



## **End Domestic Abuse Wisconsin (End Abuse)**

### **Application to receive training and technical assistance to implement the Lethality Assessment Program –Maryland Model (LAP)**

#### Overview of Application Packet

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**Submit completed applications to  
Sara Krall at End Abuse WI:  
[sarak@endabusewi.org](mailto:sarak@endabusewi.org)**

*Updated May 2021*



## **Application for Training and Technical Assistance to Implement the Lethality Assessment Program—Maryland Model (LAP)**

### **Project Description**

The LAP, created by the Maryland Network Against Domestic Violence (MNADV) in 2005, is an innovative program that is designed to prevent intimate partner homicides and serious abuse. As a part of the LAP, officers use an evidence-based, 11- question instrument called the Lethality Screen to assess a victim's risk of being killed by an intimate partner. When a victim is identified as "high-danger" according to their answers on the Screen or the circumstances of the call for service, the officer calls the domestic violence hotline immediately from the scene and offers the victim the chance to speak with an advocate about their safety, and to hear about the program's services. The LAP enables officers and advocates to work as equal partners in a more coordinated, and collaborative way to engage victims who otherwise may not access the life-saving services of the DV program.

The LAP is one of only two models of evidence-based intimate partner homicide prevention to be honored as a "promising practice" by the U.S. Department of Justice. It has also been validated as a "supported intervention" according to the Centers for Disease Control's Continuum of Evidence-Based Effectiveness.

### **Eligibility**

Applicants must meet the following criteria:

- Teams must consist of **at least one** law enforcement agency (LEA) and **at least one** community-based domestic violence program<sup>1</sup> serving the same jurisdiction;
- Applicant law enforcement agencies and DV Programs must meet the minimum required criteria for implementing the LAP set forth in the Implementation Readiness Checklist (see pgs. 9-10);
- Applicant law enforcement agencies and DV Programs must agree to the conditions set forth in the Letter of Commitment (see pg. 11); and
- The highest-ranking officials of each law enforcement agency and DV Program must sign the application.

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<sup>1</sup> A community-based DV Program is the local service provider that has *confidential* advocates who provide comprehensive services to victims of domestic violence 24 hours a day, 7 days a week. An advocate or victim services unit located within a police department or prosecutor's office is not considered a "community-based DV Program." If you have questions about whether your program would be considered a "community-based DV Program," please ask End Abuse.



## **Steps to Receive Training and Implement LAP in Wisconsin**

**Step 1: Submit Application Materials**

**Step 2: Pre-Training LAP Policy/Procedure Decisions Meeting between DV Program(s), LE Agency(ies) and End Abuse**

**Step 3: LAP Train-the-Trainer Session (currently hosted over zoom, lasts approximately 3 hours)\***

**Step 4: Agency In-Service Training *for all hotline advocates and patrol officers\*\****

**Step 5: Implementation & Data Reporting\*\*\***

**\*Step 3 can be skipped, and applicants can move straight to in-service training only if applying to expand the LAP to additional LEA(s) & the partner DV Program is already implementing LAP with at least one law enforcement agency. An in-service training overview and options available are discussed in Step 2.**

**\*\*The in-service sessions typically range from 45 minutes to 75 minutes and all materials are provided to those who attend the train the trainer session.**

**\*\*\*Data reporting is due each January, April, July, October. The training sessions and LAP policy/procedure decisions meeting will explain the data collection and reporting process in further detail.**



## **Application Face Sheet**

***\*If this application is to expand the LAP to more LEAs in your service area and your team has previously submitted your Team Coordinator information to End Abuse, after confirming the information is still accurate, you can ignore this page.***

### **Applicant Information**

County(ies) in which the applicant jurisdiction(s) is/are located:

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### **Team Coordinator Information**

A designated representative must serve as the Team Coordinator for this project and must be someone who has the capacity to coordinate stakeholders and communicate promptly with End Abuse. Some of the responsibilities that the Team Coordinator must be able to perform include:

- Serving as the primary point of contact for participating law enforcement agencies and DV Program(s) throughout the application, preparation, training, and implementation and data collection phases of LAP;
- Ensuring that deadlines for application submission, training, implementation and data collection are met;
- Coordinating train-the-trainer logistics with End Abuse;
- Monitoring the need for and organizing re-training of LAP (e.g., due to changes in leadership or turnover of front-line personnel) and/or supplemental training to enhance LAP implementation (e.g., predominant aggressor training); and
- Maintaining contact with End Abuse for technical assistance, as needed

<b>Name of the Team Coordinator:</b>	
<b>Title:</b>	
<b>Agency/Program/Organization:</b>	
<b>Telephone:</b>	
<b>E-mail:</b>	

This application has been completed to be the best of my knowledge and ability.

