leadership in addressing the many dynamics of domestic violence across our State. They have long been the principal partner and key resource for law enforcement and DV service providers around the State. They have consistently played the central leadership role in legislative efforts to strengthen our DV laws, enhance the safety of our victims and hold our offenders more accountable. They have pioneered many proactive efforts across our State to include the Lethality Assessment Program, Domestic Violence Fatality Review Teams and most recently offender accountability training. They are also working hard to expand the LAP into “non-traditional” venues to include the health care and faith communities.

The “Lethality Assessment Program (LAP) – Maryland Model” is just another example of their vision and leadership. Their LAP efforts in Maryland began in 2005 when they partnered with several police jurisdictions of differing sizes around the State to undertake a LAP pilot project. Based upon the early success of the program, they initiated a broad-based statewide LAP awareness and training effort. At present, 80 Maryland law enforcement and all 20 DV service providers are participating in the program, these jurisdictions serving more than 75% of the total population of the State. Nineteen additional agencies are either in the LAP training process or have formally committed to participate in the near future.
Celebrating Solutions Award
June 21, 2010
Page 2 of 3

These agencies include nearly 90% of all law enforcement agencies in the State. It is important to note that the remarkable expansion of this important program is the direct result of the dedication and energy of MNADV staff who have fostered and expanded this concept around the State through numerous meetings, presentations and training sessions. Without their guidance, leadership and persistence, the LAP would never have flourished as it has in Maryland.

In Carroll County and other jurisdictions around the State, the MNADV has pioneered the use of the LAP in conjunction with the application for temporary protection orders. The Carroll County Sheriff’s Office Domestic Violence Unit ensures that each victim applying for a temporary protection order is screened utilizing the LAP, and immediate contact is made with a DV Advocate from Family and Children’s Services if the victim is determined to be at high risk of further violence. Another substantial benefit of the LAP process in Carroll County is that the LAP reports are made immediately available to the DV Advocate by law enforcement – often long before the formal police report is completed. This greatly assists the DV Advocate in identifying high risk victims and families and helps to ensure that timely contact is made with those at greatest risk.

The breadth of the LAP in Maryland is impressive. In 2009 alone, nearly 10,500 victims of domestic violence were screened utilizing the LAP protocol – nearly 29 screens per day statewide. In more than half of these cases it was determined that the victim was at significant risk of serious injury or death in their relationship. Of these high risk victims, more than 60% spoke to a domestic violence counselor at the time of the event and half of these victims ultimately met with a domestic violence service provider for additional services. Understanding the resources available, and having ready access to those resources, has proved invaluable in making our victims safer in their homes and their relationships. The most significant indicator of the success of this program is our rate of domestic violence fatalities. Through the first 9-months of the current fiscal year, 24 confirmed domestic violence fatalities have been reported in Maryland. As tragic as each of those deaths are, they represent a significant decrease in domestic fatalities from the three previous years in which we recorded an average of 60 DV fatalities. Maryland is currently on pace to have the fewest number of domestic violence fatalities ever recorded – we believe in large measure due to the obvious benefits afforded by the LAP.

It is important to note that MNADV staff members are now actively engaged in making presentations and teaching the LAP process to other agencies around the country. One hundred sixteen law enforcement agencies and 43 of their partner DV programs in 12 states are participating in the LAP – Maryland Model in their communities. These efforts at the national level on the part of the MNADV clearly demonstrate their commitment to and leadership of this important public safety initiative.

We, the undersigned, believe that the “Lethality Assessment Program – Maryland Model” is a proactive and effective program that has made a true difference in the lives of domestic violence victims living in our community – particularly those at greatest risk of significant harm or death at the hands of their intimate partners. We strongly support the ongoing efforts of the Maryland Network Against Domestic Violence and their outstanding leadership in safeguarding our victims and ensuring the accountability of
domestic violence offenders. We enthusiastically support their application for the prestigious "Celebrating Solutions Award" and hope that you will give their application serious and well-deserved consideration.

If you have any questions relating to the content of this letter please feel free to contact Chief Jeffrey Spaulding in the office at (410) 848-4246 or by email at jspaulding@westgov.com.

Sincerely,

Jeffrey Spaulding
Chief of Police
Westminster Police Department

Kenneth Tregunno
Sheriff
Carroll County Sheriff's Office

Andrew G. WEBER
Lieutenant Andrew Winner
Barrack Commander – Westminster Barrack
Maryland State Police

Michael Webster
Director – Department of Campus Safety
McDaniel College

Connie Sgarlata, LCSW-C
Assistant Executive Director
Family and Children's Services of Central Maryland
June 21, 2010

Marci Roth, Executive Director  
The Mary Byron Project  
Celebrating Solutions Award  
10401 Linn Station Rd.  
Louisville, KY 40223

RE: Statement of Support – Mary Byron Foundation “Celebrating Solutions” Award

Dear Ms. Roth,

On behalf of Heartly House, Inc. of Frederick, Maryland, I am pleased to express my support for the Maryland Network Against Domestic Violence, (MNADV), in its application for a Mary Byron Foundation award.

MNADV provides many services on a statewide basis that assist local programs such as Heartly House to provide education, training, technical assistance, promotion of awareness and education activities, collaboration of activities and coordination with organizations and advocacy for public policy and legislation. Many of our staff members serve on various MNADV committees. One example is the Victim Advocate Task Force, which sets standards for victim advocacy across the state in order to promote a more effective coordinated community response, which is essential to interrupting the cycle of violence.

MNADV consistently demonstrates its commitment and leadership to the State in the area of lethality assessment. As one of the original Lethality Assessment Program, (LAP), sites, Heartly House has worked in partnership with the MNADV since 2004. At that time, we were excited to be part of this cutting edge and life saving program. Today, eight years later, we remain just as excited and even more deeply committed to utilizing the LAP to better serve our community.
The LAP has served as an innovative approach to responding to domestic violence situations. Not only does it serve on a daily basis as an immediate tool for first responders and victim service providers, it has been the impetus for the development of an exceptionally strong working partnership between the Maryland State Police, Frederick County Sheriff’s Office, Frederick Police Department, Brunswick Police Department, Thurmont Police Department and the Heartly House staff. Although, ten years ago it was known that the most effective response to domestic violence was a coordinated community response, it was not until the introduction of the LAP has a response and service to victims been so coordinated and productive. The development of open communication has allowed a true coordinated team approach and mind set among law enforcement professionals and Heartly House.

As law enforcement responds on site and conducts the assessment, they directly communicate with our staff and directly connect the victim to our victim services. As clinicians we know that even if the victim declines to speak with us, having the law enforcement responders model calling us most often leads to the victim agreeing to a follow up.

As part of Heartly House’s best practice approach to the LAP, every victim is provided immediate crisis intervention and safety planning. An in-person appointment with the victim within forty-eight hours of the lethality assessment is our goal. If the victim agrees, a Frederick County Domestic Violence Incident Report is sent to our Clinical Director. She reviews every report to further assess what agency services and/or community referrals seem to be most appropriate for the case. Additionally, outreach calls are made to every victim regardless of the risk outcome of the assessment. In previous years, Heartly House would not even be aware of a domestic incident unless the victim felt safe enough and strong enough to reach out for help.

Since the fall of 2009, the LAP has been expanded to include Frederick County Sheriff’s Office personnel at our courthouse. Now when a sheriff’s deputy meets with a victim to process a Temporary Protective Order, a full lethality assessment will be completed and the all important connections to Heartly House will be made while at the courthouse. Since we know how volatile and dangerous it can be for a victim at this time, the MNADV was spot on in encouraging this program expansion.

With the Network leading the way and knowing how strongly committed Heartly House is to the elimination of domestic fatalities, Heartly House and Frederick Memorial Hospital
Emergency Department began working together through the LAP at the beginning of 2010. Although working within the constraints of a medical model has unique challenges, with MNADV's guidance the LAP has again expanded. Now victims seeking treatment in the emergency room are screened and assessed and are given the opportunity to be directly connected to the victim services we provide in a safe environment being treated by a medical professional. It is expected that the program will continue to grow as more hospital staff grow accustomed to reaching out to these primarily high risk victims. Heartly House, Frederick Memorial Hospital and MNADV agree that expansion through the hospital's OB GYN department and possibly surgical departments is a realistic goal. Additionally, Heartly House staff has had initial discussions with Frederick County Health Department staff regarding the possibility of conducting lethality assessments through some of the women and family case management services.

It is obvious that Heartly House emphatically believes in the power of reducing domestic violence and domestic fatalities through the LAP. Anecdotally, let me share that as I write this, three (out of six) women and nine of their children, currently reside in our emergency shelter after being assessed through the LAP. This week, a Frederick City police officer came to our shelter to pick up a 911 emergency cell phone to take back to a victim he had connected to us after screening. Recently after conducting a high risk screen, a Frederick County Sheriff deputy contacted Heartly House and noted in his report, the victim spoke to Heartly House for over a half hour, "being very emotional and crying at times as she talked". The victim "explained far more details about the relationship than she had previously explained", to the deputy. The officer then encouraged shelter at Heartly House, but the victim declined. Before the deputy left the scene, the victim came back out of the house stating her husband said the deputies were her friends and implied the situation would be seen in his favor. The deputy then provided domestic violence education, explaining, "This was another emotional control tactic being used by her husband". The victim then agreed to come with her family to shelter, and the deputy followed them away from the residence.

Every week there is a real life, (perhaps life saving), story to be told from the proactive, positive intervention provided through the LAP. Although resources prevent us from conducting many victim surveys, the following is a response from a victim who was assessed through LAP and asked, "What was it that helped you decide to come in for service?" "The deputy told me that Heartly House could help me in many ways. He said you could help me get my final order of protection and could even see me for counseling. Leaving my boyfriend was going to leave me with nothing, and being a single mother, I
didn’t know where else to turn. I felt encouraged by the deputy so I decided to try working with Heartly House.” “Before the officer spoke with you, did you know we provided services to victims of domestic violence?” “Yes I did know that. One of my friends told me to call once and I also read about it before. I just didn’t think I was someone who needed that kind of service, I guess.”

Heartly House fully supports the Maryland Network Against Domestic Violence and the Lethality Assessment Program for the Mary Byron Foundation “Celebrating Solutions” award. This innovative approach that is community based and community driven has undoubtedly changed the lives of many victims and their children.

Sincerely,

Sue Hecht
Interim CEO
June 17, 2010

Marcia Roth, Executive Director
The Mary Byron Project
Celebrating Solutions Award
10401 Linn Station Road
Louisville, KY 40223

Dear Ms. Roth:

I write in support of the Maryland Network Against Domestic Violence (MNADV) and its Lethality Assessment Program – Maryland Model (LAP) and the life changing work it is doing to combat domestic violence in Maryland. I am thrilled to learn of their current finalist position in the running for the Mary Byron Foundation “Celebrating Solutions” Award and believe that this program is truly deserving of such an honor.

The LAP-Maryland Model is the only program of its kind that makes use of a screening tool and an accompanying response and referral protocol. While other methods may be used to evaluate domestic violence victims’ risk of lethality, the LAP-Maryland Model, with its unique referral approach, gives professionals the tools they need to confidently and pro-actively provide intervention that can ultimately save a victim’s life.

The LAP is a pro-active measurement that encourages and empowers victims to take action and seek domestic violence intervention services. Research conducted by Dr. Jacqueline Campbell of The Johns Hopkins School of Nursing demonstrated only 4% of domestic violence homicide victims has ever availed themselves of program services, despite the fact that victims who used domestic violence support and shelter services were significantly less likely to experience re-assault and murder at the hands of their abusers.

