

**Process Evaluation of
Domestic Violence Offender
Management Board-Standards**

A REPORT OF FINDINGS

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INTRODUCTION

This report speaks to the legislative mandate requiring an evaluation of the effectiveness of the DVOMB's Standards and Guidelines [(C.R.S. 16-11.8-103(4)(b)(IV)]. Evaluating the effectiveness of any program or system first requires establishing whether the program/system is actually implemented as intended and, if so, the extent to which there may be gaps in full implementation. A process evaluation examines the question of implementation and necessarily precedes an outcome or effectiveness study. Information for this study was obtained from responses to an online survey from 73 Probation officers and 85 Approved Domestic Violence Providers.

Background

In 2000, the Colorado General Assembly created the Domestic Violence Offender Management Board (DVOMB) to adopt and implement a standardized procedure for the treatment and evaluation of domestic violence offenders. The DVOMB was mandated to develop standards and guidelines for the assessment, treatment, and behavioral monitoring of offenders who have been convicted of a crime and court-ordered to complete domestic violence offender treatment; whereby the underlying factual basis of that crime has been found by the court to include an act of domestic violence. The DVOMB's *Standards for Treatment with Court Ordered Domestic Violence Offenders (Standards)* were first published in January 2001 and included current research regarding offender treatment. In 2010, the *Standards* were significantly revised to reflect research that addresses treatment in terms of risk and responsivity to treatment.

Purpose of this Report: A Process Evaluation

This report is a first step in meeting the legislative mandate requiring an evaluation of the effectiveness of the DVOMB *Standards*. Evaluating the effectiveness of any program first requires establishing whether the program/system is actually implemented as intended and if so, the extent to which there may be gaps in full implementation. This report presents the findings from the Process Evaluation of the DVOMB *Standards*. In this evaluation we documented the extent to which service delivery adhered to the *Standards* and identified the differences in responses from both State Probation Officers (Probation) and Approved Domestic Violence Treatment Providers (Providers) for similar questions. This process evaluation was implemented utilizing the 2001 *Standards* (reorganized 2005).

The second step in meeting the legislative mandate is to conduct an outcome evaluation. Such a study would investigate the effectiveness of the *Standards* by examining whether there is a link

between the behaviors of offenders subject to the *Standards* and the delivery of services to those offenders and recidivism or evidence of risk reduction. The DVOMB staff does not have the staffing or resources at this time to develop an outcome evaluation. Efforts have been, and will continue to be made to secure grants to pursue this study.

Data Collection

Staff of the DVOMB Unit identified specific standards for the survey that were of the greatest concern or importance. A survey was created on Survey Monkey, an Internet site; whereby access to the survey was by invitation only. An email was then sent to all Providers and Probation across the state working with persons who have been convicted of a crime and court ordered to domestic violence offender treatment inviting them to participate in an online survey. This confidential online survey was regarding the implementation of the *Standards for Treatment with Court Ordered Domestic Violence Offenders (Standards)*. Questions were answered by making a selection(s) from multiple choices, in addition to typing in text (comments). Providing comments was optional and not all respondents chose to utilize this avenue.

The goal of this survey was to assess the degree of implementation of the *Standards* by surveying Providers and Probation who work with court ordered offenders, regarding their experience with the *Standards*. Of the current list of 212 Approved Treatment Providers surveyed, eighty-five responded. Seventy-three Probation Officers participated in this survey from judicial districts across the state.

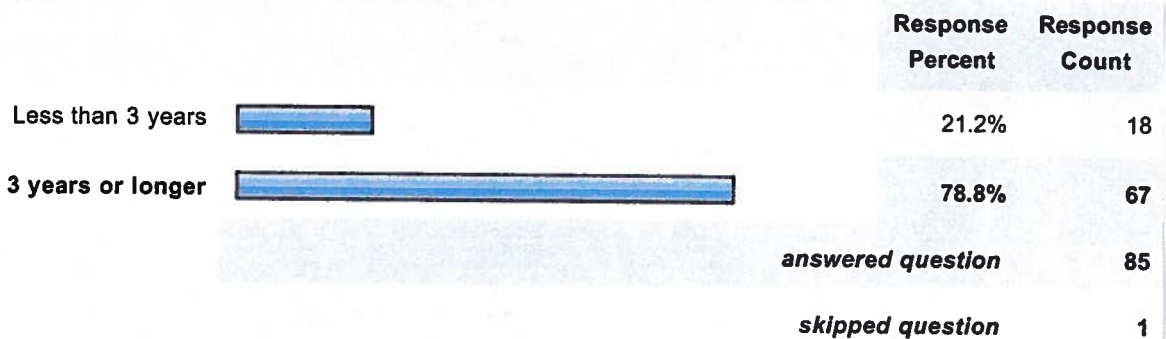
**Domestic Violence Standards: Evaluation of Implementation
ON-LINE SURVEY RESULTS**

The following data was compiled from responses to the 11 questions created for State Probation and the 22 questions created for Approved Treatment Providers. For each question the responses are illustrated in charts that were produced utilizing the Internet survey software Survey Monkey. In addition, there are comments that were voluntarily submitted by some of the respondents.

SUMMARY OF RESPONSES FROM APPROVED TREATMENT PROVIDERS (Providers)

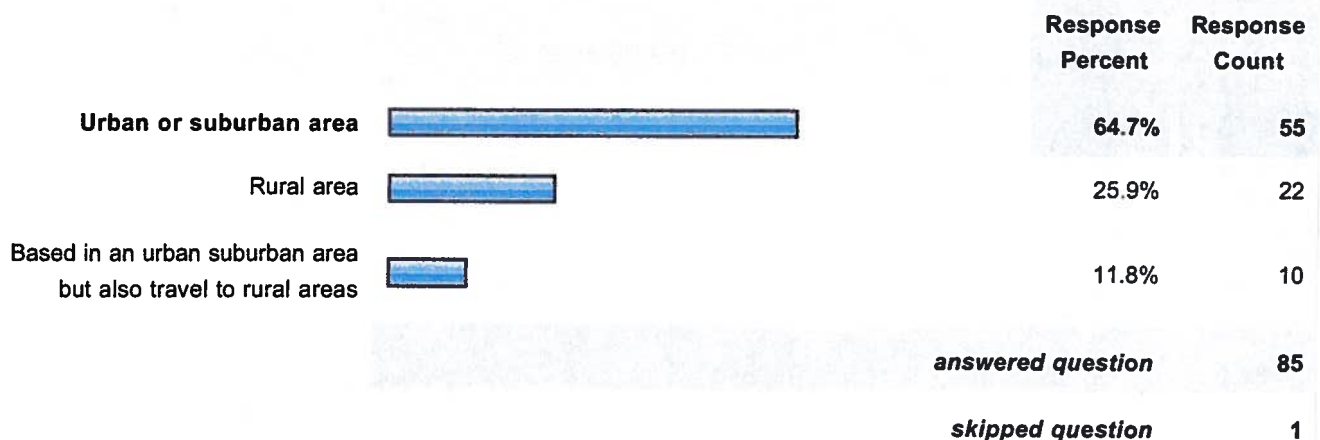
Question # 1

Since the implementation of the 2001 Standards for Treatment with Court Ordered Domestic Violence Offenders (Standards), how long have you been an Approved Treatment Provider in Colorado?



Question # 2

Please identify the type of geographic area in which you work. Select all that apply



Question # 3

List the primary judicial district in which you (TREATMENT PROVIDER) provide offender treatment.

