

REPORT ON THE DOMESTIC VIOLENCE OFFENDER MANAGEMENT BOARD 2007 TEST SITE PROJECT

INTRODUCTION

The Domestic Violence Offender Management Board (Board) identified a need for more differentiated offender treatment in 2006. The Board then created the Treatment Review Committee (Committee) and tasked it with reviewing relevant research and creating a draft for treatment revisions. The Committee proposed that treatment should not be focused solely on number of weeks of treatment and that recommendations and intervention should be based on offender risk, responsivity, and criminogenic needs. These issues as well as offender degree of behavioral change in treatment would determine the length and intensity of treatment. The Committee drafted proposed revisions to the *Standards for Treatment with Court Ordered Domestic Violence Offenders (Standards)* addressing this issue.

The proposed new *Standards* create a Multidisciplinary Treatment Team (MTT) comprised of, at a minimum, the treatment victim advocate, treatment provider, and supervising criminal justice entity. This model proposes that this team will work collaboratively. For example, a consensus for decisions will be required for the initial placement in treatment and intensity of offender treatment, as well as changes to levels during treatment and when discharge is appropriate.

Additionally, the proposed new *Standard* creates different levels of intensity of treatment allowing the opportunity for offenders to move between levels as indicated during treatment. While some offenders might remain in the same level throughout treatment, there is also purposefully built in to this model, the ability to move offenders to a different level of treatment as needed based on new information such as change in risk factors, mitigation of risk, continuing abuse, or denial. Offender competencies have also been developed to assist the MTT in evaluating the degree of offender behavioral change during treatment. Offender re-assessments will also be required at identified intervals.

In order to determine the feasibility of the proposed new model and potential barriers to its implementation, a test site project was designed. In order to obtain test site participants, a letter was sent to all approved treatment providers to inquire whether they were interested in participating in this project. In order to be considered as a participant, it was necessary for providers to have an active ongoing relationship with their treatment victim advocate and with the supervising criminal justice agency (e.g. probation, the courts, etc.) with which they coordinate offender issues. A work group was created to select six test sites that best met the criteria for geographic location, size of treatment agency, and relationship with probation and victim advocates. The areas selected included Ordway (16th Judicial District), Adams County (17th Judicial District), Burlington

(13th Judicial District), Canon City (11th Judicial District), Lakewood (1st Judicial District), and Colorado Springs (4th Judicial District).

Training was provided for all members of the test sites project, including all MTT members (supervising criminal justice agency, treatment providers, and victim advocates). Treatment providers who participated in the test sites implemented the new model only within the context of the existing standards. Therefore, the new model did not impact the actual discharge of specific offender cases during the test site process.

The project commenced on July 16th, 2007 and continued for 5 months ending on December 16, 2007. Only offenders who entered treatment between July 16, 2007 and September 17, 2007 were included in the project. Two progress meetings were held with the test site MTTs to discuss challenges and successes encountered with the proposed new model. A third meeting was convened at the conclusion of the project to elicit recommendations for revisions and to discuss the implementation of the DVRNA, the MTT, Core Competencies, and Levels of Treatment.

SUMMARY OF QUESTIONNAIRES

Treatment providers, probation, and treatment victim advocates were required to complete survey forms that assessed the implementation of the proposed new model. Such components as the effectiveness of the Domestic Violence Risk and Needs Assessment tool (DVRNA), use of the offender core competencies to measure progress at assessment intervals, and consensus building within the Multidisciplinary Treatment Team (MTT) were evaluated. Additionally, treatment providers completed a survey form on each offender in treatment who participated in the test site project.

DVOMB Test Site Questionnaire General Questions – Treatment Providers

This questionnaire designed for treatment providers (see Appendix A) inquired the degree to which they were able to adapt the new model into their existing program. Eighty-three percent responded that they encountered a few minor problems while only seventeen percent encountered several major problems. Those who encountered problems reported that coordinating schedules with the treatment victim advocate and probation was challenging.