With the MNADV as its leader, this program has achieved wide support and recognition within the state of Maryland. As of April 15th of this year, 99 out of 144 law enforcement agencies are voluntarily using the LAP or are committed to move forward with scheduled training. The LAP-Maryland Model has been implemented in all 23 Maryland counties and Baltimore City, initially with law enforcement first responders. It has now become part of a wider community response, expanding its operation to victim advocates, health care settings, state’s attorney’s offices, the clergy and caseworkers at the local departments of social services and health and has partners with all 20 domestic violence service providers within the State. Additionally, courts in four counties in Maryland are using the LAP to screen victims after temporary protective order hearings. Virtually
anyone in the service community who works with victims can use the LAP – first to screen for risk of lethality and then to connect high danger victims to the local domestic violence intervention provider. It is an easy process that is truly changing the ways in which the State can keep people safe.

The O’Malley-Brown administration has made a commitment to a 25% reduction of violence to women and children by the year 2012, a goal that is made more attainable by the LAP. Thanks for the operation of this program, Maryland now expects to not exceed the lowest recorded number of domestic violence-related homicides, 39 lives, which took place in fiscal year 1993. This is in stark contrast to the previous norm; for the past 21 fiscal years, Maryland has averaged 68 domestic violence-related homicides per year.

Between 2006 and 2009, law enforcement agencies identified 54% of victims screened as being in high danger. Of those, 59% spoke to a hotline worker on the spot at the encouragement of the responding officer, and of that group, 30% sought further services at their local domestic violence program. Without the knowledge and training to officers afforded by this program, many of those lives had the potential to be put in danger, or even lost.

The great success and implementation of this project has created a paradigm shift in community collaborations as well as the formation of community safety nets. Overall, it has improved the ways in which the system responds to victims of domestic violence. In these violent and dangerous times, it is refreshing to see a program that can make such a difference to the lives of domestic violence victims and the community as a whole. I whole heartedly support the Maryland Network Against Domestic Violence’s Lethality Assessment Program – Maryland Model (LAP) for the Myron Byron Foundation “Celebrating Solutions” Award.

Sincerely,

Governor
Date: JUL. 23, 1985

MARYLAND NETWORK AGAINST DOMESTIC VIOLENCE INC
2437 MARYLAND AVENUE
BALTIMORE, MD 212180000

OMB Clearance Number:
1545-0056
Employer Identification Number:
52-1233434
Contact Person:
A.K. WILD
Contact Telephone Number:
301-962-4787

Accounting Period Ending:
September 30

Form 990 Required: Yes

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(2).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

The box checked in the heading of this letter shows whether you must file Form 990, Return of Organization Exempt from Income Tax. If Yes is checked, you are required to file Form 990 only if your gross receipts each year are normally more than $25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period.

Letter 947(CG)
MARYLAND NETWORK AGAINST DOMESTIC

The law imposes a penalty of $10 a day, up to a maximum of $5,000, when a return is filed late, unless there is reasonable cause for the delay.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

Teddy R. Kern
District Director

Letter 947(CG)
Attachment C
PROJECT FINANCIAL REPORT

TITLE OF PROJECT:  Lethality Assessment Program  
GRANTEE:  Maryland Network Against Domestic Violence  

PERIOD COVERED BY REQUEST: 7/1/2009 to 9/30/2009

EXPENDITURES BY BUDGET CATEGORY

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</table>

* If applicable

I CERTIFY that to the best of my knowledge, information and belief the amounts reported above are correct and accurate.

Karen Hart
Signature of Fiscal Officer or Project Director - MUST BE IN BLUE INK  
Date Request Submitted 10/26/09

Printed Name of Fiscal Officer or Project Director
PROJECT FINANCIAL REPORT

TITLE OF PROJECT: Lethality Assessment Program
GRANTEE: Maryland Network Against Domestic Violence
PERIOD COVERED BY REQUEST: 10/1/2008 to 12/31/2008

EXPENDITURES BY BUDGET CATEGORY

<table>
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<tr>
<th>CATEGORY OF EXPENSE</th>
<th>CURRENT BUDGET</th>
<th>PREVIOUSLY REPORTED EXPENDITURES</th>
<th>TOTAL EXPENDED THIS PERIOD</th>
<th>TOTAL EXPENDED TO DATE</th>
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</table>

* If applicable

I CERTIFY that to the best of my knowledge, information and belief the amounts reported above are correct and accurate.

Karen Hartz
Signature of Fiscal Officer or Project Director

Date Request Submitted: 2/25/09

Karen Hartz
Printed Name of Fiscal Officer or Project Director
Danger victims going to services from those who spoke on the phone with a hotline worker, at 34%, was the highest ever achieved. With 1,000 High Danger victims going to services, their figures near the right for the three previous years. The percentage of High officers were successful in getting more victims than in 2000 and more than the two

In 2000, law enforcement officers identified nearly 15 High Danger victims a day. 92% more than the previous high. One screen for every 37 people is the lowest (and best) figure since we began. With 22% more agencies, 35% more screens were done than in the previous high year of 2006.

<table>
<thead>
<tr>
<th>3M% (9%)</th>
<th>3M% (9%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/4/day (1%)</td>
<td>1/4/day (1%)</td>
</tr>
<tr>
<td>2/3/day (6%)</td>
<td>2/3/day (6%)</td>
</tr>
<tr>
<td>1/3/day (5%)</td>
<td>1/3/day (5%)</td>
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</tbody>
</table>

### Summary Statistical Report

#### Calendar Year 2009

- **Lethality Assessment**
- **Narrative Report**

### 1. Services

- **Wendy For Services**
  - Spoke to DNA
  - DNA

- **Speaker**
  - Positive
  - Negative

- **Screening**
  - Per Pop.
  - Total Per Day
  - Per Day for Agency

- **Lethality Screening**
  - Per Day for Agency
  - Per Day for Agency

- **Junction Station**
  - Per Pop.
  - Total Per Day
  - Per Day for Agency

---

**Report**

- **AFTIME**
- **Month**
- **Month**

---

**Table**

<table>
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<tr>
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<tr>
<td>2024</td>
<td>870</td>
<td>24 agencies</td>
<td>24 agencies</td>
</tr>
</tbody>
</table>
Special recognition to CASA of Washington County, who partnered with the community to increase the number of victims who receive successful service delivery—100% referral to service providers.

SARCO—The seven programs listed above, along with the highest services, partnered with CASA of Washington County, resulting in 100% referral of cases.

The seven programs listed above, along with the highest services, partnered with CASA of Washington County, resulting in 100% referral of cases.

"Services category": All at least 5% going in for services.

Special recognition to the seven MSP barriers who achieved a combined 70% "spoke to rate", 145 of 200 High Danger victims.

The agencies—Salisbury PD (77%), Rockville PD (76%), and Montgomery County PD (72%)—made the "High Performers" list all four quarters.

Asco, Bethesda, Clarksburg, Crown, Dimma, Gerston, (200%); Fencock, Ocean Pines, Silver Hill, Sykesville, Tangeron, 

"High Performers" spoke to category continued.

(continued)
5. All Victims Going into Services

1. 170 Victims going into services (2.6/day)
2. 160 from Screening following Intake and Inpatient Psychiatric order hearings
3. 1090 Victims went into services from Regular Screens
Maryland Network Against Domestic Violence

Status of Lethality Assessment
As of April 15, 2010

Implemented:
1. Kent County Sheriff's Office and Mid-Shore Council on Family Violence (13,500) 10-01-05
2. Queen Anne's Sheriff's Office and MSCFV (44,000) 11-01-05
3. Cambridge Police Department and MSCFV (11,000) 11-01-05
4. Harford County Sheriff's Office and Spouse Abuse Resource Center (208,000) 11-15-05
5. Garrett County Sheriff's Office and the Dove Center (28,000) 02-01-06
6. Easton Police Department and MSCFV (14,500) 02-08-06
7. Baltimore Police Department (N.E. District) and the House of Ruth (113,000) 04-16-06
8. Washington County Sheriff's Office and CASA (99,000) 05-15-06
9. Hagerstown Police Department and CASA (39,000) 05-15-06
10. Calvert County Sheriff's Office and the Crisis Intervention Center (91,000) 05-15-06
11. Cumberland Police Department and the Family Crisis Resource Center (21,000) 05-15-06
12. Cecil County Sheriff's Office and the Family Violence Program (77,000) 07-01-06
13. Elkton Police Department and FVP (15,000) 07-01-06
14. North East Police Department and FVP (3,000) 07-01-06
15. Rising Sun Police Department and FVP (2,000) 07-01-06
16. Port Deposit Police Department and FVP (1,000) 07-01-06
17. Perryville Police Department and FVP (4,000) 07-01-06
18. Smithsburg Police Department and CASA (3,000) 07-01-06
19. Allegany County Sheriff's Office and FCRC (-) 10-01-06
20. Frostburg Police Department and FCRC (8,000) 10-01-06
21. Frostburg State University Police Department and FCRC (-) 10-01-06
22. Prince George's County Sheriff's Office and the Family Crisis Center (139,000) 01-01-07
23. Caroline County Sheriff's Office and MSCFV (23,000) 01-01-07
24. Dorchester County Sheriff's Office and MSCFV (19,000) 02-01-07
25. Havre de Grace Police Department and SARC (13,000) 02-01-07
26. Denton Police Department and MSCFV (3,500) 03-01-07
27. Greensboro Police Department and MSCFV (2,000) 03-01-07
28. Ridgely Police Department and MSCFV (1,500) 03-01-07
29. Hurlock Police Department and MSCFV (2,000) 03-01-07
30. Federalsburg Police Department and MSCFV (2,500) 04-01-07
31. Anne Arundel County Police Department and the YWCA (454,000) 07-01-07
32. Crofton Police Department and the YWCA (22,000) 07-01-07
33. Frederick County Sheriff's Office and the Heartly House (157,000) 07-01-07
34. Thurmont Police Department and the Heartly House (6,000) 07-01-07
35. Chestertown Police Department and MSCFV (5,000) 07-01-07
36. Aberdeen Police Department and SARC (14,000) 08-01-07
37. Brunswick Police Department and the Heartly House (5,000) 08-01-07
38. New Carrollton Police Department and the Family Crisis Center (13,000) 08-12-07
39. Rock Hall Police Department and MSCFV (1,500) 09-01-07
40. Westernport Police Department and FCRC (2,000) 09-07-07
41. Allegany College of Maryland and FCRC (-) 09-07-07
42. Centreville Police Department and MSCFV (3,000) 10-01-07
43. Trappe Police Department and MSCFV (1,000) 10-01-07
Committed:
1. Laurel Police Department and the Family Crisis Center (20,000) 10-01-07
2. Hyattsville Police Department and the Family Crisis Center (16,000) 10-01-07
3. Cottage City Police Department and the Family Crisis Center (1,000) 10-01-07
4. District Heights Police Department and the Family Crisis Center (6,000) 10-01-07
5. Cheverly Police Department and the Family Crisis Center (6,500) 10-01-07
6. Bowie Police Department and the Family Crisis Center (54,000) 10-01-07
7. LaPlata Police Department and the Center for Abused Persons (9,000) 07-30-08
8. Glenarden Police Department and the Family Crisis Center (6,500) 04-15-10
9. Department of Natural Resources

Status in Numbers

- 80 agencies are using LAP
  Involved 20 DV programs in 24 counties
  Population Being Served: 4,354,000 (76.76% of 5,672,000)

- 10 agencies have been trained, or are preparing for training or being trained
  Population to Be Served: 106,000 (1.87% of 5,672,000)

- 90 agencies have implemented or in training to implement LAP
  Involved 20 programs in 24 counties (including Baltimore) (of 24)
  Population Being and to Be Served: 4,460,000 (78.63% of 5,672,000)

- 09 committed to go forward
  Involved agencies from an already participating county
  Population to Be Served: 119,000 (2.10% of 5,672,000)

- 99 participating and committed agencies (of 114 agencies)
  Involved 20 DV programs (of 20) in 24 counties including Baltimore (of 24)
  Total Population Being and to Be Served: 4,579,000 (80.73% of 5,672,000)

Summary Status

4,354,000 (76.76%) Population of participating agencies (80)
106,000 (01.87%) Population of agencies in training (10)
4,460,000 (78.63%) Population being and to be served (90)
119,000 (02.10%) Population of committed agencies (09)
4,579,000 (80.73%) Population being and to be served (99)
1,093,000 (19.27%) Population of non-participating agencies (15)
5,672,000 (100%) Total Maryland Population (114)
Maryland Network Against Domestic Violence

Domestic Violence Policy

The Network is dedicated to the prevention and elimination of domestic violence. As a result, the Network seeks to create a supportive workplace environment in which employees feel comfortable discussing domestic violence and seeking assistance for domestic violence. Employees who are victims of domestic violence will not be disciplined or penalized in the workplace for being a victim. The Network is committed to helping victims obtain the assistance that they need to maintain their safety. Therefore, the Network will allow an employee, who is a victim of domestic violence, to have paid time off to attend domestic violence related court proceedings and necessary medical appointments. The Network has a zero tolerance policy for domestic violence and will take appropriate disciplinary action and/or criminal prosecution against any employee or non-employee who commits an act of domestic violence.

