This section of the application acts as a guide for you to check the policies and procedures that you are sending to ensure that they contain the specified rules.

N. C. Department of Administration
North Carolina Council for Women/Domestic Violence Commission
Certification Procedure for Abuser Treatment Applicants

Purpose

The following document outlines the procedures and process for abuser treatment program's approval conducted by the North Carolina Domestic Violence Commission ("Commission") as described in the North Carolina Administrative Code: Title One-Administration: Chapter 17: Council on the Status of Women: Section .0700- Abuser Treatment Program rules.
These rules, along with the application, are available at www.doa.state.nc.us/cfw/cfw.htm or by contacting the Commission at (919) 733-2455.

Authority

The North Carolina Domestic Violence Commission ("Commission") is responsible for approving abuser treatment programs. 01 NCAC 17 .0702
Every abuser treatment program shall provide documentation and assurances that it will adhere to all program rules and program structure set out in this Section at the time of the submission of its application to the Commission. 01 NCAC 17 .0703 (e)

Procedure

Application process entails the submission of the following required documents:

1. The signed, contact cover sheet showing counties served
2. Accompanying documentation (policies, procedures and forms) demonstrating compliance with rules
3. Check list showing location of policies in accompanying documentation
4. Three letters of support
5. Memorandum(s) of Understanding with every local victim services agency of every county where services are offered

The Application Process

The application is essentially a review of your policies, procedures, operations manual and forms to determine adherence to the rules. The check list format is meant to act as a guide for you to ensure that you are covering every specification of the Abuser Treatment Program Rules. Check the box if your program can demonstrate compliance with the specific program rule.
If your program does not comply, please provide on a separate sheet an explanation for the variance and/or omission of the rule in question. Note that any variance may entail further investigation, a site visit and probable non-certification.
At the end of each section, please describe where in your accompany documentation where we can find compliance to the rule. Please do not describe the physical location of policy or manual (ex. street address of office).
We will be looking for exact or similar language as detailed in the rule. For example, the review committee will look for every component listed in the rules in your lethality assessment.

Accompanying Documentation

For each application section, please indicate where in your accompanying documentation it states or demonstrates your compliance with these rules. This documentation may include your policies and procedures, operational guidelines, forms and/or program agenda. When listing the appropriate document, please indicate the section heading and/or page number. The review committee will be looking for documentation of your program's conformity to the rules.

For example, to demonstrate compliance with the Intake and Assessment rules, you can provide a copy of your Intake and Assessment form and/or your policy dictating the procedures. The review committee will be looking for every component listed in rule 01 NCAC 17 .0704 on your lethality assessment form.

Please note that for curriculum documentation, your entire curricula and treatment program materials are not required. An agenda and/or syllabus that indicate the required components will be sufficient. The review committee will review these material to determine if there are any prohibited program elements and those that should not be the primary focus of the treatment program.

Letters of support and the Memorandum of Understanding

As part of your application, a program shall demonstrate community support by submitting three (3) letters of support from among the following: a local domestic violence victim program; a local domestic violence task force or coalition; or a local governmental agency that is directly associated with the problem of domestic violence (e.g., a local department of social services, district attorney's office, or law enforcement agency). Do not submit letters of support from agencies organizationally affiliated with the abuser treatment program. If you serve multiple counties, only 3 letters are sufficient. However, we do need a Memorandum of Understanding from the victim services agency in each county where services are offered.

If the local domestic violence agency refuses to sign a memorandum of understanding with the applicant Abuser Treatment Program notify the Council for Women/Domestic Violence Commission at (919-733-2455) as soon as possible. It should be understood that this is not a letter of support or endorsement; it should simply reflect how the two agencies will operate to ensure the safety of the victims of abuse.

A Memorandum of Understand (MOU) can act as a letter of support (2 letters of support and an MOU is acceptable).

Site Visits

Please note that the Commission may require a site visit and access to pertinent records and documents as part of the application process.

Approval Cycles and Application Period

Application Postmark Date: Aug. 20 or Feb. 20

Applications may be submitted at any time; however an announcement of certified programs will only occur twice a year, on March 31st and on September 30th. To be approved for the March certification, applications must be mailed with the postmark on or before August 20th. To be approved for the March certification, applications must be mailed with the postmark on or before August 20th. Entities applying for approval will be notified within 60 days of submission of their certification acceptance. Any deficiencies shall be corrected before the application is approved. If any deficiencies are not corrected during the review period for which the application was submitted, the program shall reapply in full at the next review period in order to receive approval.

