The Governor's Family Violence Council Abuser Intervention Program (AIP) Certification

Application

2014

March 2014

Application Submission Deadline: Friday, May 30, 2014

Governor's Office of Crime Control & Prevention
300 East Joppa Road, Suite 1105
Towson, MD 21286-3016
Telephone: (410) 821-2828
E-mail: **nlong@goccp.state.md.us**

The Governor's Family Violence Council Abuser Intervention Program (AIP) Certification

General Instructions

The Governor's Family Violence Council (FVC) Abuser Intervention Program (AIP) Certification Process is intended to certify AIP's for inclusion in the Administrative Office of the Courts Bench Book for Maryland Judges. This manual is used by judges to refer abuser's to appropriate intervention programs. Whether or not a program is certified has no bearing on whether they are able to operate in the State of Maryland. Programs that do not meet the qualifications for certification may still operate in the same capacity they were operating in prior to applying for certification; however, programs that do not meet the qualifications will not be eligible for placement in the Judges' Bench book.

The Application Instruction/Guidance Kit will provide applicants with pertinent information regarding the development and submission of the Abuser Intervention Program Certification Application. **Three** copies of this application and supporting documents ***must be submitted*** to the Governor's Family Violence Council Coordinator at the Governor's Office of Crime Control & Prevention **NO LATER THAN 3:00 P.M. ON FRIDAY, MAY 30, 2014.** Applications may be sent by mail or delivered in person.

Incomplete applications will not be accepted.

Certification Timeline

Applications are due to the Governor's Office of Crime Control & Prevention by Friday, May 30, 2014. Throughout the month of June, applications will be reviewed for completeness. Applicants will receive a letter of acceptance or denial during the month of July. The final list of certified AIP's will be submitted to the Administrative Office of the Courts by August.

Domestic Violence Abuser Intervention Program
Application for Certified Compliance with Maryland Guidelines for Abuser Intervention

Programs that certify compliance with state guidelines for abuser intervention programs and meet the requirements of this application will be included in the Governor's Family Violence Council's list of recommended abuser intervention programs.

1.0 PROGRAM CERTIFICATION

Information gathered in this section is for identifying and contact purposes. Should you receive certification, this information will be sent to the Administrative Office of the Courts for entrance into the bench book.

Application Period: _____ Date: _____

Name of Abuser Intervention Program (AIP): _____

_____

Name of Parent Organization: _____

_____

AIP Address: _____

_____

AIP Phone: _____ Fax: _____

Program Website: _____ Email: _____

Fee for your program: _____

Program Hours of Operation: _____

What type of organization is your parent organization?

_____ For profit _____ Not for profit _____ Government agency

Counties (City) Served*: _____

** Note: Programs serving multiple counties with the same staff may submit a single application but programs operating in multiple counties with different sites and staff must complete different applications for each site.*

2.0 DEFINITION OF ABUSIVE BEHAVIOR AS IT OCCURS IN INTIMATE PARTNER VIOLENCE

As you complete your application, please keep in mind the following definition of intimate partner violence as is stated in the Guidelines:

Any criminal offense where the offender and the victim are or have been married, in an intimate relationship, including dating and same sex relationships, or have a child together, or where the victim qualifies for a protective order or an intimate partner peace order.

Abusive behavior in intimate partner violence is defined as follows:

- *Abuse is a pattern of coercive control directed toward the victim.*
- *Abusive behavior involves the use of physical harm, emotional harm, or intimidation to control the victim's thoughts, feelings or actions.*
- *Abusive behavior results in a living environment of fear which infringes upon the victim's basic rights and freedoms.*

3.0 OPERATING STANDARDS

The following questions are directly related to the Maryland State Guidelines for Abuser Intervention Programs and are required for certification. Where requested, please provide supporting documentation with this application. In areas where supporting documentation is requested, but not provided, it will be determined that the program does not meet the requirement.