Definition
Domestic violence is abusive behavior whereby a person intends to establish and maintain power and control over a person with whom s/he has or has had, a significant personal relationship. Power and control are exerted through physical, sexual, psychological, and/or economic means. Examples of domestic violence include, but are not limited to:

- Intimidation
- Threats to cause harm
- Verbal harassment
- Disorderly conduct
- Crimes against property
- Violation of an ex parte, protective order or peace order
- Display or discussion of weapons
- Assault and battery
- Rape
- Stalking

Disciplinary Procedures
An employee who is found to have committed an act of domestic violence will be discharged immediately. An employee who is found using Network resources such as work time, phones, facsimile, mail, electronic mail, or other means to commit an act of domestic violence will be discharged.

10/2000
HARVARD KENNEDY SCHOOL’S ASH INSTITUTE ANNOUNCES TOP 50 INNOVATIONS IN GOVERNMENT

Innovations in American Government Awards Top 50 Programs to Compete for $100,000 Award

Cambridge, Mass., – April 15, 2008 – The Ash Institute for Democratic Governance and Innovation at Harvard Kennedy School today announced the Top 50 Programs of the 2008 Innovations in American Government Awards competition. Selected from a pool of nearly 1,000 applicants, these programs represent the best in government innovation from local, county, city, tribal, state, and federal levels.

Established in 1985 at Harvard Kennedy School by the Ford Foundation, the Innovations in American Government Awards Program is designed to improve government practice by honoring effective government initiatives and encouraging the dissemination of such best practices across the country. Over its 20 year history, the Innovations in American Government Program has honored 181 federal, state, and local government agencies.

Many award-winning programs are now replicated across policy areas and jurisdictions, serving as forerunners for today’s reform strategies and new legislation. Such programs also inform research and academic study at Harvard Kennedy School and other academic institutions around the world. In the midst of widespread cynicism in government, the Innovations in American Government Awards Program provides concrete evidence that government is working to improve the quality of life of citizens.

Each of the Top 50 programs underwent several rounds of rigorous evaluation from a committee of practitioners and policy experts from Harvard Kennedy School as well as renowned institutions nationwide. Selected programs address a number of important
policy areas including health and social services; management and governance; community and economic development; education and training; criminal justice; transportation and infrastructure; and the environment.

Representing a range of jurisdictions from across the country, the Top 50 Programs include seventeen cities/towns, four counties, six federal agencies, three school districts, nineteen states, and one tribal government. Massachusetts, Pennsylvania, Connecticut, and Maine have multiple programs represented in the Top 50.

"The 50 best innovations for the 2008 Innovations in American Government Awards demonstrate effective solutions to some of our nation's most pressing issues," said Stephen Goldsmith, director of the Innovations in American Government Awards Program, Harvard Kennedy School. "From child welfare reform and improvements in homicide case review to promotion of our nation's parks, these programs are improving the way we live our daily lives."

"We commend the innovative initiatives of these Top 50 Programs," said Gowher Rizvi, director of the Ash Institute for Democratic Governance and Innovation. "In their path to finding new ways for doing the public's business better, these programs are paving the way for nationwide - and even global - reform strategies."

Finalists will be announced on June 3, 2008. On June 12, 2008, finalist programs will present their initiatives before the National Selection Committee, chaired by David Gergen. The event is free and open to the public. The winners of the 2008 Innovations in American Government Awards will be announced and honored at an awards gala and reception in September of 2008.

About the Ash Institute for Democratic Governance and Innovation
The Roy and Lila Ash Institute for Democratic Governance and Innovation advances excellence in governance and strengthens democratic institutions worldwide. Through its research, publications, leadership training, global network, and awards program — developed in collaboration with a diverse, engaged community of scholars and practitioners — the Ash Institute fosters creative and effective government problem-solving and serves as a catalyst for addressing many of the most pressing needs of the world's citizens. The Ford Foundation is a founding donor of the Institute. Additional information about the Ash Institute is available at www.ashinstitute.harvard.edu. Applicants for the 2009 Innovations in American Government Awards are encouraged to apply at www.innovationsaward.harvard.edu.
2008 Innovations in American Government Awards Program: Top 50

Arizona
Construyendo Circulos de Paz/Constructing Circles of Peace
Santa Cruz County, Arizona
Santa Cruz County's Constructing Circles of Peace program is a long-term, restorative justice counseling program that brings together multiple stakeholders – the perpetrator, victim, family, and community – in response to crimes of domestic violence.

Election Reporting System
Maricopa County, Arizona
Maricopa County's Election Reporting System is an online database for capturing and categorizing information, recording the source, and assigning resolution to staff that receive instant notification based on the issue category.

Getting Ready: Keeping Communities Safe
State of Arizona
Arizona’s Department of Corrections’ real world re-entry effort, Getting Ready, begins the day inmates are admitted and continues throughout their sentence. This system-wide reform measurably reduces relapse, revocations, and recidivism.

California
Bank on San Francisco
City and County of San Francisco, California
Bank on San Francisco addresses the needs of unbanked residents by moving the marketplace to offer suitable financial products. Through a coalition of 15 financial institutions, the original goal of banking 10,000 unbanked San Franciscans was met in just one year.

Neighborhood Action Team
City of Stockton, California
In a collaborative Action Team partnership, the Stockton Police Department is using market-based policing and code-enforcement strategies as the foundation of an innovative renaissance movement in a distressed neighborhood.

Operation Archangel
City of Los Angeles, California
The City of Los Angeles’s Operation Archangel, in partnership with the Department of Homeland Security, developed Automated Critical Asset Management System, a secure interoperable web-based system to manage critical asset information.

Welcome Back Center
State of California
San Francisco’s Welcome Back Center assists internationally trained health professionals as they pursue re-entry into the health workforce.
Colorado

Climate Wise
City of Fort Collins, Colorado
Climate Wise is a voluntary program that assists local businesses in Fort Collins to reduce greenhouse gases and increase cost savings by reducing consumption. Climate Wise provides businesses with practical tools, measurement techniques, and public recognition.

Connecticut

De-Illumination
Town of Old Saybrook, Connecticut
The focus of Old Saybrook’s De-Illumination Program is the reduction of streetlamp wattage and the elimination of roadway illumination in order to save money, reduce fossil fuel consumption, and limit illumination pollution.

Family Civil Intake Screen Process
State of Connecticut
Connecticut’s Family Civil Intake Screen Process is a scientifically-validated, comprehensive assessment methodology designed to identify parenting conflicts and match the dynamics of the family with a corresponding array of evidence-based alternative dispute resolution services.

No Child Left Inside
State of Connecticut
Connecticut’s No Child Left Inside initiative reconnects families to nature by exposing them to outdoor recreational opportunities, thus growing healthier kids, fostering environmental stewards, and showcasing the joy of playing outside.

District of Columbia

Positive Youth Development
City of Washington, District of Columbia
The District of Columbia’s Department of Youth Rehabilitation Services is becoming the nation’s first juvenile justice agency based on the tenets of Positive Youth Development, an effort to meet the needs of young people by building their competencies and enabling them to become successful adults.

Florida

School Improvement Zone
Miami-Dade County School Board, Florida
Thirty-nine chronically low-performing schools in the Miami-Dade County Public School District are provided extended day and school year instruction that utilizes research-based educational materials and focuses on literacy as the core component.

Kentucky

Arts Toolkit
State of Kentucky
An arts-education partnership led by Kentucky Educational Television, Arts Toolkit created multimedia classroom resources that have expanded student experiences and engagement in the arts, boosted teacher preparedness, and improved test scores.
Maine

Child Welfare Reform
State of Maine
Maine has achieved child welfare reform over the past six years through conscious, data-driven management, driven by the vision that every child needs a family.

Youth Leadership Advisory Team
State of Maine
Maine's Youth Leadership Advisory Team, a national pioneer, engages youth in foster care with state and federal policymakers to create significant improvements in child welfare policies, legislation, and programs.

Maryland

Lethality Assessment Program
State of Maryland
Maryland's domestic violence Lethality Assessment Program is an on-scene process by which law enforcement immediately identifies and links victims at risk of being killed to service providers.

Responsible Community and Economic Development Initiative
City of Baltimore, Maryland
Baltimore, through the Responsible Community and Economic Development Initiative, addresses the physical, economic, and human conditions of a neighborhood in one comprehensive plan and is seen as the new model for revitalizing the nation's cities.

Massachusetts

Creating Consensus for Balanced Growth
Town of Barnstable, Massachusetts
The Town of Barnstable restructured town government and established programs to increase citizen participation in order to implement creative smart growth strategies that protect its historic character and natural environment.

Demand Response Program
Commonwealth of Massachusetts
Demand Response Program is a no-cost contract that motivates and facilitates the use of regional utility programs by state agencies. This Commonwealth of Massachusetts program protects the electrical grid and has earned over $500,000 for state facilities.

Foreclosure Intervention Initiative
City of Boston, Massachusetts
Boston's Foreclosure Intervention Initiative is a comprehensive proactive strategy designed to curb mortgage foreclosures on owner-occupied homes and prevent blight through foreclosure prevention and foreclosure intervention.

MassDocs
Commonwealth of Massachusetts
MassDocs makes affordable housing development in the Commonwealth of Massachusetts easier by creating one set of loan documents that simplifies the closing process, saving time and money.
Teacher Residency  
*Boston Public School District, Massachusetts*  
The Boston Teacher Residency, the Boston Public Schools' own teacher recruitment, preparation, and retention program, takes a medical residency approach to addressing the issue of teacher quality for a major city.

Teen Prostitution Prevention Project  
*Suffolk County, Massachusetts*  
Suffolk County's Teen Prostitution Prevention Project is a partnership among criminal justice, child protection, legal advocacy, and others who believe that only genuine collaboration can yield positive outcomes for prostituted youth. This non-traditional alliance affords increased safety and well-being for often forgotten victims of exploitation.

