Maryland
GOVERNOR'S OFFICE OF CRIME PREVENTION AND POLICY

Governor's Office of Crime Prevention and Policy

The Governor's Family Violence Council

Abuse Intervention Program (AIP)

Certification Application

Application Submission Deadline: Wednesday, April 1, 2026

Governor's Office of Crime Prevention and Policy
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General Instructions

The Governor's Family Violence Council (FVC) Abuse 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 individuals who cause harm to an intimate partner 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 Bench Book for Maryland Judges and receive referrals from the Department of Parole and Probation.

The following application outlines the requirements for AIP certification, as described in the Governor's Family Violence Council's Operational Guidelines for Abuse Intervention Programs in Maryland. Programs that certify compliance with state guidelines for abuse intervention programs and meet the requirements of this application will be included in the Governor's Family Violence Council's list of certified abuse intervention programs. Applications and supporting documents ***must be submitted electronically*** to Rebecca Allyn, Manager of Victim Services Initiatives, Governor's Office of Crime Prevention and Policy, at Rebecca.allyn@maryland.gov **NO LATER THAN 3:00 P.M. ON WEDNESDAY APRIL 1, 2026.**

Please do not mail applications.

Certification Timeline

Applications are due to the Governor's Office of Crime Prevention and Policy by **Wednesday, April 1, 2026**. Applications will be reviewed for completeness. Applicants will receive a letter of acceptance or denial in May. Certification is valid for three years from the date of certification.

Audit Process

During the three-year period after certification, the FVC may audit a certified program to ensure compliance with the Guidelines. At any time during normal business hours, and as deemed necessary by the certifying body (the FVC), the certified AIP shall make available to the Manager of Victim Services Initiatives and the Governor's Family Violence Council or any of their authorized representatives, any of the program's records for inspection and audit.

Technical Assistance (TA) Session

The Governor's Family Violence Council will conduct a technical assistance session to provide application assistance and answer questions. The TA Session will be held on **Wednesday, March 4, 2026 at 10:00 a.m.** Please join using the Google Meet information below.

Google Meet Link: meet.google.com/ose-zbed-ncv
Phone: 1 513-480-3028 PIN: 846 462 361#

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

Application for Certified Compliance with Maryland Guidelines for Abuse Intervention Programs

Complete this sheet and submit it with the application.

2026-2029

Application Period | Date

Name of Abuse Intervention Program (AIP)

AIP Program Director

AIP Address

Name of Parent Organization

Executive Director | Name of Contact to appear in Judge's Bench Book

Address if different from above AIP Address

AIP Phone | Fax

Program Website | Email

Fee for your program | Program Hours of Operation

Program Format (In-Person, Virtual, or Both)

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.*

The following criteria are directly related to the Governor's Family Violence Council's Operational Guidelines for Abuse Intervention Programs in Maryland and are required for certification. Please refer to the guidelines for any clarification. In areas where supporting documentation is requested, but not provided, it will be determined that the program does not meet the requirement. **Please note**: When program policies and forms are requested, please only submit those pages pertinent to the policy requested. **Do not** send copies of entire policy manuals with your application. If a policy or form addresses multiple guidelines, **only submit one copy**.

3.0 OPERATING STANDARDS

3.1 Victim Confidentiality

Include the policy/procedure, and any relevant forms or supporting documentation for victim confidentiality and reporting with the application.

A. Victim confidentiality
B. i. Child abuse reporting
ii. Vulnerable adult and elder abuse reporting
iii. Victim notification of child abuse, vulnerable adult and elder abuse reporting
C. Separation of files.
Name of file supervisor: _____

Professional License Type and #: _____

3.2 Intake Process

Include the policy/procedure, and any relevant forms or supporting documentation for client intake and assessment with the application.

A. Notify courts that an applicant or participant is not amenable to the program's services and make appropriate recommendations.
B. Notify courts that a referred individual failed to contact your program within one month.
C. Conduct screenings and intake within 10 days of contact by the applicant.
D. Develop a history and profile of the participant's violent behavior based on descriptions from criminal justice agencies, the victim(s), treatment programs, and other relevant persons or agencies.
E. i. Secure a waiver of confidentiality from the participant to allow communication with the victim and, if possible, the current partner and all previous partners with whom the participant has children with, about incidents of abuse and the participant's attendance in the program.
ii. Attempt to provide information to victims about services available to maintain safety, as well as educational and counseling resources.
F. Secure a waiver of confidentiality from the participant to allow the certifying body to audit, monitor and evaluate program records and group activity to ensure program compliance with Guidelines.
G. The AIP shall either provide or refer participants for treatment services to address factors contributing to the abusive behavior. The AIP will secure from the participant a reciprocal release of information to allow for an exchange of information with relevant service providers.
H. A contract, specifying the responsibilities of both the program and the participant, that

reflects the following:

i. The duration of the program.
ii. Agreement on fee rates and payment requirements.
iii. Agreement to stop all forms of violence.
iv. Agreement to refrain from drug and alcohol use while attending group meetings.
v. Conditions resulting in program non-compliance and the consequences thereof.

