

Minimum Standards For Domestic Violence Offender Intervention Programs **in Idaho**

Edition 2021-1

Commented [j1]: Add "in Idaho"

Commented [j2]: Purple to designate a new version



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EFFECTIVE DATE X/X/2022

Overview

The Idaho Council on Domestic Violence & Victim Assistance (ICDVVA) was created by the Legislature in 1982 to address the disruptive influence of domestic violence on society, provide protection and refuge for victims, and provide funding for victim service programs throughout the State. I.C. § 395201. ~~For budgetary purposes and for administrative support purposes, the Council is assigned by the governor to a department or office within the State per I.C. § 39-5203(2).~~ Currently ICDVVA is assigned to the Department of Health & Welfare for those purposes but is otherwise an independent agency.

ICDVVA oversees Offender Intervention Programs (OIPs) in Idaho via The Committee for Oversight of Domestic Violence Offender Intervention Programs and Standards (Committee)ODVOIPS). ~~Idaho Code, § 18-918(7)(d), enacted in 1998, provides the Idaho Council on Domestic Violence and Victim Assistance (ICDVVA) responsibility to set standards for counseling and treatment ordered for individuals convicted of domestic violence or to those who volunteer to attend.~~ This document is meant to provide insight and information regarding the requirements for obtaining program approval from ~~CODVOIPS~~ the Committee.

~~CODVOIPS~~The Committee meets on quarterly to review new and renewal program applications, provide oversight for all approved programs, respond to complaints, provide training and support to programs and to recommend amendments to the standards for consideration by the Council.

Idaho law uses the terms “treatment or counseling”; however, current practice suggests that “intervention” is a more commonly used term and incorporates counseling as a component of treatment. A list of programs meeting current standards and approved by the ICDVVA, pertinent legislation, and application forms are available at: www.icdv.idaho.gov or call 208.332.1540.

Our Mission

- To ensure victims of domestic violence, sexual assault, child abuse and other violent crimes in Idaho have access to quality victim services which adequately address their needs and help them heal from trauma.

Our Vision

- Victims of violent crime should have easy & reliable access to necessary help, shelter, and support, wherever they are located.

Commented [J3]: As an outsider looking in, I found myself asking some basic who, what, where type questions. So I added this info from the Strategic Plan document. Should someone be reading this document without knowing some of these basic questions, this page would be an intro to DV in Idaho (at least a partial intro)

Commented [JB4]: Amber: add this back in

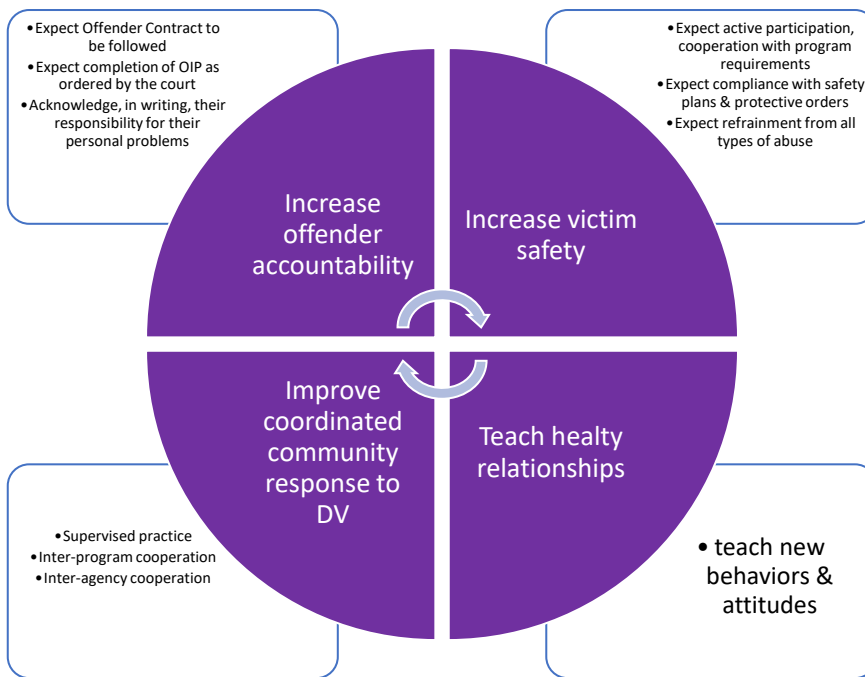
Commented [JB5]: Amber: oversight vs monitoring, say more about all the activities of the committee: review apps, complaints, collect data, provide support/training to programs

In 2021 the Council appointed ~~engaged~~ the Committee for OIP Oversight to review, revise, and recommend updates to the minimum standards for Idaho OIPs. An extensive literature review was conducted followed by focus groups, community, and stakeholder engagement. These new minimum standards provide an agreed upon framework for OIP providers in the State of Idaho as well as serve as a reference for new program applicants.

Commented [JB6]: Wes: appointed

STATEMENT OF PURPOSE

Domestic Violence (DV) is generally defined as a behavior of choice by an individual for which they carry responsibility. Therefore, through intervention, one can learn ~~to~~ new attitudes, beliefs, and behaviors. choose positive behavior. Thus, the goals of these standards are to:



Commented [j7]: This section was in *Discharge* section of the previous version. I thought they really sounded like the goals that we have for participants. I created a schematic with them...

