



Montana Board of Crime Control
Offender Intervention Program Standards
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1. Introduction and Philosophy

The 2017 Montana Legislature provided the authority to the Montana Board of Crime Control (MBCC) to adopt statewide offender intervention program standards to ensure that counseling and other services organized under the program are evidence-informed practices that are designed to reduce the risk of future violent behavior. Domestic violence is a reality for people of all economic, educational, ethnic, racial and religious backgrounds, of all abilities, ages, and lifestyles and has lethal consequences to victims and the communities in which they live. Domestic violence is a crime of power and control.

Domestic violence is a learned behavior. It is also a choice and not the result of provocation by others, nor is it directly caused by alcohol, drugs or psychiatric illness. Ultimately, responsibility for violent behavior lies with the perpetrator and perpetrators must experience the consequences of using violence.

In developing the standards, the MBCC recognizes:

- Victim conduct is an invalid excuse for using violence; and
- Anger management and mental health treatment are not substitutes for domestic violence offender intervention.

The MBCC Standards for Offender Intervention Programs (OIPs) are guidelines for providers in treating individuals who have committed acts of domestic violence.

The MBCC uses adherence to the standards outlined within this document as criteria to determine eligibility for receipt of grant funds.

An OIP in Montana is expected to be a community partner that puts victim safety first, holds offenders accountable for their use of violence and promotes a coordinated community response to domestic violence.

Through widespread use of these standards, the MBCC aims to continue its mission to proactively contribute to public safety, crime prevention and victim assistance and to realize its vision of ending domestic violence statewide.

2. Purpose of the Intervention Program

Intimate partner violence involves issues of abuse, control, power, safety, terroristic threats, and violence. The primary goals of OIPs include:

- Victim Safety: to end violent and abusive behavior and ensure family safety during the program and afterward.
- Offender Accountability: to help the offender recognize and take responsibility for their abusive relationships and behavior and for offenders to transition to healthy relationship behaviors.

In addition to the above listed primary goals, key values of OIPs that adhere to the MBCC standards are:

- Offenders assume financial responsibility for the cost of their treatment.
- Treatment groups are accessible on an ongoing basis.
- Intervening with offenders is a coordinated community response effort involving law enforcement, courts, child protective services, probation/parole, schools, victim advocates, victim service providers and offender treatment providers.
- Treatment is an ongoing process that provides offenders with education and therapy designed to assist offenders in stopping their violent behavior.
- The responsibility for treatment outcomes lies with the offender; whether an offender chooses to change behavior remains the individual's obligation.
- Swift and certain consequences for offenders are crucial, specifically consequences imposed by the criminal justice system.
- Individual therapy should only be used once the offender has completed the domestic violence offender intervention program, violence has ceased, and the offender demonstrates the ability to be an accurate historian in the therapy process, or when an offender is deemed inappropriate for a group setting due to documented special circumstances.
- Program providers work to challenge societal norms that perpetuate intimate partner violence.
- Program providers actively collaborate and communicate with attorneys and courts, law enforcement, probation/parole, victim advocates and victim service providers.

3. Definitions for the Purposes of MBCC OIP Standards

Abuse/Domestic Violence includes the following forms:

- a. Physical abuse including physical intimidation, pushing, restraining, slapping, hitting, kicking, throwing, strangling, stabbing, aggravated assault, and homicide. It also includes such acts as forcing drug consumption or withholding medication.
- b. Sexual abuse including coerced sex acts, interfering with birth control, forcible intercourse, insistence on sexual activity after a battering incident, involuntary pregnancy and/or abortion, sexual mutilation, coerced prostitution, and threats of infidelity.
- c. Emotional or psychological abuse including threats, verbal disparagement, intimidation, degrading or contemptuous behavior, withholding communication, yelling, and social isolation.
- d. Economic abuse including direct or indirect manipulation or domination of family finances, the abdication of financial responsibility, or disposition of the personal property of family members without consent.
- e. Destruction of property including vandalism of the home, vehicle, or other personal assets and may include arson.
- f. Threats or acts of abuse against persons, including children and other family members, or animals and pets encompass any of the above.

Duty to Warn is the responsibility to report concern or threat of violence or other means of harm in a timely manner to the victim, referring agency, and/or law enforcement agencies.

