



Council for Women & Youth Involvement
Department of Administration

Application for Batterer Intervention Program Approval

Please take note of two changes to the application for approval instructions for the Batterer Intervention Program:

1. You are to submit only **ONE (1) ORIGINAL COPY** of the application to the NC Council for Women and Youth Involvement.
2. All signatures in the application must be made in **BLUE INK**.



Council for Women & Youth Involvement
Department of Administration

Application for Batterer Intervention Program Approval

Authority

The following document outlines the process for Batterer Intervention Program (BIP) approval, conducted by the North Carolina Council for Women and Youth Involvement (NC CFW & YI) 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 <https://ncadmin.nc.gov/advocacy/women/abuser-treatment-program>

The NC CFW & YI is responsible for BIP approval. Every BIP making application shall provide documentation 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 NCCFW&YI/DVC, 01 NCAC 17 .0703 (e).

Policies and Procedures should reflect original content from the agency and its intent to provide BIP services in accordance with 01 NCAC 17.0700. Please do not recite the rules verbatim in your policy and procedure manual.

Approval Cycles and Application Period

Applications will be reviewed for approval semiannually in March (application must be postmarked no later than February 20) and September (application must be postmarked no later than August 20). Your application will be review by the Batterer Intervention Committee of the Domestic Violence Commission. Entities applying will be notified of their approval, denial, or need for clarification/deficiencies on or before April 1st (February 20th) or October 1st (August 20th). Any deficiencies shall be corrected before the application is approved.

NOTE: ALL SIGNATURES MUST BE IN BLUE INK. PLEASE DO NOT SUBMIT SPIRAL BOUND MATERIALS.

SUBMIT ONE (1) ORIGINAL OF ALL MATERIALS FOR THE COMPLETED POLICY AND PROCEDURE MANUAL TO:

Mailing Address:

The North Carolina Council for Women & Youth Involvement
Batterer Intervention Program Director
46 Haywood St. #309
Asheville, NC 28801

If you have any questions, please call the NC CFW & YI office.

Asheville office (828) 251-6169 or Raleigh office (919) 733-2455

(Tab 1) Complete this sheet and submit with application.

**North Carolina Department of Administration
NC Domestic Violence Commission/NC Council for Women & Youth Involvement
BATTERER INTERVENTION PROGRAM
APPLICATION COVER SHEET**

8/2019

DATE OF APPLICATION: _____

A. PROVIDER IDENTIFICATION:

Name of Agency _____

BIP Program name, if different from the agency name:

Administrative Office Address (if different from the delivery site listed below):

Telephone: () _____ Fax () _____

Do you give permission for this address and phone number to be made public? Yes No

Website (if applicable): _____

Agency Director: _____

Program Director if different from Agency Director: _____

Email Address for Program Director: _____

Program IRS Status: Non-profit Private-for-profit Public Gov.

Gender of Clients Served: Males only Females only Both

Spanish-speaking services for Latino clients? Yes No

B. DELIVERY SITE(s): List individual county names and office addresses, including the Judicial District, of each site where BIP groups will be held. (Please provide MOUs and letters of support for each county, see sections D & E for more details)

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

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

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

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

Certification: The information provided in this application is accurate

Signature (Agency Director)

Title

Date

**North Carolina Department of Administration
NC Domestic Violence Commission/NC Council for Women & Youth Involvement**

**Batterer Intervention Program
Statement of Understanding**

Please read, sign and notarize this form.

I understand and agree with the following regarding the information I have submitted for this application to the North Carolina Domestic Violence Commission/Council for Women and Youth Involvement (NC DVC/CFW&YI):

1. The information in my application may be used to create a database of information on the availability of certified Batterer Intervention Programs in the State of North Carolina.
2. Inclusion in the database as a certified BIP does not create an entitlement or guarantee of referrals. Certification by NC DVC/CFW&YI only guarantees consideration as a referral source for court ordered family violence offenders.
3. NC DVC/CFW&YI may release information regarding the status of my application and information regarding decisions to deny, revoke, or suspend my approval status to referring agencies.
4. If approved I will submit quarterly statistical reports to NC DVC/CFW&YI as required by *NCAC 17.0710*.
5. If approved I agree to be audited for compliance with Batterer Intervention Program Rules and Recommendations set forth in N.C. Administrative Code *NCAC 17.0704-17.0718*.

Signature of Agency Director: _____ Date: _____

_____ County, North Carolina

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document:

_____ *Name(s) of principal(s)*

Date: _____

(Official Seal)

_____ *Official Signature of Notary*

, Notary Public

_____ *Notary's printed or typed name*

My commission expires: _____

C. BATTERER INTERVENTION PROGRAM PHILOSOPHY

State the agency Batterer Intervention Program philosophy.

D. MEMORANDUM OF UNDERSTANDING

Submit a Memorandum of Understanding (MOU) from each county where service will be provided (refer to Rule 01 NCAC 17.0705 (5)). An MOU is an agreement between the applying BIP and the Domestic Violence victim service provider in each county where the BIP will operate. The MOU is not a letter of support, nor an endorsement of the BIP. The MOU is a signed agreement between both agencies that establishes a process for providing services to the victim to aid in their safety.

List the name(s) of the domestic violence service agency signing the MOU. If the program will operate in more than one county, complete an MOU for each county where service will be provided.

NOTE: A draft MOU is available on the CFW & YI website at

<https://ncadmin.nc.gov/advocacy/women/abuser-treatment-program> and is included at the end of this application.