**Michigan**

Leadership Academy  
*State of Michigan*  
The strategic purpose of Michigan's Leadership Academy is to select high potential leadership candidates and accelerate their development over two years to prepare them to step into high-level positions.

Traffic Safety Management System  
*Oakland County, Michigan*  
For 41 years, Oakland County's Traffic Improvement Association (TIA) has developed a "culture of traffic safety" with its innovative traffic management system focusing on programs that support the 3E's of traffic safety: engineering, education, and enforcement.

**Missouri**

Division of Youth Services  
*State of Missouri*  
A national model for juvenile justice reform, Missouri's Division of Youth Services has achieved exemplary results and cost effectiveness through regionally-based, small, humane treatment centers; group and family systems approaches; universal case management; and community engagement.

**New Jersey**

Jersey Fresh Marketing Program  
*State of New Jersey*  
The Jersey Fresh Marketing Program is a promotional and quality-grading effort aimed at emphasizing the freshness, safety, and superior quality of New Jersey agricultural products.

**New Mexico**

Home Program  
*City of Santa Fe, New Mexico*  
The Santa Fe Home Program requires 30 percent of new ownership housing and 15 percent of rental housing to be affordably priced, based upon earnings of 50 percent to 100 percent of the area median income.
New York

Acquisition Fund
City of New York, New York
New York City’s Acquisition Fund is a $230 million partnership that finances the purchase of land and buildings for affordable housing. Private finance tools allow smaller developers to compete in a tough market.

Officers Management Institute
City of New York, New York
The Fire Department of the City of New York’s (FDNY) Officers Management Institute, a customized management training program for senior fire and EMS chiefs, has catalyzed the FDNY’s rapid enhancement of operational and technological capabilities to meet the complex challenges of a post-9/11 world.

Project Zero
City of New York, New York
New York City’s Department of Probation’s Project Zero enhances public safety and reduces the number of juvenile delinquents removed from home and incarcerated in New York State facilities through family-focused, community-based programs.

North Carolina

Homicide Cold Case Squad
City of Charlotte, North Carolina
The Charlotte-Mecklenburg Police Cold Case Homicide Squad pairs detectives with a volunteer review team that determines which cold homicide cases are worthy of reinvestigation and conducts analyses.

Learn and Earn
State of North Carolina
North Carolina’s Learn and Earn Initiative allows high school students to jumpstart their college education or gain job skills without the burden of tuition expenses.

Oregon

Home Again
City of Portland, Oregon
Home Again is a plan to end homelessness in Portland and Multnomah County by focusing on the chronically homeless, coordinating access to services, and investing in programs that offer measurable results.

Lobbying Entity Registration and Reporting Program
City of Portland, Oregon
To create transparency in government, Portland requires lobbying entities to register with the city and report whom they lobbied and the subjects discussed. Elected officials are also required to report any gifts over $25.

Pennsylvania

Fresh Food Financing Initiative
Commonwealth of Pennsylvania
Pennsylvania’s Fresh Food Financing Initiative increases access to fresh, affordable food by providing grants and loans to supermarkets and grocery stores in underserved communities.
Managed Fee for Service/Access Plus
Commonwealth of Pennsylvania
ACCESS Plus is a groundbreaking way to deliver health care services to low income children and families that takes the incentives for prevention and disease management found in managed care and adapts them to fee-for-service settings.

South Carolina
Family Violence Reduction Project
City of West Columbia, South Carolina
West Columbia’s Family Violence Reduction Project uses enhanced investigation techniques in combination with advanced technology to curb domestic violence; child and elder abuse and neglect; and sexual assault within the city.

South Dakota
Outdoor Wellness Centers
State of South Dakota
Through the collaboration with the South Dakota Department of Health and the South Dakota Division of Parks and Recreation, South Dakota’s state parks have become vibrant, outdoor wellness centers.

United States Federal Government
Future Leaders Growing Future Leaders
United States Department of Agriculture
The United States Forest Service cultivates young and new employees as future agency leaders through a self-sustaining development program largely run by the future leaders themselves.

Global Maritime Domain Awareness
United States Department of Transportation
The United States Department of Transportation’s Maritime Safety and Security Information System is a novel, low cost, and rapidly deployed, global vessel traffic monitoring system used to enhance Global Maritime Domain Awareness.

In Service Support / Fast-Forward
United States Department of Defense
The United States Navy’s Service Support / Fast Forward aligns Navy and Marine Corps funding directly to engineering, logistic, and program management knowledge products in a fully measurable fashion leading to a continually improving organizational response.

Intelligence Community Civilian Joint Duty Program
Office of the Director of National Intelligence
The Intelligence Community Civilian Joint Duty Program requires intelligence professionals to complete assignments outside their agency to achieve executive rank, with the goal being to develop leaders that can break through stovepipes that prevented the intelligence community from "connecting the dots" prior to 9/11.
Louis Stokes Alliances for Minority Participation
National Science Foundation
The Louis Stokes Alliances for Minority Participation fosters students’ academic, social, and professional integration through summer bridge activities, skills-building, research experiences, mentoring, and scientific conferences. Among 200,000 minority participants annually, more than 25,000 receive Bachelor’s degrees.

New Markets Tax Credit Program
United States Department of the Treasury
The United States Treasury’s New Markets Tax Credit Program provides tax incentives, on a competitive basis, to induce private-sector, market-driven investment in businesses and real estate developments located in distressed communities.

United States Tribal Government
Solid Waste and Energy Management
Yukon River Tribes
Sixty-six indigenous tribes have improved the solid waste systems on the Yukon River, removing six million pounds of hazardous materials and recyclables through “backhauling” – loading waste onto planes and barges that would otherwise return to the mainland empty.

Virginia
Knowledge Management, VDOT
Commonwealth of Virginia
Knowledge Management supports the Virginia Department of Transportation (VDOT) in achieving its mission by strengthening VDOT’s ability to share critical knowledge and experiences to improve ongoing processes and products.

Washington
Government Management Accountability and Performance
State of Washington
Washington’s Government Management Accountability and Performance program improves government performance by relying on performance measures, citizen participation, and a disciplined approach to executive decision-making to achieve better results.

Partnership Approach to Safe Routes to School
Auburn School District, Washington
This innovation addresses two large-scale problems: transportation inefficiency and childhood inactivity. Partnerships between Auburn School District and community residence and professionals increase safe walking and cycling routes to and from school.

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Attachment G
Office of the Assistant Attorney General  

September 24, 2008

Ms. Michael Cohen  
Maryland Network Against Domestic Violence  
6911 Laurel Bowie Road, Suite 309  
Bowie, MD 20715

Dear Ms. Cohen:

On behalf of Attorney General Michael B. Mukasey, it is my pleasure to inform you that the Office of Justice Programs has approved your application for funding under the FY 2008 Edward Byrne Memorial Discretionary Grant Program: National Initiatives in the amount of $105,280 for Maryland Network Against Domestic Violence.

Enclosed you will find the Grant Award and Special Conditions documents. This award is subject to all administrative and financial requirements, including the timely submission of all financial and programmatic reports, resolution of all interim audit findings, and the maintenance of a minimum level of cash-on-hand. Should you not adhere to these requirements, you will be in violation of the terms of this agreement and the award will be subject to termination for cause or other administrative action as appropriate.

If you have questions regarding this award, please contact:

- Program Questions, Geilsia P. Barnes, Program Manager at (202) 514-8516; and

- Financial Questions, the Office of the Chief Financial Officer, Customer Service Center (CSC) at (800) 458-0786, or you may contact the CSC at ask.oefo@usdoj.gov.

Congratulations, and we look forward to working with you.

Sincerely,

Jeffrey L. Sedwick  
Acting Assistant Attorney General

Enclosures
The Maryland Network Against Domestic Violence (MNADV) will use the grant funds to provide train-the-trainer instruction and technical assistance to law enforcement and community-based agencies that implement MNADV's Domestic Violence Lethality Assessment Program for First Responders (LAP). This project addresses the goals of category 1: preventing crime and drug abuse by encouraging law enforcement and community-based domestic violence service programs to build partnerships to collaboratively respond to victims who are at high risk for becoming homicide victims. The goals of this project provide LAP implementation instruction, technical assistance, and program evaluation to partner agencies that are chosen through an application process to implement the LAP in their own communities. Critical components of the project will be: 1) LAP promotional packet, including an application for this training opportunity; 2) informational teleconference; 3) LAP start-up kit; 4) LAP implementation training; 5) on-site and off-site technical assistance; 6) evaluation of the quality of the services and effectiveness of LAP implementation; and 7) a final report.

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8 Counties in 5 Jurisdictions / 26 A

Byrne Grant June-Nov

Lethality Assessment Tool
Attachment H
THURSDAY, APRIL 8, 2010

Lethality Assessment Program is reducing domestic violence in Kansas City

From our monthly Informant newsletter:

Domestic violence assaults have plummeted by more than a third since Kansas City Police embarked on a unique project to protect victims nine months ago.

“When I look back over the years at community collaborations that resulted in such a big systems change in how we go about responding to victims of domestic violence, this is huge – one of the biggest,” said Lisa Fleming, Chief Operating Officer of Rosebrooks Center, a domestic violence shelter and service agency.

The Lethality Assessment Protocol requires officers responding to domestic violence-related incidents to ask victims 12 questions based on academic research to determine how likely it is for a victim to be killed by an abuser. If the victim’s answers indicate he or she might be in great danger, officers do everything they can to get the victim in touch with a domestic violence victim advocate for safety planning and arranging to get the victim out of the situation. They use cell phones to contact domestic violence advocates at the scene of the crime to get them in touch with victims.

KCPD was one of just five police departments in the nation to get a grant to try the project. The grant lasted for five months, but the Lethality Assessment will go much longer
than that.

"We've decided to continue it as the way our department does business," said Captain Mark Folsom of the Special Victims Unit.

Total domestic violence assaults in Kansas City fell from 371 in July 2009 to 240 in February 2010. Capt. Folsom said it's a trend that's bucking nationwide trends of rising domestic violence cases.

Although the numbers are dropping, Fleming said Rosebrooks' beds have never been fuller. She said a big reason for that is the Lethality Assessment program, which is bringing in people who never before would have sought help.

"The risk of re-assault is reduced by 60 percent when a victim walks through the doors of a domestic violence program," Fleming said. "This has been such a successful intervention for making that happen."

Though it's more work for officers responding to these calls, they think it's a good thing, said Sergeant Bernadette Bond, who helped implement the Lethality Assessment in the South Patrol Division. She said in the past, it was frustrating to show up to a domestic violence incident, take a report and leave without really being able to help the victim.

"We didn't give them an option - there was no follow-up," Sergeant Bond said. "At least this way there's someone who cares, who follows up with them. They have an option."

Sergeant Bond said she knew the program would be a good thing when one of her most gruff and veteran officers told her after training that it "was something we should've done a long time ago."

"I knew then that we were on the right track," Sergeant Bond said. "We need to be doing everything we can to empower victims."

911 (1) abduction (1) Academy (1) accident statistics (5) Amber Alert (3) assault on LEO (4) attempt to locate (1) audits (5) awards (27) BOPC (28) Boy Scouts (1) budget (5) canines (3) census (2) City (1) cold case (1) community policing (1) construction (5) crime lab (3) crime prevention (6) crime stats (8) Crimestoppers (2) critical incidents (3) death investigation (2) dispatches from Mexico (13) domestic violence (4) drug trafficking (1) DUI (1) education and crime (1) enforcement activities and results (23) events (35) explosion (1) fatal fires (1) fatality accidents (7) fun (4) FYI (28)
HELP IS AVAILABLE
7 days a week, 24 hours a day

KC Metro Domestic Violence Hotline
(816) H O T - L I N E
468-5463

Child Abuse and Neglect Hotline
1(800) 392-3738

TAKE NOTE

Lethality Assessment Protocol implemented!