Include the policy/procedure <u>and</u> appropriate intake forms with the application, to include:

i. Participant's full name;
ii. Address;
iii. Victim's name and contact information;
iv. History of substance abuse;
v. History of mental/behavioral health, including diagnoses, hospitalizations, treatment and medications;
vi. Assessment for homicidal or suicidal threats or ideation;
vii. Description of referring incident;
viii. Information on possession and access to weapons, and any history of threat or actual use of weapons.

<u>3.3 Victim Safety</u>

Include the policy/procedure, <u>and</u> any relevant forms or supporting documentation for victim safety with the application.

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 must include:

i. Legal services;
ii. Emergency shelter;
iii. Counseling services;
iv. 24-Hour hotline;
v. Children's therapeutic resources

B. The AIP shall provide information about the effectiveness of AIPs in general and, if available their own specific AIP.

C. i. The AIP shall attempt to inform the victim about the participant's attendance unless the victim requests not to be informed.

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 is available, at least three attempts should be made to reach the victims by phone. All attempts must be documented.

D. i. The AIP must evaluate the participant's lethality & warn victims deemed to be high risk.

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 another person.

E. The AIP shall have clearly written policies and procedures to define how partners/victims may file grievances and describe any and all steps of the grievance process.

<u>3.4 Program Format</u>

Include the policy/procedure, <u>and</u> any relevant forms or supporting documentation for program format.

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 of conflict are not appropriate for AIP groups and should not be included.
B. Group members should be of the same gender.
C. Program curriculum will be predominantly focused on issues of intimate partner violence. **Please attach a Table of Contents and outline of the program curriculum.**
D. i. Programs providing groups sessions must meet a minimum time requirement of 32 hours of group time extended over at least 20 weeks. The AIP shall have clearly written absence policies.
ii. Programs providing individual sessions must meet a minimum time of 16 meeting hours extended over at least 12 weeks.
E. AIP group members shall be given the opportunity to provide participant feedback to the AIP.

4.0 DISCHARGE CRITERIA

4.1 Program Completion

Include the policy/procedure, and any relevant forms or supporting documentation for program completion with the application.

A. Participants shall be considered to have completed the program upon fulfilling the requirements set forth in the program contract.
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

Include the policy/procedure, and any relevant forms or supporting documentation for program reporting with the application.

A. The AIP shall notify the court, corrections, probation or other court monitor of the participant's attendance and participation and make appropriate recommendations when necessary.
B. i. The AIP shall notify the victim of the participant's completion of or termination from the program, unless the victim requests not to be informed. Notification shall include, at a minimum, whether the participant has complied with the court order.
ii. The AIP shall advise the victim that program completion cannot guarantee their safety and may not reduce abusive behaviors.
C. The AIP shall notify the Governor's Family Violence Council if the AIP can not provide groups for any reason, and if the program has a waitlist.

5.0 PROGRAM STAFFING

Include the policy/procedure, and any relevant forms or supporting documentation for program staffing with the application.

A. i. Staff employed by the AIP shall be violence free in their own lives.
ii. No AIP shall hire an individual who has caused harm against an intimate partner 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.

B. 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.

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.

D. Volunteers and intern staff must be supervised on site at all times by a paid staff member.

E. Participants who complete the program and are invited to serve as mentors or facilitators in the program will always be supervised by paid staff members on site.

Include the policy/procedure, <u>and</u> any relevant forms or supporting documentation (e.g., job descriptions, organizational charts, etc.) with the application.

F. i. At least one of the group facilitators in every session must have a minimum of a Bachelor's level human service degree.

ii. Every program must have an individual with a Masters' level clinical license that can provide supervision for program staff.

iii. Intake staff without advanced degrees must be supervised by a staff member with a minimum of a Bachelor's degree in a human service field.

