Treatment Coverage Options

Introduction and Purpose

This implementation document outlines new requirements for DVOMB Standard 5.01(I) regarding alternative options for the coverage of treatment services by a substitute provider when a DVOMB Approved Treatment Provider (hereafter provider) is not available due to illness, bereavement, vacation or another form of absence. These alterative options are intended to be utilized only when a DV Approved Provider is not available for coverage. Clinical services for offenders convicted of domestic violence are required to be delivered by a provider pursuant to C.R.S. 16-11.8-104 (1) with the intent to ensure that standardized and quality interventions are implemented under the authority of the Domestic Violence Offender Management Board (DVOMB). It is the expectation that the provider will establish these provisions in advance.

Types of Available Coverage

Four options are available to providers who may be absent from providing services. Any of these coverage options shall not interfere with the DV offender's treatment plan and the delivery of DV treatment services. DV Offender groups shall meet for 1.5 hours and shall not exceed the maximum staff-to-offender ratio (12:1).

- (1) Emergency absence Emergency absences by providers occur when unforeseen circumstances happen within a 24 hour period. This includes but is not limited to an emergency medical issue, severe illness or a family crisis or death. If an emergency absence is necessary, the provider shall notify the MTT within 24 hours of a cancelled group session for the purpose of containment. The provider is responsible for ensuring that offenders are notified as early as possible. In the event of emergency absence, a Non-Clinical Substitute Provider (see eligibility criteria) may provide coverage for groups if available. The topic of coverage should be related to the core competencies, and/or to treatment plan items. The domestic violence provider will direct the person providing coverage on what specific topic to cover.
- (2) Short-term absence Short-term absences occur when a provider requires an absence of seven consecutive days or less, beyond that of an emergency absence. Providers shall ensure that group coverage is coordinated for using a substitute provider. It is preferred that coverage of group sessions is performed by substitute provider who is listed with the DVOMB. However, other individuals who meet the Clinical Substitute Provider eligibility criteria may also cover group sessions. Non-clinical services which include psycho-education classes or trainings (e.g., parenting, financial skills, drug education, medication management, etc.) may be covered by someone who meets the Non-Clinical Substitute Provider eligibility criteria. Providers shall reschedule individual sessions with offenders as substitute providers are prohibited from providing any individual sessions. Substitute providers must have completed the Fundamentals of Domestic Violence training by the provider seeking coverage.



- (3) Extended absence Extended absences occur when a provider requires an absence of 8 to 14 consecutive calendar days. MTT consensus is required for coverage of extended absences. Coverage for offender services for extended periods of time require increased coordination and case management. Providers shall ensure that group coverage is coordinated for using a substitute provider. It is preferred that coverage of group sessions is performed by substitute provider who is listed with the DVOMB. However, other individuals who meet the Clinical Substitute Provider eligibility criteria may also cover group sessions. A Non-Clinical Substitute Provider may be used in conjunction with clinical services during an extended absence so long as there is MTT consensus, prior coordination and proper case planning. Coverage during extended absences shall not solely rely upon non-clinical sessions. Therefore, domestic violence offenders must not be out of domestic violence offender treatment during an extended absence. In rural or frontier communities where coverage is not readily available, extended absences may be addressed through a Standards variance. Additionally, providers in rural or frontier communities may be eligible to use Provisional or Judicial-Rural Initiative to address coverage issues.
- (4) Long-term or indefinite absence If a provider is unable to provide DV offender services for more than 14 consecutive days, the provider shall obtain an approved DV provider to provide his/her services during the absence period. If an approved DV provider is unable to provide DV offender services indefinitely or during an undetermined length of time (due to serious illness, family leave, change of life situation, etc.), the provider must develop a transition plan to obtain coverage through an approved DV Provider. In this circumstance, it is highly recommended that the DV provider who is unable to provide DV offender services notify DVOMB staff so that any necessary modifications can be made to the DV Provider List. The provider may also choose to close their program and transition their caseload to another program or approved treatment provider. Providers and future providers are strongly encouraged to contact their Chief Probation Officer in order to explore the Judicial Rural Initiative Approval Process and funding available. Coverage should be reflected in a monthly report.

Coverage Eligibility Criteria for Substitute Professionals who are Not DVOMB Approved

1. Non-Clinical Substitute Professional

Non-clinical services shall be provided by a substitute professional who is:

- Free of all criminal, substance abuse, and domestic violence issues within at least 5
 years. It is the responsibility of the domestic violence approved provider to verify this
 person. Domestic violence approved providers are required to verify that the
 professional meets these criterion.
- Trained on the Fundamentals of Domestic Violence

2. <u>Clinical Substitute Professional Qualification</u>

Additionally, clinical services during extended absences may be provided by other licensed and certified mental health professionals who are:



- Free of all criminal, substance abuse, and domestic violence issues within at least 5 years. It is the responsibility of the domestic violence approved provider to verify this person meets these criterion.
- Currently listed as CAC II, CAC III, LAC, LPC, LCSW, LMFT or Licensed Psychologist. A CAC
 I, a Registered Psycho-therapists and candidates for licensure are excluded.
- In good standing with DORA (i.e. active without a stipulation), who possess at least one of the above mentioned credentials.
- Trained on the Fundamentals of Domestic Violence

Fundamentals of Domestic Violence Training

Fundamentals of Domestic Violence training is required for the person providing coverage. This training must be provided by the domestic violence approved provider prior to any coverage. This training shall address the following topics:

- Comprehension of victim issues, types of abuse and domestic violence dynamics.
- Know how to recognize victim blaming statements and how to appropriately re-direct that client.
- Know how to address language which disrespects victims, and how to appropriately redirect that client.
- Know who to call in duty to warn situations, (even if not a mandatory reporter), and what the approved DV provider's agency protocol is regarding these situations.
- If the individual believes he/she is out of control of the group some basic skills to get the group back on track, or how to end the group appropriately.
- Know how to direct the offender to ask specific questions to provider upon return, or to probation officer – person covering should not attempt to answer treatment related questions.
- Know how to handle side conversations, interruptions, etc.
- Have some basic skills regarding how to run groups.
- Some experience sitting in one or two groups in order to familiarize themselves with the domestic violence group process.
- Report Absence within 24 hours to TVA and referral source (i.e. probation, court, etc):
 Maintain contact information for each client that includes the referral source AND
 Victim Advocate (i.e. form to fax, email [using initials only to maintain HIPAA compliant],
 phone call with corresponding case management note sheet to be documented).

DVOMB Approved Providers Willing to Cover

The DVOMB maintains a list of Approved Providers who are willing to provide coverage for DV offender treatment. Please contact Adrienne Nuanes for assistance or questions regarding this list.



Treatment Coverage Template

YOUR COMPANY LOGO/NAME HERE

CONTRACT FOR NON-DV PROVIDER COVERAGE

I,	, hereby	attest I have gained approval by the MTT to have
(name of DV approved pr	ovider)	
		, to cover my DV Offender groups during the
(name of person covering)	(credentials)	
following dates, times and at t	he following locati	ion:
(date & time)		(location of services)

I hereby attest that I have trained the above mentioned individual on the requirements for coverage.