Compliance

At any time, the Commission may initiate an investigation of an approved program to determine compliance with the Abuser Treatment Program rules. The guidelines for such an investigation are outlined in 01 NCAC 17 .0715 (Abuser Treatment Program Investigation and Removal from Approved List).

Please submit an original and four (4) copies of the complete application to

The North Carolina Council for Women/Domestic Violence Commission
Abuser Treatment Program Coordinator
1320 Mail Service Center
Raleigh, NC 27699-1320

If you have any questions, please call our office.
Phone: (919) 733-2455

N. C. Department of Administration
North Carolina Council for Women/Domestic Violence Commission
Certification Procedure for Abuser Treatment Applicants

Instructions for Completing Application

(This sheet does not need to be included in the application package submission)

1. We suggest you read the entire document regarding the Abuser Treatment Program rules Section .0700. These rules are available at www.doa.state.nc.us/cfw/cfw.htm or by contacting the Commission at (919) 733-2455.

2. Fill out the application form
   A. Provide program and contact information on contact sheet. This must be signed by the program director or other executive position.

   B. Review the Checklist to ensure compliance with the specific rules
   The check list format details the specific requirements detailed in the Abuser Treatment Program rules. Please check the box if your program complies with the specific program rule. If your program does not comply, please provide on a separate sheet an explanation for the variance and/or omission of the rule in question. Note that any deviation from a rule may entail further investigation, a possible site visit and probable non-certification.

   C. Indicate location of appropriate documentation showing compliance
   We are not asking for the physical location (street address, location in office). Simply, indicate where in your accompanying documentation where it states or demonstrates your compliance with these rules (page number, section heading, etc.). This documentation may include your policies and procedures, operational guidelines and should include the intake form, lethality form, confidentiality waiver signed by participants and agenda/curriculum outline.

3. Include the (3) letters of support and MOU from the local victim services agency.

4. Mail original and four (4) copies to
   The North Carolina Council for Women and Domestic Violence Commission
   Abuser Treatment Program Coordinator
   1320 Mail Service Center
   Raleigh, NC 27699-1320

If you have any questions, please call The North Carolina Council for Women and Domestic Violence Commission at (919) 733-2455.

N. C. Department of Administration
North Carolina Council for Women/Domestic Violence Commission
Certification Procedure for Abuser Treatment Applicants
Application for Certification Contact Sheet

Date of Application:_____

A. Provider Identification (Administrative Location):
1. Name of Agency_____
2. Address_____
_____
3. Telephone_____ Fax_____
4. Website (if applicable) _____
5. Agency Director or Contact_____
6. Email Address _____
7. Status: ( ) Public ( ) 501©(3) non-profit ( ) Private-for-profit
8. Gender of Clients Served
   - ❑ Males ❑ Females ❑ Both
9. Do you provide Spanish-speaking programs for Latino clients? Yes No

B. Delivery Site(s): List individual county names and office addresses, including Judicial Districts, of each site where groups are held. (Attach additional sheet if needed)

1. County Location:_____
   Address:_____
   _____
   Telephone:_____
   Contact Person:_____
   Judicial District:_____

2. County Location:_____
   Address: _____
   _____
   Telephone: _____
   Contact Person: _____
   Judicial District: _____

3. County Location:_____
   Address:_____
   _____
   Telephone:_____
   Contact Person:_____
   Judicial District:_____

4. County Location:_____
   Address:_____
   _____
   Telephone:_____
   Contact Person:_____
   Judicial District:_____

Certification: The information provided in this application is accurate.

_____ _____
Signature Title

_____
Date

This section of the application acts as a guide for you to check the policies and procedures that you are sending to ensure that they contain the specified rules.