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Signature of Team Coordinator

Date



**Applicant Agency Profile – to be completed by Law Enforcement Agencies**

*Please provide the following information regarding your law enforcement agency and jurisdiction served. **Attach an additional agency profile for each LEA on the application.***

- 1) County or Tribe where the law enforcement agency is located:
- 2) Specific municipalities, towns, or other jurisdictions served by the law enforcement agency:
- 3) Estimated population served by the law enforcement agency:
- 4) Number of patrol personnel:
- 5) Does your agency use a domestic violence supplemental form or worksheet for investigations? **(If yes, please submit the form/packet along with your application materials)**

Yes\_\_\_\_\_ No\_\_\_\_\_

- 6) Do officers have department or squad-issued cell phones?

Yes\_\_\_\_\_ No\_\_\_\_\_

- 7) Do patrol officers wear body worn cameras (BWCs) or microphones?

Yes, officers wear cameras with both audio and visual capabilities\_\_\_\_\_

Yes, officers wear cameras with audio capability only\_\_\_\_\_

Yes, officers wear cameras with video capability only\_\_\_\_\_

No, officers do not wear BWCs or microphones\_\_\_\_\_





**LAW ENFORCEMENT AGENCY (LEA) POINT OF CONTACT**

*The agency point of contact is responsible for coordinating the activities required for implementation of the LAP. The application signature page (see page 13) must have the support of the highest-ranking official of the organization or agency.*

**Attach an additional point of contact form for each LEA included in the application.**

<b>Agency/Organization Name:</b>	
<b>Name of Point of Contact:</b>	
<b>Title:</b>	
<b>Street Address:</b>	
<b>City, State, ZIP Code:</b>	
<b>Telephone:</b>	
<b>E-mail:</b>	

\_\_\_\_\_  
Signature - Agency Point of Contact

\_\_\_\_\_  
Date



**DOMESTIC VIOLENCE PROGRAM POINT OF CONTACT**

**\*If this application is to expand the LAP to more LEAs in your service area and you have previously submitted this information to End Abuse, after confirming the information is still accurate, you can ignore this page.**

*The agency point of contact is responsible for coordinating the activities required for implementation of the LAP. The application signature page (see page 13) must have the support of the highest-ranking official of the organization or agency.*

**Attach an additional point of contact form for each DV Program included in the application.**

<b>Agency/Organization Name:</b>	
<b>Name of Point of Contact:</b>	
<b>Title:</b>	
<b>Street Address:</b>	
<b>City, State, ZIP Code:</b>	
<b>Telephone:</b>	
<b>E-mail:</b>	

\_\_\_\_\_  
Signature - Agency Point of Contact

\_\_\_\_\_  
Date



## **Implementation Readiness Checklist**

This Implementation Readiness Checklist sets out the Core Elements needed to implement the LAP. **Team Coordinators: please initial each statement, indicating that your jurisdiction meets these criteria. *\*If this application is to expand the LAP to more LEAs in your service area and your team coordinator has previously submitted your completed implementation readiness checklist to End Abuse, if that information is still accurate, you can ignore this section.***

<b>LAP Core Element</b>	<b>Team Coordinator Initials</b>
A. This team consists of at least one law enforcement agency and at least one community-based DV Program serving the same jurisdiction.	
B. The law enforcement agency(ies) and DV Program(s) in this application have communicated specifically about the LAP, and have decided collaboratively that they wish to participate in the LAP as partners.	
C. The law enforcement agency(ies) and DV Program(s) in this application have consulted with culturally-specific domestic violence service providers in our service area (see WI statute <a href="#">968.075(3)(a)4</a> ) to determine how to best provide co-advocacy and seamless referrals for high-danger victims.	
D. The DV program(s) in this application currently manages a 24/7 hotline available for officers to call, or can commit to manage a 24/7 hotline for officers. <sup>4</sup>	
E. The DV Program(s) that manage(s) the hotline has the ability to offer both residential and non-residential services to high-danger victims during the LAP hotline call. <sup>5</sup>	
F. The LEAs and DV Program(s) in this application agree to use the 11-question Lethality Screen and to not modify the questions on this Screen.	

<sup>4</sup> By "24/7 hotline," we mean that officers must be able to have 24/7 access to a confidential advocate from their partner community-based DV Program. If your DV Program does not operate a 24/7 hotline (e.g., your calls roll over to a local or national hotline after-hours, or you have an answering machine or call-back service that is not a direct connection), your program must be willing and able to commit to designating a local LAP line that is available for officers 24/7.