Judicial District	Response Percent	Response Count
1	14%	13
2	9%	9
3	1%	1
4	9%	9
5	2%	2
6	2%	2
8	6%	6
9	3%	3
10	2%	2
11	2%	2
12	3%	3
13	2%	2
14	1%	1
16	1%	1
17	7%	7
18	16%	15
19	8%	8
20	5%	5
21	6%	5
Answered question		85
Skipped question		1

There were no responses from Judicial Districts 7, 15 & 22.

Question # 4







List the secondary judicial district in which you (TREATMENT PROVIDER) provide offender treatment (if there is one).

When treatment providers were asked for the secondary judicial district in which they provide treatment; they named the 2nd district (12), 1st(9), 18th (7), 17th (6), 19th (3), and only one or two noted judicial districts 3, 5, 11, 12, 13, 14, 15, and 21.

Answered question 51
 Skipped question 35

Question # 5

How often have you (TREATMENT PROVIDER) completed a full PRE-SENTENCE treatment evaluation on offenders, utilizing all components in Standard 4.01(c)?

	Response Percent	Response Count
N/A - I do not conduct these evaluations 	42.9%	36
All of the time 	2.4%	2
Most of the time 	3.6%	3
Half of the time 	2.4%	2
Occasionally 	23.8%	20
Never 	25.0%	21
	Comments	11
	answered question	84
	skipped question	2

COMMENTS

- I stopped doing these years ago to avoid the appearance of conflict of interest
- I am not a licensed LPC or LCSW
- I do not do pre-sentence evaluations. I only do post-sentence ones
- When I see the client for an intake evaluation, they have already signed a plea agreement
- With Standards prohibiting anything other than recommending treatment, attorneys will not refer for evaluation to Approved Providers but rather to other mental health professionals.
- With the lack of available collateral information, I find it safer to avoid doing pre-sentence evaluations
- Have previously completed evaluations, but none for the past year
- Rarely. Two in less than three years and one was out of county.
- We generally do not perform these in our district
- I have never been asked to do this.

Question # 6

How often have you (TREATMENT PROVIDER) completed a full POST-SENTENCE intake evaluation on offenders entering your program, utilizing all required components in Standard 4.02?

	Response Percent	Response Count
N/A - I do not conduct these evaluations	4.7%	4
All of the time	67.1%	57
Most of the time	7.1%	6
Half of the time	4.7%	4
Occasionally	15.3%	13
Never	1.2%	1
Other (please specify)		5
answered question		85
skipped question		1

COMMENTS

- I do a full and comprehensive evaluation as my intake
- I prefer the term assessment rather than evaluation
- Approved DV Provider in Probation conducts pre- and post-sentence DV evaluations. This will change once the revised Standards are implemented.
- I performed intake evaluations at a different place of business. I currently do not perform them.
- We need a clearer definition of what entails a full evaluation. In the past, we used a very in-depth procedure. However, it was time consuming and was being relied upon for various and other court and probationary requirements.

Question # 7

If you (TREATMENT PROVIDER) responded to Question 6 that you do not conduct post-sentence evaluations, please select the correct response that identifies the staff person who completes the post-sentence intake evaluation.

	Response Percent	Response Count
Intern <input type="checkbox"/>	5.0%	1
Approved domestic violence treatment provider <input checked="" type="checkbox"/>	85.0%	17
Other (please specify) <input type="checkbox"/>	10.0%	2
	<i>answered question</i>	20
	<i>skipped question</i>	66

COMMENTS

- Office personnel/interns

Question # 8

How often have you (TREATMENT PROVIDER) completed a domestic violence risk assessment on offenders entering your program?






	Response Percent	Response Count
N/A - I do not conduct domestic violence risk assessments. Another staff member conducts them. <input type="checkbox"/>	3.5%	3
All of the time <input type="checkbox"/>	76.5%	65
Most of the time <input type="checkbox"/>	8.2%	7
Half of the time <input type="checkbox"/>	1.2%	1
Occasionally <input type="checkbox"/>	8.2%	7
Never <input type="checkbox"/>	2.4%	2
	Comments	5
answered question		85
skipped question		1

COMMENTS

- I will conduct a SARA if one is not provided. However, they are provided by Probation most of the time.
- I am a contract worker and someone else performs the risk assessments
- As per required by DVOMB.
- I am not the only Provider at the agency. Other Providers perform assessments also.

Question # 9

How often have you (TREATMENT PROVIDER) performed ongoing assessments on offenders in your program? (Standard 4.03)

	Response Percent	Response Count
All of the time 	62.4%	53
Most of the time 	18.8%	16
Half of the time 	5.9%	5
Occasionally 	9.4%	8
Never 	3.5%	3
	Comments	9
answered question		85
skipped question		1

COMMENTS

- Every 8 weeks
- When any potentially destabilizing change occurs in the offender's life
- Monthly
- Formal and informal assessments
- Assessed through monthly reports to PO
- I am continually assessing their needs informally
- But they have not been in writing
- Depends on the offender and their history
- 90 days and about 24 weeks

Question # 10

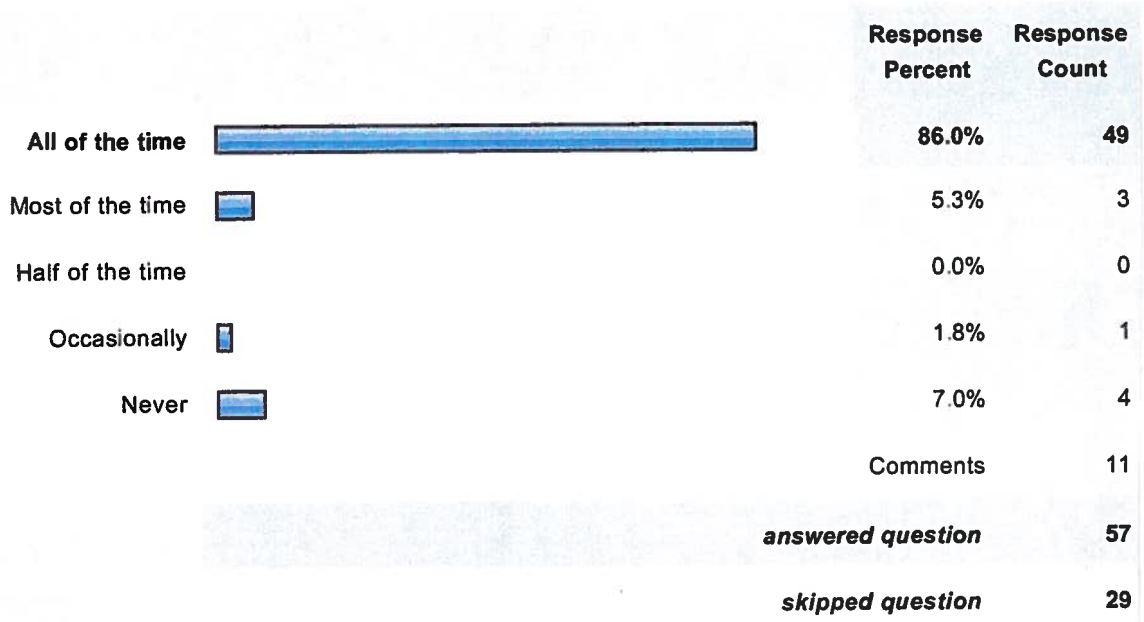
How often do you (TREATMENT PROVIDER) estimate that you have successfully discharged offenders from treatment in 24 weeks according to Standard 5.08?

