



Guidelines for Batterers' Intervention Program Providers

These guidelines are intended to supplement the Penal Code. In any areas of conflict with the Penal Code, the Penal Code shall supersede this document.

Revised February 17, 2016

TABLE OF CONTENTS

Introduction

I.	Principles/Philosophy of Batterers' Intervention Program (BIP) Providers	1
II.	Ethical Standards for BIP Providers	1
III.	Staffing, Education & Training Requirements	2
IV.	BIP Approaches	4
V.	Program Content	5
VI.	Referral and Intake Procedure	7
VII.	Length of Treatment	8
VIII.	Fees	8
IX.	Termination for Failure in the Program	9
X.	Successful Termination	10
XI.	Victim Services	10
XII.	Inspection by the Court or Probation	11
XIII.	Record Keeping	11
XIV.	Certification of BIPs	12

ATTACHMENTS

Attachment A	Victim Letter	15
Attachment B	Quarterly Report	16
Attachment C	Sliding Scale Fee Structure	18
Attachment D	BIP Fee Assessment Procedures	19
Attachment E	Income and Expense Declaration (FL-150)	20
Attachment F	BIP Fee Payment Agreement	24

INTRODUCTION

The purpose of Santa Barbara County's Guidelines for Batterers' Intervention Program (BIP) Providers is to ensure compliance with statutory requirements related to the delivery of BIP services as ordered by the Court, monitored by the Probation Department, and subject to specifications outlined in Sections 1203.097 and 1203.098 of the Penal Code.

Persons convicted of crimes of domestic violence are required to participate in and complete the BIP. The County's BIP providers are expected to deliver the best therapeutic practices available so that the twin goals of rehabilitation and strengthening the family unit can be accomplished.

I. Principles/Philosophy of Batterers' Intervention Program (BIP) Providers

- A. BIP providers will treat domestic violence (DV) as a crime which will not be condoned.
- B. The primary focus of BIP programs will be to stop the violent behavior of the offender, not to save the relationship.
- C. Offenders will be held entirely responsible for their violent behavior.
- D. BIP providers will work cooperatively with interrelated agencies such as law enforcement, the Courts, battered women's shelters, Probation, District Attorney's office, victim advocates, etc.
- E. BIP providers will be culturally sensitive and strive to reflect the community's cultural diversity.
- F. BIP providers are expected to contribute to heightened public awareness of the seriousness of DV and to be active in Family Violence Prevention Intervention Partnership (North County) and the Domestic Violence Coordinating Council (South County).
- G. The plight, rights, and individual differences of the victims will be respected.
- H. Offenders have different needs which will be addressed in individualized treatment plans.
- I. BIP providers deliver services at the direction of the Court, under monitoring by the Probation Department, subject to specifications outlined in Sections 1203.097 and 1203.098 of the Penal Code (PC).

II. Ethical Standards for BIP Providers

- A. BIP providers shall be violence-free in their own lives.
- B. BIP providers shall be free of criminal convictions involving moral turpitude, report any criminal conviction to the Probation Department immediately, and include any criminal history as part of the application process.
- C. BIP providers shall not display or perpetuate attitudes of sexism or victim blaming.
- D. BIP providers shall not abuse drugs or alcohol, use alcohol prior to or during work hours, or use any drugs illegally.

- E. BIP providers shall immediately report a client's threats to do harm or kill another person as guided by Tarasoff vs. Board of Regents and related rulings. In addition to the expected actions under Tarasoff, the BIP providers must report these threats to the monitoring agency; i.e., Probation, District Attorney's Office, or the Court.
- F. BIP providers shall not have personal relationships with program participants or their spouses.
- G. BIP providers shall not permit the existence of any conflict of interest.
- H. BIP providers shall maintain client and financial records, and report to the monitoring agency as required.
- I. BIP providers shall maintain adequate malpractice and liability insurance.
- J. BIP providers shall comply with Ethical Standards as published by the relevant professional association; i.e., the California Association of Marriage and Family Therapists, the American Psychological Association, etc.

III. Staffing, Education & Training Requirements

- A. Each person who provides BIP services under this program must either:
 - 1. Be licensed as a Marriage and Family Therapist (MFT), Licensed Clinical Social Worker (LCSW), or Clinical Psychologist with at least one year supervised experience providing batterers' intervention counseling, or,
 - 2. Have completed or be nearing completion of the course work for a master's degree in a human services clinical field and be under direct supervision of a licensed MFT, LCSW, or Clinical Psychologist who has at least one year experience providing batterers' intervention counseling. Said supervision is to be provided in compliance with existing State guidelines, e.g., those nearing completion of a master's degree must be providing treatment as part of an academic practicum formally arranged through the master's program, and those who have completed a master's must be proceeding toward licensure with the applicable state-governing agency, or,
 - 3. Complete the following requirements before being eligible to work as a facilitator in a BIP: all statutory requirements specified in Section 1203.098 PC; have completed a minimum of 40 hours of DV counselor training as prescribed under Section 1203.098(a)(1)PC; have completed a minimum of two years' experience in providing batterer's intervention treatment in an approved BIP conducting weekly groups (52 weeks per year with a minimum of a two-hour group each week); be under the direct supervision of a licensed

MFT, LCSW, or Clinical Psychologist who has at least one year experience providing batterers' intervention counseling; have demonstrated competence and skill in conducting BIP groups as observed by a Deputy Probation Officer; and be in good standing with his/her certified BIP as verified by a letter from the program's executive director.