Completion of the court ordered intervention resulting in measurable progress toward being violence free, including but not limited to the following:

Acknowledgement in writing of responsibility for his/her violent and abusive behavior.

Cooperation with the therapeutic process by talking openly about his/her personal problems.

Demonstration of knowledge and practices for peaceful conflict resolution skills.

Compliance with alcohol and/or drug abstinence plans.

Compliance with safety plans (for example: surrendered weapons, respected the conditions of protective orders, etc.).

Refrained from obsessive behavior about the victim or others (for example: behavior demonstrating intense jealousy, intimidation, stalking, attempts to locate the victim, surveillance activities, etc.).

Refrained from economic abuse or manipulation;

Refrained from child abuse and/or neglect, and has respected the conditions of any child visitation or custody agreement in place; and

Completion of any other intervention requirements as prescribed by the provider.

- Increase victim safety
- Increase offender accountability
- Improve coord comm response to DV
- Promote healthy relationships

Commented [j8]: Heidee: behavioral and cognitive skills (to match items:

A(5) "Promotes changing attitudes toward intimate partners . . ." (p. 3)

and B(1) "The primary goals of domestic violence offender intervention are changed attitudes and behaviors . . ." (p. 4).

PROGRAM INFORMATION

Domestic violence offender intervention programs shall be specifically designed to work with those who are court ordered to attend (offenders). However, services may also be provided to those who elect to participate on a voluntary basis. (participants). The following describes the basic elements that must be included in an approved program.

Commented [JB9]: Wes: disagrees – stay with offender

Commented [j10]: I suggest use of offender and participant in response to Jaci's focus groups comments on the word offender.

I. Curriculum Minimum Standards:

- A. **Defines domestic violence** as any abusive, violent, coercive, forceful, or threatening act or word inflicted by one member of a family or a household member on another along a broad spectrum of behavior from a one-time incident to a pattern of coercion that might include physical, emotional, psychological, verbal, sexual, or economic abuse or property damage.
- B. **Defines** domestic assault or battery as a crime.
- C. **Holds** offenders/participants accountable to their provisions of probation/parole, as applicable.
- D. **Requires (Supports)** an intervention plan with priority to end abuse and establish a basis for safety.
- E. **Holds** offenders/participants accountable participants accountable to provisions of orders of protection as applicable.
- F. **Holds** offenders/participants accountable for their crime and teaches that it is the responsibility of that individual to accept the consequences.
- G. **Promotes** changing attitudes toward intimate partners and other family members and violence in the family.
- H. **Recognizes, accepts, and teaches** that domestic violence has multiple causative and contributing factors.
- I. **Recognizes, accepts, and teaches** that the conduct of a victim does not excuse the choice to use violence by the offender.
- J. **Recognizes, accepts, and teaches** that domestic violence is complex and requires on-going comprehensive assessment for effective intervention.
- K. **Recognizes, accepts, and teaches** that substance use disorder treatment, anger management, and mental health treatment, and couples counseling are not substitutes for domestic violence offender intervention though they may be used in conjunction with DV OIP. necessary components of successful recovery.
- L. **Recognizes, accepts, and teaches** that under no circumstances should an OIP provider refer or provide couples counseling to a court-ordered offender. be utilized, with court ordered DV clients. Couples counseling is not a replacement for DV OIP.
- M. **Recognizes** that the intervention must be based on the intake assessment of the offender, the domestic violence evaluation (if completed), and the nature of violence

Commented [j11]: Was "Intervention Philosophy", page 3, A.

Commented [j12]: I feel like the document is really clunky.

What about a new overall organization?

Thinking in terms of

1. Definitions
 - a. Domestic violence
2. Philosophy
3. Program Criteria
 - a. Participants
 - b. Providers
 - i. Ethics
 - ii. Intake
 - iii. Discharge
 - iv. Modalities
 - v. Evaluation
 - c. The Council
 - d. Procedural
 - i. Application
 - ii. Renewal
 - iii. Monitoring
 - iv. Appeals

Commented [JB13]:

Commented [JB14]:

N. **Recognizes and respects** the decision of a family to remain together as a valid choice when safety is the first priority, and mutual respect a primary value. Further recognizes that family involvement in recovery may eventually be necessary for long term success.

O. **Recognizes, accepts, and teaches** the idea that DV has an impact on individuals, families, and communities.

P. **Recognizes, accepts, and teaches** that there are many different intervention modalities (sometimes called treatment modalities) that are available for use. These may include CBT, the Duluth Model, MNT (??), mindfulness/ACT, individual and/or group work, and typology. Modalities should be as individualized as able according to the participants evaluation, court recommendations (if any), risk assessment, crime(s), and research and provider training. crime(s).

Q. **Minimum curricula content:**

1. Offender/~~Participant~~ personal accountability.
2. Social, cultural, and familial foundations of domestic violence and abuse.
3. Role of family and others in addressing long term patterns of violence.
4. Confronts power and control tactics.
5. Awareness and application of self-control including management of anger and management of stress.
6. Impact of their abuse on partners, other individuals, families, and communities.
7. Equality in relationships (gender, sex, identities)
 - a) *Equality and safety in relationships*
 - b) *Gender stereotyping*
8. Communication skills.
9. Relapse prevention.
10. Peaceful conflict resolution

R. Telecommunication

Commented [JB15]: this statement seems contrary. Don't we already know that an offender/participant does not have respect as a mutual value? If a family decides to stay together while the participant is in a program, then what can we reasonable suggest and/or expect? Shouldn't we be expecting that they are adherent to orders of protection? Shouldn't we consider REQUIRE safety planning for partners of those in a program? Is that beyond our scope/ability?