3.1 Victim Confidentiality

Indicate whether you have a policy and/or protocol for the following items and **attach a copy of the policy and/or protocol or other supporting documentation to your application**:

____ Yes ____ No A. Victim confidentiality

____ Yes ____ No B. i. Child abuse reporting

____ Yes ____ No ii. Victim notification of child abuse report

____ Yes ____ No C. Separation of files
Name and License # of file supervisor:

_____

3.2 Intake Process

Indicate whether you have a policy and/or protocol for the following items and **attach a copy of the policy and/or protocol or other supporting documentation to your application:**

____ Yes ____ No A. Notify courts that an applicant or participant is not amenable to the program's services and make appropriate recommendations.

____ Yes ____ No B. Notify courts that a referred abuser failed to contact your program within the specified time.

____ Yes ____ No C. Conduct screenings and intake within 10 days of contact by the applicant.

____ Yes ____ No D. Develop a history and profile of the abuser's violent behavior, based on descriptions from criminal justice agencies, the victim(s), treatment programs, and other relevant persons or agencies.

Indicate whether you collect the following items from applicants/participants and **attach a copy of the appropriate forms to demonstrate this.**

____ Yes ____ No i. Abuser's full name;

____ Yes ____ No ii. Address;

____ Yes ____ No iii. Victims name and contact information;

____ Yes ____ No iv. History of substance abuse;

____ Yes ____ No v. History of mental/behavioral health, including diagnoses, hospitalizations, treatment and medications;

____ Yes ____ No vi. Assessment for homicidal or suicidal threats or ideation;

____ Yes ____ No vii. Description of referring incident;

____ Yes ____ No viii. Information on possession and access to weapons, and any history of threat or actual use of weapons.

Indicate whether you have a policy and/or protocol for the following items and **attach a copy of the policy and/or protocol or other supporting documentation** to your application:

____ Yes ____ No E. i. Secure a waiver of confidentiality from the abuser to allow communication with the victim and, if possible, the current partner and all previous partners with whom the participant has children about incidents of abuse and abuser's participation in the program.

____ Yes ____ No ii. Attempt to provide information to victims about services available to maintain safety, as well as educational and counseling resources.

____Yes ____ No F. A contract, specifying the responsibilities of both the program and the abuser, that reflects the following:

____ Yes ____ No i. The duration of the program.

____ Yes ____ No ii. Agreement on fee rates and payment requirements.

____ Yes ____ No iii. Agreement to stop all forms of violence.

____ Yes ____ No iv. Agreement to refrain from drug and alcohol use while attending group meetings.

____ Yes ____ No v. Conditions resulting in program non-compliance and the consequences thereof.

3.3 Victim Safety

Indicate whether you have a policy and/or protocol for the following items and **attach a copy of the policy and/or protocol or other supporting documentation** to your application:

____ Yes ____ No A. The AIP shall send information about local resources available to the victim unless the victim is asked not to be contacted. The list of resources should include:

____ Yes ____ No i. Legal services;

____ Yes ____ No ii. Emergency shelter;

____ Yes ____ No iii. Counseling services;

____ Yes ____ No iv. 24-Hour hotline;

____ Yes ____ No v. Children's therapeutic resources

____ Yes ____ No B. The AIP shall provide information about the effectiveness of AIPs in general and, if available their own specific AIP.

____ Yes ____ No C. i. The AIP shall attempt to inform the victim about the abuser's attendance unless the victim requests not to be informed.

____ Yes ____ No ii. Effort to contact the victim must be made to vary time and day of attempts in order to increase the likelihood of contact. If contact information in available, at least three attempts should be made to reach the victims by phone. All attempts must be documented.

____ Yes ____ No D. i. The AIP shall evaluate the abuser's lethality and warn victims determined to be at high risk.

____ Yes ____ No ii. The AIP shall establish a "duty to warn" procedure directing staff to warn the victim and/or notify the police if a direct threat is made against the victim or other person.

3.4 Program Format

Indicate whether you have a policy and/or protocol for the following items and **attach a copy of the policy and/or protocol or other supporting documentation** to your application:

____ Yes ____ No A. All AIP group members shall be referred or volunteer based on an incident or history of perpetrating partner violence. Cases solely involving other types on conflict are not appropriate for AIP groups and should not be included.

____ Yes ____ No B. Group members should be of the same gender.

____ Yes ____ No C. Program curriculum will be predominantly focused on issues of intimate partner violence. **Please attach a Table of Contents or outline of the program curriculum.**

____ Yes ____ No D. i. Programs providing groups sessions must meet a minimum time requirement of 32 hours of group time extended over at least 20 weeks.