INTAKE AND ASSESSMENT Reference Rule: 01 NCAC 17 .0704

- ❐ Does your treatment program conduct a comprehensive intake and assessment to all participants? (Please provide sample)

Does the intake include:

- ❐ family and social history
- ❐ medical health history
- ❐ relationship history
- ❐ history of violent, abusive, and controlling behavior
- ❐ history of past criminal behavior
- ❐ substance abuse history and screening
- ❐ assessment of participant's cognitive or social skills
- ❐ any other factors that might interfere with the participation in a group program
- ❐ lethality assessment

Location of items in your accompanying paperwork: _____
_____

Lethality Assessment:

- ❐ Is your lethality assessment of all participants ongoing through out treatment and not limited to intake? (Please provide sample)

Does your lethality assessment include the following indicators of increased lethality risk:

- ❐ violence that increases in severity, frequency, and specificity
- ❐ a high degree of ownership that the abuser expresses regarding the victim
- ❐ violation of court orders and conditions of probation
- ❐ change in access to and relationship with victim
- ❐ accessibility to weapons, especially firearms
- ❐ life stressors (e.g., divorce, chronic illness, death of loved one, and unemployment)
- ❐ frequent or severe intoxication from alcohol or other drugs
- ❐ threatened or attempted homicide or suicide
- ❐ stalking behavior
- ❐ history of holding victim captive
- ❐ pet abuse
- ❐ victim making plans to leave or has already left
- ❐ extreme isolation of the victim
- ❐ increased level of risk-taking by the abuser
- ❐ history of sexual assault
- ❐ acute mental health problems, including depression and anti-social behavior
- ❐ past use of weapons or objects
- ❐ strangulation behaviors
- ❐ violence in the family of origin

- ❐ Does your abuser treatment programs provide initial and ongoing referral services for participants who have concurrent substance abuse, medical, or mental health problems?

Location of items in your accompanying paperwork: _____
_____

VICTIM SAFETY Reference Rule: 01 NCAC 17 .0705

- ❐ Does your program make documented, good faith attempts to make contact with the victim upon the participant's enrollment in the program?

- ❐ Does this contact include information about the program and its limitations, victim confidentiality, and local resources for victims?

- ❐ Does the program attempt, in collaboration with the victim service agency, to contact the victim when the program participant has completed half of the sessions, at termination, unless the victim declines contact or is unable to be located?

- ❐ If program participants and persons who have been victimized by those participants receive direct services from the same agency, is it assured that the same staff person or volunteer does NOT provide services to both parties?

  - ❐ Is all information about or from the victim kept confidential from the program participant, except with written permission from the victim?

  - ❐ Is it assured that the victims' groups and abuser treatment groups do NOT occur simultaneously at the same facility?

- ❐ Does your program network with its local victim services program and have a current memorandum of understanding regarding cooperation with that program in place? Please provide copy of the memorandum.

Location of items in your accompanying paperwork: _____
_____

PROGRAM STRUCTURE **Reference Rule: 01 NCAC 17 .0706**

- ❒ Are your treatment programs provided in group sessions unless there are same gender, age, geographic or language restrictions?

- ❒ Are individual counseling sessions provided only as a supplement to group treatment?

Group Composition:

- ❒ Does each group have at least two facilitators per session if the size of the group exceeds eight participants?

- ❒ Are treatment groups limited to no more than 16 participants?

- ❒ Is it assured that female participants do not attend nor are they enrolled in groups with male participants?

Location of items in your accompanying paperwork: _____
_____

Program Length:

- ❒ Are treatment intervention programs provided for a total of 39 hours of group treatment over a minimum period of 26 weeks?

- ❒ Are the 39 hours of the group treatment completed within 30 weeks?

- ❒ Is each group session at least one and one-half hours long?

Fees:

- ❒ Have your programs established locally-determined fees?

Location of items in your accompanying paperwork: _____
_____

ABUSER TREATMENT PROGRAM CURRICULUM
Reference Rule: 01 NCAC 17 .0707

- ❒ Does your abuser treatment program have and comply with a written program curriculum?