And, safety is the first prioty of whom? Us? the participant-- they are here b/c we know they cannot do this.
What does family invovlement mean when we have just previously stated that couples counseling is prohibited? What do we mean by this statement?

Commented [JB16]: n

Commented [JB17]:

Commented [JB18]: Jenn / Amber suggestion

Commented [j19]: I moved this from previous Section B., 8.

II. **Procedural Considerations:**

A. The primary goals of domestic violence offender intervention are changed attitudes and behaviors resulting in increased victim safety and cessation of all types of abusive conduct. The ICDVVA recognizes that domestic violence offender intervention is an evolving field, where new and promising developments are being explored. However, victim and community safety should guide the systemic responses to domestic violence. Thus, whenever the needs of domestic violence offenders in intervention are likely to conflict with victim and/or community safety, victim and/or community safety must take precedence.

Commented [j20]: Previously "Requirements of the Intervention Program" Section B, page 4
To me, these did not seem like the real meat of the standards but more of the procedural info

Commented [KB21]: This requirement is somewhat wordy & could be confusing. Maybe consider rewording it?

Commented [j22]: recommend delete. This statement is not a requirement of the program, it is a goal statement.

Commented [SW23R22]: Agree and should be embodied in the goal statement section.

- B. Intervention shall be provided by an approved provider.
- C. All providers are required to obtain continuing education as outlined later in this document.
- D. Initial intervention shall be standard across the state Idaho including offender group **work**, education, and/or intervention for a minimum of 52 ninety-minute sessions.
- E. An intake session is not considered an intervention session.
- F. Providers should consider the collection, evaluation, and use of collateral data including but not limited to previous DV evaluations, police reports, pre-sentence reports, victim impact statements, and risk assessments.
- G. Careful on-going assessment by the intervention staff of the circumstances of each case will be necessary to determine and implement an intervention plan.
- H. Documentation must be maintained in each case of the determination of intervention plan and offender progress, including sessions attended. I.e. a **sign in sheet, at minimum.**
- I. Providers should utilize current peer-reviewed literature, professional peer groups, case studies/case reports, and professional training to inform program curricula. See also the section regarding telecommunication services.
- J. Individual, family, and community cultural considerations should be evaluated when considering intervention modality for the offender **/participant** while consider victim safety above all else.
- K. In the case of group intervention, group size shall not exceed **twelve** individuals, including telecommunication services individuals. A second facilitator is **recommended** if group size exceeds **eight** individuals.
- L. Program curriculum should be readily available to share with CODVIPS at any time.

Commented [JB24]: is there a better word for this? not treatment. maybe group work, group intervention, group...

Commented [JB25]: do all providers write SOAP or other documentation for participants? how often? Is that an expectation of LCSW or equiv licensure? If it is expected of the discipline, should we add it as an expectation that is mentioned?

Commented [JB26]: Wes

Commented [JB27]: Scott: eight

Commented [JB28]: Scott: change to required

Commented [JB29]: Scott: four

Commented [j30]: Merge equality and gender

III. Program Requirements:

A. Co-morbid Mental Health/Substance Abuse/Chemical Dependency:

1. If the initial or on-going evaluation evidences mental health issues, substance abuse and/or chemical dependency, this shall be addressed. Appropriate testing may be used when indicated as a condition of continuation in an intervention program. Referral to other agencies for specialized intervention may be initiated in those circumstances.

B. Intake:

1. Programs must provide a written contract regarding offender rights, responsibilities, and limits of confidentiality. See "Offender Contract".
2. The intake shall be completed in a 1:1 meeting of the offender and the intervention staff, in person or via telecommunication. See also telecommunication section.
3. A written release shall be obtained from the offender to allow notification to agencies or individuals as necessary to support intervention and requirements of court orders.
4. A written release shall be obtained from the offender authorizing intervention staff to notify any person whose safety appears to be at risk including, but not limited to, the victim, family member(s), victim advocates, law enforcement, and/or other providers.
5. The intervention providers must be available to the offender to begin intervention within two weeks of a court ordered referral. All contact between the offender and the intervention staff must be documented in the offender's file.
6. The intervention staff must contact the referring agency if unable to accept the offender within two weeks of referral.