The Lethality Assessment Program (LAP), created by the Maryland Network Against Domestic Violence, is being implemented by the Kansas City Police Department, Grandview Police Department, Raytown Police Department, Rose Brooks Center, Hope House, and Synergy Services, beginning on June 1st, 2009. This pilot program is designed for first responders to determine if domestic violence case are at high risk for lethality, and will help direct victims of intimate partner violence to assistance from providers. First responders screen victims to determine if they are in high danger for being killed, tell them of their risk, and connect them with service providers.

For additional information, please read our Press Release

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http://jcsafefamily.org/?p=489

6/22/2010
KCTV5.com

KCTV5 Investigation: 12 Questions

POSTED: 11:55 am CST February 22, 2010
UPDATED: 10:02 am CST February 23, 2010

KANSAS CITY, Mo. -- A ground-breaking new tool to prevent the killings of our mothers, daughters, sisters and friends is being used here in Kansas City.

Only five cities in the United States are taking part in a new push to save women's lives -- and it all starts with just 12 questions.

The life-saving police are carrying on the streets fits on a single sheet of paper. The process is simple and scientific and it could save your life, police said.

Liz Donnelly's life changed forever on May 11, 2005, when her daughter became the city's 42nd homicide of the year.

"Vibrant, beautiful, gregarious," Donnelly said.

Jenny was Donnelly's everything. Her beloved middle child. Jenny was killed at the hand of the abuser she was trying to escape. Police records show she shot her three times with a shotgun, the fatal shot was in her back as she was lying down on the floor.

"She just didn't believe he'd kill her," Donnelly said.

Donnelly is now painfully aware that too many women like Jenny don't believe their abusers will kill them.

That is why police and domestic violence advocates say the new system that is being used in Kansas City is so critically important.

The sheet includes questions such as, "Has he ever tried to choke you?"

A researcher at Johns Hopkins University compiled years of domestic violence homicide statistics and figured out an abused woman's fate boils down to 12 questions. It's called a lethality assessment and Kansas City police now carry it at every scene. They ask an abused woman those 12 questions. The area's domestic violence shelters asked KCTV5 not to show all 12 questions.

A certain combination of yes answers means her life is in grave danger.

"It not only empowers the officers on the scene, because now we have a tool that can help us help somebody else, it also empowers the victim right then and there," said Sgt. Bernadette Bond, Kansas City Police Department south patrol division.

Police in Kansas City see the horrible reality of domestic violence every day. They said when they encounter injuries like the ones in a domestic violence case, the answers to the 12 questions gives officers an immediate tool to get a battered woman out of danger.

"We can do the best job in the world, and this police department always has, in taking police reports and arresting people when it's appropriate," said Capt. Mark Folsom, Kansas City Police Department special victims unit commander. "This is the piece we've been missing for a long time. This is an opportunity for those people to get help that the police department can't give them."

Officers on the scene of every domestic assault can now take their own cell phone, dial a hot line number for help, and hand the phone to a woman who has been abused.

Video

- KCTV5 Investigation: 12 Questions

http://www.kctv5.com/print/22633485/detail.html

6/22/2010
"You don't just say, 'Here, here's the telephone, take to this individual,'" said Bond. "You encourage the victim to talk to a counselor so that this counselor can try and work out some sort of a safety plan for you."

"Initially, the thought was we would receive about two calls a week," said Susan Miller, the chief executive officer of the Rose Brooks Domestic Violence Center. "And we average about five calls a day -- 645 calls in six months."

Millers said most of the calls into her officer are from abused women who have never sought help before.

"I think that the questions are so pointed, things like, 'Has he ever choke you?'" she said. "All those questions make it so clear how dangerous it is. And once he asks those questions and she answers yes, the impact is tremendous."

It's the same story across town at HopeHouse Shelter.

"I think the best thing from our perspective is that we're reaching a group of people that are at high risk of being killed," said Mary Anne Metheny, CEO of HopeHouse. "That we had not been able to reach before. And so we know that through this program we're going to save lives."

"I could just foresee this saving so many, many, many women," Donnelly said.

Donnelly looks at the 12 questions and answers, "Yes, yes and yes again," when she thinks about her daughter, Jenny. She said if her daughter were still here, she'd be so happy that police now have this tool, so that another woman, who might not realize that she's in danger, might be saved.

"Well, I think women trick themselves into thinking, 'He says he's sorry, he says it'll never happen again,' and they need to know it can be fatal," she said. "And they need to know that death is forever. And they need to know and their kids and their family and friends are going to be hurting for life."

Officers in Kansas City, Raytown, Lee's Summit and Grandview are trained under the program. Shelter leaders said it's impossible to expand to other cities right now because they're already over capacity.

Advocates want everyone to know that if they are trapped in an abusive situation and need help they should call 816-HOTLINE and they will find help for the person. The number is staffed 24 hours a day and works in every part of the metro area.

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Domestic-violence shelters struggle to meet rising demand

Posted: 05/03/2010 11:37 PM

The Kansas City Star

Rose Brooks Center officials thought a new police program to assess the danger faced by domestic violence victims would generate three to five new calls a week for shelter.

Instead, that many extra calls have been coming in every day, pushing the shelter over capacity and forcing it to turn away more than 2,300 women and children last year.

"We are cramming people in wherever we can, because we know what the consequences are," said Susan Miller, chief executive officer of Rose Brooks, which today is launching an emergency expansion fundraising plan to build another wing to accommodate the overflow.

Other area domestic violence shelters also are struggling to meet increased demand, officials say.

The Kansas City, Grandview, Lee's Summit and Raytown police departments started the new domestic violence lethality assessment program in June, making this one of the first five regions to test it outside of Maryland, where it was developed.

Officers use an 11-question checklist to help them predict the likelihood that a victim will be killed or seriously injured by her abuser. A victim is considered at high risk if she answers
"yes" to certain questions, including whether the suspect has ever used a weapon against her and whether the suspect tries to control her daily activities.

Officers immediately contact a domestic violence counselor by phone and encourage the victim to get on the phone to talk.

Kansas City police conducted 1,634 screenings from June through March, with 1,131 victims determined to be high risk. Nearly 60 percent of those talked with a counselor.

The program's success has put an additional strain on already tight resources for local domestic violence shelters. All the shelters say the recession had reduced donations and caused more women to stay longer because they had fewer job options and fewer relatives able to help them start new lives.

The police program has reached victims never reached before, bringing in a "whole new population," of clients, said Ilene Shehan, chief operating officer of Hope House, which serves eastern Jackson County cities.

Kansas City-based Rose Brooks is bursting at the seams, sheltering as many as 98 women and children in a 75-bed facility. Some live in the group therapy and mediation rooms using roll-out beds and inflatable mattresses.

Before the police program began, Rose Brooks usually sheltered 70 women and children a night.

Rose Brooks officials launched an emergency fundraising plan to build another wing of bedrooms. They have identified a matching grant if they can raise $800,000, spokeswoman Sarah Henderson said.

"We don't see a downward trend" on clients, said Henderson, who fears Rose Brooks is on track to turn away even more women this year than last.

Of the women referred to Rose Brooks from the program, 76 percent answered yes when asked if their partner ever had tried to choke them. Fifty-nine percent admitted their partner had threatened to kill them or their children, and 61 percent said they thought their partner might try to kill them.

The blunt assessment motivates some victims to finally reach out for help, advocates say.

The program has brought women to Rose Brooks with fresher wounds than typically seen. Rose Brooks has called more ambulances in recent months and beefed up its security measures.

Kansas City police refer victims south of the river to Rose Brooks and victims north of the river to Synergy Services Inc.

Raytown, Grandview and Lee's Summit police refer women to Hope House, which has seen its waiting list for outreach services balloon from 40 to 200.

Most of the women connected through the program to Hope House simply want counseling or other outreach services, Shehan said. But some need shelter, and Hope House is struggling to provide it.
“We turned away more women than we were able to serve last year,” she said. “That’s the first time that’s ever happened.”

Police in Johnson County aren’t using the program, but Safehome, a shelter in Overland Park, instructed workers in October to ask the lethality assessment questions to victims they encounter at the courthouse, in hospitals and at social service agencies.

The survey persuaded more than two dozen women to seek shelter with Safehome, pushing it beyond its 45-bed capacity. Women had to sleep on couches and camp out with their children on the floors of shelter “living rooms” — a first, said Amber Bourek, a Safehome spokeswoman. She said Safehome officials began discussing last week how they might purchase rollaway beds and inflatable mattresses to better deal with the overflow.

Kansas City police think the assessment program is reducing the cycle of violence for some victims. They have seen a small decline in the number of reported domestic violence assaults even though they said domestic violence assaults are rising nationally.

The program hasn’t been in place long enough to determine whether domestic-violence homicides have dropped. Kansas City has logged three “intimate-partner” homicides in the 11 months since the program’s inception, but none of the victims had previous police contacts or had been screened as part of the new program.

The program only requires a few more minutes of an officer’s time at a domestic violence scene, police Capt. Mark Folsom said. Many victims don’t think they are in danger, he said, and the lethality screening helps them see that they are.

Based on the results of the screening, officers can tell a victim that “people in this situation have been killed,” Folsom said. “It’s a wake-up call, so people realize the seriousness of their situation.”

---

**HOW TO HELP**

Rose Brooks is launching a $4.3 million emergency fundraising plan today. Of that, $1.6 million would be used to construct a new wing. The rest would go toward adding staff and sustaining and expanding programs.

If at least $800,000 is raised by June 30, the agency says it can break ground this fall.

For more information, go to www.rosebrooks.org or call 816-523-5550.
Lethality Assessment Program implemented June 1, 2009

The Lethality Assessment Program (LAP), created by the Maryland Network Against Domestic Violence, is being implemented by the Kansas City Police Department, Grandview Police Department, Raytown Police Department, Rose Brooks Center, Hope House, and Synergy Services, starting on June 1st, 2009. This pilot program is designed for first responders to determine if domestic violence case are at high risk for lethality, and will help direct victims of intimate partner violence to assistance from providers.

PRESS RELEASE

Tools for Law Enforcement to Assess Risk of Domestic Violence Danger

June 1st several Jackson County Law Enforcement and Domestic Violence agencies will pilot a new tool to help prevent future intimate partner deaths.

Jackson County Safe Family Coalition on behalf of Grandview Police Department; Kansas City Police Department; Lee’s Summit Police Department; Raytown Police Department; Hope House; Rose Brooks Center; and & Synergy Services was selected as one of five regions in the nation to receive the Maryland Network Against Domestic Violence Lethality Assessment Program for First Responders Training and Technical Assistance.

The groundbreaking Domestic Violence Lethality Assessment Program (LAP), a project of the Maryland Network Against Domestic Violence (MNADV), is the first program of its kind for first responders in the United States. It is an innovative response to research by Dr. Jacquelyn Campbell and Dr. Daniel Webster, which has shown that only 4% of women killed by their abusers had ever received domestic violence program services. They also found that the risk of re-assault of women assessed to be in high danger was reduced by 60% if they went into shelter.
Launched in 2005, the LAP is a proactive approach that encourages victims who are in the gravest danger to seek domestic violence program services. At the heart of the Program is the *Maryland Domestic Violence Lethality Screen and Protocol for First Responders*, which offers practical methods of working with victims to assess the level of danger they face and linking high-risk victims to domestic violence programs in their area.