	Response Percent	Response Count
All of the time	1.2%	1
Most of the time	6.0%	5
Half of the time	4.8%	4
Occasionally	47.0%	39
Never	41.0%	34
	Comments	20
	answered question	83
	skipped question	3

- Rarely. Two to three clients over the previous five years and they must meet the criteria in the *Standards*. Victim advocate must discuss safety with the victim and concerns. Urine screens are given to assure substance free lifestyle. Check to see if court fees/treatment fees are paid.
- One or two times in nearly two decades
- Once, maybe twice
- One time in previous four years
- Since 2001, I have discharge four persons at 24 weeks
- Unless the judge orders it, which has only happened once. Even then, I only give the offender credit for 24 sessions, not a discharge summary.
- Very rarely
- The liability is too great
- I do not think offenders have received enough information in 24 weeks. This is not their first abusive incident; regardless of how attorneys and clients and sometimes probation officers might want others to believe.
- In the entire time I have been a Provider, I have only discharged two people at 24 weeks. This is largely because most cases that seem very low risk and would fit most criteria for early discharge have substance abuse in their history.
- I have found that those who are discharged at 24 weeks have a higher recidivism rate. So I am very cautious of a 24 week discharge. The clients that have been successful are when all the victim advocate, Probation, and Provider are in agreement. Those that have succeeded continue to attend counseling to address other issues and not as a condition of court or Probation.
- One time
- There have been only four occasions that I discharged a client after 24 sessions.
- Not very often
- Less than occasional
- Once in three years
- Rarely
- Only for Anger Management clients. Domestic violence clients always complete 36 weeks.

Question #11

If you (TREATMENT PROVIDER) discharged any offenders from treatment at 24 weeks, how often have you included consultation with the “responsible criminal justice agency” prior to discharge?

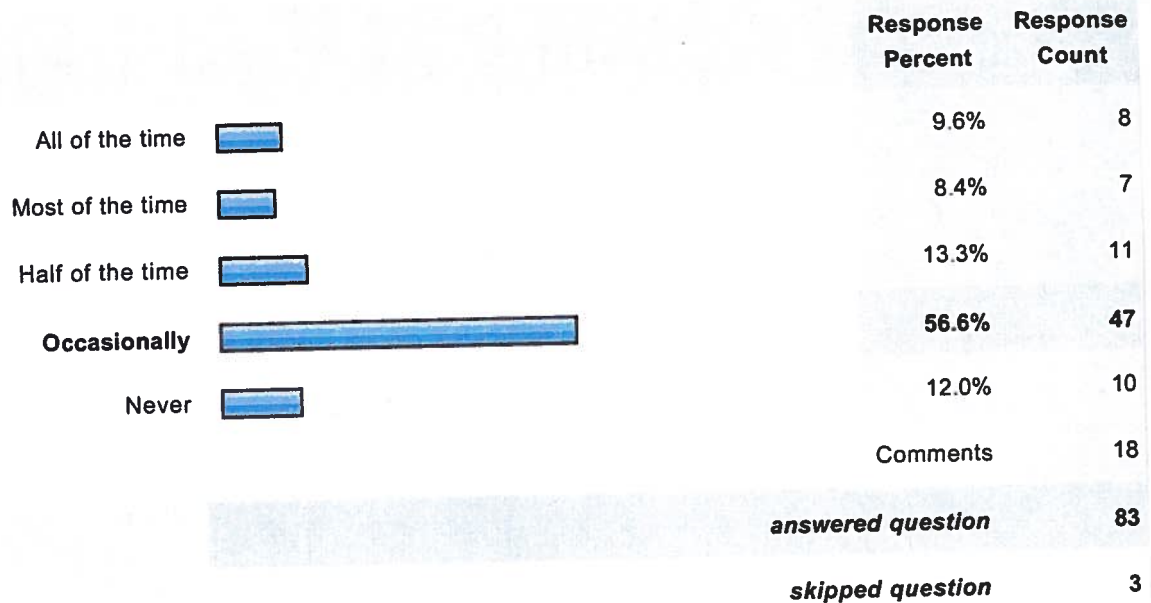


COMMENTS

- I meet with Probation monthly
- Would always consult with the “responsible criminal justice agency” if I was to consider an early release from treatment.
- Requires a copy of the court order
- We agreed that it was appropriate in those cases. The PO or case manager was always consulted.
- I would if I discharged at 24 weeks.

Question # 12

How often have you (TREATMENT PROVIDER) modified intensity of treatment of offenders in your program according to *Standard 5.09*?

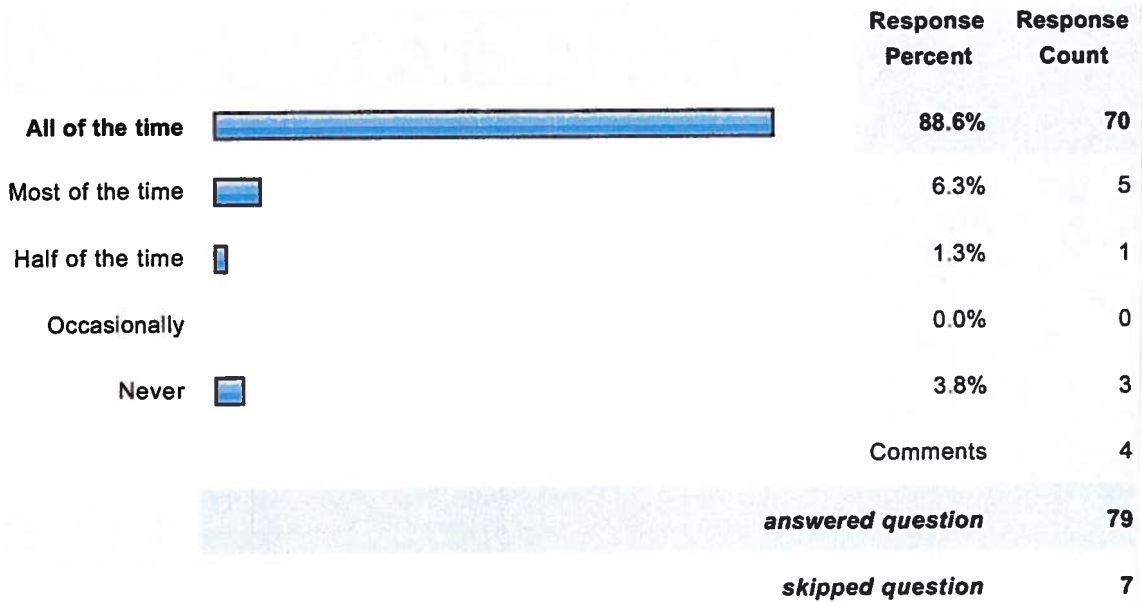


COMMENTS

- When alcohol/drug issues are indicated, repeat offender status is evident and/or parenting is indicated.
- As needed (4 responses)
- Depending upon caseload
- Certainly on a case-by-case basis with consultation with the Criminal Justice Agency and victim advocate.
- I'd say modifications occur about three-fourths of the time.
- Rarely
- A better choice is "when clinically necessary"
- Substance issues or depression and need for additional treatment modality
- As needed when client risk increases or decreases
- I have requested additional treatment for two clients who seemed to remain resistant
- Maybe twice
- Will move them to different groups if more intense treatment is indicated
- Somewhere between half and occasionally
- Increase due to substance abuse issues, parenting, or victim empathy classes.