C. Offender Contract

1. Obtain Informed Consent
2. Intake and consent shall include a written contract
 - a) Signed by the offender and staff, with copies to each
 - b) Upon request, a copy shall be provided to the court, prosecutor, probation office and victim. Contract shall include:
 - c) Program statement of philosophy.
 - d) Statement regarding program development of intervention plan and modifications of such.
 - e) Notification to the offender that the intervention program is monitored by the ICDVVA with contact information provided.
 - f) Attendance policies, including requirements for cancellation and consequences for lack of attendance.
 - g) Active participation requirements. Written, oral, and otherwise
 - h) Substance abuse/chemical dependency policies, including the requirement that the offender attend the sessions alcohol and drug free and be subject to random testing for substance use the

Commented [j31]: Previously these were each their own mini-section under Requirements. Again, to me the (now) section II is procedural and this section is more requirement. But, will be interesting to see what others think

Commented [JB32]: JR: Our Program has been told we must go back to the original evaluator and have him/her add this request. This could be problematic as the evaluator was not aware of the issue and now has to put a recommendation that does not match any part of his/her evaluation. This causes a delay or a refusal to add such language. There needs to be a mechanism in which this information is conveyed smoothly and swiftly. P. 8 States iv. *Compliance with alcohol and/or drug abstinence plans*- How can we do that if there is no power to make the referral. What if they are still in SUD treatment because they started late? Is that still compliance? The compliance should really be a part of probation and the courts and out of scope of the Offender Tx Provider. They literally have no control of this. P 10. #8. *Make mental health and drug/alcohol intervention referrals as appropriate*- How do we do that?

Solution:

Probation officers can make this referral a part of probation. Providers can request this on monthly reports to the Judge/PO/Coordinator. I assume the Judge or PO can add conditions to probation even if unsupervised? How would that work?

Commented [JB33]: Does this include phone, email or only Zoom?

Commented [SW34R33]: Good catch. For intake it should be face to face, either in person or other acceptable video telecommunication.

Commented [j35]: should this specifically state what and why this release is a requirement? Also, how is this different from #4

Commented [SW36R35]: I see this as authorization of the provider to coordinate with other providers for an encompassing treatment plan, such as mental health, substance abuse or other issues that may be present themselves with an offender.

Commented [JB37]: JR: So do we need a release for the victim? Of course. Do we send a letter of enrollment to the victim? The Standards state ONLY if requested? A victim may not know she/he can even request such a thing- and may get in trouble for doing so if she/he is still with the Offender

Solution:

Require Offender Program to get a release for the victim and send an intake letter and discharge letter.

Commented [j38]: I moved this here because it is clearly a requirement and made sense to me to be with the other requirements.

- i) Protection of group members' privacy and consequences for any breach.
- j) Fees/methods of payment and any consequences of non-payment
 - a) Collateral contacts may be made to monitor behavior during the course of intervention.
 - b) Be given notice that recurring domestic violence and past, present, and future indications of child neglect or abuse will be reported to the necessary agencies, and that potential victim(s) will be warned
 - k) Other program expectations, such as written exams, active participation, concurrent intervention requirements, and state and federal laws regarding possession of weapons
- l) Limits of confidentiality
 - (1) Adherence to state and federal mandates requiring immediate reporting of threats of harm to self or others, and immediately inform the victim or any person if it is believed they may be at risk
 - (2) The requirement that the court, prosecuting attorney, probation department, or victim shall be informed about an offender's attendance and participation and/or any violation of the conditions of probation if the criminal justice system is involved
- m) SHOULD THIS BE WHERE CRIMIAL ACTS ARE PLACED? HOW CAN WE ADMIN DISCHARGE IF IT IS NOT INCLUDED IN INFORMED CONSENT?
- n) Discharge criteria (See "Discharge Criteria")
 - (1) The program will include documented discharge criteria in the intervention plan.
 - (2) An offender may be discharged from a program for compliance or administrative reasons.
 - (3) The victim and/or current partner shall be contacted to inform them of the offenders/participants impending discharge from the program.

the intervention staff shall inform the offender regarding process, expectations, and limitations of intervention, the reporting policies of the program and other rules of confidentiality. Victims and/or partners may be informed of above if a request by such individual is made to the intervention provider. Victims and/or current partners shall be informed, upon request, that attendance in the program does not guarantee an offender will not be violent.

3. The program retains the discretion to make determinations about the appropriate services to be provided to offenders transferring from their original point of service. When an offender transfers into intervention from another provider, a plan new or continuing plan of care must be established.

Commented [j39]: I'm unclear about what this actually means especially given the following sentence. Are we or aren't we required to contact the victim(s)? How many times does the victim(s) go without even knowing the offender is attending a program? Not all evaluators are contacting victims. Let's see what the literature says about this topic

Commented [j40]: not sure what this means.

4. Offenders participating in a program which loses **ICCDVA** approval status may get credit for sessions attended in that program to the point the approval was discontinued and may transfer to another approved program.

D. **Compliance Discharge:** shall be given when completion of the program is achieved with no recommendation for further intervention.

1. Including adherence to all stipulations in the Offender Contract (See "Offender Contract" Section XXX)
2. Referral to another program.
3. The program retains the discretion to make determinations about the appropriate services to be provided to offenders transferring from their original point of service. When an offender transfers into intervention from another provider, a plan new or continuing plan of care must be established.
4. Offenders participating in a program which loses **ICCDVA** approval status may get credit for sessions attended in that program to the point the approval was discontinued and may transfer to another approved program.

E. **Administrative discharges** shall be given due to non-compliance with the program's policies and procedures. Non-compliance may include, but not be limited to:

1. Any non-adherence to Offender Contract (See "Offender Contract" Section XXX)
2. Criminal or violent behavior(s)
3. Failure to report criminal or violent behavior
4. Alcohol or drug abuse
5. Demonstrated lack of participation
6. Not meeting financial obligations
7. Failure to participate in recommended SUD intervention
8. Failure to provide requested information; and
9. Violations of protection, no contact and/or restraining order.
10. Under administrative discharge, the program shall immediately notify in writing any known partner and victim, the court, probation, prosecution, or other individual or agency which mandated the offender into the program and document the reason(s) for discharge.
11. If the offender continues to exhibit signs of violence at the time that discharge is being considered, the program must adhere to state and federal mandates requiring immediate reporting of threats of harm to self or others.