The 11-question “Lethality Screen for First Responders” is a user-friendly, straightforward instrument that predicts danger and lethality to a high degree. When a victim scores in at “high danger,” the Protocol Referral is put into action. This is when the law enforcement officer who identifies a victim likely to be in “high danger” makes a phone call from the scene to a domestic violence hotline counselor.

Depending on whether the victim chooses to speak with the hotline counselor, the officer will proceed with one of two responses to address the immediate safety of the victim. When the victim chooses not to speak with the hotline counselor, the officer will review the factors that tend to predict death so the victim can be on the lookout for them, encourage the victim to contact the domestic violence program, provide the victim with police contact information, and may follow other protocol measures designed to address the victim’s safety.

If the victim chooses to speak with the hotline counselor, the officer responds to the outcome of the telephone conversation between the victim and the counselor, and then the officer or law enforcement agency may become involved in coordinated safety planning with the victim and the counselor. If the victim seeks additional services from the domestic violence program, the program can help them take steps to protect themselves from further harm.

The LAP has sparked national interest through its status as a “Top 50” program in the 2008 Innovations in American Government competition of the Harvard University’s Ash Institute for Democratic Governance and Innovation.

The MNADV is currently providing training and technical assistance to selected collaborating domestic violence programs and law enforcement agencies around the country with funding from a federal Byrne Competitive Grant. The MNADV also provides fee-based training and technical assistance to other states on an as-requested basis.

This entry was posted on Friday, May 29th, 2009 at 5:59 AM.
Categories: General.

No Comments, Comment or Ping

Comments are closed.

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Maryland patrol officers take an extra step to end domestic violence homicides

Learning to read the danger signs

Studying domestic violence for more than 25 years, Jacquelyn Campbell, Ph.D., of the John Hopkins University School of Nursing, found that in 50 percent of domestic violence-related homicides, officers had previously responded to a call where a homicide occurred.

Rarely do victims who may be killed or seriously injured seek help to end the cycle of violence. Campbell's research shows only 4 percent of domestic violence murder victims nationwide had availed themselves to domestic violence intervention services. Yet these services are important. Campbell found that the re-assault of domestic violence victims in high danger was reduced by 60 percent when they went to a shelter.

Handing out print materials that describe domestic violence intervention resources and contact information didn't seem to prompt any action — other than frustrating the officers because victims weren't seeking help.

"There are some domestic situations that just trouble you — you worry something is going to happen to the victim, and there wasn't anything you felt you could do about it," says David Sargent, a retired...
police officers were now consultants and trainers for the Maryland Network Against Domestic Violence (MNADV).

In Maryland and five other areas of the country, that's changing. Based on Campbell's research, MNADV put together a model program to prevent domestic violence homicides and serious injury by encouraging more victims to seek services offered by domestic violence intervention programs. MNADV's Lethality Assessment Program (LAP) has two parts: the lethality screen for first responders to identify victims with increased risk for homicide; and a protocol to refer victims to services, such as counseling and shelter. All Maryland law enforcement agencies that respond to calls for service use LAP, and in 2009, areas in Indiana, Georgia, Missouri, New Hampshire and Oregon implemented LAP in June.

**Better understanding**

Before officers started using the lethality screen, Officer Erika Heavner of the Howard County Police Department in Maryland describes she and other officers primarily focused on "the here and now."

In other words, they were identifying if anyone is currently injured or how to resolve the situation at hand.

She says when questioned, a victim might have said little more than, "We argued, he shoved me and left."

The lethality screen helps officers delve deeper to better understand a situation and recognize the danger signs predictive of homicide, or as the LAP information packet says, officers learn to read the danger signs.

Not every victim of domestic violence is screened. Officers initiate a lethality screen when an intimate relationship is involved and:

- An assault is believed to have occurred;
- The potential for danger is high;
- Officers responded to calls involving the victim or location before;
- Or someone believes an assessment should be conducted.

If a victim resists screening, he or she becomes a lost opportunity.

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"We don’t know if she’s a high-danger victim or not," Sargenti says. If a victim agrees to participate in the screening, 11 yes-or-no questions are asked based on the Campbell’s work looking at why more than 4,000 victims of domestic violence were killed or nearly killed, and are modeled after Campbell’s dangerous assessment instrument for clinical use.

Using a checklist format, officers can consistently obtain the most valuable information.

Questions, for example, include:
■ Has he or she ever used a weapon against you or threatened you with a weapon?
■ Do you think he or she might try to kill you?

Howard County Sgt. Steve Martin, who supervises his department’s domestic violence unit, says when officers initially started using the screening tool, they would say, "I can’t believe how bad this woman has it."

Overall, Martin found officers trained to use the screening tool became more empathetic to a victim’s plight.

**Following protocol**

After a victim has been identified as a high-danger victim, officers use the LAP protocol. They tell victims that they are in danger. Specifically, an officer may say, “In situations like this, people have been killed.”

Next, the officer will say, “What I’d like to do now is call the domestic violence hotline so I can get some information to help you. While I’m on the phone, I’d like you to think about speaking with the hotline worker.”

Regardless of whether or not the victim says he or she wants to talk to a hotline worker, the officer will call the hotline and provide basic information. If the victim has previously indicated he or she does not want to talk on the phone, the officer again encourages him or her and asks if the victim would like to talk to the hotline worker. If victims still do not want to talk on the phone, they don’t have to. The advocate then provides basic safety planning information that the officer conveys to the victim.

If the victim has said yes, the officer hands the victim the phone. The
Hotline workers' objective in a brief conversation (no more than 10 minutes) is to encourage the victim to go into domestic violence intervention services. Hotline workers have written guidelines to help ensure a victim gets basic information for immediate safety planning, and can even schedule the victim to see a counselor.

"While we want to be proactive, we want to give the victim information that will empower her to decide to seek help," Sargent says. "It's always the victim who is making the decision. The emphasis in training is on encouraging the victim. The police officer encourages the victim to talk on the phone, and the advocate encourages the victim to go in for services."

Most advocates and officers in Maryland then provide further encouragement and support through follow-up home visits or phone calls.

Realizing the danger

Research has shown that victims who experience domestic violence early on continue to be victims of abuse through life, thinking that's the norm, Martin points out. They don't think they need help, he adds.

By going through the questions, victims start to realize the danger they are in.

"I think it helps them see — for their sake and for the sake of their kids — they really need to start taking steps to get out of the situation," Heavner says.

Before lethality assessments, Heavner says a victim tended to downplay her situation. She would say something like, "This is just how he is, this kind of stuff has always happened. I just can't get rid of him." The victim wouldn't necessarily come forward with the fact that she was threatened in the past.

Heavner remembers a woman's ex-boyfriend kicking down the woman's door to break into her home when she and her two young daughters were present. He left before police officers arrived on the scene, and they had been to the scene before. Once the victim answered the assessment questions and heard herself verbalize what was really going on, she started thinking about getting a protective order and going forth with charges.

In general, Heavner says victims are more willing to take action because they've been confronted with serious information.

"Police can't work without the domestic violence programs, and the programs can't work without the police."

— Retired Chief Ron Russum, trainer for Maryland Mid-Shore Council on Family Violence

10 minutes could save a life

Agencies looking to implement LAP may find, as Howard County did, that the biggest challenge is that all patrol officers will need to be trained.

Another challenge Martin says is officer buy-in. Officers will need to fill out another form. LAP does not replace pre-existing forms, but in some cases, agencies have combined the written LAP assessment with another form.

A common question officers ask Ron Russum, the LAP contact person and trainer for the Mid-Shore Council on Family Violence in Maryland, is how much time LAP takes. On average, he says it takes 5 minutes to do the screening and another 5 if the victim wants to speak to a domestic violence advocate.

Sargent says, "Our goal was to make a tool that was going to be as user-friendly as possible for police officers. Part of making the assessment tool user-friendly was ensuring that the assessment and protocol would be brief."

When officers realize how easy it is for them to take another step to assist victims, Russum says they are impressed.

Assessing the assessment

Moreover, Sargent says 50 percent of the officers surveyed during the field test in 2004 said having the protocol boosted their confidence in being able to deal with a dangerous domestic situation.

Officers also commented in the survey that they now view the local domestic violence program as they view social services in child abuse cases — they're part of the team.

"I don't know that we've been using LAP long enough to really gauge it," Russum says, "but from what I can see, it's definitely working. Programs offering services to domestic violence victims are reaching people that they never would have reached if it hadn't been for LAP."

LAP benefits not only the victims of domestic violence and their families, it also benefits law enforcement. Having read the domestic-related reports and incidents for his department, Martin says there have been fewer calls to certain residences,
"Because we're getting more victims into services.

Russ utilisateur, a retired state trooper, police chief and deputy sheriff, says, "I would encourage every police agency and domestic violence intervention program in the nation to explore how they can make LAP work in their area and implement it when they can. Police can't work without the domestic violence programs, and the programs can't work without the police. They have to work together."

Victims' attitudes are changing, he says. They may have heard that help is available before, but he says it's never been this easy to get help.

LAP is an award-winning program. Last year the Ash Institute for Democratic Governance and Innovation at Harvard Kennedy School named LAP as one of the Top 50 Programs of the 2008 Innovations in American Government Awards competition.

Law enforcement agencies participating in LAP track how many high-danger victims talk to a domestic violence advocate. Maryland's three-year average, from 2006 to 2008, was 57 percent (3,768). Another statistic agencies track is how many victims went into services (for counseling or shelter, for example). Here, the statewide average for the same time span is 28 percent (1,042), which may not seem like a lot, but Sargent reminds that Campbell's research showed only 4 percent of victims at risk of being killed ever sought the help of a domestic service provider. Going beyond the three-year average, Sargent sees this percent increasing. Last quarter, 36 percent (298 victims) sought help, he says.

"I credit the police officers and the domestic violence advocates on the hotline for doing a better job of getting these victims who are not necessarily ready to get on the phone to go into those services," he says.

**Community response**

Police officers and hotline workers were the first to receive LAP training. MNADV's overall goal is to promote a coordinated community response using LAP.

"We want anyone who might come into contact with a victim to know the signs of lethal danger and be able to do virtually the same thing a police officer does — use the screen, say the same kinds of things to the victim and connect the victim to the local domestic violence intervention provider," Sargent says.

Already he has been working with two hospitals to create a model for health care workers.

Others MNADV looks to include are clergy, legal advocates, social workers, educators, businesses, community groups, family members and the general public.

"Family members may know what's going on but maybe don't know what to do or where to turn," Sargent says. "We want them to know there's a place victims should be encouraged to call. We don't want to create undo alarm, but we want them to understand that they may have a loved one who is in grave danger."

One Maryland jurisdiction recently initiated a meeting to inform county judges about what's being done with LAP there.

"Once you start doing LAP," he says the positive effects start rippling out and educate the entire system.

**End the cycle**

MNADV also is working to extend the training beyond Maryland's borders. In October 2008, the Department of Justice awarded an Edward Byrne Memorial Grant to MNADV to provide train-the-trainer instruction and technical assistance to law enforcement and community-based domestic violence programs in the five areas.

Kansas City (Mo.) Police Department is in one of those areas.

Police officers responding to calls, taking reports, investigating and making arrests — these things don't break the cycle of violence, says Capt. Mark Folsom, commander of the Kansas City Police Department Special Victims Unit. Law enforcement is just part of the equation, he says, "by involving domestic violence advocates, hopefully we get victims help so that the cycle can be broken.

"Our goal is to make a difference in the community by connecting victims to the resources that they need," Folsom says. "Hopefully, that makes a difference for them personally. Hopefully, that makes a difference for us, as a police department, by lowering our crime numbers. And hopefully, that makes the city a safer place to live in."