NOTE: Any Domestic Violence agency that is applying to begin a BIP ***must also submit an internal MOU*** that will assure that victims and perpetrators will not be seen by the same staff, and that information and groups will be separate from each other; (refer to Rule 01 NCAC 17.0705 (2)).

E) THREE (3) LETTERS OF SUPPORT FROM EACH COUNTY

Submit three letters of support (refer to Rule 01 NCAC 17.0703 (d)) from each county where BIP service will be provided. These letters may come from among the following: a local domestic violence task force or coalition; a local department of social services, district attorney's office, law enforcement agency, or other governmental agency that is directly associated with domestic violence. Letters of support shall not be from agencies organizationally affiliated with the BIP. Letters of support shall be in the supporting agency's own words, on their letterhead, and have a current signature date (within three months of application date).

F) VERIFICATION OF CURRICULUM TRAINING/EXPERIENCE FOR ALL BIP STAFF

List all BIP staff name(s) with job title, and provide documentation (such as certification, course completion) of Domestic Violence (DV) training or equivalent experience. Please indicate which staff are directly trained in the BIP curriculum and include their curriculum training certificate.

SUBMIT THE POLICY AND PROCEDURES MANUAL WITH TABBED SECTIONS AS OUTLINED IN THE FOLLOWING INSTRUCTIONS.

(Tab 2)

INTAKE (Reference Rule: 01 NCAC 17 .0704 (a) & (b))

- State the agency policy and procedure for conducting the comprehensive client intake and assessment.
 - Provide a copy of the full intake tool and any associated intake documents

(Tab 3)

LETHALITY, FREQUENCY OF ASSESSMENT AND ONGOING REFERRAL (Reference 01 NCAC 17.0704 (c) and (d))

- State the agency policy and procedure for conducting the lethality assessment, how frequently the assessment is conducted, and any referral process to be used
 - Provide a copy of the assessment and lethality tool
 - Provide a copy of any referral form(s) used
 - If a different lethality tool is used for ongoing assessments, please provide a copy. If same tool is used, please indicate in policy.

(Tab 4)

VICTIM SAFETY (Reference Rule: 01 NCAC 17 .0705)

- State the agency policy and procedure regarding victim safety
 - Provide copies of any materials that will be shared with the victim.
 - Provide copy of victim contact letter.

(Tab 5)

PROGRAM STRUCTURE (Reference Rule: 01 NCAC 17 .0706)

- State the agency policy and procedure pertaining to treatment, group composition, program length, and fees.
 - Provide any forms, letters, or other documents given to the participant, including participant contract or agreement.

(Tab 6)

ABUSER TREATMENT PROGRAM CURRICULUM

(Reference Rule: 01 NCAC 17 .0707)

- State the agency policy and procedure for establishing and complying with a chosen curriculum, including the name of the curriculum used.
 - Provide the curriculum syllabus for the 26 week course work indicating the topics and content covered each week and demonstrating compliance with the eleven (11) topic areas listed in the rules.

(Tab 7)

PROHIBITED ACTIVITIES (Reference Rule: 01 NCAC 17 .0708)

- State the agency policy and procedure indicating the prohibited activities that will not be used.

(Tab 8)

PARTICIPANT TERMINATION (Reference Rule: 01 NCAC 17 .0709)

- State the agency policy and procedure for terminating participants from further participation in the program.

- Provide any forms, letters, or other documents that will be used when this situation occurs.

(Tab 9)

PROGRAM ASSESSMENT (Reference Rule: 01 NCAC 17 .0710)

- State the agency policy and procedure addressing program assessment.

(Tab 10)

PROVISIONS OF DIRECT SERVICES (Reference Rule: 01 NCAC 17 .0711) and

CONTINUING EDUCATION (Reference Rule: 01 NCAC 17 .0712)

- State the policy and procedure for determining qualification for all staff, consultants, or volunteers delivering direct services to participants.
 - Provide the pre-service and continuing education plan for staff, consultants and volunteers
 - Provide the name and qualification/curriculum training/or experience for each staff member that will be providing these services.
- State the agency policy addressing situations in which individuals have committed domestic violence and the agency guidelines for determining whether the conduct undermines the integrity of the program or will interfere with the individual's performance.

(Tab 11)

PARTICIPANT CONFIDENTIALITY (Reference Rule: 01 NCAC 17 .0714)

- State the agency policy and procedure regarding participant confidentiality.
 - Provide a copy of the confidentiality form
 - Provide the waiver of confidentiality form if not included in the above
 - Provide the form/letter used to communicate with the victim concerning the participant's acceptance or rejection for enrollment.
- State the agency policy and procedure regarding group confidentiality.

(Tab 12)

VICTIM CONFIDENTIALITY (Reference Rule: 01 NCAC 17 .0714)

- State the agency policy and procedure concerning victim information, both written and verbal, and how this information will be safeguarded.
- State the agency policy and procedure to be utilized when the victim tells a BIP staff member that the participant has committed a new offense.

(Tab 13)

RIGHT TO ACCESS (Reference Rule: 01 NCAC 17 .0716)

RECORD-KEEPING, DOCUMENTATION, AND REPORTS (reference rule: 01 NCAC 17. 0717)

- State the policy documenting that the program will maintain documents and records demonstrating compliance with the requirements imposed by these rules.

EQUAL OPPORTUNITY (Reference Rule: 01 NCAC 17 .0718)

- State the agency Equal Opportunity policy

(Tab 14)

APPENDICES: If you choose to submit other materials do so under this tab