____ Yes ____ No ii. Programs providing individual sessions must meet a minimum time of 16 meeting hours extended over at least 12 weeks.

4.0 DISCHARGE CRITERA

The following questions are directly related to the Maryland State Guidelines for Abuser Intervention Programs and are required for certification. Where requested, please provide supporting documentation with this application. In areas where supporting documentation was requested but not provided it will be determined that the program does not meet the requirement.

4.1 Program Completion

Indicate whether you have a policy and/or protocol for the following items and **attach a copy of the policy and/or protocol or other supporting documentation** to your application:

____ Yes ____ No A. Participants shall be considered to have completed the program upon fulfilling the requirements set forth in the program contract.

____ Yes ____ No B. If a participant perpetrates a new, documented incident of abuse, the AIP will re-evaluate the case and a new service plan and discharge requirements may be created.

4.2 Program reporting responsibilities

Indicate whether you have a policy and/or protocol for the following items and **attach a copy of the policy and/or protocol or other supporting documentation** to your application:

____ Yes ____ No A. The AIP shall notify the court, corrections, probation or other court monitor of the abuser's attendance and participation and make appropriate recommendations when necessary.

____ Yes ____ No B. i. The AIP shall notify the victim of the abuser's completion of or termination from the program, unless the victim requests not to be informed. Notification shall include, at a minimum, whether the abuser has complied with the court order.

____ Yes ____ No ii. The AIP shall advise the victim that program completion cannot guarantee her safety and may not reduce abusive behaviors.

5.0 PROGRAM STAFFING

The following questions are directly related to the Maryland State Guidelines for Abuser Intervention Programs and are required for certification. Where requested, please provide supporting documentation with this application. In areas where supporting documentation was requested but not provided it will be determined that the program does not meet the requirement.

Indicate whether you have a policy and/or protocol for the following items and **attach a copy of the policy and/or protocol or other supporting documentation** to your application:

____ Yes ____ No A. i. Staff employed by the AIP shall be violence free in their own lives.

____ Yes ____ No ii. No AIP shall hire an individual who has been an intimate partner abuser unless the program director is satisfied that the prospective staff member has successfully completed a certified AIP and has since remained violence free for a minimum of three years.

____ Yes ____ No B. Staff employed by the AIP shall not use drugs and shall not use alcohol to the extent that it impairs the individuals ability to function in a responsible, professional manner.

____ Yes ____ No C. The program should strive to employ staff who represent the cultural diversity of the community being served, provide services to culturally diverse groups, and comply with the requirements of the Americans with Disabilities Act.

____ Yes ____ No D. Volunteers and intern staff must be supervised on site at all times by a paid staff member.

____ Yes ____ No E. Participants who complete the program and are invited to serve as mentors or facilitators in the program will always be supervised by a paid staff members on site.

Indicate whether you have a policy and/or protocol for the following items and **attach a copy of that policy and/or protocol and other supporting documentation** (e.g., job descriptions, organizational charts, etc.) to your application:

____ Yes ____ No F. i. At least one of the group facilitators in every session must have a minimum of a Bachelor's level human service degree.

____ Yes ____ No ii. Every program must have an individual with a Masters' level clinical license that can provide supervision for program staff.

____ Yes ____ No iii. Intake staff without advanced degrees must be supervised by a staff member with a minimum of a Bachelors' degree in a human service field.

____ Yes ____ No iv. Within six months of hire all group facilitators and individual counselors must have a minimum of 30 hours of training from a comprehensive intimate partner violence victim service agency, as defined by Code of Maryland Regulations, on dynamics of intimate partner violence and its effects on children. Please see the attached list of COMAR Regulated Agencies for further clarification. **Please attach documents verifying completion of such training for all staff hired on or after 01/01/2009.**

____ Yes ____ No v. Before facilitating or co-facilitating any group sessions all group facilitators and individual counselors must have a minimum of 30 hours of training specific to working with perpetrators of intimate partner violence from an abuser intervention program certified in its state. **Please attach documents verifying completion of such training for all staff hired on or after 1/01/2009.**

6.0 COMMUNITY COLLABORATION

The following questions are directly related to the Maryland State Guidelines for Abuser Intervention Programs and are required for certification. Where requested, please provide supporting documentation with this application. In areas where supporting documentation was requested but not provided it will be determined that the program does not meet the requirement.