F. **Evaluation:**

1. The intervention program shall have a clear plan in place for obtaining and reporting data related to program outcomes developed and required by the **CODVOIPS** the Committee.

IV. **Provider Requirements**

A. General Guidelines

Commented [SW41]: Typo - Should be ICDVVA

Commented [j42]: not sure what this means.

Commented [SW43]: typo ICDVVA

Commented [JB44]: Heidee: Failure to follow mental health treatment protocols (as cited in item C above on p. 5, and item B(8) on p. 9)?

Commented [j45]: I'm uneasy about these. Are these acts completely left to the offender to report? What does this look like on the "backside"? Are p/p officers contacting programs? Is that only in an optimal (enough staff) scenario? It seems really important to me, so trying to understand

Commented [j46]: How or is this monitored?

Commented [j47]: Which? Child support, p/p, or program fees?

Commented [SW48R47]: I think it should be limited to the program only

Commented [j49]: Is this up to the offender to report to the program?

Commented [j50]: Shouldn't all of these be listed under Informed Consent?

Commented [j51]: Jennifer/Jessica - data collection? What's being tracked already?

Jaci - working on new electronic health record system. Collect some information, but isn't extracted for any type of reporting. Scott - uses a spreadsheet to track client data, attendance records. Scott willing to share his tracking spreadsheet. Jessica - could use Jotform to track outcomes. Scott - would like consistency and not start from "ground zero." Amber - be clear with definitions on any data collection forms. Providers are not necessarily best at paperwork, computer programs.

Scott - would appreciate consistency in terms - even nationally. Jessica - track client by client or program as a whole. Scott - avg 25 - 30 per month. Joe - probably around 100 in group per month (he has multiple locations)

Jessica - how do they collect who's coming, who didn't finish, re-offenders. Joe - difficult to track re-offenders. Jessica - do they track why a client would fail out. Joe, Scott - yes, they track reason for failing out. Amber - prefers "completion" rather than "successful". Scott - give two grades - one for attendance/completion, the other for understanding.

Jaci - has about 20 clients/month. Jessica - wants data collection to be close to what's already being collected to make it easier on providers. Scott - not many clients re-offending and coming back to him, but has noticed trend of about 5 year return.

Joe, Scott - have also have clients contact them 3-5 years after to thank them and say how successful the program was for them. Clients may return for "refresher" sessions if they want that. Jessica - would it be helpful to collect data on people who return willingly. Scott - yes

Commented [JB52]: JR: When I first was writing the Policy Manual of Restored Paths to Relationships- I called COMMITTEE and asked what data they were requiring. I had asked for a form- I was told there was no form, and they were not sure what data they would need. What???

Commented [j53]: Previously was section V "Program super..."

1. Individuals who work in an approved domestic violence offender intervention program are referred to as Program Supervisors, Direct Service Providers, or Trainees. These can be either paid or volunteer staff persons who provide direct services.

2. Intervention staff must have documented professional and continuing education regarding intimate partner abuse, child abuse, sexual and emotional abuse, elder abuse, psychopathology, substance abuse/chemical dependency issues and the legal system as it applies to violent relationships, intervention and recovery methods, current literature and research in the field; must be aware of and responsive to how the issues of power and control relate to abusive behavior and that issues of classism, cultural bias, sexism, racism, and **homophobia** may need to be addressed.

3. The program shall establish and implement policies, procedures, and supervision schedules ensuring adequate supervision for all intervention staff.

4. At the time an approved program adds a new Program Supervisor, Direct Service Provider, or Trainee, either volunteer or paid, the program must submit documentation to [CODVOIPS the Committee](#) of meeting the minimum qualifications. Program Supervisor or Direct Service Providers may not provide sole direct services to offenders until the qualifications have been reviewed and approved by the [CODVOIPS the Committee](#) Chairperson pending consideration by the entire committee at its' subsequent meeting.

5. **Those who work in an** approved domestic violence offender intervention program shall demonstrate specific knowledge of their legal and ethical responsibilities to protect victims and potential victims and to report child abuse. They must have **specific education** and experience in domestic violence group dynamics and group process.

6. Those who work in an approved domestic violence offender intervention program shall be required to be free of criminal convictions, criminal conviction probation or parole including withheld judgements or section 19-2604 Idaho code relief, protection orders, and substance abuse or dependence in their own lives for a minimum of five years prior to becoming a Program Supervisor, Direct Service Provider, or Trainee.

7. Direct services are to be provided by a Program Supervisor or Direct Service Provider only. A Trainee may participate in direct service provision under **on-site** supervision only.

B. Program Supervisor:

1. Each program shall have a Program Supervisor (PS)

2. Each program will maintain a position description for the PS

3. Program Supervisors must meet these criterion

a) *Hold a master's or Doctorate Degree from an accredited university/college in counseling, psychology, social work, or related field.*

c) *Must be licensed in their respective field.*

b) *Completed a minimum of sixty (60) hours of education including*

Commented [JB54]: Heidee: In addition to, or Instead of "homophobia", maybe:

sexual orientation, and gender identity prejudice(?)