Facilitator is an offender intervention group leader who has completed all required training set forth by the standards and is qualified to lead OIP sessions.

Family Member means mothers, fathers, children, brothers, sisters, and other past or present family members of a household. These relationships include relationships created by adoption and remarriage, including stepchildren, stepparents, in-laws, and adoptive children and parents. These relationships continue regardless of the ages of the parties and whether the parties reside in the same household.

Intake includes initial paperwork completed with an OIP participant which includes personal history, criminal history, lethality evaluation, drug and alcohol use screening, mental health screening, list of service providers, and program contracts.

Intervention includes legal action, employee assistance programs, neighborhood safety strategies, treatment services, and community education endeavors seeking to stop the violence of offenders and encourage them to develop skills and strategies to achieve violence-free lives.

Offender is a person convicted of a partner and family member assault.

Offender Intervention Program (OIP) means therapy and other treatment or services designed to change offender behavior.

Partner means spouse, former spouse, person who has a child in common, and person who has been or is currently in a dating or ongoing intimate relationship.

Participant refers without limitation to a referred abusive partner, a prospective participant, an admitted participant, or a discharged participant.

Provider includes all staff and volunteers who work with offenders including facilitators and administrative staff.

Session is an educational group or individual meeting during which abusive behaviors are challenged using an approved curriculum.

Stalking is committed when an offender purposely or knowingly causes substantial emotional distress or reasonable apprehension of bodily injury or death by repeatedly following, harassing, threatening or intimidating a victim, either in person or by mail, electronic communication or any other action, device or method.

Victim/Survivor is an individual who has been abused by an offender.

4. Collaboration Standards

- A. OIPs must establish cooperative, accountable relationships with local victim service providers and state human service programs, including the Department of Corrections and the Department of Health and Human Services. With developed partnerships, OIPs are expected to develop community referral procedures with courts, client reporting procedures and victim safety protocols as well as participate in coordinated community response teams.
- B. Established relationships must be demonstrated by a written agreement or memorandum of understanding (MOU) with outlined standards and procedures for safeguarding victims and adhering to standards. MOUs must be signed by all parties prior to the program initiating service and remain in effect for the program to remain in compliance with state standards. The MOU should outline the specific steps the program will take for victim safety, including victim contact procedures, and what role each program will play in the victim safety response.
- C. OIP staff must report to law enforcement, the Department of Corrections and/or the Department of Health and Human Services any criminal behavior or violation of court order relating to abuse that is relayed by the offender during treatment.
- D. If collaborative partners inform OIPs of new or recent abusive behavior, the provider may address the behavior with the participant in treatment if it can be disclosed that the OIP received the information from a source other than the victim, so as to not place the victim at additional risk.
- E. OIP staff must immediately report any imminent threat to harm self or others to law enforcement and reasonable efforts shall be made to notify any identified victim.
- F. OIP staff may not voluntarily testify on behalf of the offender in any criminal or civil legal proceedings. If OIP staff is compelled to testify, staff shall limit testimony to information about the application, enrollment, attendance, lethality assessment, potential violence or threats of violence, any termination prior to completion of the OIP and justification of the same, and completion of court mandate.
- G. To increase the level of accountability of an offender required by terms of supervision or sentence to attend an OIP, an MOU with the Department of Corrections or a court must include the following required communication:
 - 1) Monthly reports on program participants including number of contacts;
 - 2) Changes in status or non-compliance such as termination from the program or violation with program rules within 48 hours;
 - 3) Reports of any violent behavior committed by the offender within 24 hours of discovery; and
 - 4) A written discharge summary including information about attendance and history of abuse while in the OIP.