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 (COMAR), on dynamics of intimate partner violence and its effects on children. Please see the attached list of COMAR programs for further clarification. **Please attach documents verifying completion of such training for <u>ALL</u> AIP staff hired on or after 01/01/2009.**

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 abuse intervention program certified in its state. **Please attach documents verifying completion of such training for <u>ALL</u> AIP staff hired on or after 1/01/2009.**

****Please include confirmation of registration for any pending training.****

6.0 COMMUNITY COLLABORATION

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

A. Intimate partner victim services as defined by COMAR within the programs jurisdiction or county. Services must include shelter, legal services, and a 24-hour hotline/helpline. **Attach a written collaborative agreement from the appropriate victim services partner as part of your application, if not part of the same organization. See sample collaborative agreement here.**

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 the policy/procedure as part of your application.**

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 Behavioral Health Administration. **Attach a copy of the policy/procedure as part of your application.**

D. Intimate Partner Violence Coordinating Council- The program or a representative of its agency will attend at least half of the meetings scheduled by its local Domestic Violence Coordinating Council (DVCC) annually. **Attach a copy of the policy/procedure or supporting documentation.**

E. Parole & Probation – Provide a minimum of monthly updates on participants supervised by the Division of Parole & Probation. **Attach a copy of the policy/procedure as part of your application.**

LETTERS OF SUPPORT/COLLABORATIVE AGREEMENT

Attach **two** required letters of support/collaborative agreement for your program, detailing the relationship between your program and the organization. **At least one must be from a comprehensive domestic violence program as defined by COMAR and must be a collaborative agreement or memorandum of understanding** (This is the same requirement in Section 6.0.a.). Certification will not be granted without the agreement of collaboration, even if letters from other sources are provided. If the program is unable to obtain a collaborative agreement/memorandum of understanding from the comprehensive agency in the same jurisdiction, please include documentation that efforts have been made to attempt to obtain an agreement.

****The Governor's Family Violence Council encourages active communication and collaboration prior to the certification cycle.****

Please see the list below of COMAR Domestic Violence Programs for further clarification. **If the domestic violence program is employed by your parent organization, please provide a third letter of support from outside of your program and parent organization.**

Below is a list of the programs that provide domestic violence services per COMAR regulations.

- Allegany County: Family Crisis Resource Center
- Anne Arundel County: YWCA of Annapolis and Anne Arundel County
- Baltimore City: House of Ruth Maryland
- Baltimore County: Family Crisis Center of Baltimore County, and TurnAround, Inc.
- Calvert County: Calvert Center for Change (formerly Crisis Intervention Center)
- Caroline (Dorchester, Kent, Queen Anne's and Talbot Counties): Mid-Shore Council on Family Violence
- Carroll: Springboard Community Services (formerly Family & Children's Services)
- Cecil: The Bridge, Domestic Violence/Rape Crisis Center
- Charles: Center for Abused Persons
- Frederick: Heartly House
- Garrett: The Dove Center
- Harford: Spouse Abuse/Sexual Assault Resource Center (SARC)
- Howard: HopeWorks of Howard County
- Montgomery: Montgomery County Trauma Services (formerly the Abused Persons Program)
- Prince George's: Community Crisis Services, Inc.
- St. Mary's: Southern Maryland Center for Family Advocacy
- Washington: CASA, Inc.
- Wicomico (Worcester and Somerset): Life Crisis Center

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 but must be completed.

Organizational Structure

1. How long has your parent organization been in operation?
   a. Less than 1 year ☐
   b. 1-3 years ☐
   c. 3-5 years ☐
   d. More than 5 years ☐

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

_____

_____

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

Abuse Intervention Program Information

1. How long has your abuse intervention program been in operation?
   a. Less than 1 year ☐
   b. 1-3 years ☐
   c. 3-5 years ☐
   d. More than 5 years ☐

2. Do you offer the following interventions?
   a. Group ☐
   b. Individual ☐
   c. Both ☐

3. How many participants has your program served during the past three years (or since its inception if operating less than three years)? _____
   a. Of that, how many successfully completed the program? _____

4. How many participants has your program served during the previous year? _____

5. How many participants has your program counseled individually during the past three years (or since its inception if operating less than three years)? _____
   a. Of that, how many successfully completed the program? _____

6. How many participants has your program counseled individually during the previous year? _____

7. How many abuse intervention groups does your program run per week? _____

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

9. Do you currently have a waitlist? _____ If so, how many clients are on the waitlist? _____

10. Approximately what percentage of your participants are court mandated to attend? _____%

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

12. How many participants successfully completed the program in the last year (2025)? _____

13. Please attach an organizational chart of the abuse intervention program to this application.

14. Please attach a mission/philosophy statement for the abuse intervention program.

15. Please attach the fee schedule used by the abuse intervention program.

<u>Staffing</u>

1. How many group facilitators currently work in your program? _____
    a. How many are full-time? _____
    b. How many are part-time? _____