Commented [SW55R54]: Agreed

Commented [JB56]: Heidee: What are some examples of how a provider can demonstrate this specific knowledge of legal and ethical responsibilities?

Commented [JB57]: Heidee: Is "specific education and experience in domestic violence group dynamics and group process" identified anywhere in the Standards?

While the Program Supervisors are required to complete "a minimum of fifty (50) hours supervised experience in offender group facilitation (in Section B(5), p. 12), no group work hour requirement is listed for Direct Service Providers or Trainees.

Commented [JB58]: Heidee: Is the "on-site" requirement still true given that we have allowed tele-supervision with TARC?

Commented [j59]: Delete: The organization offering an offender intervention program based on these established standards and approved through the ICDVVA must have on file a position description for a Direct Service Provider and Program Supervisor. If the program is utilizing a Trainee(s), the program must have on file a contract signed by the Trainee which specifies start and anticipated end date in the Trainee role, and a detailed description of Trainee responsibilities. An individual may serve as a Trainee for a maximum of two years.

Commented [j60]: Suggestion: "including but not limited to" so that we can address the many CE concerns expressed in the focus group

- (1) Domestic violence from victim/advocate service programs in Idaho
- (2) Topics from this document, section XXX (re: "intervention staff...")
- (3) ~~CODVOIPS~~The Committee reserves the right to reject education that does not appear to be from a qualified source or appears duplicative when considering this provision.
- (4) An applicant who fails to meet the "broad range of topics" requirement but otherwise shows sixty (60) hours of education in the field may be granted a provisional approval pending additional education.
- (5) Have completed a minimum of five hundred (500) hours of supervised intervention experience including:
 - (a) A minimum of two hundred fifty (250) hours of supervised education and/or experience that is directly related to counseling offenders and domestic violence victims, as well as working with domestic violence victim advocacy services.
 - (b) A minimum of two hundred fifty (250) hours of supervised direct intervention with offenders in an Idaho, or other state approved offender intervention program, which includes a minimum of fifty (50) hours supervised experience in offender group facilitation.
 - (c) Supervision require direct on-site observed one-on-one supervision; one hour for every 20 hours for above total requirements. (At least one hour will be direct on-site observed)

C. Direct Service Provider (DSP)

1. Each program will maintain a position description for the DPS(s)
2. DSPs must meet these criterions:
 - a) *Hold an earned Bachelor's degree from an accredited university/college in a behavioral science-related field or equivalent work-related experience.*
3. Sixty hours (60), minimum education:
 - a) *Domestic violence from victim/advocate service programs in Idaho*
 - b) *Topics from this document, section XXX (re: "intervention staff...")*
 - c) ~~CODVOIPS~~The Committee reserves the right to reject education that does not appear to be from a qualified source or appears duplicative when considering this provision.
4. One hundred fifty (150) hours minimum of supervised intervention experience including

Commented [J61]: Amber – need high quality providers, so need to establish some standards. Used to be 500 hours and it was reduced to 250, so need to think about reducing further and if that would impact quality of providers. Don't want to lose quality for quantity.

Susan – agrees with maintaining high standards. Would be nice if ICDV would host quarterly or biannual workshops beyond just what's provided during the conference. Training on difference curriculums.
Amber - likes the idea and that these meetings wouldn't just be for continuing ed, but count toward supervision hours.
Susan – previously discussed doing more training, but it never happens. Many opportunities to share and learn from each other. Council doesn't know what to do with OIP providers – stepchildren. DV evaluators under courts, but providers under Council.

Jaci – supports what Susan says regarding training sessions rather than just hours in specific facility or in group sessions. Difficult in rural communities to maintain programs without ability to use diverse training options. Appreciates that Cmte was willing to allow telehealth option.

Sue – providers should be more collaborative – not enough of that happening. Worked with Lewiston program to get up and running – will help get more providers, younger providers. Also work with LE, victim service providers, court reps, etc.

Jennifer – asked about networking opportunities and how that happens? Facilitated by ICDV or informal through providers.

Sue – providers could facilitate sessions on topics in which they're experienced, skilled. Good for networking and in obtaining hours needed for experience.

Amber – need to also look at section C requirements. Clarity and concise language.

Jaci – can other, non-DV group facilitation count toward experience needed for OIP staff positions.

Sue – a bit of territorial issues among providers.

Scott – always welcomes providing training assistance – can do by Zoom. OIP providers are in this together. Have asked those he has trained to sign a 5 mile non-compete.

Commented [J62]: Jaci – concerned about obtaining 50 hours of facilitating a group difficult to obtain – limited agencies, limited supervisors. Also consider something other than 52 session treatment – base on low, medium, high risk? Not everyone needs 52 sessions. Requires too much time for offender to complete if number of available sessions are limited.

Amber – need to look at sections A & B and reconsider requirements and provide better clarifications on what that means. Believes it's important for OIP providers to know about the victim...

Commented [KB63]: This point is confusing. Maybe consider rewording?

Commented [JB64]: Heidee: Same question as item #7 on the previous page:

Is the "on-site" requirement still true given that we have allowed tele-supervision with TARC?

Commented [SW65R64]: Agree, it should provide how direct supervision is accomplished, on site or live remote link.