5. Lethality Assessment Standards

- A. Indicators of increased lethality risk must be included in a lethality evaluation because an offender may be lethal without demonstrating any of the usual indicators. Evaluations of lethality and dangerousness must not be limited to intake, but should be ongoing throughout participation in these services. Lethality indicators include:
- 1) Degree of ownership the offender expresses regarding the victim;
 - 2) Threats of homicide;
 - 3) Threats of suicide;
 - 4) Possession of or access to weapons;
 - 5) Rage;
 - 6) History of past abuse;
 - 7) Fantasy of homicide or suicide;
 - 8) Obsessiveness about victim (or the victim's family/friends);
 - 9) Centrality of victim to offender;
 - 10) History of stalking;
 - 11) History of holding victim captive;
 - 12) History of animal abuse;
 - 13) Victim making plans to leave or has already left;
 - 14) Drug and/or alcohol usage;
 - 15) Access to the victim and victim's family;
 - 16) Frequency of police calls;
 - 17) High level of risk-taking by the offender;
 - 18) Acute mental health problems;
 - 19) History of depression;
 - 20) History of anti-social behavior; and
 - 21) Violence in the family of origin.
- B. The OIP must utilize acceptable assessments for risk and lethality and provide proof of their use to MBCC. Examples of acceptable assessments for risk, lethality, or needs for domestic violence perpetrators include but are not limited to:
- 1) The Domestic Violence Inventory;
 - 2) The Domestic Violence Screening Instrument – Revised;
 - 3) The Ontario Domestic Assault Risk Assessment; and
 - 4) The Spousal Assault Risk Assessment.

6. Cultural Competency Standards

- A. OIPs must provide culturally competent services which are responsive to the individual needs of participants. Programs will incorporate cultural understanding and appropriate practice in the delivery of all services, development of policies, administration, and communication practices.
- B. OIPs must ensure that staff recruitment and retention strategies seek staff who reflect the diversity of the population in the geographic service area.

- C. OIPs are encouraged to:
 - 1) Develop a plan outlining the incorporation of cultural competency into program practices and group facilitation; and
 - 2) Maintain and update a demographic profile that describes its service area/population groups.

7. Victim Service Provider Involvement Standards

- A. The OIP must establish and maintain cooperative relationships with programs serving survivors of domestic, sexual, dating violence and stalking located in their community.
- B. The OIP must invite local victim service providers to attend staff meetings and other planning events when appropriate.
- C. The OIP must maintain a current list of victim service providers in the geographic area outlining the services each offers and make the list available upon request.
- D. OIPs are urged to develop a written plan outlining the specifics of:
 - 1) Consultation with victim service providers regarding policy decisions;
 - 2) Victim service provider involvement in developing any materials to be provided to victims;
 - 3) Participation on committees and workgroups convened by victim service programs;
 - 4) Provision of training to victim service providers; and
 - 5) Receipt of training from victim service providers.

8. Confidentiality and Record-keeping Standards

- A. An OIP must have written procedures to protect the confidentiality of victims and participants that outline information sharing, waivers of confidentiality, and record keeping.
- B. OIPs must treat all information the victim provides as confidential unless the victim gives written permission for the OIP to release the information or if the OIP is required by law to release the information.
- D. If the OIP is required by law to release the information shared by the victim, such as in cases of abuse of children, the OIP must explain the process and obligations as a mandated reporter under Montana Code Annotated.
- E. Any information provided by or to the victim must be kept separate from any participant files unless the victim has waived their confidentiality for the specific information that will be kept in the participant's file.

- F. If a victim informs the OIP that the participant has engaged in new abusive behavior, the OIP will:
- 1) Provide the victim with contact information for the local domestic violence victim services programs;
 - 2) Review the OIP confidentiality rules including how the victim can waive or release confidentiality; and
 - 3) If the victim chooses to waive or release their confidentiality, the OIP must:
 - a. Discuss the victim's safety and document the OIP's efforts to increase the victim's safety; and
 - b. Document the victim's confidentiality release or waiver in writing, which specifies the information the victim is releasing and for what purpose the information is being released.
 - 4) Keep the information confidential and may not directly address the behavior with the participant until doing so does not pose a risk to the victim.
- G. The OIP must use an acknowledgement of confidentiality form to advise the participant of the nature and extent of information to be collected, retained and released to courts, probation, adjunctive behavioral health providers, intimate partners and other third parties. The form must include dated signatures and printed names of the participant. The OIP shall not collect or retain information unless the information is relevant for the delivery of services, and collection or retention of the information does not jeopardize the physical safety of an intimate partner or any other person.
- H. The OIP must obtain the following information from the participant at intake and retain the information in the participant's file:
- a. Participant name (including any aliases used), phone number, and address
 - b. Social Security Number
 - c. Medical insurance
 - d. Employer
 - e. Name of victim(s)
 - f. Criminal history
 - g. History of substance abuse
 - h. History of any psychiatric illness including, but not limited to, threats or ideation of homicide or suicide, depression, paranoia, etc.
 - i. History of firearms, firearms registration, possession, or use
 - j. Tactics employed by offender to exert power and control in abusive relationships
- I. The OIP may not disclose, without the written consent of the participant, any confidential communications made by the participant to the OIP staff during intervention unless reporting is legally mandated, e.g., suspected child abuse or neglect or threats to a victim's health or safety.
- J. All participants must sign a group confidentiality agreement prior to participating in a group session requiring all participants to maintain confidentiality of the other group members.