Question # 13

If you (TREATMENT PROVIDER) have modified the intensity of treatment for any offender, how often have you consulted with the “responsible criminal justice agency?”





COMMENTS

- Monthly meetings with Probation; notify Probation of any concerns at the time of concern
- If deferred, there is no one to consult
- We have regular and excellent communication with our Probation Officers regarding the client’s treatment

Question # 14

**If an offender's level of treatment was modified,
at what point in treatment was it determined?
Select all that apply**

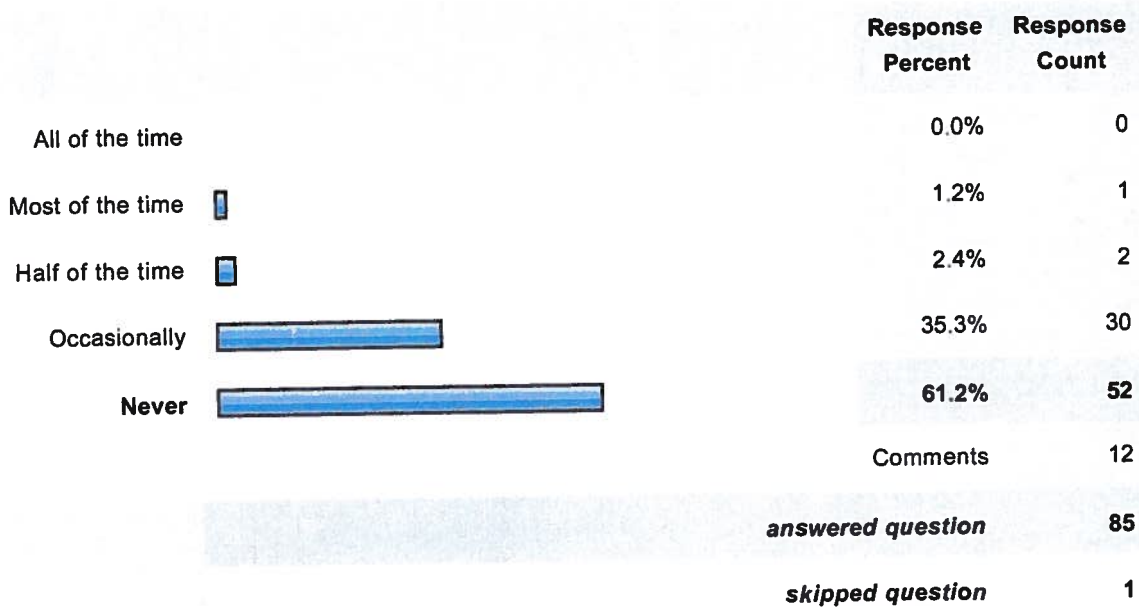
		Response Percent	Response Count
Initial intake evaluation		38.2%	29
Ongoing assessment		96.1%	73
		Comments	10
answered question			76
skipped question			10

COMMENTS

- It could be determined at the initial intake evaluation or during ongoing assessment; depending on the situation (2 responses)
- At the initial intake evaluation – once or twice total
- Usually at intake but also if more information is revealed later (e.g. the offender re-offends, substance abuse issues, parenting issues)
- As need arises
- It is usually modified because of a positive UA
- Usually after 50% of treatment is completed.

Question # 15

How often do you (TREATMENT PROVIDER) estimate that you have conducted couples MEETINGS with your offender cases according to Standard 5.11

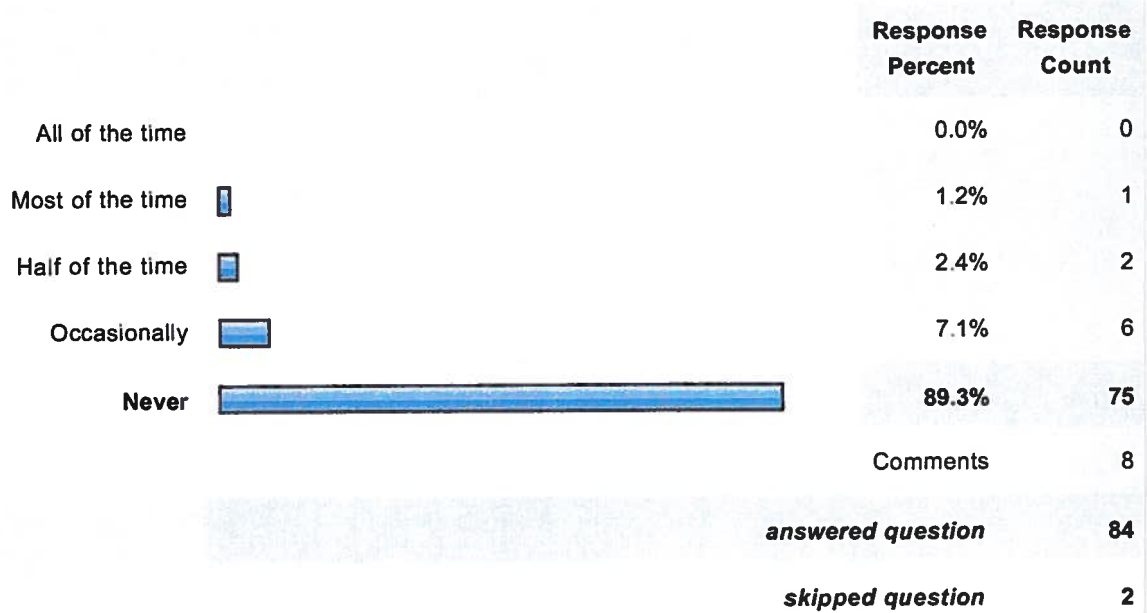


COMMENTS

- Rarely, At the end of treatment, victim advocate co-facilitated educational session
- Maybe once every five years
- Since 2001, I have conducted two couple’s meetings
- After the offender has completed at least 20 plus group sessions
- Effective when still maintaining their relationship and/or marriage. Also with coordinated effort of the various participants (e.g. Probation, Victim Advocate)
- This was especially helpful with couples that have remained together after their restraining order was modified.
- Only one case in which both husband and wife were arrested and were in my therapy groups. Two couples meetings were held.
- More rarely than occasionally
- Only just prior to discharge at 36 weeks.

Question # 16

How often do you estimate that you (TREATMENT PROVIDER) have conducted couples THERAPY with your offender cases according to Standard 5.12?