One hundred percent of treatment providers reported that they were able to implement the offender core competencies to measure progress at assessment intervals without difficulty. Also, one hundred percent of providers were able to utilize the DVRNA to identify any new risk makers during assessment intervals. Fifty percent considered the DVRNA valuable in determining whether risk factors were present at the initial evaluation, while fifty percent considered the DVRNA somewhat valuable.

Regarding the three levels of treatment, treatment providers stated that it was a challenge to create three different treatment group levels because of concerns related to offender's ability to pay and limited number of offenders in each group. Providers reported that they were unclear whether offenders in different levels of treatment could be combined in groups, seen individually as needed or whether they had to establish three distinctly separate groups. Providers reported that more training on this issue would be very helpful for implementation.

There were several questions on the survey regarding the MTT and its ease of implementation. Thirty-three percent responded that the MTT was easy to implement, 50 percent that it was challenging to implement, and 17 percent reported it was difficult to implement. Those who had some difficulties with the MTT described coordination of schedules and time constraints as the primary challenges. On the positive side, providers described how valuable the MTT was in improving communication.

The following are recommendations expressed by providers for modifications to the proposed new standards:

- Consider utilizing the MTT only for Level II and III offenders, otherwise the volume will make full implementation very challenging.

- Offender core competencies are accurate and sound but most are subjective. Consider the use of self (offender) evaluation with a MTT review for high risk offenders.
- Some but not all test site MTT members suggested removing the “automatic” placement concept from the DVRNA and replace with language that “strongly recommends” or “justifies” placement.
- Consider some form of electronic/web-based communication tool for the MTT.

DVOMB Test Site Questionnaire General Questions – Probation

This questionnaire designed for probation officers (see Appendix B) also inquired the degree to which they were able to adapt the new model into their existing program. Their responses differed from treatment providers whereas 40 percent of probation experienced smooth transition with no problems, while zero providers noted that there were no problems. Forty percent of probation officers encountered a few minor problems while 20 percent encountered several major problems. Those who encountered problems stated that the MTT would be very time-consuming on a much larger scale and the release of information between probation and providers was problematic.

Regarding the MTT and the degree of implementation, 60 percent reported that it was easy to implement, whereas only 33 percent of treatment providers reported easy implementation. Twenty percent acknowledged that the MTT was challenging to implement and the same percentage found it difficult to implement.

The following are challenges expressed by probation officers regarding the proposed new standards:

- The MTT is not difficult to implement on a smaller scale, however, there are significant concerns regarding time and the ability to communicate if the new model is adopted.
- Most clients are only sentenced to a year probationary period, which offers additional challenges.

DVOMB Test Site Questionnaire General Questions – Treatment Victim Advocates

Thirty-three percent of victim advocates responded that it was a smooth transition with no problems regarding the adaptability of the new model to their existing advocacy program (see Appendix C). Likewise, 33 percent encountered a few problems, and 33 percent encountered several major problems. Victim advocates compared to probation officers and treatment providers reported the highest percentage of participants encountering several major problems. They reported that lack of communication, confidentiality issues, and scheduling were

challenges. However, generally treatment victim advocates reported that the use of the MTT strengthened the team process.

DVOMB Test Site Questionnaire Offender Specific – Treatment Providers

Treatment providers were required to complete a survey form (see Appendix D) for each offender who participated in the test site project. The purpose of this form was to compile information on the implementation of the proposed new standards and the effect on offenders and on treatment. Ninety-seven percent of providers reported that the DVRNA was useful in placing the offender in the initial level of treatment and that there was consensus for this placement among members of the MTT. The following chart illustrates the initial level of treatment in which the offender was placed and the level of treatment that the offender was identified in, at the conclusion of the test site project.

Initial Level of Treatment			Level at Conclusion*		
Levels	Number of Offenders	Percentage of Offenders	Level One	Level Two	Level Three
One	10	17%	67%	20%	13%
Two	32	55%	10%	76%	14%
Three	16	28%	0%	25%	75%
Total	58	100%			

*Conclusion of Test site Project (total project length five months)

It was reported that 77 percent of offenders would not have been eligible for discharge prior to 36 weeks within the context of the new model.