<sup>5</sup> If residential and non-residential services are offered by different programs in your community, or in different locations, the advocate answering the LAP hotline call must be able to simultaneously book appointments or approve requests for safe accommodation for high-danger victims during the LAP hotline call for both agencies or locations. End Abuse can provide technical assistance around this coordination if this is the case for your community.



## Implementation Readiness Checklist

LAP Core Element	Team Coordinator Initials
G. The LEAs in this application agree to administer the Screen and place a hotline call to the DV Program <i>from the scene</i> of a domestic call for service for victims assessed at high-danger.	
H. The law enforcement agency(ies) in this application agree to encourage officers to make their best effort to place this phone call from a “safe” phone—namely, a phone to which the victim’s partner does not have access.	
I. The law enforcement agency(ies) in this application agree to encourage high-danger victims to speak on the phone with a hotline advocate.	
J. The DV Program(s) in this application agree to conduct immediate safety planning and encourage high-danger victims to take advantage of their services.	
K. The law enforcement agency(ies) in this application agree that their officers will <i>remain on the scene</i> and <i>offer victims privacy</i> during the 5-10 minute confidential hotline conversation.	
<b>L. The law enforcement agency(ies) and DV Program(s) included in this application understand that receiving training from End Abuse on the LAP does not automatically enable you/your department to train others outside of your agency. Any communities wishing to implement the LAP that have not received training from the Maryland Network Against Domestic Violence or End Abuse must submit the appropriate documentation to End Abuse and follow the steps outlined on page 3.</b>	



## **Letter of Commitment**

We, the undersigned, are submitting this Letter of Commitment which states that our law enforcement agency(ies) and DV Program(s) agree to all of the following:

- To comply with the minimum criteria set forth in the LAP Implementation Readiness Checklist.
- To commit to having our respective law enforcement agency(ies) and DV Program(s) participate as a team in the development, training, and implementation of the LAP.
- To appoint a contact person who will serve as our Team Coordinator and who will work with End Abuse in scheduling training and TA activities as necessary to fulfill the requirements of the project. Should the contact person leave their position or decide not to become involved in the program, we will promptly assign another individual to fulfill the duties of the contact person.
- To appoint a contact person who will serve as each agency's representative and who will work with End Abuse and the Team Coordinator to ensure all program requirements are met.
- To continue to demonstrate a readiness, willingness, and commitment to implement the LAP throughout the training and implementation period.
- To participate in all of the steps outlined on page 3 of this packet.
- To ensure that the train-the-trainer session is attended by representatives from the approved law enforcement agency(ies) and DV Program(s) who will train their respective staff.
- To complete the in-service trainings of patrol officers and hotline advocates within four months from the date of the train-the-trainer session.
- To implement the LAP in our jurisdiction within four months from the date of the train-the-trainer.
- To collect LAP data and submit the collected data to End Abuse.
- To make a good-faith commitment to institutionalize the LAP within participating agencies and programs.



**Implementation Readiness and Letter of Commitment Signature Page**

**Applicant Agency #1**

<b>Agency/Organization Name:</b>	
<b>Name of Highest-Ranking Official:</b>	
<b>Title:</b>	
<b>Signature of Highest-Ranking Official:</b>	

**Applicant Agency #2**

<b>Agency/Organization Name:</b>	
<b>Name of Highest-Ranking Official:</b>	
<b>Title:</b>	
<b>Signature of Highest-Ranking Official:</b>	

**Applicant Agency #3**

<b>Agency/Organization Name:</b>	
<b>Name of Highest-Ranking Official:</b>	
<b>Title:</b>	
<b>Signature of Highest-Ranking Official:</b>	



**Implementation Readiness and Letter of Commitment Signature Page**

**Applicant Agency #4**

<b>Agency/Organization Name:</b>	
<b>Name of Highest-Ranking Official:</b>	
<b>Title:</b>	
<b>Signature of Highest-Ranking Official:</b>	

**Applicant Agency #5**

<b>Agency/Organization Name:</b>	
<b>Name of Highest-Ranking Official:</b>	
<b>Title:</b>	
<b>Signature of Highest-Ranking Official:</b>	

**Applicant Agency #6**

<b>Agency/Organization Name:</b>	
<b>Name of Highest-Ranking Official:</b>	
<b>Title:</b>	
<b>Signature of Highest-Ranking Official:</b>	

Attach an additional signature page if needed.