All program providers must demonstrate that they have specific knowledge regarding, but not limited to, spousal abuse, child abuse, sexual abuse, substance abuse issues, the dynamics of violence and abuse, the law, victim safety and procedures of the legal system. Program staff are to be encouraged to utilize the expertise, training, and assistance of local DV centers and related programs.

- B. All program staff who facilitate BIP sessions must meet the "Core Basic" training requirements of Section 1203.098 PC and either meet the requirements to be an "experienced facilitator" or be under the direct supervision of an experienced facilitator as described in Section 1203.098(a) PC.
- C. Exceptions to the above requirements may be made by the Probation Department in order to provide services to a specific individual or population for whom local treatment would not otherwise be available. Such exceptions may qualify existing providers who have substantial experience in the field but fall short of meeting the requirements. However, such providers must demonstrate that they have sufficient education, training, and experience to make them minimally competent to provide family violence counseling. When the Probation Department approves a provider who meets all the qualification requirements and who is able to provide treatment to the specific individual or population in question, the Probation Department will revoke the approval of providers who were qualified through this exception.
- D. Agencies previously approved for BIP services shall immediately seek approval by the Probation Department for all additional staff who intend to perform BIP counseling under this program. Program approval covers only the individuals whose qualifications have been reviewed and confirmed. Any changes of staff, administration, or location must be reported immediately to the Probation Department. New staff must complete a Counselor Profile and Training Log and be approved by the Probation Department as meeting the requirements of the law and of these guidelines.
- E. BIP providers must participate in 16 hours of formal DV continuing education yearly to comply with Section 1203.098 PC. Proof of attendance is to be submitted to the Probation Department with the yearly Application to Provide Batterers' Intervention Program Services. Continuing education units should be related to domestic violence, facilitation of groups, BIP curriculum, or dynamics relevant to the target population.

IV. BIP Approaches

- A. Same-gender group, individual, or a combination of group and individual treatment sessions may be provided for DV clients. Groups may be open or closed, but must not consist of more than 15 clients. Consistent with provisions of Section 1203.097 PC, treatment must consist of a minimum of 52 weekly sessions. Treatment shall consist of 52 consecutive weekly sessions of a minimum of two hours each. Of those 52 sessions, a maximum of three may be individual sessions, at a minimum of one hour each. It is suggested that such individual sessions be conducted at intake, exit, and/or prior to quarterly reviews at 3, 6, and 9 months, in order to evaluate the clients' progress.
- B. Couple or family counseling involving the offender shall not be a part of the BIP. Nor shall the victim and offender be counseled at the same physical location, to assure the safety of the victim.
- C. Any intervention approach or practice that blames or intimidates the victim or places the victim in a position of danger is not appropriate. Techniques such as ventilation, punching pillows, hitting with batakas, and other endangering approaches have been shown to increase the risk and danger to the victim and shall not be used.
- D. When the initial intake evaluation indicates drug and/or alcohol abuse, this should be addressed at the onset of treatment. Monitored Antabuse, urine screens, and specialized substance abuse counseling may be indicated and so recommended by the counselor. Adjunctive services will not substitute for any part of the BIP.
- E. Support groups should be utilized when available and if appropriate; i.e., Batterers Anonymous, Men at Peace, Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, in addition to, not in place of any batterers' intervention counseling program.
- F. All provisions of Section 1203.097 PC shall be adhered to.
- G. The focus of the BIP is the elimination of violent responses from the behavior of the participants. While it is recognized that the offender is part of a "system" which may contain triggers to his or her violence, the entire responsibility for the violence and its control shall rest with the offender.

To this end, providers of BIP services shall avoid any situation which may compromise their focus on the offender and his/her behavior, such as counseling the victim and offender together or participating in an approach which involves supervisor and trainee/intern simultaneously working with the victim and offender. Also, if couples and families desire counseling during the period of the BIP, they may NOT obtain it from the counselor or program which is providing the

BIP services. Neither shall the victim and the offender be counseled at the same location. Upon completion of the required 52 sessions, family or couple counseling may be provided by the same provider which treated the offender. See Attachment A for the required victim letter.

V. Program Content

- A. The goal of a treatment under the BIP is to stop DV. BIP providers shall include the following program content not covered elsewhere in this document.
 1. Strategies to hold offender accountable for the violence in a relationship, including, but not limited to, providing the offender with a written statement that the offender shall be held accountable for acts or threats of DV.
 2. Notification of the victim is a statutory requirement per PC 1203.097 (b)(4). The victim will be notified by Probation via a joint, shared letter from the provider, Probation and the District Attorney. This letter shall include notification of the defendant's required participation in the BIP, as well as available victim resources. The victim shall also be informed that attendance in the BIP does not guarantee that the defendant will not be violent. Each program will comply with section XI (Victim Services) of this document.
 3. A requirement that the offender attend sessions free of chemical influence.
 4. Educational programming that examines, at a minimum, gender roles, socialization, the nature of violence, the dynamics of power and control, and the effects of abuse on children and others.
 5. Procedures that give the provider the right to assess whether or not the offender would benefit from the program and to refuse to enroll the offender if it is determined the offender would not benefit from the program, so long as the refusal is not because of the offender's inability to pay. If possible, the provider shall suggest an appropriate alternative program.
 6. A requirement that the offender participate in individual counseling and in ongoing same-gender groups.
 7. Program content that provides cultural and ethnic sensitivity.
 8. Procedures for submitting to the Probation Department the following uniform written responses:
 - a. Proof of enrollment, to be submitted to the Court and/or the Probation Department (as determined by respective practice in North and South

County) and to include the fee determined to be charged to the offender, based upon the ability to pay, for each session.