All programs will make reasonable and prudent attempts to create working relationships with the following community resources:

____ Yes ___ No A. Intimate partner violence victim services as defined by the Code of Maryland Regulations (COMAR) within the program' jurisdiction or county. Services must include shelter, legal services, and a 24 hour hotline/helpline. **Attach a supporting letter from the appropriate community partner as part of your application. If a working relationship does not exist please attach an explanation.**

____ Yes ____ No B. Mental health – Programs must have a policy demonstrating a screening process and protocol for addressing issues of mental health and a list of local service providers. **Attach a copy of that process and protocol as part of your application.**

____ Yes ____ No C Substance Abuse – Programs must have a policy demonstrating a screening process and protocol for addressing issues of mental health and a list of local service providers certified by the Alcohol & Drug Abuse Administration. **Attach a copy of that process and protocol as part of your application.**

____ Yes ____No D. Parole & Probation – Provide a minimum of monthly updates on participants supervised by the Division of Parole & Probation. **Attach a copy of that process and protocol as part of your application.**

LETTERS OF SUPPORT

Attach **two** required letters of support for your program, detailing the relationship between your program and the organization. **At least one of these letters must be from a comprehensive victim service agency as defined by COMAR** (This is the same letter as required in Section 6.0.a.). Certification will not be granted without this letter of collaboration, even if letters from other sources are provided. If the program is unable to obtain a letter of support from the comprehensive agency in the same jurisdiction then a letter of support from another county will be accepted. Please see the attached list of COMAR Regulated Agencies for further clarification. **If the victim service agency is employed by your parent organization, please provide a third letter of support from outside of your program and parent organization.**

Please be sure to attach all specific documents listed and bolded in this application or your application will be considered incomplete.

Application Checklist

The following is intended as a helpful tool for completing your certification application. Use this checklist to ensure you provided all requested documentation. These items **must** be submitted for the application to be considered a complete grant application. **Please note**: When program policies are requested, please only submit those pages pertinent to the policy requested. **Do not** send copies of entire policy manuals with your application.

Attach the appropriate program policy, procedure or form(s) to demonstrate the following:

1.0 PROGRAM CERTIFICATION

No documentation required.

2.0 DEFINITION OF ABUSIVE BEHAVIOR AS IT OCCURS IN INTIMATE PARTNER VIOLENCE

No documentation required.

3.0 OPERATING STANDARDS

3.1 Victim Confidentiality

- ☐ Victim confidentiality
- ☐ Child abuse reporting
- ☐ Victim notification of child abuse reporting
- ☐ Separation of abuser and victim files

3.2 Intake Process

- ☐ Court notification for applicant or participant that is not amenable
- ☐ Court notification for referred abuser's failure to contact
- ☐ Conducting screenings/intakes within 10 days of contact
- ☐ History and profile of abuser's violent behavior
- ☐ Intake/Applications that collect the following information:
  - __ Abuser's full name,
  - __ Address,
  - __ Victim name & contact information,
  - __ History of substance abuse,
  - __ History of mental/behavioral health,
  - __ Assessment for homicidal or suicidal threats or ideation,
  - __ Description of referring incident,
  - __ Information on possession and access to weapons and history of threat or actual use of weapons.
- ☐ Waiver of confidentiality allowing communication with the victim and, if possible, the current partner and all previous partners with whom the participant has children.
- ☐ Information to victims about services available to maintain safety.

- ☐ Contract specifying the responsibilities of the program and the abuser including:
  - __ Duration of the program,
  - __ Agreement on fee rates and payment requirements,
  - __ Agreement to stop all forms of violence,
  - __ Agreement to refrain from drug & alcohol use while attending,
  - __ Conditions that result in non-compliance and the consequences thereof.