Does the written curricula include the following:

- ❒ identification of all forms of physical, emotional, economic, sexual and verbal abuse and violence
- ❒ impact of domestic violence on the victim and the abuser
- ❒ impact of domestic violence on children including children who are abused and children who witness domestic violence
- ❒ emphasis on the responsibility of the batterer for his or her violence and abuse
- ❒ identification of the personal, societal, and cultural values and beliefs that legitimize and sustain violence and oppression
- ❒ alternatives to violence and controlling behaviors
- ❒ identification of healthy relationships
- ❒ promotion of accountability, self-examination, negotiation, and fairness
- ❒ the relationship between substance abuse and domestic violence
- ❒ the relationship between mental illness and domestic violence
- ❒ identification of the behavioral, emotional, and physical cues that precede escalating violence

Location of items in your accompanying paperwork: _____
_____

Note: For curriculum documentation, your entire curricula and treatment program materials is NOT required. An agenda and/or syllabus that indicate the required components will be sufficient. For prohibited program elements and those that should not be the primary focus of the treatment program, a statement in your policy or guidelines should suffice.

PROHIBITED ACTIVITIES **Reference Rule: 01 NCAC 17 .0708**

The following methods are prohibited:

- ❒ Couples therapy or counseling
- ❒ Any therapy or counseling which places the responsibility for adult behavior on the children or the victim
- ❒ Any theoretical approaches that treat the violence as a mutual process
- ❒ Any counseling models that identify the violence as an addiction and the children or adult victim as enabling or codependent

The following methods are prohibited from being the primary focus of the intervention:

- ❒ techniques that lay primary causality on anger
- ❒ theories or techniques that identify poor impulse control as the primary cause of the violence
- ❒ methods that identify psychopathology on either parties' part as a primary cause of violence
- ❒ interventions that base causation on a lack of communication skills
- ❒ the gradual containment or de-escalation of violence

Location of items in your accompanying paperwork: _____

_____

PARTICIPANT TERMINATION **Reference Rule: 01 NCAC 17 .0709**

Without limiting your ability to make more stringent requirements, can termination occur when a participant:

- ❐ Has a known recurrence of violent conduct, intimidation, stalking or harassment behavior
- ❐ Fails to abide by the program rules and regulations, including absences and any other matter set forth in these standards
- ❐ Fails to participate and attend sessions according to the program criteria
- ❐ Fails to comply with the program's alcohol and drug policy
- ❐ Demonstrates increased risk of lethality as demonstrated by the lethality assessment

If a participant is terminated from the abuser treatment program, does your program:

- ❐ Document the reasons for the termination without jeopardizing the victim's safety
- ❐ Make specific recommendations to the probation officer or referring judge, including any alternatives such as weekend incarceration, community service hours, restitution, probation violation, or return to the program
- ❐ Inform the victim of the participant's termination within two days, unless the victim declines contact or is unable to be located
- ❐ Inform the program from which the victim is receiving domestic violence services of the participant's termination within seven days
- ❐ Complete a risk assessment with the victim and make efforts to assist the victim in minimizing violence that may occur after the participant's termination, unless the victim declines contact or is unable to be located
- ❐ Inform the probation officer and referring judge (or the chief District Court judge in the absence of the referring judge) and District Attorney's Office in writing of the participant's termination within seven days

Location of items in your accompanying paperwork: _____

_____

PROGRAM ASSESSMENT **Reference Rule: 01 NCAC 17 .0710**

Does your program agree to submit quarterly statistical reports to the Council for Women and Domestic Violence Commission which shall include

- ❐ Tracking of participants received by, accepted into and completing the program
- ❐ The sources of referral
- ❐ An analysis of completion rates and reasons for termination
- ❐ An analysis of contacts with participants' victimized partners
- ❐ An assessment of program impact, including but not limited to re-offense rates?

Location of items in your accompanying paperwork: _____

_____

PROVISIONS OF DIRECT SERVICES **Reference Rule: 01 NCAC 17 .0711**

- ❐ Does your program have written policies and procedures for determining qualifications for all staff, consultants, or volunteers delivering direct services to participants?

- ❐ Do these policies address situations where individuals who have committed domestic violence and are provided guidelines for determining whether the conduct undermines the integrity of the program or will interfere with the individual's performance?

- ❐ Does your program have a pre- service and continuing education plan for staff, consultants and volunteers?

Location of items in your accompanying paperwork: _____

_____

CONTINUING EDUCATION **Reference Rule: 01 NCAC 17 .0712**

- ❐ Do your group facilitators receive a minimum of 6 hours per year of continuing education or training on domestic violence?

- ❐ Do Direct Service Staff, including staff conducting assessments, receive a minimum of 20 hours per year of continuing education or training on domestic violence?