- b. Quarterly progress reports, that include attendance, fee payment history, and program compliance. (See Attachment B)
 - c. Final evaluation, that includes the counselor's evaluation of the offender's progress, using the criteria set forth in Section 1203.097 PC, and recommendation for either successful or unsuccessful termination or the continuation of the program.
- B. In addition, the following topics should be included in the program curriculum:
1. Taking responsibility, owning and re-experiencing one's acts of violence.
 2. Agreement for non-violent behavior.
 3. Patterns of and cycle of violent or abusive behavior.
 4. Intergenerational patterns that model and transmit violence as a taught and learned behavior.
 5. Time outs - client removes self from potentially violent encounters.
 6. Myths and beliefs regarding provocation.
 7. Control plan - client's individual and specified plan to control and prevent the client from acting violently.
 8. Tactics of power and control that include isolation, emotional abuse, economic abuse, sexual abuse, using children, using male privilege, intimidation, and threats.
 9. Anger management and aggressive behavior control.
 10. Stress management.
 11. Sex role socialization and training and its impact on beliefs, attitudes and behaviors towards the client's use of violent and abusive acts.
 12. Conflict resolution.
 13. Communication skills training.
 14. Personal and cultural attitudes towards the opposite sex.

15. Cultural and societal bases for violence.
16. Substance abuse and its impact on the abuser and the family system.
17. Parenting issues and skills as related to the impact of DV on children.
18. Skills for gaining intimacy in relationships.
19. Letting go/separating skills/independence.
20. Social skill development.

VI. Referral and Intake Procedure

- A. Program participation shall be initiated by a written referral from the Court or Probation Department prior to permitting the offender to enroll in the program. Referrals to various programs will be made as the Court and Probation see appropriate, except for indigent clients who by law must be spread equally between programs.
- B. The client should enroll within seven days of initial referral. If this cannot be done, the treatment provider will refer the client back to the referring agency. In addition, treatment must begin within two weeks of the intake interview.
- C. Each client will be evaluated individually, including the following:
 1. Profile of the client's violent behavior including independent descriptions from criminal justice agencies (police report, probation report) and any other treatment providers.
 2. Assessment of the client's potential for harm to self and others using interviews and/or recognized psychometric tools.
 3. Medical history, if deemed appropriate.
 4. Alcohol/drug abuse evaluation and its impact on the abuser and the family system using recognized methodologies and/or inventories. If indicated, the client will be referred to appropriate substance abuse counseling.
 5. Social/psychological/cultural history.
- D. The client shall enter into a written agreement with the program that shall include an outline of the contents of the program, the attendance requirements, the requirement to attend group sessions free of chemical influence, and a statement that the client can be removed from the program if it is determined that the client

is not benefiting from the program, is disruptive to the program, exhibits violent behavior, or has excessive absences. This agreement should also address the fees to be paid and include any payment arrangements.

- E. The client must sign a confidentiality statement prohibiting disclosure of any information obtained through participation in the program or during group sessions regarding other participants in the program.
- F. The client must sign a release of information, authorizing the Court and the Probation Department to access any information necessary for the monitoring of the client in the program.
- G. At the initial intake the provider must provide written definitions to the client of physical, emotional, sexual, economic, and verbal abuse.

VII. Length of Treatment

Treatment shall consist of 52, two-hour or longer sessions, completed in not less than 52 weeks and not more than 18 months, unless modified by the Court. Pursuant to Section 1203.097 PC, the provider shall conduct an exit conference that addresses the client's progress during the program. This conference shall examine the possibility that further treatment may be warranted and mandated.

VIII. Fees

- A. Treatment must be affordable with fees being collected as services are provided.
- B. The BIP shall utilize a sliding scale fee structure(Attachment C) that recognizes both the offender's ability to pay and the necessity of programs to meet overhead expenses. See Attachment C for the approved maximum fee schedule. Providers may charge each offender any fee below the maximum indicated by the schedule for that offender's financial circumstances. The offender's ability to pay may be based on his/her income and the income of the spouse.

An indigent offender may negotiate a deferred payment schedule, but shall pay a nominal fee, if the offender has the ability to pay the nominal fee. Upon a hearing and a finding by the Court that the offender does not have the financial ability to pay the nominal fee, the Court shall waive this fee. The payment of the fee shall be made a condition of probation and program participation if the Court determines the offender has the present ability to pay the fee. The fee shall be paid during the term of the program unless the program sets other conditions. The acceptance policies shall be in accordance with the scaled fee system.