Commented [SW66]: This whole section (c) needs to be rewritten to address two issues: direct supervision requirement and how calculated. As written the one hour to every 20 hours is awkward and confusing.

- a) *Seventy-five (75) hours minimum of supervised direct **treatment** contact with offenders.*
- b) *Seventy-five (75) hours minimum of supervised direct contact with domestic violence victims through an established advocacy program.*

Commented [j67]: Per focus group (Sue): is treatment the correct word?

Commented [SW68R67]: replacing with "intervention" is consistent with the rest of the document

D. **Trainees:**

Commented [j69]: Amber – Section 5C requirement for direct, on-site supervision but there's now a remote supervision policy. May want to look at the required hours for supervision. Observation and supervision are two different things. Supervision is coaching. Wording in this section doesn't clarify what we mean by supervision. Should on-site mean only sometimes with some remote also allowed?
Jaci – do monthly remote supervision. Supervisor is able to come down sometimes. They will video some groups and discuss together with the supervisor. Agrees that supervision shouldn't be entirely remote.

1. A Trainee is a paid or volunteer staff person who has not completed the minimum requirements.
2. Must hold related behavioral science degree or be working toward a degree in a related field.
3. Trainee(s) may serve as a co-facilitator of groups with a Direct Services Provider or Program Supervisor but may not facilitate a group alone.
4. An individual may be considered a Trainee for no more than two (2) years unless exceptional circumstances are demonstrated, and provisional approval of the Council is granted, subject to additional requirements.

E. Continuing Education:

1. Intervention programs are required to maintain written records of continuing education units for Program Supervisors, Direct Service Providers, and Trainees

2. Continuing education requirements include:

a) *Sixty (60) hours of continuing education (through an approved CEU provider) are required every three (3) years from the date of the initial intervention program approval by the CODVOIPS Committee for all Program Supervisors and Direct Service Providers. Trainees who work for over a year in any particular intervention program shall be required to meet the same continuing education requirements as a Program Supervisor or Direct Service Providers. No more than five (5) of those hours may be obtained by attending "in-house" educational sessions.*

Commented [KB70]: Maybe change the # of CEUs required? Other states require significantly less.

3. Continuing professional education may be obtained through classes, seminars, workshops, or webinars. No more than thirty hours (30) of self-study programs may be used toward the requirement of sixty (60) hours of continuing education.

Commented [JB71]: JR: NO ONE is giving in person trainings. They are all by zoom. There are no opportunities to get in person. Most all trainings since 3-13-20 have been by Zoom. Though this is not specifically addressed in the manual which leaves it open to the interpretation of the auditor? Would be great to have this clarified.
Solution:
Suggest interactive online trainings are equal to in person trainings. The zoom trainings I have been on are all interactive and have to say have been better than in the in person due to the cap on individuals that can participate.
Require the provider to meet the requirements of their licensure in terms of CEU's.

V. ETHICS

Intervention staff and volunteers in approved programs must meet standards outlined by professional group(s) such as the American Psychological Association, National Association of Social Workers, American Association of Pastoral Counselors, the American Psychiatrist Association, the American Counseling Association or other as appropriate to professional practice.

- A. **Intervention staff and volunteers are required to adhere to the following:**
- B. Respect the dignity of all offenders
- C. Program policies regarding confidentiality
- D. Discourage and confront sexism and victim blaming in the program

Commented [SW72]: Our lettering of clauses is off, A is really the qualifier for all the later letter clauses of this section.

- E. Not engage in intimate relationships with an offender or offender's immediate family, or the victim or the victim's immediate family
- F. Not engage in any activity, personal, business or other with an offender or an offender's immediate family, or a victim or the victim's immediate family that is a conflict of interest.
- G. Pursuant to Idaho Code, Section 18-918, if counseling or other treatment is ordered, in no event shall the person, agency or organization doing the evaluation be the person, agency or organization that provides the counseling or other intervention unless this requirement is waived by the sentencing court, with the exception of federally recognized Indian tribes or federal military installations, where diagnosis and intervention are appropriate and available
- H. Adhere to state and federal mandates requiring immediate reporting of threats of harm to self or others. Immediately inform the victim or any person if it is believed they may be at risk
- I. Abide by state child abuse/neglect reporting statutes
- J. Make mental health and drug/alcohol intervention referrals as appropriate
- K. Maintain a program protocol for victim contact
- L. Encourage open communication with agencies/personnel involved in the offender's program
- M. Be free of substance abuse or dependence in their own lives for five years prior to becoming staff or a volunteer, and remain so
- N. Not be convicted of any criminal action, or be a respondent in any civil protection order or civil action resulting in a finding of the use or threatened use of violence for a minimum of ten years including release from probation or parole including withheld judgements or section 19-2604 Idaho Code relief prior to employment or volunteer status, and remain so; and
- O. Report, within 72 hours, to their agency any civil or criminal action in which they are named as defendant or respondent with the allegation they used or threatened to use violence. The agency shall forward information regarding the incident to the ICDVVA within 72 hours of its notification.

Commented [SW73]: we need to add a similar clause "not engage in any activity, personal, business, or other that conflicts with the purposes of the program." example provider uses personal social media to be racist. that is in conflict of the provider's program and impacts the provider's credibility.