3.3 Victim Safety

- ☐ Sending information about local resources available to the victim. Information shall include:
  - __ Legal services,
  - __ Emergency shelter,
  - __ Counseling services,
  - __ 24-Hour hotline,
  - __ Children's therapeutic resources.
- ☐ Provide victims with information about the effectiveness of AIPs in general and, if available your own specific AIP.
- ☐ Attempt to inform the victim about abuser's attendance.
- ☐ Varying the time and day of attempts to contact the victim and making at least three attempts.
- ☐ Evaluation of the abuser's lethality and procedure for warning victims determined to be at high risk.
- ☐ "Duty to warn" procedure if a direct threat is made by a participant.

3.4 Program Format

- ☐ All group members shall be referred or volunteer, based on an incident or history of perpetrating partner violence.
- ☐ Group members should be of the same gender.
- ☐ Table of Contents or outline of the program curriculum.
- ☐ Programs providing groups sessions meet a minimum time requirement of 32 hours of group time extended over at least 20 weeks and/or,
  - ☐ Programs providing individual sessions meet a minimum time of 16 meeting hours extended over at least 12 weeks.

4.0 DISCHARGE CRITERA

4.1 Program Completion

- ☐ Participants shall be considered completed the program upon fulfilling the requirements set forth in the program contract.
- ☐ If a participant perpetrates a new, documented incident of abuse, the AIP will re-evaluate the case and a new service plan and discharge requirements may be created.

4.2 Program reporting responsibilities

- ☐ Notify the court, corrections, probation or other court monitor of the abuser's attendance and participation and make appropriate recommendations when necessary.
- ☐ The AIP shall notify the victim of the abuser's completion of or termination from the program.

- ☐ Advise the victim that program completion cannot guarantee safety and may not reduce abusive behaviors.

5.0 PROGRAM STAFFING

- ☐ Staff employed by the AIP shall be violence free in their own lives.
- ☐ No AIP shall hire an individual who has been an intimate partner abuser unless the program director is satisfied that the prospective staff member has successfully completed a certified AIP and has since remained violence free for a minimum of three years.
- ☐ Staff employed by the AIP shall not use drugs and shall not use alcohol to the extent that it impairs the individual's ability to function in a responsible, professional manner.
- ☐ Employ staff who represent the cultural diversity of the community being served, provide services to culturally diverse groups, and comply with the requirements of the Americans with Disabilities Act.
- ☐ Volunteers and intern staff must be supervised on site at all times by a paid staff member.
- ☐ Participants who complete the program and are invited to serve as mentors or facilitators in the program will always be supervised by a paid staff members on site.
- ☐ At least one of the group facilitators in every session has a minimum of a Bachelor's level human service degree.
- ☐ Have an individual with a Masters' level clinical license that can provide supervision for program staff.
- ☐ Intake staff without advanced degrees are supervised by a staff member with a minimum of a Bachelors' degree in a human service field.
- ☐ Documents verifying completion of 30 hours of training from a comprehensive intimate partner violence victim service agency, as defined by Code of Maryland Regulations, on dynamics of intimate partner violence and its effects on children **for all staff hired on or after 01/01/2009.**
- ☐ Documents verifying completion of 30 hours of training specific to working with perpetrators of intimate partner violence from an abuser intervention program certified in its state **for all staff hired on or after 01/01/2009.**

6.0 COMMUNITY COLLABORATION

- ☐ A letter of support from an intimate partner violence victim services as defined by the Code of Maryland Regulations (COMAR) within the program' jurisdiction or county. If a working relationship does not exist please attach an explanation.
- ☐ A screening process and protocol for addressing issues of mental health and a list of local service providers
- ☐ A screening process and protocol addressing issues of mental health and a list of local service providers certified by the Alcohol & Drug Abuse Administration.
- ☐ Monthly updates on participants supervised by the Division of Parole & Probation.

LETTERS OF SUPPORT

- ☐ Letter of support detailing the relationship between your program and a comprehensive victim service agency as defined by COMAR.
  This is the same letter as required in Section 6.0.a.
- ☐ If this agency is your parent organization provide an additional letter of support detailing the relationship between your program and another community program.
- ☐ Letter of support detailing the relationship between your program and another community program.

STATISTICAL INFORMATION - Voluntary submissions

- ☐ Organizational chart of the parent agency
- ☐ Organizational chart of the abuser intervention program
- ☐ Mission/philosophy statement for the abuser intervention program
- ☐ Fee schedule

STATISTICAL INFORMATION

Information requested in this section is for state data gathering purposes only. The answers to these questions have no bearing on program certification.