- K. The OIP must have a duty to warn policy requiring an immediate attempt to notify the victim of any real or perceived threats to the victim's health or safety by phone or in person when a provider believes such disclosure is needed to prevent or lessen an imminent threat to health and/or safety. Written documentation providing evidence of attempts to contact a victim must be maintained.

9. Victim Rights Standards

- A. Victim confidentiality shall be maintained by the OIP, unless confidential verbal communications are specifically waived by the victim in writing.
- B. Victims shall not be persuaded or coerced by the OIP to waive confidentiality and the program shall inform victims of the limits to confidentiality.
- C. Victims may not be mandated into any treatment or intervention program and coercion of victim participation is prohibited.

10. Participant Rights Standards

- A. Each OIP must have a written policy outlining participant rights. That policy must be provided to each participant upon admission.
- B. The OIP must have a contract between the participant and program clearly outlining responsibilities of the offender and the OIP staff that includes, but is not limited to, the following:
 - 1) While in the OIP, I will not abuse anyone else or myself including verbal, emotional, sexual, financial, or psychological abuse; threats of suicide; or threats of violence. If I commit an act of abuse towards another person or myself, I will inform the OIP staff of what occurred within 24 hours. I will openly talk about the situation and accept the consequences for my behavior.
 - 2) I agree that I am in the OIP to learn not to be violent or abusive.
 - 3) I will actively, honestly and openly participate in educational group discussions.
 - 4) I will abide by all OIP rules and if personal problems arise I will seek appropriate treatment as a condition of my participation in the OIP.
 - 5) I will voluntarily cooperate if OIP staff requests that I obtain any type of assessment.
 - 6) I will immediately provide the correct address and phone number of the victim of my violence and will notify OIP staff of any changes that I am made aware of.
 - 7) I understand that my safety and the safety of others is the OIP priority and will be enforced by staff.
 - 8) I understand that all suspected child abuse and neglect will be reported as defined by Montana law.
 - 9) I understand that all suspected abuse, neglect, or exploitation of an endangered adult will be reported as required by Montana law.

- C. Participants in an OIP which loses certification may get credit for sessions attended in that program to the point certification was discontinued and may transfer to another approved program.

11. OIP Employment and Training Standards

- A. An OIP must, at minimum, employ or contract a qualified organization director, staff members who facilitate group sessions and qualified clinical professionals to deliver provider supervision.
- B. An OIP must have a written procedure outlining employment screening methods for all employed and contracted staff.
- C. An OIP may not hire an individual who has perpetrated abuse unless the organization director certifies that the candidate has successfully completed an OIP that meets MBCC standards and has successfully abstained from violent behavior for at least the previous five years.
- D. The OIP must maintain and be able to provide MBCC a copy of certificates of training completed by all providers, including confirmation of the following prerequisites:
 - 1) Group facilitators, intake staff and clinical staff must demonstrate completion of trainings that provide knowledge and skills in the following areas:
 - a. Theory of power and control in relationships;
 - b. Theory of empowerment;
 - c. Understanding of different types of abuse (physical, sexual, psychological, economic, etc.);
 - d. Understanding of the impact of violence on health outcomes (mental and physical);
 - e. The impact of abuse on child development and parenting;
 - f. The co-occurrence of substance abuse, mental illness and child maltreatment with domestic violence;
 - g. Confidentiality rights of clients and limits to confidentiality;
 - h. Understanding of current knowledge of abuser subtypes/typologies and influence on potential treatment;
 - i. Screening of victims and offenders for trauma, mental illness and substance abuse issues and power and control dynamics;
 - j. Facilitation of psychoeducational or support groups related to abuse;
 - k. Ability to refer clients to outside services when needed (case management, financial assistance, trauma, mental health, or substance abuse treatment);
 - l. Court and legal advocacy related to abuse;
 - m. Competency in skilled interviewing; and
 - n. Identification of dangerousness/risk factors for lethality.
 - 2) Group facilitators, intake staff, and clinical staff must complete 12 hours of continuing education within a three-year period. The OIP must maintain a record of

completed continuing education hours in the areas of competency required in 10.D.1 above through one of the following methods of training:

- a. Attending seminars or workshops;
 - b. Participating in webinars;
 - c. Completing academic course work;
 - d. Completing an accredited home study course;
 - e. Attending domestic violence related court hearings or trials; and/or
 - f. Working with a provider employed by another OIP.
- 3) OIPs are required to have at least one individual in a supervisory position that has at least three years of experience in group facilitation and working with abusive partners.
- E. Programs shall provide supervision through employment of supervisory staff or have formal, written arrangements to access outside consultants who are knowledgeable about psychiatric problems, substance misuse, post-traumatic stress disorder, and suicidal and homicidal ideation.

12. Admission, Completion, Transfer, and Termination Standards

- A. Waiting periods for intervention services should be minimized by OIP staff whenever possible and offenders who have been mandated by the court to participate in an OIP must be prioritized for admission.
- B. The OIP must consider the appropriateness of each participant for substance abuse, mental health or other treatment services before and while the individual is a participant in the program and refer the participant to additional services as appropriate.
- C. OIPs must ensure intake assessments and crisis planning are accessible on an ongoing basis; however, actual entry into a treatment group may be delayed if an individual needs preliminary treatment or if a group is already under way when an offender is referred to the OIP or the OIP does not have the resources for entry at that time.
- D. The OIP staff must contact the referring agency if unable to accept the offender within two weeks of referral.
- E. A participant is eligible for Offender Intervention Program conclusion when the participant has completed all of the following:
 - 1) Ceased to blame the victim for violence;
 - 2) Accepted personal responsibility for violent behavior;
 - 3) Recognized the adverse effects of the participant's violent acts;
 - 4) Remained violence free for at least 20 consecutive weeks prior to discharge;
 - 5) Completed at minimum 40 hours of treatment in the OIP;
 - 6) Completed a risk assessment conducted by the OIP that indicates a satisfactory level of safety for victims; and
 - 7) Paid fees and satisfied all financial obligations for the OIP.

- F. The OIP may suspend a participant based on:
- 1) Poor attendance or tardiness;
 - 2) Repeated justification and/or blaming of a partner/victim for past abuse or behavior;
 - 3) Failure to actively, honestly and openly participate in group sessions;
 - 4) Failure to comply with reasonable OIP standards and agreements;
 - 5) Continued or repeated substance abuse while enrolled in the OIP; or
 - 6) Failure to meet agreed upon payment schedules.
- A participant's readmittance must follow established OIP intake procedures and will be considered on a case by case basis.
- G. An individual transferring from one OIP to another must:
- 1) Start at the beginning of the second program if:
 - a. the transfer is the result of a termination;
 - b. the transfer is the result of preference and not necessity; or
 - c. an offender is transferring from an OIP that is not on the approved provider list maintained by MBCC.
 - 2) Continue at the point that the initial OIP was left, if the offender was in good standing and the transfer is a result of a lifestyle change that made it impossible to continue in the initial OIP. A participant is considered in good standing when all fees are current, required group attendance and all contract requirements have been met.
 - 3) Sign a release of information so that the OIPs may share information required to establish the status of the program participant in the second program and share any other relevant information.
- H. The OIP may terminate a participant on the following grounds:
- 1) Repeated justification and/or blaming of a partner/victim for past abuse or behavior;
 - 2) Renewed physical or sexual abuse, threats, stalking, or psychological abuse;
 - 3) Violation of restraining orders or other judicial orders that pertain to the safety of any victim;
 - 4) Severe or repeated disruptive or threatening behavior in groups or repeated failure to comply with reasonable OIP standards or written agreements; or
 - 5) Continued or repeated substance abuse while enrolled in the OIP.
- I. Upon termination of a participant, the OIP must:
- 4) Use reasonable efforts to notify existing intimate partners and/or victims;
 - 5) Provide written notice to the participants source of referral or mandate for participation.