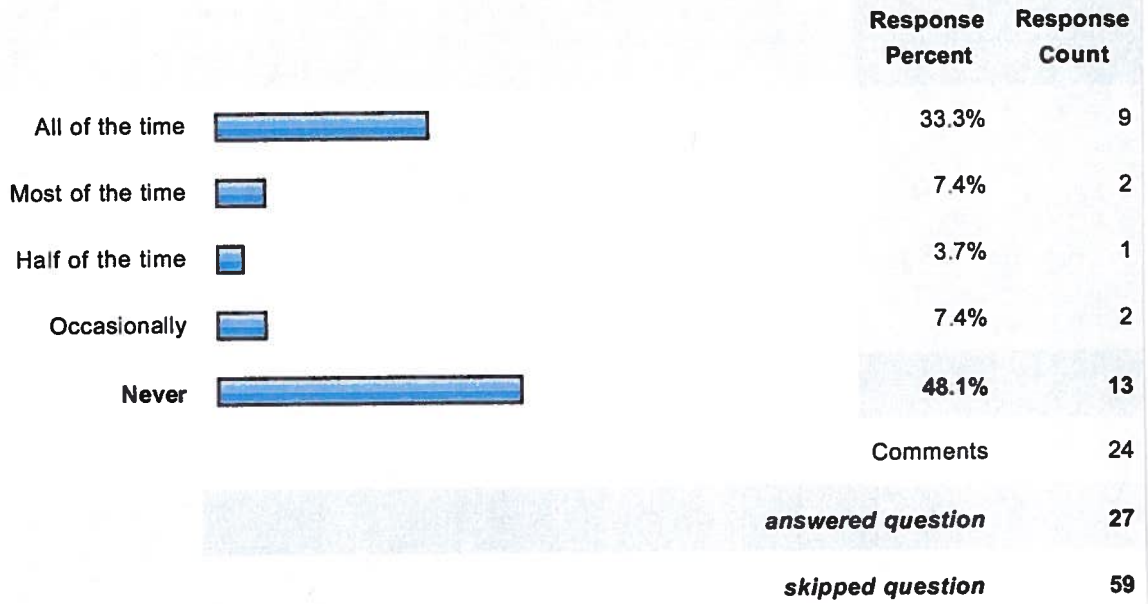


COMMENTS

- Once
- Requirements to do so make this difficult and cumbersome
- Due to the Standards we are not allowed to provide such therapy. However, I do believe there needs to be more discussion on this topic.
- The "couples meetings" seem to have resolved the area of concern.
- We work with a high DHS and U.S. Army population. Subsequently, the instances of couples therapy is higher for our clients than non DHS and military clients.
- This is very rare.

Question # 17

If you (TREATMENT PROVIDER) conducted couples therapy with an offender and the victim/partner, how often was your victim advocate present?

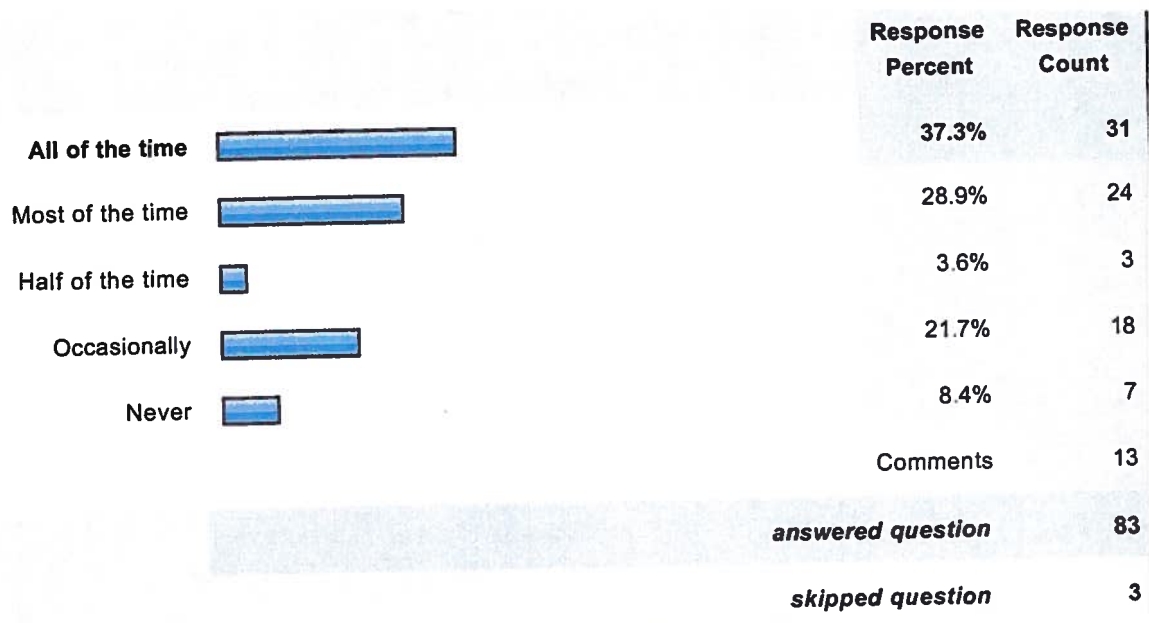


COMMENTS

- Several responses were NA
- I always involve the victim advocate
- Not all victim advocates are trained therapists. Some are not interested in participating in couples therapy. So what should a Provider do?
- Wasn't required and would have been disruptive in the case I have mentioned.

Question # 18

How often is your victim advocate included in your clinical staff meetings?

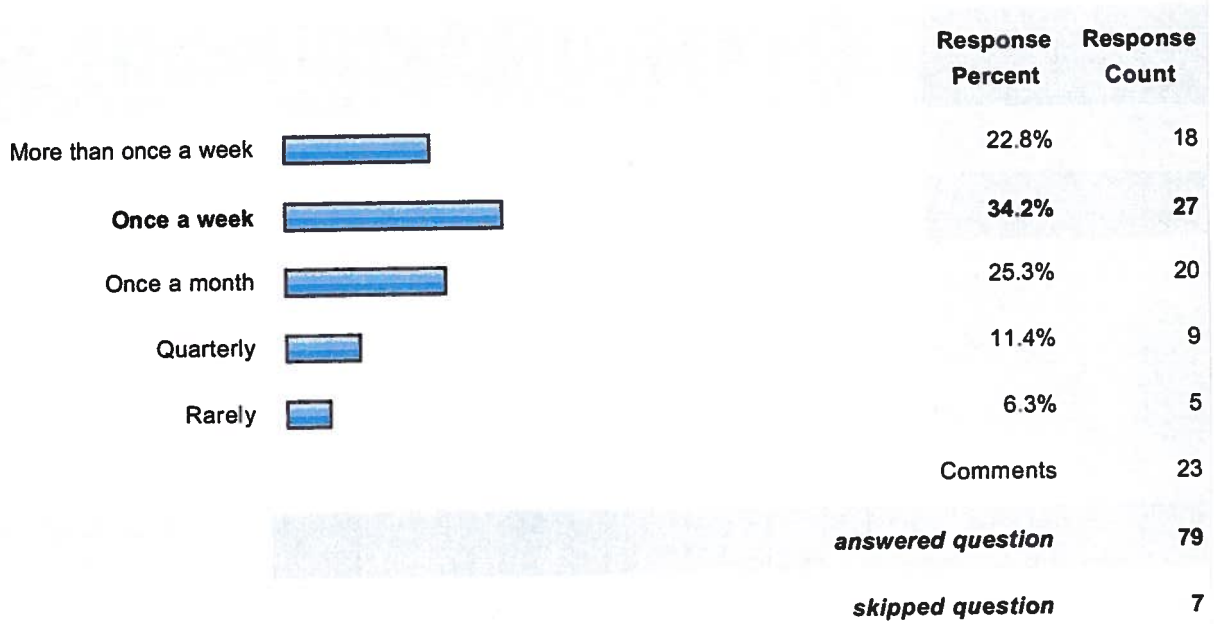


COMMENTS

- Minimum of four hours a month
- I have no staff
- We always keep her informed even if she is unable to attend
- Usually through facsimiles and telephone contact because her office is in a nearby town. She comes to my town once a week for court.
- Her schedule (she has another job) does not permit her to be available during the day. However, we communicate information discussed in staffing.
- It should probably be more often
- We can't find a victim advocate half the time. We don't know how to find one, and help from the DVOMB or some other agency would be greatly appreciated (but is not offered as far as I know).
- Phone consultations
- Most victims do not choose to engage with the victim advocate.
- Our meetings are ongoing, generally every day.