CONCLUSION AND RECOMMENDATIONS

The test site project fulfilled its goal to identify feasibility of implementation as well as challenges for the implementation of the proposed new standards. During the three progress meetings, test site participants offered recommendations for clarification of the new standards and suggestions for changes. The following illustrates the recommendations made by test site participants and the changes implemented by the DVOMB Treatment Review Committee (Committee) and by the DVOMB Staff.

Comment

Probation officers need to be educated on the Domestic Violence Risk and Needs Assessment Tool (DVRNA)

Response

DVRNA Training will be provided to Probation

Comment

MTT should first review goals for victim safety and offender containment and then strategize regarding offender accountability and treatment.

Response

Training will emphasize that each team member of the MTT has different priorities but the team needs to focus on overall goals for the offender as well as victim safety.

Comment

Revise the language in the proposed standards to soften the language related to the authority of probation and strengthen the collaborative intent of the MTT.

Response

Language was revised to state that probation is the supervising agent for the court, but the intent and the goal of the MTT is to work collaboratively.

Comment/Question

Will increased accountability for offenders result in greater risk to victims?

Response

Trainings will be offered on working with higher risk, less stabilized, and anti-social offenders.

Comment

The MTT test site participants discussed how to define successful discharge and the expectations for the offender core competencies. Additionally, there was extensive discussion regarding the goal and purpose of treatment. The consensus of the test site participants was that treatment is not a cure but an opportunity for change.

Response

The Committee also had a lengthy discussion regarding this issue and reached consensus that treatment is not a cure or a perfect fix. Treatment is an opportunity for offender change; designed to promote and provide opportunities for offenders to be challenged in their maladaptive beliefs, teach new skills, offer an opportunity to demonstrate an understanding of new concepts, and demonstrate some behavioral change. Thus the Committee agreed to design some philosophy around the purpose of treatment, discharge requirements, and expectations.

Comment

The test site MTTs recommended lengthening the interval between the initial evaluation and the first progress assessment.

Response

The Committee considered this recommendation and believed that the reasons for the established intervals between assessments were not fully explained to the test site MTTs. The intent of the assessments is to hold the offender and the provider accountable. The timing of the assessment also allows for modifications to an offenders level of treatment earlier rather than later in treatment. This progress assessment is not intended to be a lengthy process and should be completed on a regular basis, especially early in treatment by the provider. The Committee agreed that the language in the proposed standards should be modified to clarify these points. These issues will also be addressed in training.

Comment

The test site MTTs were unclear regarding the allowable methods of communication between team members. They were concerned that the proposed new standards required face-to-face communication.

Response

The Committee will clarify multiple communication methods in the draft as well as in training.

Comment

There was some confusion over the role of the treatment victim advocate on the MTT.

Response

This concern can be addressed in training. It is important that the perspective of the victim advocate is a component of the MTT's discussion even if there is no victim to contact. There also needs to be clarification of the treatment victim advocate role on the MTT and the issue of confidentiality. The draft standards were revised to clarify the treatment victim advocacy issues.

Comment

There was concern expressed by treatment providers that they still do not receive offender criminal history information in a timely manner or at all. This inhibits the provider from completing an effective intake evaluation. They questioned how they could place the offender into treatment without all this necessary information.

Response

The Committee is currently revising this language to address the providers concerns.

Comment

There was confusion regarding when offenders can be placed in Level I. There needs to be clarification that offenders can only be placed in Level I at the initial evaluation.

Response

The Committee will review the language in the draft to ascertain that the language is clarified.

Summary

Overall, the test site participants reported that the project was worthwhile and that the proposed new model has great merit. The test site participants reported that the training provided at the beginning of the project was helpful, as was technical assistance during the project. Of all their responses the two major concerns were related to providers obtaining offender criminal history information and the ability of the MTT to effectively communicate with larger probation caseloads at full implementation statewide. The test site participants reported that the major components of the new model are similar to current treatment model and theories. The consensus of the test site participants was that the new treatment model has the potential to be very beneficial and should move forward with modifications as suggested.

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