

C. Approved Providers Responsibilities:

1. Type Of Discharge
2. Information regarding the Level's of treatment
 - a) Initial Level of Treatment A B C
 - b) Any changes to level of treatment
 - c) Level of treatment upon completion
3. Information regarding risk factors
 - a) Initial risk factors
 - b) Any changes to risk factors during treatment, increase or decrease
 - c) Identification of current risk factors
4. Verification that Offender Treatment Plan components, offender competencies and criteria for treatment completion have been demonstrated.
5. Summary verification of MTT responsibilities for discharge DVOMB Standard 5.09 (B).
6. Any current or ongoing concerns identified by the MTT

- Absences
- Inappropriate behaviors
- Non-payment of fees
- Other (see comments)

- Comments:
- Additional adjunctive treatment recommended
- Concurrent counseling recommended

Comments:
Comments:

Treatment Provider Signature

Date:

SAMPLE UNSSUCCESSFUL DOMESTIC VIOLENCE TREATMENT DISCHARGE SUMMARY

Agency Name:
Address
Phone/Fax number:

REPORT TO: Deferred (Susan Gross): ____
Adult Probation Officer: ____
TI Probation Officer: ____
Other: _____

Defendant Name: D.O.B: Division: _____
Case Number:

Date:

___ Unsuccessful Discharge From Treatment:

Initial Level Of Treatment:	A	B	C
Any changes to Level of Treatment:	A	B	C
Level Of Treatment at discharge:	A	B	C
Recommended Level Of Treatment:	A	B	C

___Defendant is current on fees and paid \$ _____ per session.
___Not current on fees and owes \$ _____ as of _____
___Victim Advocate has been contacted

REASON FOR UNSUCCESSFUL TERMINATION:

- A. Offender has not met responsibilities and requirements related to one or more of the following:
Offender has demonstrated adherence to all the following:
 - All required competencies
 - Conditions of treatment plan
 - Conditions of the offender contract
- B. MTT verified all of the following:
 - The offender’s lack of progress related to offender demonstrating required competencies, compliance with offender contract requirements and other condition of the Treatment Plan.
 - Completion of any required Offender Treatment Plan Reviews
 - Required consultation has occurred at each stage of treatment.
 - Any additional risk factors identified or have been reported through other sources outside of offender contact as relevant (social services, psychiatrist, new partner, parents, or clergy)
 - Any increase in level of risk as reported by approved provider, using information from MTT members.
 - MTT consensus to unsuccessful discharge

C. Approved Providers Responsibilities:

1. Type of Discharge: **Administrative**
2. Information regarding the Level's of treatment
 - a) Initial Level of Treatment A B C
 - b) Any changes to level of treatment:
 - c) Level of treatment at discharge: A B C
3. Information regarding risk factors
 - a) Initial risk factors
 - b) Any changes to risk factors during treatment. Identification of current risk factors.
4. Degree to which the offender Treatment Plan components, offender competencies, and criteria for treatment completion have been demonstrated.
5. Duration of Offender Treatment
6. Summary of verifications of MTT responsibilities for discharge (Refer to Standard 5.09 III B)
7. Any current or ongoing concerns identified by the MTT
8. MTT consensus for this discharge status and reasoning is documented.
 - 1.

- Absences
- Inappropriate behaviors
- Non-payment of fees
- Other (see comments)

- Comments:
- Additional adjunctive treatment recommended
- Concurrent counseling recommended

Comments:
Comments:

Treatment Provider Signature

Date:

SAMPLE DOMESTIC VIOLENCE TREATMENT **TRANSFERRING** TREATMENT DISCHARGE SUMMARY

Agency Name:
Address
Phone/Fax number:

REPORT TO: Deferred (Susan Gross): ____
Adult Probation Officer: ____
TI Probation Officer: ____
Other: _____

Defendant Name:
Case Number:

D.O.B:

Division: _____

Date:

Initial Level Of Treatment:	A	B	C
Any changes to Level of Treatment:	A	B	C
Level Of Treatment at discharge:	A	B	C
Recommended Level Of Treatment:	A	B	C

___Defendant is current on fees and paid \$ _____ per session.
___Not current on fees and owes \$ _____ as of _____
___Victim Advocate has been contacted

REASON FOR TRANSFERRING:

G. Type of Discharge

G. Information regarding the Level(s) of treatment

- 1) Initial Level of Treatment A B C
- 2.) Any changes to level of treatment:
- 3) Level Of Treatment at Discharge

G. Information regarding risk factors

G. Initial risk factors

- 2) Any changes to risk factors during treatment
- 3) Identification of current risk factors

D. Degree to which the offender Treatment Plan components, offender competencies and criteria for treatment completion have been demonstrated.

E. Duration of Offender Treatment

F. Summary of verifications of MTT responsibilities for discharge (Refer to Standard 5.09 III B)

G. Any current or ongoing concerns identified by the MTT.

Comments:

SAMPLE RE-ADMISSION INTO DOMESTIC VIOLENCE PROGRAM

Date: _____
Agency Name: _____ REPORT TO: Deferred (Susan Gross): _____
Address _____ Adult Probation Officer: _____
Phone/Fax number: _____ TI Probation Officer: _____
Other: _____

Case Number: _____
Defendant Name: _____ D.O.B: _____ Division: _____
Address: _____

City _____ St _____ Zip _____
Home Phone: _____ Cell: _____

Employer: _____ Address: _____
Work Phone: _____ Ext: _____

My monthly DV Reports needs to be sent to: _____
Have you re-offended, violated your client contract or probation contract during the time you have been absent from Genesis? No Yes, If yes explain: _____

Have you received a revocation notice while you have been absent from Genesis?
No Yes, If Yes please explain: _____

Counselor's Comments:

Past balance Paid \$ _____
Re-admission fee \$ _____ plus no shows \$ _____
New Victim Advocate \$30.00 fee \$ _____ Amended client contract fee: \$ _____
Total Fee paid:
Date of re-enrollment: _____ Level of Treatment A B C
Court ordered 36 or 52 Class Assigned: _____ Start date: _____

Initial Level Of Treatment: A B C
Any changes to Level of Treatment: A B C
Level Of Treatment at discharge: A B C
Recommended Level Of Treatment: A B C

___ Defendant is current on fees and paid \$ _____ per session.
___ Not current on fees and owes \$ _____ as of _____
___ Victim Advocate has been contacted

DVOMB Standard 5.09 V.

Prerequisites for offenders re-entering with an approved provider

A. Consensus of the MTT to re-admit the offender into treatment

- Re-Admit date: _____

B. Consensus of MTT regarding placement in treatment, including updated evaluation and DVRNA if appropriate.

- Consensus regarding placement in treatment on: _____
- Updated Evaluation and DVRNA on: _____

C. The approved Provider shall review and update the Offender Contract and Treatment Plan with the offender.

- Reviewed and updated offender contract on: _____
- Reviewed and updated Treatment Plan on: _____

Comments:

