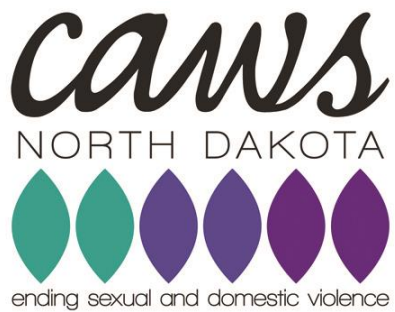


**NORTH DAKOTA
ADULT BATTERERS' TREATMENT
PROVIDERS' COMPLIANCE PACKAGE**

Sponsored by CAWS North Dakota



October 1999
Revised December 2013

INTRODUCTION

The North Dakota Batterers' Treatment Forum is a multidisciplinary group that was established in 1998 in response to the growing numbers of perpetrators arrested and prosecuted for domestic violence and the increasing referrals of the courts to domestic violence offender's treatment. The original goal of the forum to integrate the concerns of victims, the courts, law enforcement, treatment providers and the community at large and provide another means to work toward safety in the homes of ND families.

The effort to develop the forum was initiated by CAWS North Dakota in conjunction with the Division of Parole and Probation, and soon grew to include volunteer representatives from a variety of professional disciplines, each with a significant stake in developing an appropriate response to the need for the treatment of battering behaviors.

In 1998 the Batterer's Treatment Forum developed a brochure that summarized treatment standards for treatment providers in ND. Compliance to the standards is voluntary at this time. The judicial system in ND requested that in addition to the information in the brochure, they requested a list of providers in ND that meet the standards set forth by the ND Adult Batterers' Treatment Forum. To that end, this compliance application was developed and approved by the Batterers' Treatment Forum. CAWS North Dakota will distribute a list of programs in compliance with the standards to all ND judges. State's attorneys, domestic violence programs, counseling services, child welfare agencies, victim/witness advocates, and others who refer offenders to treatment will also receive the list of compliant programs.

REVIEW PROCESS

All compliance packages will be reviewed by a subcommittee of five of the batterers Treatment Forum members. The subcommittee will include a licensed mental health provider, two offender treatment providers, and two other Forum members. Subcommittee members will make recommendations to the full Forum.

Each program that has submitted a complete, signed compliance package will be notified in writing of the disposition of the ND Batterers' Treatment Forum and of any recommendations and suggestions on program operations. As a general rule, programs not yet operational will not be approved. Programs that are found not yet in compliance will be given information on how they can come into compliance with the protocol. Staff will be available to help programs with compliance issues.

Compliance packets will be accepted at all times throughout the year. Updated lists will be published quarterly, if necessary to include additional programs. Programs placed on the list will be notified on renewal dates and procedures.

Programs in need of assistance in completing this package or in meeting protocol standards may call Lloyd Rath at 701-746-0405 or Pat Olson at 701-293-7273.

PACKAGE INSTRUCTIONS

1. Complete the enclosed cover page
2. Answer all questions. If a question does not apply to your program, write "not applicable"
Do not skip questions.
3. If your policy or procedures are different than those in the standards, explain the difference,
and why you use that approach.
4. Make sure all boxes are checked and all materials are enclosed.
5. Be sure to include required letters of support.
6. Submit an original and 4 copies to:

Lloyd Rath
Co-BTF Coordinator
CVIC
211 South 4th Street
Grand Forks, ND 58201

Pat Olson
Co-BTF Coordinator
RACC
P.O. Box 2984
Fargo, ND 58018-2984

Incomplete packets will not be considered.

North Dakota Batterers' Treatment Compliance Package Cover

PROGRAM NAME _____

PROGRAM ADDRESS _____

PROGRAM DIRECTOR _____

CONTACT PERSON _____

TELEPHONE NUMBER _____

PROGRAM STATUS _____ for Profit _____ Non-Profit

Please list the three most common referral sources into your program:

1. _____

2. _____

3. _____

PROGRAM FUNDING INFORMATION: Please list all funding sources and the percentages those funds represent of your total budget:

FUNDING SOURCES	PERCENT OF TOTAL BUDGET
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

**ENCLOSE COPIES OF THE FOLLOWING AND CHECK THE BOX
TO VERIFY THAT YOU HAVE DONE SO:**

- Brief description of the structure of the parent organization for the offender program (i.e., human service center, private practice, etc.). This may include a copy of an organizational chart.
- Mission statement
- Letter of collaboration from your local domestic violence program. (Address items on page 16 of BTS Standards.)
- Copies of facilitators' resumes and/or curriculum vitae.
- Drug and alcohol-free workplace policy for facilitators.
- Agency personnel policies or ethics codes.
- Statement or policy on supervision practice for the supervision of treatment facilitators.
- Victim notification/involvement policy
- Intake
 - Lethality assessment
 - Treatment Contract
 - Crisis Plan (Address items on page 18-20 of BTS Standards)
- Copy of your brochure advertising the group (if you have one)
- Copy of mental health provider license(s)
- Agreement/Memorandum of understanding with the justice system (courts and probation). (address items on page 15 of BTS Standards.)
- Treatment Curriculum
- Supervisor's statement of certification regarding training received in categories indicated on page 25) of BTS.

PLEASE ANSWER THE FOLLOWING QUESTIONS

(If any of the following information requested can be found in materials you are already providing, indicate where the Review Committee can find this information among materials sent)

1. Describe the basic structure of your program including average size of group, the number of facilitators per group, length of group, waiting period policy, and fee policy.
2. Briefly describe who is and who isn't appropriate for your group and how you make that determination.
3. Briefly describe or enclose your termination policy.
4. Have you or any of the domestic violence offender treatment providers on your staff ever been convicted of a violent or threatening misdemeanor or felony crime against a person(s)? If yes, please explain.

By signing the following statement, you and other facilitators sponsored by your agency agree to the terms indicated in said statement. Please read carefully, sign and date it, and return along with your compliance application.

I, _____, (name)
_____ (title) on behalf of
_____ (agency name) and other
domestic violence offender treatment providers employed by
_____ (agency name) have read,
understand, and agree to adhere to the terms set forth in the ND Adult Batterers' Treatment Standards in order that our offender program will be listed as indicated in the introduction section of the compliance application. Our offender program and its facilitators agree to maintain a violence free lifestyle, we agree to refrain from competing with victim service providers for funding, we agree that group re-education/therapy is the treatment of choice for offenders and will not provide couples counseling as indicated in the Batterers' Treatment Forum Standards.

Signature

Date