- C. Defendants receiving Social Security Insurance (SSI), General Relief, or who are homeless AND represent an inability to pay shall pay a minimum of \$1.00 per week unless Probation/BIP provider demonstrates otherwise.
- D. BIP provider will notify client at initial enrollment of the BIP Fee Assessment Procedures (Attachment D) and offer client a copy of the Superior Court FL-150 Income and Expense Declaration (Attachment E).
- E. Client will complete and sign the BIP Fee Payment Agreement (Attachment F) indicating whether they are requesting or waiving a fee assessment.
- F. If a client requests a fee reduction, he/she shall complete the FL-150 and provide supporting documentation to justify a fee reduction. In the event that a defendant fails to provide the required documents within 30 days of the request, Probation or the BIP provider shall notify the Court. Clients must complete FL-150 each time they apply for a fee assessment.
- G. Clients are to provide proof of financial status, e.g. rent receipts, lease agreement, pay stubs, etc. If not working, they are to provide proof of any financial assistance, e.g. food stamps, disability or Social Security, as well as any proof that such assistance was denied. If client is staying in a shelter, proof of residence there is required. All documentation must be current, or within 60 days of the assessment date.
- H. BIP providers shall utilize the sliding scale tool to determine payments for defendants who indicate an inability to pay the standard program fees. If client's monthly income varies greatly, it may be reassessed after 6 weeks. The BIP provider must complete a re-evaluation after 6 weeks upon a client's request.
- I. The BIP provider is to notify the client in writing of the amount of the fee as well as the client's right to request a court hearing if they disagree with the fee determination.
- J. No client will be refused services for inability to pay, nor will there be any delay in notifying the Court of completion of the program.
- K. BIP provider will notify Probation when a client is \$200 or more in arrears, or not in compliance with payment plan and submit a copy of any ability to pay assessments and the supporting documentation or a signed waiver.

IX. Termination for Failure in the Program

The BIP is to report **all** absences to Probation. If any condition of the client contract is violated, the program is to immediately contact the Court and/or Probation Officer (as determined by respective practice in the northern and southern regions of the County),

and provide a statement regarding the client's performance and behavior. The matter may be set for review by the Court. Re-admission to the program may be permitted after reevaluation by the Deputy Probation Officer or the Court, or criminal proceedings may be reinstated. Following are situations in which the offender **must** be returned to court:

- A. The offender commits any act of violence against the former or a new victim.
- B. The offender has failed to enroll in the program within 30 days of referral or earlier if the provider deems appropriate.
- C. The fourth absence regardless of the cause.
- D. The individual is not performing satisfactorily in the program, is not benefiting from or cooperating with the program, or is disruptive in the program.

X. Successful Termination

If the offender has performed satisfactorily during the period of counseling, at the end of the 52 sessions, the provider shall so notify the Court and/or Probation Department. Prior to considering the program completed, the Court shall consider whether the offender has met the financial obligations for attending the program.

XI. Victim Services

- A. Victims will be encouraged to report to the provider and to law enforcement any additional threats or acts of violence.
- B. Any counseling of victims must be done in a program and at a location other than the one providing services to the perpetrator.
- C. Victims must be informed of any threats of violence the batterer may make in the course of therapy.
- D. Providers should refer the victim elsewhere to assist the victim with a Safety and Protection Plan.
- E. Providers should coordinate with the victim's therapist, as applicable, within the laws of confidentiality.

XII. Inspection by the Court or Probation

The premises, treatment sessions, and records pertaining to clients referred by the Court or the Probation Department shall be open to inspection by Probation Department or court personnel, following reasonable notice. BIP providers must obtain each client's release of information authorization at client intake, naming the Court and Probation Department as the proposed recipients of any released information.

XIII. Record Keeping

BIP providers must keep, and provide to the Probation Department upon request, records which contain the following:

- A. Records which establish the qualifications of the individuals providing the treatment, including course work, degrees, licenses, relevant work experience, and training received.
- B. Daily attendance records for all treatment sessions.
- C. Files on each individual referred to the program which include:
 1. A copy of the referral from the Court or Probation Department.
 2. Record of all contact and attempts to contact the individual, recorded by date and time, indicating how the contact was made (mail, phone, in person, etc.), with notes outlining the nature of the contact and the results.
 3. Statistical information including at the minimum: name, address, phone number, date of birth, and social security number of the client.
 4. Record of all attendance in the program, with sufficient notes to determine the quality of the individual's participation in the program and the ability to determine what topics have been covered in therapy.
 5. Record of any threatening comments or behavior, any suspected intoxication or use of drugs (whether or not proven).
 6. A copy of the program's contract with the client, confidentiality statement, and a signed copy of the written definitions given to the defendant (See Section VI, paragraph G of this document).
 7. Record of any substance abuse, support group, or other program to which the client has been referred.

8. Records of any financial arrangements made with the client, and of all money collected from him or her as well as notices and/or fee assessment waivers.
9. A release of information authorizing the program to release any requested information to the Court and Probation Department.
10. A release of information from the batterer giving provider permission to contact the victim pursuant to statutory requirement.

XIV. Certification of BIPs

In accordance with Section 1203.097 PC, the Probation Department is responsible for certifying and monitoring BIPs. It is the goal of the Probation Department to promote an orderly delivery of quality treatment for the perpetrators of DV.