Question # 19

Regardless of whether a victim can or cannot be reached or does not want to be contacted, how often do you (TREATMENT PROVIDER) communicate with, and seek general consultation from your victim advocate?

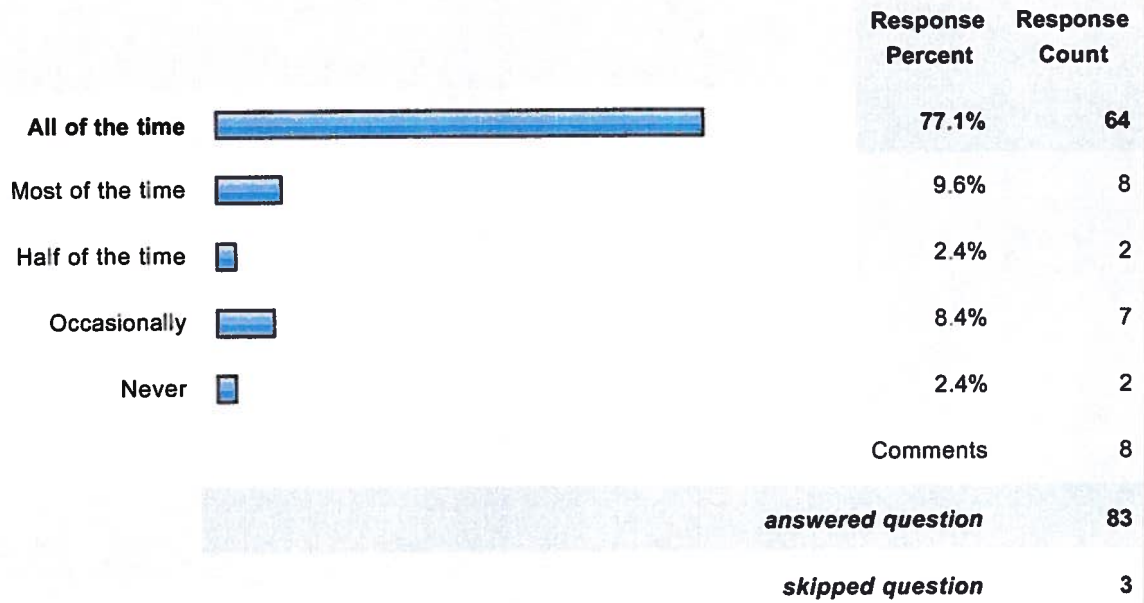


COMMENTS

- Consult as necessary (several responses)
- More than once a week if necessary
- Unless there is a concern regarding a victim, then it is as needed
- As indicated by offender presentation while in treatment
- Agency director is responsible for contacting the victim advocate
- Victim advocate reports in writing
- Victim advocates that I generally work with have other jobs and contracts and are rushed due to their time limitations.
- At intake
- Speak with her on a daily basis to see if she has any concerns.

Question # 20

How often do you estimate that you (TREATMENT PROVIDER) communicate with Probation (or criminal justice referring agency) regarding an offender TRANSFERRING TO your program (Standard 8.05)?

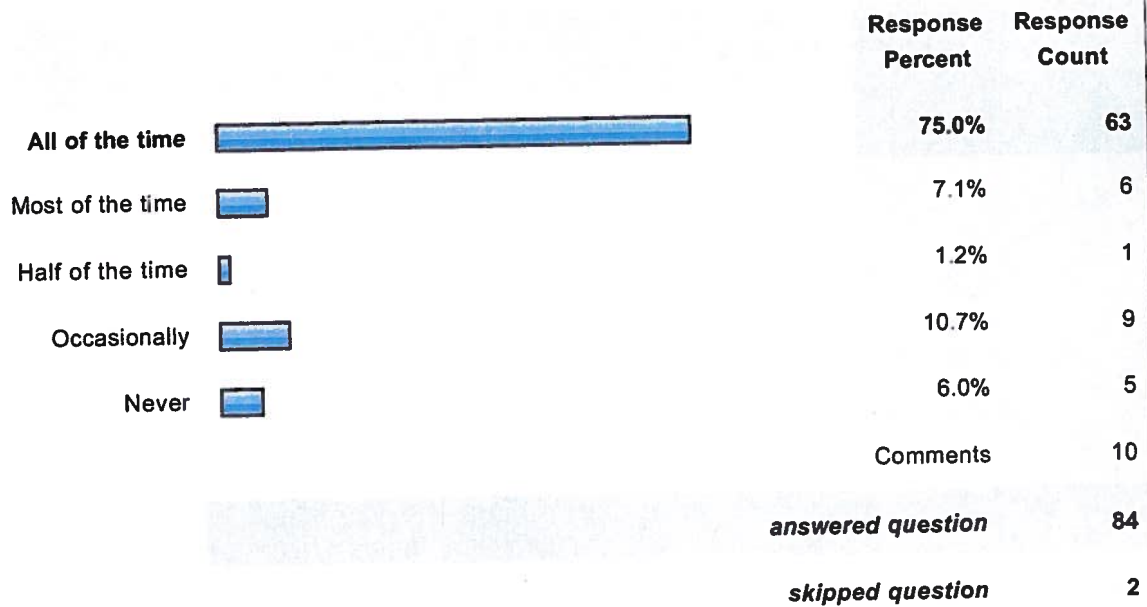


COMMENTS

- Transfer form must be completed by Probation, transferring agency, and our agency
- It is important to ensure that the transfer is appropriate. Things need to be discussed such as credit for previous sessions, outstanding balances, etc.
- Rare situation
- I do not have transfers but would consult in every situation.
- Probation receives a status report at once per month. We telephone as necessary.

Question 21

How often do you (TREATMENT PROVIDER) estimate that you communicate with Probation (or criminal justice referring agency) regarding an offender TRANSFERRING FROM your program (Standard 8.05)?





COMMENTS

- It has never happened
- Sometimes the criminal justice agency will transfer without consultation
- Daily
- Rare (several responses)
- Sometimes offenders should not be allowed to transfer (e.g. because they do not like being confronted about the abuse or being placed in substance abuse treatment.) Probation should recognize this and make them accountable for behaviors while remaining with the same Provider rather than allowing them to transfer.
- Sometimes this is not possible with unsupervised offenders.

Question # 22

How often do you (TREATMENT PROVIDER) estimate that you submit written reports to Probation regarding the offender's attendance, payment of fees, participation, progress, and any violations of the offender contract?

	Response Percent	Response Count
Once a week 	7.1%	6
Once a month 	92.9%	79
Quarterly	0.0%	0
Never	0.0%	0
	Comments	19
	answered question	85
	skipped question	1

COMMENTS



- Unless an issue arises and then it is a telephone call or facsimile
- Will amend client contracts as necessary and consult with referral agents. Progress reports are sent to referral agents once a month.
- More if asked for, or if attendance or other issues necessitate
- Or more on case by case basis
- If client is absent from group, Probation is notified within 24 hours. If client has a positive UA or BA or reports a new offense, Probation is notified within 24 hours. All information is faxed.
- Usually once a month, but often clients will bring a report with them to their Probation meetings.
- Phone consults, emails (without any identifying names) occur almost weekly.
- It is practice to send Probation a monthly report. However, I send weekly absence reports. We also convene a staffing meeting once a month in addition to a monthly report.
- Due to regular meetings and telephone contacts we consult on cases on a weekly basis.
- If there is a problem or violation, I generally telephone Probation
- I send a brief weekly report regarding attendance, participation, concerns if payment is not forthcoming, and violations of the offender contract. I send a more detailed monthly report to Probation for each client.

