

CHAPTER 25. STANDARDS AND CRITERIA FOR BATTERERS INTERVENTION PROGRAMS

SUBCHAPTER 13. PILOT BATTERERS INTERVENTION PROGRAM

75:25-13-1. Applicability of Previous Subchapters

Pilot batterers intervention programs shall follow subchapters 1, 3, 5, 7, 9, and 11 of this chapter. To the extent that any rule in this subchapter contradicts any rule in subchapters 1, 3, 5, 7, 9, or 11, a pilot batterers intervention program shall follow the rule in this subchapter.

75:25-13-2. Pilot Batterers Intervention Programs

(a) Purpose of pilot batterers intervention programs. Pilot batterers intervention programs intend to investigate the efficacy of additional batterers intervention models. Subject to the provisions of section 1 of this subchapter, pilot programs shall adopt policies, procedures, staffing, training, and operational methods and facilities consistent with the statutory standards in title 21, section 644 of the Oklahoma Statutes, as amended by House Bill 1273, 2025 Okla. Sess. Laws ch. 322, § 1.

(b) Application to offer pilot program sessions. In accordance with title 21, section 644 of the Oklahoma Statutes, certified batterers intervention programs are eligible to submit an application to the VASU to offer pilot program sessions on a form developed by the OAG. No certified program may offer pilot program sessions prior to being approved.

(c) Program for domestic violence offenders. Services under this subchapter shall be provided only to clients referred by a criminal court for a domestic violence related offense.

(d) Ineligibility. Pilot programs may not deliver services to any individual convicted of domestic abuse with a dangerous weapon or domestic abuse by strangulation. If a client is charged with either of these offenses while receiving services from a pilot program, the program may terminate the client.

(e) In-person delivery of services. Pilot batterers intervention programs shall provide services in person only.

(f) Reporting on court-referred clients. Pilot programs shall develop a written policy for coordinating with and reporting to the judge, probation officer, child welfare worker, and district attorney a court-referred client's progress.

(g) Screening and verification. Prior to admitting a new client to the program, the pilot program shall verify that:

- (1) The pilot program has capacity to accept the new client;
- (2) The prospective client meets statutory and program eligibility criteria; and
- (3) The prospective client has voluntarily consented to participating in the pilot program and agreed to follow all program requirements.

(h) Differential response model. A pilot program shall identify the differentiated response model it uses and shall, at minimum, do the following:

- (1) Develop policies and procedures for assigning clients to differentiated intervention levels;
- (2) Use of a validated risk assessment tool conducted by a qualified professional;
- (3) Maintain defined intervention that specifies intensity of service, contact frequency, and additional specific service needs, including but not limited to, mental health, substance/alcohol abuse, and/or anger management. The defined intervention shall be informed by the risk assessment and shall be finalized by the Intervention Coordination Team (ICT);
- (4) Organize and coordinate an intervention coordination team (ICT) comprised of, at minimum, a BIP provider and victim advocate. Prior to direct services, both must be trained in the risk assessment tool used by the pilot program. Additional members such as culturally-specific representatives, probation and parole officers, DHS case workers may be added; provided, they may not vote on service recommendations unless they have training on the specified risk assessment tool; and
- (5) Hold bi-monthly ICT meetings to review clients' progress and make service recommendations including, but not limited to, additional weeks of service, other treatment referrals, or completion.

(i) Client compliance. Clients shall be required to follow all service recommendations provided by the pilot program.

(j) Length of programs. Pilot programs shall be no less than twenty-six (26) weeks and no more than two (2) years in length. The number of required sessions shall depend on the client's risk level and services recommendations following an assessment.

(k) Completion of pilot program. A client may not complete a program until he or she meets all requirements established by the pilot program.

(l) Exit criteria. A client's completion of the pilot program shall be contingent on satisfactorily meeting specific criteria and not merely upon the end of a specified period of time or a specified number of sessions.

(m) Reporting. Pilot batterers intervention programs shall file reports with the court clerk or referring entity, as applicable, using forms developed by the OAG.

(n) Compliance. OAG will determine whether a pilot program complies with this section by reviewing:

- (1) A pilot program's policies and procedures,
- (2) Client records,
- (3) Service agreements, and
- (4) Other program documentation requested by OAG.

75:25-13-3. Assessment

(a) **Assessment required.** An assessment shall be completed prior to service recommendations or acceptance into the pilot program.