A. Certification Process:

1. Application to provide BIP services will be accepted at any time.
2. The BIP must submit the following completed forms:
 - a. "Application To Provide Batterers' Intervention Program Services"
 - b. "Batterers' Intervention Program Operational Profile"
 - c. Counselor Profile and Training Log (for each person who will be a treatment provider). Each new staff member must be approved in writing by the Probation Department before providing treatment under this program. Documentation must be provided of all continuing education units (CEU) and other training. Depending on the staff's credentials, education and prior experience, documentation of supervision hours may be required as well.
 - d. Program Provider Agreement
 - e. Insurance Certificates; evidence of professional liability
3. BIP agency to pay applicable fees.
 - a. Fee for certification and yearly re-certification is \$250.
4. The Probation Department will review the documents submitted and make an onsite visit. At the onsite visit, the Probation staff will be verifying information submitted by the agency and making a general assessment of the program and its staff.

5. Any changes of staff, administration, or location must be reported immediately to the Probation Department. New staff must complete a Counselor Profile and Training Log and be approved by the Probation Department as meeting the requirements of the law and of these guidelines. Observation of each facilitator will be conducted prior to approval. All approvals will be confirmed in writing. Utilization of a facilitator who has not been previously approved in writing can result in revocation of the provider's certification.
6. In order to facilitate treatment, the Probation Department may limit the number of approved programs; i.e., if there is an insufficient number of referrals to make it possible to hold group sessions with an effective number of participants.

B. Revocation Process

In accordance with Section 1203.097 PC, the Probation Department has authority to issue, deny, suspend, and revoke program approval. The Probation Department may review an approved program's performance and take corresponding action at any time. The Probation Department may modify conditions for approval at any time.

ATTACHMENTS

COUNTY OF SANTA BARBARA PROBATION DEPARTMENT



Administration & Adult Services ~ 117 E. Carrillo Street ~ Santa Barbara, CA 93101
(805) 882-3700 ~ Admin FAX (805) 882-3651 ~ Adult FAX (805) 882-3701
WWW.COUNTYOFSB.ORG/PROBATION

Santa Barbara Juvenile Services
4500 Hollister Avenue
Santa Barbara, CA 93110
(805) 692-4840
FAX (805) 692-4841

Lompoc Adult & Juvenile
415 East Cypress Ave.
Lompoc, CA 93436
(805) 737-7800
FAX (805) 737-7811

Santa Maria Adult & Juvenile
2121 South Centerpointe Parkway
Santa Maria, CA 93455
(805) 803-8500
Admin FAX (805) 803-8579 Adult
FAX (805) 803-8601 Juvenile
FAX (805) 803-8570

Date:

Domestic Violence Court Core Committee in Collaboration with Santa Barbara County Probation Department

<p><i>1st Mexican Baptist Church</i> 1039 West Barrett St. Santa Maria, CA 93458 (805) 925-7063 Fax/Ofc (805) 310-1884 Cell</p>	<p><i>Addiction Tree Counseling Service</i> 1414 S. Miller St., Ste. 10 Santa Maria, CA 93454 PO Box 7046 Santa Maria, CA 93456 (805) 623-2203</p>	<p><i>Anger Management Specialists</i> 16 W. Mission St., Ste. T Santa Barbara, CA 93101 Also Serving Lompoc 433 North H St., Ste. F Lompoc, CA 93436 Phone #s for both sites (805) 845-2900 (805) 456-0151 Fax</p>	<p><i>Zona Seca</i> 26 West Figueroa Street Santa Barbara, CA 93101 (805) 963-8961</p>	<p><i>New Goals Counseling</i> 124 W. Carmen Ln, Ste. G Santa Maria, CA 93458 (805) 720-3394</p>
--	---	--	---	---

*As a victim of a domestic violence,
it is a requirement of California State Law that you be notified of the following:*

The person who has abused you has been ordered by the Court to attend a minimum of 52 counseling sessions as a part of his or her family violence program. His or her attendance in this counseling program does not guarantee that he or she will no longer be abusive or that you will be safe.

You are encouraged to report any further acts of violence to your law enforcement agency and the Probation Department. You may also contact your Victim-Witness Advocate should you continue to have any difficulties related to this incident.

Domestic Violence Solutions offers counseling services including shelter services for women and children if you fear for your safety or the safety of your children. Some services are also available for men.

Low Cost legal assistance is also available through Legal Aid Foundation.

The Victim-Witness Assistance Program assists with resource and referral counseling, crisis intervention, criminal justice information and victim compensation benefits. Your Victim-Witness Advocate can help you obtain counseling or other needed services.

Following are the phone numbers for these agencies.

VICTIM-WITNESS ASSISTANCE PROGRAM	DOMESTIC VIOLENCE SOLUTIONS 24 Hr. Crisis Line	LEGAL AID FOUNDATION
Santa Maria: (805) 803-7529 Santa Barbara: (805) 568-2400 Lompoc/Santa Ynez: (805) 737-7910	Santa Maria: (805) 925-2160 Santa Barbara: (805) 964-5245 Lompoc: (805) 736-0965 Santa Ynez: (805) 686-4390	Santa Maria: (805) 922-9909 Santa Barbara: (805) 963-6754 Lompoc/Santa Ynez: (805) 736-6582

Domestic violence victimization has serious long-term effects on adult and child victims. For instance, children who witness a parent being abused are much more likely to become offenders or victims when they grow up. ***We strongly encourage you to request the specialized assistance available to you through these agencies.***