Comments Specifically from Questions Directed to Probation

In order to elicit responses from State Probation Officers, staff for the DVOMB requested that the State Court Administrators Office disseminate the survey to Chief Probation Officers in each judicial district who would in turn distribute them to Probation Officers in their jurisdiction who supervise domestic violence offenders.



Question # 1

Since the implementation of the 2001 Standards for Treatment with Court Ordered Domestic Violence Offenders (Standards), how long have you worked at Probation with Approved Domestic Violence Treatment Providers?

	Response Percent	Response Count
Less than 3 years 	49.3%	36
3 years or longer 	50.7%	37
<i>answered question</i>		73
<i>skipped question</i>		0

Question # 2

Please identify the type of geographic area in which you work. Select all that apply.

	Response Percent	Response Count
Urban or suburban area 	57.5%	42
Rural area 	46.6%	34
<i>answered question</i>		73
<i>skipped question</i>		0

Question # 3

List the judicial district in which you work.

Judicial District	Response Percent	Response Count
2	.01%	1
3	.01%	1
4	.18%	13
5	.01%	1
6	.01%	1
8	.05%	4
9	.05%	4
11	.08%	7
12	.05%	4
13	.12%	9
17	.12%	9
18	.16%	12
19	.07%	5
Answered question		71
Skipped question		2

There were no responses from districts 1, 7, 10, 14, 15, 16, 20 & 21.

Question # 4







To the best of your (PROBATION) knowledge, how often do domestic violence treatment providers that you work with conduct a full PRE-SENTENCE treatment evaluation on offenders using the components in DVOMB Standard 4.01(c)?

	Response Percent	Response Count
All of the time	4.1%	3
Most of the time	11.0%	8
Half of the time	1.4%	1
Occasionally	16.4%	12
Never	32.9%	24
Do not know	34.2%	25
	Comments	12
	answered question	73
	skipped question	0

- Not to my knowledge
- The treatment provider never gives feedback from the intake assessment
- Only when it is ordered by the Court
- Most cases are fast tracked so no time for pre-sentence evaluations
- Almost never
- The first few years there were full evaluations on each person before they started treatment for a fee of about \$200. When judges learned the sentence was mandated at 36 weeks, they saw no need for extensive evaluations and ordered the treatment only. Providers do an intake evaluation that is pretty thorough to my knowledge and they will do additional evaluations like depression inventory when appropriate.
- There are some agencies that charge for a complete intake but do not complete the full evaluation.
- There is much inconsistency among providers
- I have not seen one that has been completed.
- To my knowledge client is referred to Provider after sentencing.
- For the past decade in the 6th judicial district, we have employed a probation officer with DVOMB evaluator status. Nearly all DV evaluations have come from the Probation Department.
- It seemed that these evaluations were not being performed until the option to follow the new Standards became available. Our judge generally orders a DV evaluation and subsequent treatment recommended by the Provider.

Question # 5

To the best of your (PROBATION) knowledge, how often do Providers that you work with conduct a full POST-SENTENCE intake evaluation on offenders according to DVOMB Standard 4.02?






	Response Percent	Response Count
All of the time 	23.3%	17
Most of the time 	28.8%	21
Half of the time 	5.5%	4
Occasionally 	8.2%	6
Never 	8.2%	6
Do not know 	26.0%	19
	Comments	10
answered question		73
skipped question		0

COMMENTS

- The judge that I work with has always required a post-sentence DV evaluation.
- In most cases the Providers sign them up for group with little or no intake paperwork.
- Only a few of the agencies that I work with do not conduct post-sentence evaluations.
- Very few
- I have not heard of one being completed.
- If they conduct these evaluations, they are not sharing them with Probation.
- For the past decade in the 6th judicial district, we have employed a probation officer with DVOMB evaluator status. Nearly all DV evaluations have come from the Probation Department

Question # 6

If Providers conduct POST-SENTENCE intake evaluations, to the best of your (PROBATION) knowledge, how often do they include a domestic violence risk assessment?

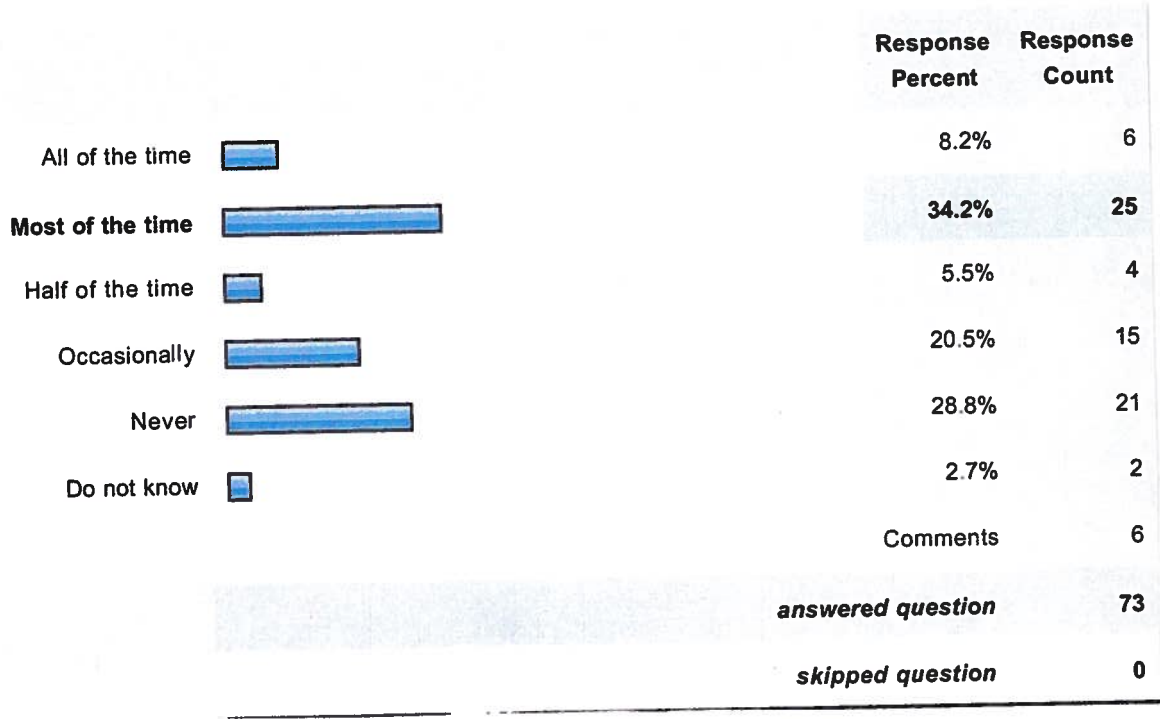
	Response Percent	Response Count
All of the time 	13.9%	10
Most of the time 	19.4%	14
Half of the time 	4.2%	3
Occasionally	0.0%	0
Never 	6.9%	5
Do not know 	55.6%	40
	Comments	8
	answered question	72
	skipped question	1

COMMENTS

- They may be conducting this risk assessment but I do not receive it
- This process has been in pace in Division A. This Officer provides the Provider who is being ordered to complete the evaluation with a copy of the assessment instruments that includes a risk assessment.
- The DVSI is done by Probation. I am unsure if or what assessments are conducted by the Providers; they have never been shared with me.
- We have a few providers that review the DVSI or complete the SARA
- Probation typically completes the DVI and SARA. Then, it is submitted to the Providers with the referral.
- Probation conducts the DVSI and SARA and these are included in the referral packets given to Providers.
- Probation never sees the intake or risk assessment.
- DVSI and SARA are provided to Providers.