In June 2009, Kansas City did 156 screens and got 83 percent of the 110 high-danger victims on the phone.

"[LAP is] something that at the very minimum tells the victim she's in a dangerous situation," Folsom says. "Maybe that's all it takes for her to change her life and get the help she needs."

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Rebecca Kanable is a freelance writer specializing in law enforcement topics. She can be reached at kanable@ charter.net.
12/12/2007

10-8: Life on the Line - Sponsored by Blauer

with Charles Remsberg

"Lethality Assessment" helps gauge danger from domestic disputes

Officers from nearly 60 departments in Maryland have begun using a research-based "lethality assessment" checklist in hopes of preventing homicides and suicides that might otherwise evolve from heated domestic disputes.

As part of their intervention at domestic calls, officers put a quick series of pointed questions to the apparent victims (usually females) in these incidents. Depending on the answers, they may immediately call a domestic-violence counselor to guide the victim in taking positive action to protect herself.

"As first-responders, we're getting there in the heat of the moment," Cpl. Tracy Farmer of the Harford County Sheriff's Office told The Baltimore Sun. (The Harford SO was one of the first of a growing number of LE agencies to adopt this approach in recent months.) "If you get with these victims a couple of days later, [after the incident is over], their batterer will be trying to make amends and the victims will have had time to rationalize [the assault]. It's helpful not only to tell them of the resources available, but to get the ball rolling" while emotions are still raw—and before the attacks turn deadly.

The questions posed were originally developed for abuse-victim advocates and health professionals by Dr. Jacquelyn Campbell, a nursing professor at Johns Hopkins University in Baltimore and a researcher of domestic violence dynamics. The intent is to effectively identify victims who appear to be at greatest risk of eventually being murdered or driven to suicide by their partners.

With the help of Dave Sargent, a retired LEO from Washington, DC, the Maryland Network Against Domestic Violence has been training police to use the assessment checklist as a proactive patrol tool.

First, responding officers ask the apparent victim 3 questions calculated to reveal direct threats of deadly violence:
• Has your partner [or whoever the aggressor is] ever used a weapon against you or threatened you with a weapon?
  • Has he or she ever threatened to kill you or your children?
  • Do you think he/she might try to kill you?

If the answer to any of these is yes, officers immediately call a domestic-abuse counselor, who is on standby alert, and have the counselor confer with the victim.

If the answers are negative, officers can probe more deeply with additional questions:

• Does he/she have a gun or can he/she get one easily?
  • Has he/she ever tried to choke you?
  • Is he/she violently or constantly jealous or does he/she control most of your daily activities?
  • Have you left him/her or separated after living together or being married?
  • Is he/she unemployed?
  • Has he/she ever tried to kill himself/herself?
  • Do you have a child he/she knows is not his/hers?
  • Does he/she follow or spy on you or leave threatening messages?

These inquiries are intended to surface common precursors of deadly violence. For example, Dr. Campbell explains, women who were threatened with a gun are 20 times more likely to be murdered at some point, and women whose partners threatened them with murder are 15 times more likely that other women to be killed. Choking has also been found to be a high-risk indicator of eventual homicide.

Too often, says Michaele Cohen, executive director of the Maryland Network, "We seem to be addressing these issues after the fact and lamenting that a tragedy occurred." Often the victims have been "living with their situations for so long or in such isolation that it is hard for them to see the peril they face."

However, experience has shown that nearly a third of the victims who speak to a counselor from the scene "later show up at a domestic-violence agency seeking a protective order, shelter, counseling, a support group or other service," thereby hopefully improving their survival chances, according to a report on the assessment results.

According to the Washington Post, 86% of victims considered to be at highest risk "had never before sought help."

In the opinion of Dr. Bill Lewinski, executive director of the Force Science Research Center, use of the intervention checklist by patrol officers represents "a model approach for fulfilling law enforcement's traditional motto of 'Serve and Protect.'" Lewinski teaches domestic violence response as part of the LE curriculum at Minnesota State University-Mankato.

Officers have been trained to make somewhat similar inquiries of victims in a number of other jurisdictions, he says, including Duluth (MN) and San Diego, whose police departments have had strategies in place for several years. But the Maryland program "takes this approach to a more sophisticated level of application," Lewinski says.
Gazette - Assessing lethality in domestic violence cases

FEATURED SUBMISSION

Program helps first responders save lives

By David M. Sargent and Jacquelyn C. Campbell, PhD, RN

According to a 2001 study in the journal Preventive Medicine, police officers were called to the scene of 50 per cent of domestic violence homicides.* The study also found that only four per cent of domestic violence murder victims had ever used the services of a domestic violence provider. In a different sample of victims who had gone into shelters, the rate of re-assault dropped by a staggering 60 per cent.

As a law enforcement community — and a co-ordinated community — we can respond to these statistics by turning them into opportunities to save the lives of potential domestic homicide victims. In the state of Maryland, we started with the question, “What can we do?”

In 2003, the Maryland Network Against Domestic Violence (MNADV) received a grant to establish a lethality assessment instrument and accompanying protocol, both of which would help assess the risk that a victim of domestic violence would be killed by his or her partner.

Because lethality assessment is generally applied in a clinical setting, the MNADV sought to develop an assessment tool for first responders, primarily law enforcement officers. The initiative is called the Lethality Assessment Program (LAP) for First Responders.

To ensure professional methodology, the MNADV organized a Lethality Assessment Committee comprised of law enforcement officers, criminal justice system practitioners, domestic violence advocates, and researchers — including the authors.

The committee developed an 11-question assessment tool, called the Lethality Screen for First Responders. The screen is based on the professionally respected Danger Assessment for identifying the danger in domestic violence cases (www.dangerassessment.org). It is a straightforward questionnaire that allows responding officers to predict, with a high degree of accuracy, both the danger and the potential of lethality for victims of domestic violence situations. Responding officers use the screen to ask such questions as “Has he/she threatened to kill you or your children?” and “Has he/she ever tried to choke you?”

Infusing a belief in empowering victims with a sense of urgency, the committee then developed the LAP protocol, basing its work on the experience of its membership and over 25 years of available research. The protocol encourages victims identified as “high risk” for domestic violence fatalities to seek the services of a domestic violence program. The protocol espouses the victim-defined advocacy model of safety planning and allows a flexible approach to implementing the Lethality Screen.
The hallmark of the protocol is this: if the Lethality Screen identifies a victim as being in "high danger," the police officer making that assessment calls the local domestic violence hotline from the scene.

Although officers traditionally refer victims to domestic violence service providers, the victims seldom make the call.

In the LAP protocol, the officer calls the hotline to seek advice and — equally important — to encourage the victim to speak to the hotline counsellor. Additionally, the officer tells the victim that he or she is in danger and that people in similar situations have been killed (information that is hopefully eye-opening to the victim). Depending on whether or not the victim chooses to speak to the hotline counsellor, the officer proceeds with one of two responses to promote the immediate safety of the victim.

If the victim chooses to speak to the counsellor, the officer responds to the outcome of that telephone conversation, perhaps becoming involved in co-ordinating a safety plan with the victim and counsellor.

If the victim chooses not to speak to the counsellor, the officer provides safety planning advice to the victim and reviews factors that are predictive of death, so the victim can be on the lookout for those factors in future. The officer encourages the victim to contact a domestic violence program, provides the victim with police contact information, and may take other actions such as advising the victim how to obtain a protection order.

The LAP in action

The Lethality Assessment Committee spent nearly a year developing the Lethality Screen and LAP protocol, and field testing them in three jurisdictions. The primary focus of field testing was to determine whether the screen and protocol were user-friendly for officers on the scene. Eighty-four per cent of officers surveyed reported that the instrument and protocol were "easy" or "fairly easy" to administer, and 50 per cent related that the tools bolstered their confidence.

The committee spent the next year gathering data, holding regional workshops to explain the LAP and obtain additional feedback, adjusting the screen, and producing a training video for police officers.

The MNADV now co-ordinates the LAP and provides a direct train-the-trainer curriculum for law enforcement agencies. It also offers an in-service curriculum for participating domestic violence service providers. Each agency and program that implements the LAP is asked to voluntarily gather and report Lethality Screen data to the MNADV on a quarterly basis. To date, all participating agencies have honored this request. The MNADV then provides all participants with quarterly and annual reports, comments and recommendations.

Each participating agency and domestic violence program appoints a lethality assessment contact who communicates with the MNADV co-ordinator and other agency/program contacts. All contacts serve on the Lethality Assessment Participants' Committee, which meets annually and communicates frequently via e-mail.

In October 2005, the LAP was voluntarily implemented by four law enforcement agencies and two partner providers in two of Maryland's 24 jurisdictions. Today, 66 police agencies (Maryland State Police included) involving 19 domestic violence programs in 21 jurisdictions have either implemented the LAP, piloted it, received LAP training or committed to go forward.

Though still early in its implementation, there are positive signs that the LAP is affecting domestic homicide statistics in the state of Maryland. The MNADV reported the following statistics during 2006 and 2007:

- Partner agencies administered 5,143 Lethality Screens across a participating population of 1.7 million.
• 57 per cent of persons screened were assessed as being in “high danger.” In those jurisdictions where a police officer and domestic violence program advocate visit “high danger” victims unannounced, up to 58 per cent of visited victims sought services.
• 54 per cent of “high danger” victims spoke on the phone with a domestic violence program counselor.
• 27 per cent of the victims who spoke on the phone went in for services.
• One screened victim was killed.
• In 2007, the number of domestic violence fatalities in Maryland was at its lowest since 1991.

Dr. Neil Websdale of the National Domestic Violence Fatality Review Initiative says that instruments such as the LAP can accomplish several outcomes, including a greater awareness of danger and lethality among victims and the law enforcement community, a greater consideration of proactive interventions, the education of system participants, the opportunity for victims to see their situations through a different lens, and enhanced co-ordination, communication and cooperation.

Maryland has recorded success in each of these areas. Participating agencies have performed consistently and have received numerous out-of-state inquiries as well as media and industry attention.

Maryland has created a program that has impacted the lives of domestic violence victims and given the domestic violence service community a proactive, reliable answer to that nagging question, “What can we do?”

For more information about the LAP, visit the MNADV website at www.mnadv.org.


David Sargent served 21 years with the Metropolitan Police Department in Washington, D.C., and has taught domestic violence training courses to more than 7,300 police officers in D.C., Delaware, Pennsylvania, Virginia and Maryland.

Jacquelyn Campbell, BSN, MSN and PhD, is a professor in the Johns Hopkins University School of Nursing and has a joint appointment at the Bloomberg School of Public Health. She has been conducting advocacy, policy work and research in the areas of family violence and health disparities related to trauma since 1980.

Date Modified: 2008-05-30
Reading the Signs
For participants in the MNADV’s Lethality Assessment Program for First Responders

LAP Expansion

National

**Byrne Initiative.** In the last newsletter we reported on the selection of 8 jurisdictions in five states involving 26 law enforcement agencies and 8 domestic violence programs—Georgia, Indiana, Missouri, New Hampshire, and Oregon—to implement the LAP. After we traveled to the locations in April and May to meet and train the participating agencies and programs, the five states implemented the LAP in June and all participated in an evaluation roundtable at the Maritime Institute in September. They have been gathering and reporting on the same data that we have in Maryland. What we see in these reports from different jurisdictions is consistency in outcomes, and results indicating high levels of performance.