«Adult.Officer.First» «Adult.Officer.Last»
Pro 519

FOR COURT USE ONLY

SANTA BARBARA COUNTY
 CERTIFIED BATTERERS' INTERVENTION PROGRAM (BIP)
 REPORT

TO: Santa Barbara County Superior Court/ Probation Department
 FROM: _____

Date of Report:	<input type="checkbox"/> Progress Report	<input type="checkbox"/> Program Completion/Termination	Date:	<input type="checkbox"/> Incident Report	
		Status: <input type="checkbox"/> Successful <input type="checkbox"/> Unsuccessful			
Client Name:		Case #:	DOB:	Start Date:	
Probation Status <input type="checkbox"/> Formal <input type="checkbox"/> Active <input type="checkbox"/> Summary <input type="checkbox"/> Suspended		Transfer <input type="checkbox"/> Yes <input type="checkbox"/> No	Group: (date/time)		
		Custody <input type="checkbox"/> Yes <input type="checkbox"/> No			
Attendance		Fees			
# of Individual Sessions Attended		\$ Balance:	Recent Payments		
# of Group Sessions Attended		Fee/Session:	Date	Amount	
# of Individual Sessions Missed/ No Shows					
Date(s):					
# of Group Sessions Missed/ No Shows					
Date(s):					
TOTAL SESSIONS ~ ATTENDED:	MISSED:	NO SHOWS			
Payment Plan <input type="checkbox"/> Needed <input type="checkbox"/> Not Needed <input type="checkbox"/> Yes	Date Set:	Frequency:	Amount:	Compliance <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To be Determined	
Comments regarding attendance and/or fees:					
Compliance with all conditions of the program: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Benefiting from the program: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Assessment Areas	Satisfactory		Marginal	Unsatisfactory	
	Almost Always	Often	Sometimes	Seldom	Almost Never
Works actively toward ending use of violence and intimidation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Awareness of using abusive behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts responsibility and accountability for abusive behavior, including presenting offense(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment to constructive personal change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Empathy for victim's experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Awareness of the effects of violence on children and others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constructive change in beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing strategies to prevent reoccurrence of violent and abusive behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compliance with drug/alcohol program (if ordered)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SANTA BARBARA COUNTY DOMESTIC VIOLENCE
CERTIFIED BATTERERS' INTERVENTION PROGRAM (BIP) REPORT

Client Name:	Case #	DOB:
--------------	--------	------

1. Provide a brief narrative with specific conduct examples related to program compliance.
2. During this reporting period, to the best of my knowledge, the client's potential for further violence has:
 Increased Decreased Remained the Same
Explain (include any changes in circumstances that may affect your evaluation):
3. During this reporting period, to the best of my knowledge, the client's continued suitability/participation in the program:
 Increased Decreased Remained the Same

Per §1203.097(a)(10)(A) PC, additional sessions recommended: Yes No Sessions

Concurrent counseling recommended: Yes No Type: _____

This batterer is found to be unsuitable for this program because:

Alternate program(s) suggested:

Facilitator's Signature: _____

Facilitator's Name: _____

Program Name: _____

Date: _____

SLIDING SCALE FEE STRUCTURE FOR PROVIDERS OF BATTERERS' INTERVENTION PROGRAMS

With this fee schedule, the counseling program fee will be \$1,560. Additionally a one-time enrollment fee of \$75 will be charged and if a person is dismissed and subsequently reinstated in a program, there will be a \$35 re-enrollment fee. This scale accommodates indigent or lower income levels. No one shall be excluded based on an inability to pay, as provided for in Penal Code Section 1203.097. It is the expectation that every client will pay all reasonable fees due to the counseling program **in full** prior to receiving a Certificate of Completion and prior to the expiration of the probation grant.

Monthly Gross Income	Yearly Income	Estimated Monthly Payment	Per Weekly Session
\$100	\$1,200	\$20.00	\$5.00
\$200	\$2,400	\$40.00	\$10.00
\$300	\$3,600	\$55.00	\$14.00
\$400	\$4,800	\$70.00	\$17.50
\$500	\$6,000	\$83.00	\$20.00
\$750	\$9,000	\$87.00	\$22.00
\$1,000	\$12,000	\$92.00	\$23.00
\$1,250	\$15,000	\$95.00	\$24.00
\$1,500	\$18,000	\$100.00	\$25.00
\$1,750	\$21,000	\$104.00	\$26.00
\$2,000	\$24,000	\$108.00	\$27.00
\$2,500	\$30,000	\$117.00	\$29.00
\$3,000	\$36,000	\$125.00	\$30.00