2. How many other direct service staff members currently work in your program? _____
    a. What are their job titles? _____

3. Are there any vacancies?
    a. Yes ☐
    b. No ☐
    c. If yes, please note the length of vacancy and plans for rehiring.
    _____

4. What is the average time your group facilitators have been working in abuse intervention?
    a. Less than 1 year ☐
    b. 1-3 years ☐
    c. 3-5 years ☐
    d. More than 5 years ☐

5. What is the average time your other direct service staff have been working in the field of domestic violence?
    a. Less than 1 year ☐
    b. 1-3 years ☐
    c. 3-5 years ☐
    d. More than 5 years ☐

Application Checklist

This checklist is intended to be a helpful tool and ensure you provide all required documentation. The items **must** be submitted for the application to be considered a complete certification application.

3.0 OPERATING STANDARDS

3.1 Victim Confidentiality

- ☐ Victim confidentiality
- ☐ Child abuse reporting
- ☐ Vulnerable adult and elder abuse reporting
- ☐ Victim notification of child abuse, vulnerable adult and elder abuse reporting
- ☐ Separation of participant and victim files

3.2 Intake Process

- ☐ Court notification of applicant or participant that is not amenable to the program
- ☐ Court notification for referred participant's failure to contact the program
- ☐ Conducting screenings/intakes within 10 days of contact
- ☐ History and profile of participant's violent behavior
- ☐ Intake/application forms
- ☐ Waiver of confidentiality with victim(s)
- ☐ Waiver of confidentiality for the certifying body to audit, monitor, and evaluate program
- ☐ Provide/refer participants for treatment to address contributing factors/reciprocal release
- ☐ Information to victims about services available to maintain safety
- ☐ Contract specifying the responsibilities of the program and participant

3.3 Victim Safety

- ☐ Provide information about local resources available to the victim
- ☐ Provide victims with information about the effectiveness of AIPs
- ☐ Inform the victim about the participant's attendance
- ☐ Victim contact - document attempts
- ☐ Evaluation of the participant's lethality and procedure for warning high risk victims
- ☐ "Duty to warn" procedure if a direct threat is made by a participant
- ☐ Grievance procedure and policy

3.4 Program Format

- ☐ Group members must have history of intimate partner violence
- ☐ Group member format
- ☐ Table of Contents or outline of the program curriculum
- ☐ Group session length
- ☐ Individual session length
- ☐ Absence policies
- ☐ Participant feedback

4.0 DISCHARGE CRITERIA

4.1 Program Completion

- ☐ Program completion
- ☐ Program policy on a new, documented incident of abuse

4.2 Program reporting responsibilities

- ☐ Program reporting to referral source
- ☐ Victim notification of participant's attendance and completion
- ☐ Victim notification that program completion cannot guarantee safety
- ☐ Waitlist policy and notification to FVC

5.0 PROGRAM STAFFING

- ☐ Staff policy on violence
- ☐ Staff policy on hiring individuals with a history of intimate partner violence
- ☐ Staff drug and alcohol policy
- ☐ Staff hiring policy
- ☐ Volunteers and intern staff policy
- ☐ Mentor/facilitator policy
- ☐ Staff education policy
- ☐ Masters' level clinical license supervision
- ☐ Intake staff policy
- ☐ Staff completion of 30 hours of training on dynamics of IPV and its effects on children
- ☐ Staff completion of 30 hours of training on working with perpetrators of IPV

6.0 COMMUNITY COLLABORATION

- ☐ A collaborative agreement/memorandum of understanding (MOU) with a comprehensive domestic violence program in the program's jurisdiction or county
- ☐ Mental health screening process and a list of local service providers
- ☐ Substance use screening process and list of local service providers
- ☐ Participation in local Domestic Violence Coordinating Council (DVCC)
- ☐ Monthly updates on participants supervised by the Division of Parole & Probation

LETTERS OF SUPPORT

- ☐ Collaborative agreement/MOU detailing the relationship between your program and the comprehensive domestic violence program (*This is the same requirement for 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

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

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 Abuse Intervention Programs in Maryland* (hereinafter referred to as the Guidelines), and the abuse 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 and the FVC.

I understand that participation in the certification process for abuse intervention programs is voluntary.

Signature	Name of Abuse Intervention Program
Print Name	Name of Parent Organization
Title	Date