Location of items in your accompanying paperwork: _____

_____

PARTICIPANT CONFIDENTIALITY Reference Rule: 01 NCAC 17 .0713

- ❒ Does your program have and comply with written policies and procedures regarding participant confidentiality and provide notice of the policies and procedures to all who provide direct services and those with access to participant records.

- ❒ Except for the reasons noted below, is it assured that program staff will NOT disclose, without the participant's consent, any confidential communications made by a participant to the program staff during the course of the program?

Exceptions to Confidentiality: Is participant information kept strictly confidential except under the following conditions:

- ❒ When a participant makes an overt or covert threat to harm self or others, does program staff warn the potential victim and law enforcement personnel?

- ❒ Does program staff promptly contact the partner, any other potential victim, and law enforcement if the staff member believes someone is at risk?

- ❒ If the victim cannot be reached, do staff contact the CFW/Commission or any local victim services program that may provide assistance in locating the victim.

- ❒ Does the program undertake an ongoing assessment of the risk of danger to the victim, the children, or the participant him or herself? (See Rule 01 NCAC 17 .0704(c) regarding lethality assessment)

- ❒ If a participant is suspected of child abuse or neglect, does program staff report such abuse or neglect to the director of social services in the county where the juvenile resides (pursuant to G.S. 7B-301)?

- ❒ If a participant has been mandated to an abuser treatment program by a judge, does program staff release information about acceptance to, attendance, compliance with program rules and guidelines, behavior in group, and current abuse or threats of abuse to an officer of the court, a probation officer, or a judge?

- ❒ Does the program notify or make good faith, documented attempts to notify the person identified as the victim of abuse of the participant's acceptance or rejection for enrollment in the abuser treatment program for the dual purposes of ensuring the safety of victims and providing information about the program?

- ❒ Does the program release information about a participant when the participant or his or her heirs, executors or administrators file a suit or complaint against the abuser treatment program that arises out of or is connected with the services rendered or denied to such participant by the program?

Location of items in your accompanying paperwork: _____

_____

Waiver of Confidentiality:

- ❐ Are there available Waivers of Confidentiality that are signed by the participant in the course of the program whereas information may be shared according to the terms of the waiver? (Please provide sample)

Group Confidentiality:

- ❐ Are all abuser treatment program counseling and educational groups confidential and closed to those other than participants, program staff, and other professionals necessary for the functioning of program services? Exceptions may include those who provide services to the deaf, offer language translation and interpretation, or bring information critical to the curriculum to the group.

- ❐ Do other people who wish to visit, including newspaper reporters, grant-makers, and the participant's family and friends, attend only when the participants unanimously agree to a visit, and upon a written warning by the staff that the program shall not be responsible for any breach of confidentiality?

- ❐ Does program staff advise visitors and participants of the confidentiality policy and require visitors to execute an agreement not to disclose identity of participants or participant-specific information except as they receive written permission to do so?

Separate Records:

- ❐ Are participant and victim records maintained in separate locked files with assurances that there is no commingling of confidential information?

Location of items in your accompanying paperwork: _____

_____

VICTIM CONFIDENTIALITY Reference Rule: 01 NCAC 17 .0714

- ❐ Is all information provided by the victim kept confidential unless the victim gives written permission for the program to release the information?

- ❐ Is all information received by the victim kept in separate files from the participant's files?

- ❐ If the victim tells the abuser treatment program that the participant has committed a new offense, does the treatment program encourage the victim to contact an appropriate law enforcement agency and the local victim services program or other support services?

Location of items in your accompanying paperwork: _____

_____

RIGHT TO ACCESS **Reference Rule: 01 NCAC 17 .0716**

- ❒ Does the Commission or any of its authorized representatives have access to any books, documents, papers, participant or other records of any applicant abuser treatment program needed to make a determination during the approval process or any time thereafter unless otherwise protected by law?
  This right to access only relates to records regarding the program component governed by these rules and does not include other agency records.

Location of items in your accompanying paperwork: _____

_____

EQUAL OPPORTUNITY **Reference Rule: 01 NCAC 17 .0718**

- ❒ Are there assurances that the abuser treatment program does NOT deny services to any participant or its providers because of age, race, sex, creed, color, national origin, or disabling condition?

Location of items in your accompanying paperwork: _____

_____