SANTA BARBARA COUNTY

BATTERERS' INTERVENTION PROGRAM (BIP) FEE ASSESSMENT PROCEDURES

1. The approved fee for BIP is \$1560. Clients are not to be turned away from program for inability to pay.
2. BIP provider will notify client at initial enrollment of the Fee Assessment Procedures and offer client a copy of the Income and Expense Declaration (Superior Court FL-150). Client will complete and sign the BIP Fee Payment Agreement indicating whether they are requesting or waiving a fee assessment.
3. If a client requests a fee assessment, he/she shall complete an Income and Expense Declaration form (FL-150) and provide supporting documentation to justify a reduced fee. In the event that a defendant fails to provide the required documents within 30 days of the request, Probation or the BIP provider shall notify the Court. Client must complete FL-150 each time they apply for a fee assessment.
4. Clients are to provide proof of financial status, e.g. rent receipts, lease agreement, pay stubs, etc. If not working, they are to provide proof of any financial assistance, e.g. food stamps, disability or Social Security, as well as any proof that such assistance was denied. If client is staying in a shelter, proof of residence there is required. All documentation must be current, or within 60 days of the assessment date.
5. BIP providers shall utilize Probation's Ability To Pay (ATP) sliding scale tool to determine payments for defendants who indicate an inability to pay the standard program fees. If client's monthly income varies greatly, it may be reassessed after 6 weeks. The BIP provider must complete a re-evaluation after 6 weeks upon a client's request.
6. Clients receiving Social Security Insurance (SSI), General Relief, or who are homeless AND represent an inability to pay will pay a minimum of \$1.00 per week unless Probation/provider demonstrates otherwise.
7. BIP provider is to notify the client in writing of the amount of the fee as well as the client's right to request a court hearing if they disagree with the fee determination.
8. BIP provider is to notify Probation when client is not in compliance with payment plan and submit a copy of any ability to pay assessments and the supporting documents or a signed waiver.

ATTORNEY OR PERSON WITHOUT ATTORNEY (<i>name, state bar number, and address</i>): TELEPHONE NO.: E-MAIL ADDRESS (<i>Optional</i>): ATTORNEY FOR (<i>Name</i>):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA BARBARA STREET ADDRESS: Select Below: MAILING ADDRESS: Same CITY AND ZIP CODE: Select Below: BRANCH NAME: Select Below:	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	
INCOME AND EXPENSE DECLARATION	CASE NUMBER:

1. Employment (*Give information on your current job or, if you're unemployed, your most recent job.*)

Attach copies of your pay stubs for last two months (black out social security numbers.).	a. Employer: b. Employer's address: c. Employer's phone number: d. Occupation: e. Date job started: f. If unemployed, date job ended: g. I work about _____ hours per week. h. I get paid \$ _____ gross (before taxes) <input type="checkbox"/> per month <input type="checkbox"/> per week <input type="checkbox"/> per hour.
---	--

(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1-Other Jobs" at the top.)

2. Age and education

- a. My age is (*specify*):
- b. I have completed high school or the equivalent: Yes No If no, highest grade completed (*specify*):
- c. Number of years of college completed (*specify*): Degree(s) obtained (*specify*):
- d. Number of years of graduate school completed (*specify*): Degree(s) obtained (*specify*):
- e. I have: professional/occupational license(s) (*specify*):
 vocational training (*specify*):

3. Tax information

- a. I last filed taxes for tax year (*specify year*):
- b. My tax filing status is single head of household married, filing separately
 married, filing jointly with (*specify name*):
- c. I file state tax returns in California other (*specify state*):
- d. I claim the following number of exemptions (including myself) on my taxes (*specify*):

4. Other party's income. I estimate the gross monthly income (before taxes) of the other party in this case at (*specify*): \$
 This estimate is based on (*explain*):

(If you need more space to answer any question on this form, attach an 8 1/2-by-11 inch sheet of paper and write the question number before your answer.) Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date:

_____ ▶ _____
 (TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
--	--------------

Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.)

5. **Income** (for average monthly, add up all the income you received in each category in the last 12 months
 And divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes).....	\$ _____	_____
b. Overtime (gross, before taxes).....	\$ _____	_____
c. Commission or bonuses.....	\$ _____	_____
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving.....	\$ _____	_____
e. Spousal Support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage.....	\$ _____	_____
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership.....	\$ _____	_____
g. Pension/retirement fund payments.....	\$ _____	_____
h. Social security retirement (not SSI).....	\$ _____	_____
i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance.....	\$ _____	_____
j. Unemployment compensation.....	\$ _____	_____
k. Workers' compensation.....	\$ _____	_____
l. Other (military BAQ, royalty payments, etc.) (specify):.....	\$ _____	_____

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest.....	\$ _____	_____
b. Rental property income.....	\$ _____	_____
c. Trust income.....	\$ _____	_____
d. Other (specify):.....	\$ _____	_____

7. **Income from self-employment, after business expenses for all businesses**..... \$ _____

I am the owner/sole proprietor business partner other (specify):

Number of years in this business (specify):

Name of business (specify):

Type of business (specify):

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses.

8. **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount):

9. **Change in income.** My financial situation has changed significantly over the last 12 months because (specify)?