13. Curriculum Standards

- A. The central focus of any OIP curriculum will remain on participant responsibility and accountability for their beliefs and actions. The OIP must actively challenge all abusive behaviors.

- B. Any treatment approaches that blame, endanger, intimidate, or minimize the concerns of victims are disallowed.
- C. Initial intervention must include group therapy, education, and/or treatment for a minimum of 40, one-hour sessions. An intake session is not considered a treatment session.
- D. In the group counseling setting:
 - 1) Size of groups may not exceed 15 individuals;
 - 2) Groups will not be of mixed gender; and
 - 3) Excuses and justification for abuse will be confronted.
- E. Curriculum for any treatment modality must include the following:
 - 1) The concept that abuse is a choice, and solely the responsibility of the offender;
 - 2) Awareness and application of self-control techniques;
 - 3) Challenging the beliefs that promote abusive behavior;
 - 4) Communication skills;
 - 5) Definition of domestic abuse;
 - 6) Equality and safety in relationships;
 - 7) Exploration of cultural and social influences that contribute to abusive behavior including gender roles and equality;
 - 8) Gender stereotyping;
 - 9) Identification, confrontation, and skill building to reduce/eliminate abusive and controlling behaviors perpetrated against intimate partners;
 - 10) Identification and discussion of the effects of violence and abuse on victims, including children who witness abuse;
 - 11) Identification and practice of cooperative and non-abusive forms of communication;
 - 12) Peaceful conflict resolution;
 - 13) Personal accountability for past and future abusive behaviors;
 - 14) Relapse prevention;
 - 15) Relationship between substance abuse, mental illness, and acts of violence with a distinction that there is not a cause and effect relationship;
 - 16) Role of family and others in addressing long term patterns of violence; and
 - 17) Parenting skills.
- F. The following methods are *not* permitted components of an OIP:
 - 1) Anger management treatment identifying anger, communication difficulty or conflict as cause for violent behavior;
 - 2) Physical containment methods;
 - 3) Psychodynamic individual or group therapy that assumes the primary cause of violence to be a lack of impulse control, mental illness or psychopathology, previous victimization, stress, substance abuse or any combination thereof;
 - 4) Substance use disorder treatment defining violence as an addiction and those harmed as codependent in or enabling of the violence;
 - 5) Marriage, couples, or family counseling; or
 - 6) Systems theory.

- G. An OIP may not use electronic communications to allow offenders to participate in a program remotely unless:
 - 1) The OIP has developed policies and procedures specific to remote participation that ensure effective group participation, confidentiality, participant accountability; and
 - 2) The MBCC has provided a specific exception based upon regional need.

14. Submission Requirements to MBCC

To be eligible to receive funding, an OIP must submit detailed policies and procedures addressing implementation, training, oversight, and OIP/provider compliance with standards annually to the MBCC. Documentation must include, but is not limited to:

- A. A curriculum outline and synopsis including how many sessions are educational group sessions;
- B. Copies of supplemental materials including agendas and educational activities used for group sessions;
- C. Sample letters prepared for referral sources addressing program completion, termination, and/or other pertinent communication;
- D. A copy of OIP Participant Rights;
- E. A copy of the contract between the OIP and participant outlining responsibilities;
- F. A copy of written agreements or MOUs with collaborative partners;
- G. Procedures that illustrate compliance with the standards provided in this document including, but not limited to lethality assessments and clearly established definitions for program completion;
- H. The percentage of clients in the OIP referred by courts;
- I. Staff qualifications, copies of continuing education completion, and organizational structure;
- J. A policy that any communication regarding program completion must include the following statement: *Program completion is not predicative of future nonviolence or non-abusive behaviors*;
- K. A signed agreement with MBCC to permit Department of Corrections staff within the Crime Control Bureau to conduct site visits and/or inspect the OIP without prior notice to ensure MBCC standards are maintained.

15. Review Schedule

In accordance with Montana Code Annotated 44-7-210, the Montana Board of Crime Control will review and update the MBCC Offender Intervention Program Standards biennially, in March of even numbered calendar years.