Organizational Structure

1. How long has your parent organization been in operation?

___ Less than 1 year ___ 1-3 years ___ 3-5 years ___ More than 5 years

2. What is the primary mission/purpose of your parent organization? _____

_____

_____

_____

4. **Please attach an organizational chart of the parent agency to this application.**

Abuser Intervention Program Information

1. How long has your abuser intervention program been in operation?

   ___ Less than 1 year ___ 1-3 years ___ 3-5 years ___ More than 5 years

2. How many participants has your program served during the past three years (or since its inception if operating less than 3 years)? _____

3. Do you offer the following interventions?

   _____ Group _____ Individual _____Both

4. How many abuser intervention groups does your program run per week? _____

5. What is the average enrollment in each group? _____

6. How many participants has your program counseled individually during the past three years (or since inception if operating less than 3 years)? _____

7. Approximately what percentage of your participants is court mandated to attend? _____%

8. What percentage of participants successfully complete the program? _____%

9. Please attach an organizational chart of the abuser intervention program to this application.

10. Please attach a mission/philosophy statement for the abuser intervention program.

11. Please attach the fee schedule used by the abuser intervention program.

Staffing

1. How many group facilitators currently work in your program? _____

2. How many other direct service staff members currently work in your program? _____

   What are their job titles? _____

   _____

3. Are there any current vacancies?

   ____Yes ____No

   If yes, please note length of vacancy and plans for rehiring:

   _____

4. What is the average time your group facilitators have been working in abuser intervention?

   ____ Less than 1 year ____ 1-3 years ____ 3-5 years ____ More than 5 years

5. What is the average time your other direct service staff has been working in the field of domestic violence?

   ____ Less than 1 year ____ 1-3 years ____ 3-5 years ____ More than 5 years

SWORN STATEMENT

I, _____, state that the responses I have provided in this application are true and reflect the routine practice of this program. I further state that I have reviewed the *Operational Guidelines for Domestic Violence Abuser Intervention Programs in Maryland* (hereinafter referred to as the Guidelines), and the abuser intervention program I represent meets the requirements set forth in the Guidelines.

I agree that this program will continue to abide by the requirements set forth in the Guidelines. Should this program cease to meet the requirements set forth in the Guidelines, I or another responsible officer and/or agent of the program will notify, in writing, the Governor's Family Violence Council (FVC) that the program no longer complies with the Guidelines. I understand that the information in this application may be subject to review at the discretion of the Administrative Office of the Courts, the courts, and the FVC.

I understand that participation in the self-certification process for abuser intervention programs is voluntary.

_____

Signature | Name of Abuser Intervention Program

_____

Print Name | Name of Parent Organization

_____ _____

Title | Date

COMAR Regulated Agencies

Below is a list of the Office of Grant Management (OGM) Programs that provide domestic violence services per COMAR regulations (07-06-04).

Allegany County: Family Crisis Resource Center

Anne Arundel County: YWCA of Annapolis and Anne Arundel County

Baltimore City: House of Ruth MD-Baltimore

Baltimore County: Family Crisis Center of Baltimore County

Baltimore County: Family and Children's Services of Central Maryland

Baltimore County: Turnaround, Inc.

Calvert County: Calvert County Health Department-Crisis Intervention Program

Caroline (Dorchester, Kent, Queen Anne's and Talbot Counties): Mid-Shore Council on Family Violence

Carroll: Family and Children's Services of Central Maryland (Carroll County Office)

Cecil: Cecil County DSS-Domestic Violence/Rape Crisis Program

Charles: Center for Abused Persons

Frederick: Heartly House

Garrett: The Dove Center (Domestic Violence/Sexual Assault Resource Center)

Harford: Spouse Abuse/Sexual Assault Resource Center (SARC)

Howard: Domestic Violence Center of Howard County

Montgomery: Montgomery DHHS-Abused Persons Program

Prince George's: Family Crisis Center of Prince George's County

St. Mary's: Board of County Commissioners of St. Mary's County through Walden-Sierra, Inc.

Washington: CASA, Inc.

Wicomico (Worcester and Somerset): Life Crisis Center