(b) **Assessment contents.** At a minimum, an assessment shall contain the following information:

- (1) Client's name;
- (2) Date of assessment;
- (3) Address at which the client resides;
- (4) Phone number;
- (5) Email address;
- (6) Current and past history of violence;
- (7) Evidence-based, validated risk assessment for batterers intervention that, at minimum, include the following elements:
 - (A) Prior domestic violence related and child abuse incidents,
 - (B) Non domestic violence related criminal offenses, to include charges, convictions, investigations, probable cause affidavits, protective orders, DHS reports, law enforcement reports, and self-disclosures,
 - (C) Violence or threatened violence towards family members, including child abuse,
 - (D) Use or threatened use of weapons in a current or past offense and any current access to firearms,
 - (E) Mental health issues including, but not limited to, suicidal or homicidal history or ideation and behaviors,
 - (F) Substance use or abuse,
 - (G) Obsessions with the victim and safety concerns such as collateral information, victim input, and lethality risk factors,
 - (H) Attitudes that support or condone intimate partner assault,
 - (I) Prior completed or not completed batterers intervention,
 - (J) Victim separation from offender within previous six months,
 - (K) Involvement with people who have pro-criminal influences or criminal histories, including family, friends, or acquaintances, and
 - (L) Employment status;
- (8) Current or past history with Child Protective Services or Adult Protective Services;
- (9) If the client is currently involved with Child Protective Services, a copy of the individualized service plan (ISP) and review of such plan;
- (10) Suicide screening, inducing but not limited to the Columbia-Suicide Severity Rating Scale (C-SSRS);
- (11) Perinent medical information, including incidence of traumatic brain injury;
- (12) Additional screenings including, but not limited to, mental health, substance abuse, cognitive functioning, if applicable;
- (13) Copies of the court documents including, but not limited to: relevant court documents in divorce cases, divorce decrees, petitions for protective orders, protective orders, any and all court orders ordering the client to complete a BIP; and
- (14) Copies of the probable cause affidavit or police report and criminal information, if applicable.

(c) **Signed acknowledgment.** Before the assessment begins, the individual shall sign an acknowledgment that they are participating in a pilot batterers intervention program.

(d) **Disclosure of assessment results.** The pilot program will not ensure confidentiality of the assessment results with respect to a judge, the district attorney, referring agency, or victim(s).

(e) **Differential response.** An assessment performed under this section may permit a differential response tailored to a client's needs for services.

75:25-13-4. Annual Program Evaluation

(a) On or before December 31 each year, the agency shall submit an annual outcomes-based evaluation of the program's services, facilities and policy and procedures, covering the period between July 1–June 30. This evaluation shall be carried out according to a written plan established in policy and procedures to include the plan of evaluation, quantitative data to be reviewed, and the persons to conduct the evaluation. The evaluation shall include, but not be limited to:

- (1) Outcomes management specific to each program component which minimally measures:
 - (A) Efficiency;
 - (B) Effectiveness; and
 - (C) Client satisfaction;
- (2) A quarterly quality client record review of all clients to evaluate and ensure, at a minimum:
 - (A) Clients are provided an individualized written contract;
 - (B) Assessments are thorough, timely, and complete;
 - (C) Service notes are documented as prescribed by standards; and
 - (D) Required client reports, including acceptance, progress, and completion or termination reports are completed and maintained in each client's record;
- (3) A review of critical incidents and client grievances and complaints; and
- (4) Identification of the members comprising the pilot program's Intervention Coordination Team (ICT).

(b) Upon completion, this evaluation shall be made available to the OAG and a third-party evaluator.

(c) Compliance with this section shall be determined by a review of the program evaluation, policy and procedures, staff meeting minutes, and/or any other supporting documentation provided by the program.

75:25-13-5. Statistical Reports

(a) The agency shall maintain quarterly statistical reports on a form designated by the OAG, which shall be submitted annually along with the agency's annual program evaluation.

(b) Statistical reports shall include, at a minimum: screened, admitted, rejected, terminated, and completed clients; the source of referral; number of referrals to additional services; and demographic information. Additional data may be requested by the OAG and shall be identified on the designated form.

75:25-13-6. Consultation and Coordination

(a) All pilot batterers intervention programs shall participate on the local Coordinated Community Response Team (CCRT), if one exists, for each city or county in which they are certified to operate. If a CCRT does not exist in the city or county in which they are certified to operate, the program shall consult monthly with a domestic violence advocate(s) from the Certified Domestic Violence and Sexual Assault Victim Service Program that provides services in the city or county in which the batterer's intervention program is certified to operate. The program shall maintain proof of such consultation.

(b) Each pilot batterers intervention program shall establish an Intervention Coordination Team (ICT) to support coordinated case review, client progress, and victim safety. The ICT shall function as an internal oversight group for the pilot program.

(c) All ICT members participating in decision-making shall complete training in the risk assessment tool identified for use by the pilot program.

(d) The pilot program may invite additional members to participate in ICT meetings, such as culturally specific representatives, probation and parole officers, or DHS case workers; however, such members shall serve in an advisory capacity and shall not participate in voting or formal service recommendations unless trained in the approved risk assessment model.

(e) Compliance with this section shall be determined by documentation of meeting notes or minutes that shall include, but are not limited to, recording of:

- (1) The date, time and place of the meeting;
- (2) Names of those attending;
- (3) Topics and issues discussed and decisions reached; and
- (4) A summary of client reviews, recommendations, and follow-up actions.