<table>
<thead>
<tr>
<th>Participants</th>
<th>Population</th>
<th>Screens</th>
<th>Spoke to</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Byrne States</td>
<td>1.6 million</td>
<td>1,127 screens (1/360 people per year, 12.3 screens/day)</td>
<td>73%</td>
<td>31%</td>
</tr>
<tr>
<td>Maryland</td>
<td>4.1 million</td>
<td>2,672 screens (1/377 people per year, 24.1 screens/day)</td>
<td>65%</td>
<td>33%</td>
</tr>
</tbody>
</table>

**Other States.** In addition, we have provided training to the following jurisdictions in 5 states:
- Delaware: State Police and People’s Place
- Barre City, Vermont
- Alachua County (including Gainesville and the University of Florida PBS, Florida) (see latest articles)
- 15 of 13 programs and a number of law enforcement agencies in Mississippi
- 7 law enforcement agencies, including Oklahoma City and Tulsa PDs, and 8 programs in Oklahoma as part of a research grant to validate the Lethality Screen.

In Maryland

**Law Enforcement.** We now have 95 law enforcement agencies that have either implemented, are in the training, or committed to the LAP. That’s 82% of the agencies that respond to domestic violence incidents. Over the coming year we will work in Prince George’s County with the Family Crisis Center to train the team members in that county on board. This will virtually complete the law enforcement phase of the LAP.

**Other Disciplines.** As we reported in the last newsletter, we have now moved to the next phase of LAP development. Over the last year we have worked with Atlantic General Hospital in Berlin and Frederick Memorial Hospital, the Faith Community in Montgomery County, and the Department of Social Services in Harford. In all cases we have monitored protocol development and have either trained or prepared to train so that all these entities can implement the LAP in their community and be very near future.

How are We Measuring Up?

2009 Objectives through June:

- 90 screens, average per agency: 123
- 60% "spoke to" percentage: 62%
- 29% of victims who spoke on the phone would go in for services: 32%
- 04% of victims did not answer the screen: 08%
- 50% of agencies below screens/population: 48%
- 53% of agencies at or above "spoke to" average of 60%: 52%
- 70% of agencies at or below "Did Not Answer" avg. of 04%: 71% (34 with 0%)

LAP Annual Award Winner

In October, the Westminster Police Department was given the LAP Award at the MNADV’s 2009 Annual Awards Luncheon! Why did they win? Among other reasons, two points stand out boldly: Westminster officers successfully encouraged 93% of High Risk victims to speak to a hotline worker. And of those victims from Westminster who spoke on the phone, 56% of them, through the mutual encouragement of both the officer and the hotline worker, went into services! We would like to pay special tribute to the men and women of the Westminster Police Department and Chief Jeff Spaulding for their commitment to saving lives.

Congratulations to the Alachua County Sheriff’s Office and Peaceful Paths, Gainesville, Florida for becoming the first non-Byrne jurisdiction to implement the LAP. The ACSO/Peaceful Paths started, after 2 months of in-service training, on September 1st. Laura Knudson of the ACSO, the LAP coordinator, reports they have done about 50 screens, with a high "spoke to" rate, and 8 victims going into services. The screens, which are computerized, are sent immediately after the call to Peaceful Paths, the ACSO domestic violence unit, and the prosecutor’s office, and follow-ups are done shortly after administration.
Hotline Guidelines

After a year of development, we completed the "Guidelines for Conversation between the Hotline Worker and Victim" in March. The purpose of the guidelines is to improve the effectiveness of the brief communication between the hotline worker and the victim at the scene of a domestic call. Because of the training schedule we were on, we taught the guidelines in 10 other states before having the opportunity to train our own program staffs. We conducted three train-the-trainer sessions and trained 37 advocates from 19 Maryland programs and People's Place in Delaware and two other agencies. All participants were provided with training materials to train their own staffs. We are hopeful that the use of the guidelines will improve our "services" rate. An evaluation by our Byrne partners revealed the guidelines have been constructive.

How Are We Really Doing?

Pretty good!
It is often difficult to gauge how well a program is doing in terms of results, success. Those are often elusive goals. But we do measure and we see from those measurements that as a state, with all the individual law enforcement agencies and domestic violence programs partnering and contributing, we are doing exceptionally well. How could we think otherwise:
- when, in the second quarter of 2009, we achieved the highest "spoke to" rate ever at 65%;
- when over the first six months of the year, 532 High Danger victims (nearly 3 a day) went into services;
- When more and more people are looking at the LAP as a legitimate, effective tool.

Room for improvement.
That isn't to say we are doing perfectly, however. We're seeing perhaps two trends: (1) when a High Danger victim initially declines to speak with the hotline, the officer is sometimes not making the call; and (2) our "spoke to" rate in the third quarter declined significantly. We need to improve in these areas to get more High danger victims into services.

Still impressive nonetheless!
And in two larger agencies to whom the "no call" matter was raised, this is how they improved in one quarter: one agency went from a 53% call rate on High Danger cases to 79% when the matter was called to their attention; the other agency went from a 57% rate to 79%. Dramatic increases in both agencies, allowing for many more victims to go into services since both jurisdictions usually achieve about 50% of their victims going into services! What impressive responses by these two agencies!

Important Dates:
- 11/20/09: "Follow-up" Practices Roundtable
- 6/10/2010: Statewide LAP Conference
Both are FREE!

Administering Screens
After TPO Hearings
Four counties are now administering screens after Temporary Protective Order hearings: Harford, Montgomery, Carroll, and now Frederick. In two quarters the Carroll County Sheriff's Office and Family and Children's Services of Central Maryland have partnered to compile the following remarkable numbers:

| Total Screens | 132 (.7/day) |
| High Danger   | 088 (67%) |
| "Spoke to"    | 074 (84%) |
| "Services"    | 042 (58%) |

Maryland Network Against Domestic Violence
Tel: (301)355-4574; Fax: (301)869-0422
Statewide Helpline: 1-800-MD-HELPS
Email: info@mnadv.org
Website: www.mnadv.org

Great Read!

Training Bulletins
- Training Bulletin, Vol. 2, No. 2 (August) addressing when to administer the screen and when to call the hotline.
- Training Bulletin, Vol. 2, No. 3 (November) about getting High Danger victims to speak with the hotline.
- Go to www.mnadv.org at the lethality assessment link.
Training Bulletin

Subject:
Purpose: To remind officers how the LAP works and what its objectives are
Instructions: (1) Add your jurisdiction’s domestic violence homicide information.
(2) May read verbatim.
(3) Footnotes are for reader’s use and information.

Goal of the LAP
We participate in the Lethality Assessment Program. The LAP, as it’s called, identifies victims of domestic violence who run the highest risk of being murdered and actively tries to get them help. The goal of the LAP is to prevent domestic homicides and to stop the recurrence of assaults in high risk situations.

When to Initiate a Screen
In domestic violence cases in which you are dealing with any kind of intimate partner situation\(^1\) and (1) you believe an assault has occurred, (2) the names or location are repeats, or (3) you just feel that the situation is dangerous, initiate a Lethality Screen.\(^2\)

What to Say to a High Danger Victim
If a victim "screens in" as being in "High Danger,"\(^3\) tell her:
(1) She’s in a dangerous situation;
(2) In situations like hers’ people have been killed \(\text{(Be sure to say this to the victim);}\)
(3) You are going to call the domestic violence hotline for advice \(\text{(The number is on the screen);}\) and
(4) You would like her to speak with the hotline worker when you finish.

Calling the Hotline
Call the hotline for ALL High Danger victims, even though a victim initially indicates she doesn’t want to speak with a hotline worker. If, at first, she says she doesn’t want to speak with the hotline, encourage her to reconsider, both before making the call and after speaking with the hotline worker. That’s your main task: trying to get the victim on the phone. If she doesn’t get on the phone, the hotline can’t work with her and encourage her to go into services. Getting the victim into domestic violence services is likely the victim’s best chance of survival and the main objective of the program.

Conclusion: Make Your Response Count!
We haven’t had a domestic violence homicide in a long time; let’s try to keep it that way \(\text{(or, "we’ve had \_\_ domestic violence homicides over the past \_\_; let’s try to have none."\})\) In 50% of domestic violence homicides, police had previously responded to the location. Make your response count!

\(^1\) husband-wife, ex husband-wife, boyfriend-girlfriend, ex boyfriend-girlfriend, dating currently or in the past, children in common, same sex relationship

\(^2\) Show the Lethality Screen and ask everyone if they have copies.

\(^3\) The standards for scoring are on the Lethality Screen.
The Numbers Speak for Themselves

What the Numbers Say
Jackie and Dan applied the LAP screen to their national data set and reported that 87% of those who were killed by their abusers and 92% of those nearly killed would have screened in at high danger.

For first responders these numbers mean that
- it is vital to conduct a Lethality Screen when the danger standards are present,
- you should assume that victims who "screen in" are in extreme danger, and that their abusers are extremely dangerous and
- first responders should take action.

And taking action can make a difference. How do we know?
- Only 4% of women who were killed by their abusers ever received domestic violence program services
- The risk of assault was reduced by 60% if a victim went into shelter
- At least 50% of victims who were killed had prior contact with law enforcement

An Effective Response
These numbers say that domestic homicides can be prevented. The Lethality Screen and Protocol offer specific ways to prevent homicides. How?

Your presence on the scene provides you with an important opportunity to encourage victims to seek assistance which has been shown to save lives.

Officers should strongly encourage--never demand--victims to speak with a counselor.

Counselors should strongly encourage those victims to seek services.

This is what Lethality Assessment is all about--getting victims in high danger access to services in order to reduce their risk. And always remember--just because a victim doesn’t screen in doesn’t mean she/he is not in danger! The numbers say that your presence, your taking action, and the victim getting services make a difference.

Make a difference!

The Most Important Number:
0 Homicides in the Participating Jurisdictions Since Implementation

Meeting Outcomes

The Tally
In Kent County, Queen Anne’s County, and Cambridge, between October 1 and December 7, 2005:
- 23 screens were administered
- 15 victims screened in (65%)
- 8 of those who screened in spoke with a counselor (53%)

Reaching Out to New Jurisdictions
The initial reports from jurisdictions that have implemented Lethality Assessment are consistent with the results from the pilot study, and indicate that law enforcement agencies can manage the number of screens they will get. However, some participants noted that implementation by additional agencies in their jurisdictions would be needed to ensure that lethality is assessed on all domestic violence calls. In that regard, we applaud the efforts of Ron Russom of Mid-Shore to recruit all law enforcement agencies in Mid-Shore’s five county area, and Don Pfouts of Cecil County’s Family Violence Program, who obtained commitments from virtually all law enforcement agencies in Cecil County.

New Items Programs Should Track
- Did victims know of domestic violence services previously?
- Did victims who did not come in for services immediately eventually come in?

New Subcommittee
Because of requests to integrate the Lethality Screen into the Domestic Violence Supplemental Report, a subcommittee was formed to attempt to do that. The subcommittee will meet at the YWCA in Arnold on February 15th.

Remember To...

Apply the Principles
Be committed to making Lethality Assessment work. Supervisors should:
- Remind officers that they are dealing with potential homicides and they should be ready to “go the extra mile.”
- Instruct officers to go back (at a safe time and location) to conduct a lethality screen if they did not or could not initiate one on the scene.

Keep current
Read Dr. Campbell’s article, “Lethality Assessment Approaches: Reflections on Their Use and Ways Forward,” at www.ndvfi.org under “Publications.” Concerning lethality assessments tools, she states that: “However much we may worry about their lack of perfection in prediction, the way forward is to continue to improve, refine, and test their accuracy.”

Let us hear... about any stories that had positive or negative outcomes and whether they resulted in improved communication.

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Attachment I