VI. THE JUDICIAL SYSTEM

Approved domestic violence offender intervention programs shall have knowledge of and be responsible to the judicial system. Staff shall demonstrate a current working knowledge of the following:

- A. State and federal laws that regulate law enforcement response to domestic violence calls
- B. Law enforcement, city and county prosecuting attorney policies regarding domestic violence

- C. The protection order process as well as how the system responds when orders have been violated; and
- D. Legal consequences of failure by the offender to complete mandated intervention.
- E. When the offender is involved in a court-mandated domestic violence offender intervention program, the staff shall exchange with the judicial system personnel and other appropriate parties, the following necessary information:
 1. A release of information consent form
 2. All violations of a protection order, no contact order and/or restraining order
 3. Any violation of the conditions of an intervention program or probation
 4. Monthly written offender reports including attendance, participation, progress, and, as appropriate, recommendations for intervention; and
 5. Further incidents of violence, including the date(s), a brief description, and the outcomes.

VII. PROCEDURES

- A. **Application and Renewal:**
 1. Application for approval as a domestic violence intervention program is to be submitted to the [CODVOIPS Committee](#). Once a program is approved, it will be placed on the ICDVVA website and the list distributed by the Idaho Supreme Court. Each program must submit an application for renewal every three (3) years. All programs must stay in compliance with established standards.
 2. Application and renewal forms may be obtained from the Idaho Council on Domestic Violence and Victim Assistance at www.icdv.idaho.gov.
- B. **Notification and Compliance:**
 1. Programs will be notified of approval within thirty (30) days of review by the [CODVOIPS Committee](#).
 2. If a program refuses or cannot comply with established standards, the ICDVVA will notify the Idaho Supreme Court that the program is no longer on the approved list effective immediately.
- C. **Monitoring:**
 1. The ICDVVA or its designated representative will monitor all approved domestic violence offender intervention programs. The [CODVOIPS Committee](#) reserves the right to establish the process of monitoring programs, including drop-in visits to any [treatment session](#). If the monitor finds any program is not in compliance with the standards established herein, the ICDVVA will take appropriate steps to help bring the program into compliance. A program may be placed on probationary status or lose approval at any time for failure to meet established standards.
- D. **Appeal:**

Commented [JB74]: JR: When I did my renewal last time, I had to cut and paste all the policies that I had already submitted with my application. This was duplicative and cumbersome as it was not needed.

It would be great if the audit tool was actually attached to the manual. This works well with other commercial/medicaid payors as a reminder of what exactly the auditor is looking for. A week later after a site visit/audit, I had to reach out to the Auditor to ask if we had passed or not and requested the results of the visit. I received an email that stated "Yes our visit went well. I won't be sending additional documentation. The only reason you would receive additional documentation form us is if you are non-compliant in any areas. I didn't see any reason for concern after my visit." There was no letter stating I had been re-certified or re-credentialed in DV Intervention. I kept the email as "documentation" that we passed the audit and were in good standing.

Solution:

Create an audit tool that simply asks if there is a policy - an to attach IF something in the policy has changed.

Create a Certificate that should be displayed - clients have the right to know for themselves this is a certified program. The application and rules to even become a program are quite a feat! Would be great to have that kind of an acknowledgement (Certificate), much like our licenses.

My program/staff work hard to maintain top of the line polices and processes as well as stay up to date on the latest data and curriculums to help the clients. This is a tough profession- a Certificate would be a great professional acknowledgement of the hard work and success of our programs.

Commented [j75]: Should this be intervention session?

Commented [SW76R75]: Yes

1. Any program which is dissatisfied with a decision of the [CODVOIPSCommittee](#) may send its objection in writing to the ICDVVA. ICDVVA staff will forward the objection to the [CODVOIPSCommittee](#). The ICDVVA will review the objection and the decision and provide an opportunity for the program to be heard on the issue. A decision by the ICDVVA will be issued within thirty (30) days.

E. Request for Inquiry:

1. Any person may submit a written request for an inquiry concerning compliance with these standards. Upon receipt of the inquiry, the ICDVVA staff shall forward the inquiry to the [CODVOIPSCommittee](#) for review and action.

F. Revision of Standards:

1. The ICDVVA reserves the right to amend, change or alter these standards at any time at their discretion. Reasonable notice will be given.

G. [Telehealth](#)

**All correspondence should be sent to:
Idaho Council on Domestic Violence and Victim Assistance
P.O. Box 83720
Boise, ID 83720-0036**

Commented [j77]: Jennifer – what barriers to telecommunication or reaching clients in rural areas, or all clients when there are so few providers?

Amber – just allowing remote intervention has been very helpful. Pocatello clients can receive services with providers in Boise area. Doesn't want remote to take over or replace face-to-face. Some clients it's the only option, so remote is better than nothing.

Elaine – they do both remote group and in-person. How do they help clients that don't have access to remote service.
Scott – also does remote and in-person. If client doesn't have remote access, they may be able to work out an arrangement with probation to access equipment. Difficult to develop enough of a client base in rural areas to sustain a program.

Jaci – had more difficulty doing remote groups with DV groups than other group programs like SUDS, adolescents. Put computers in group rooms so that clients could use private rooms in their facility to participate in groups.

Sue – stayed away from remote sessions because she had too many clients without access. Has concerns with confidentiality, what happens if client is upset about something in group and the victim is in the house?