10. **Deductions**

a. Required union dues.....	\$ _____	_____
b. Required retirement payments (not social security, FICA, 405(k), or IRA).....	\$ _____	_____
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount).....	\$ _____	_____
d. Child support that I pay for children from other relationships.....	\$ _____	_____
e. Spousal support that I pay by court order from a different marriage.....	\$ _____	_____
f. Partner support that I pay by court order from a different domestic partnership.....	\$ _____	_____
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g").....	\$ _____	_____

11. **Assets**

a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts.....	\$ _____	_____
b. Stocks, bonds, and other assets I could easily sell.....	\$ _____	_____
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe).....	\$ _____	_____

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
--	--------------

12. The following people live with me:

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses

Estimated expenses Actual expenses Proposed needs

- | | |
|--|--|
| <p>a. Home:</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage \$ _____</p> <p style="padding-left: 20px;">If mortgage:</p> <p style="padding-left: 40px;">(a) average principal: \$ _____</p> <p style="padding-left: 40px;">(b) average interest: \$ _____</p> <p>(2) Real property taxes \$ _____</p> <p>(3) Homeowner's or renter's insurance
(if not included above) \$ _____</p> <p>(4) Maintenance and repair \$ _____</p> <p>b. Health-car costs not paid by insurance \$ _____</p> <p>c. Child care \$ _____</p> <p>d. Groceries and household supplies \$ _____</p> <p>e. Eating out \$ _____</p> <p>f. Utilities (gas, electric, water, trash) \$ _____</p> <p>g. Telephone, cell phone, and e-mail \$ _____</p> | <p>h. Laundry and cleaning \$ _____</p> <p>i. Clothes \$ _____</p> <p>j. Education \$ _____</p> <p>k. Entertainment, gifts, and vacation \$ _____</p> <p>l. Auto expenses and transportation
(insurance, gas, repairs, bus, etc.) \$ _____</p> <p>m. Insurance (life, accident, etc.; do not
include auto, home, or health insurance) \$ _____</p> <p>n. Savings and investments \$ _____</p> <p>o. Charitable contributions \$ _____</p> <p>p. Monthly payments listed in item 14
(itemize below in 14 and insert total here) \$ _____</p> <p>q. Other (specify) \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>r. TOTAL EXPENSES (a-q)(do not add in the amounts in a(1)(a) and (b)) \$ _____</p> </div> <p>s. Amount of expenses paid by others \$ _____</p> |
|--|--|

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

15. Attorney fees (This is required if either party is requesting attorney fees.):

- a. To date, I have paid my attorney this amount for fees and costs (specify): \$ _____
- b. The source of this money was (specify): _____
- c. I still owe the following fees and costs to my attorney (specify total owed): \$ _____
- d. My attorney's hourly rate is (specify): \$ _____

I confirm this fee arrangement.

Date:

(TYPE OR PRINT NAME OF ATTORNEY)		(SIGNATURE OF ATTORNEY)
----------------------------------	--	-------------------------

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
--	--------------

Child support information

(NOTE: Fill out this page only if your case involves child support.)

16. Number of children

- a. I have (*specify number*): _____ children under the age of 18 with the other parent in this case.
- b. The children spend _____ percent of their time with me and _____ percent of their time with the other parent.
 (*If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.*)

17. Children's health-care expenses

- a. I do I do not have health insurance available to me for the children through my job.
- b. Name of insurance company: _____
- c. Address of insurance company: _____

- d. The month cost of the **children's** health insurance is or would be (*specify*): \$ _____
 (*Do not include the amount your employer pays.*)

18. Additional expenses for the children in this case

Amount per month

- a. Child care so I can work or get job training.....\$ _____
- b. Children's health care not covered by insurance.....\$ _____
- c. Travel expenses for visitation.....\$ _____
- d. Children's educational or other special needs (*Specify below*):.....\$ _____

19. Special hardships. I ask the court to consider the following special financial circumstances

- (*attach documentation of any item listed here, including court orders*):
- | | Amount per month | For how many months? |
|--|------------------|----------------------|
| a. Extraordinary health expenses not included in 18b..... | \$ _____ | _____ |
| b. Major losses not covered by insurance (examples: fire, theft, other Insured loss)..... | \$ _____ | _____ |
| c. (1) Expenses for my minor children who are from other relationships and are living with me..... | \$ _____ | _____ |
| (2) Names and ages of those children (<i>specify</i>): | | |

- (3) Child support I receive for those children\$ _____
 The expenses listed in a, b, and c create an extreme financial hardship because (*explain*):

20. Other information I want the court to know concerning support in my case (*specify*):

SANTA BARBARA COUNTY
BATTERERS' INTERVENTION PROGRAM (BIP) FEE PAYMENT AGREEMENT

By signing this agreement, I acknowledge that I understand and agree to the following:

1. I am liable for the total program fee, plus any transfer or reinstatement fees as necessary.
2. I will pay the total program fee within the mandated duration of participation (minimum of 52 weeks, and maximum of 18 months), or within the extended payment plan if requested and granted by the program.
3. I am required to attend 52 classes with no more than 3 absences.
4. I will be successfully terminated from the program and receive a Certificate of Completion only after my balance had been paid in full.

[] I waive my right to a fee assessment and agree to pay \$30 a session.

[] A fee assessment has been conducted and it has been determined that I have the ability to pay \$___ per session. I understand that a fee re-assessment will be completed after six weeks if I request one.

PAYMENT SCHEDULE
Total Program Fee:
*Down Payment:
Balance Due:
Monthly Payment Amount:
Weekly Payment Amount:
Payment Plan: Payment #1 of \$___ is due on ____. Monthly payments are due on the ____ of every month . Weekly payments are due the day of your session. Final payment is due on ____.

*A down payment is not required but can be utilized to reduce your monthly/weekly payment amount.

Name of Participant: _____

Date: _____

Signature of Participant: _____

Name of Program Staff: _____

Date: _____

Signature of Program Staff: _____