Question # 7

To the best of your knowledge, how often do Providers that you (PROBATION) work with discuss ongoing offender assessments with you (DVOMB Std. 4.03)?

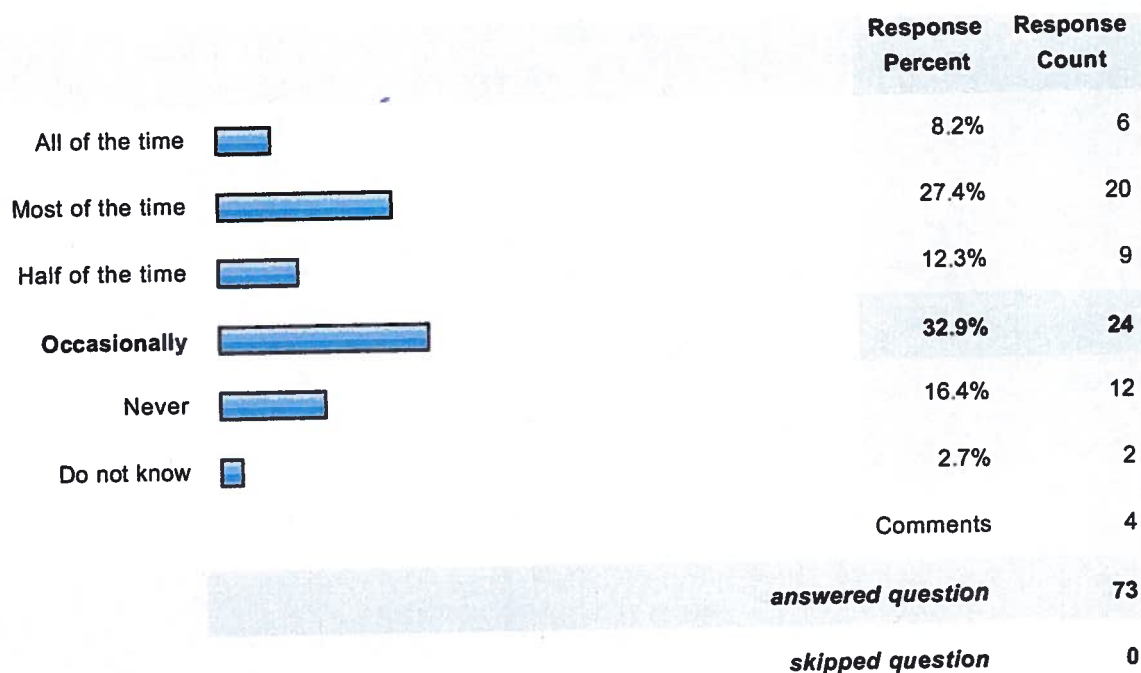


COMMENTS

- We have not begun this discussion yet with the Providers
- In the past year, I have not had any Providers discuss assessments with me
- Our district has staffing regularly with Providers
- We staff cases monthly fact to face and then also receive monthly reports
- Providers contact Probation via email, telephone, or during meetings to discuss client progress
- We have frequent contact with Providers. Probation generally attends the first five minutes of class.

Question # 8

To the best of your (PROBATION) knowledge, how often do Providers that you work with discuss proposed changes to offender intensity of treatment (DVOMB Standard 5.09)?







COMMENTS

- Most Providers discuss changing treatment intensity too late – not completed in time to adjust court orders
- Typically clients are referred to complete 36 weeks of treatment. If status changes due to increased treatment needs, it is usually discussed with Probation.
- From my experience, it seems like the group that the offender begins in is generally the group that they remain in. We have one treatment agency that conducts open ended treatment. The other agency does not. At times if sexual assault issues arise, sexual assault treatment is started as well.
- Whenever an increase or change in treatment may be required, Providers contact Probation.

Question # 9

To the best of your (PROBATION) knowledge, how often do offenders attend couples therapy with their victim/partner in session conducted by the Provider?

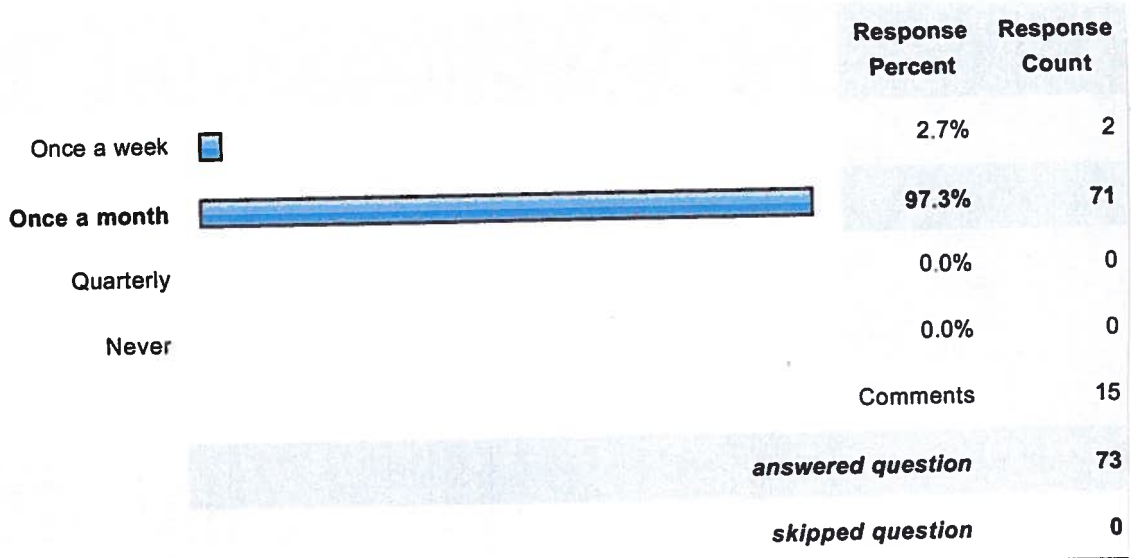
	Response Percent	Response Count
All of the time	0.0%	0
Most of the time 	1.4%	1
Half of the time	0.0%	0
Occasionally 	35.6%	26
Never 	47.9%	35
Do not know 	15.1%	11
	Comments	10
		answered question
		73
		skipped question
		0

COMMENTS

- This does not occur enough times
- I have known one person who went to couples therapy with the same therapist as his DV counseling
- I am not aware of any of my clients attending couples therapy with their Provider
- When we have heard of this in the past, we have discontinued the activity quickly
- Providers seem to have good communication with us and we generally discourage couples counseling requests unless they are done in conjunction with treatment.
- Only one time that I recall. It involved a juvenile case and both sets of parents and both juveniles wanted the session and all attended. A family therapist, a DV Provider, Probation, parents, and both juveniles attended the session.

Question # 10

How often do you (PROBATION) estimate that you receive written reports from Providers regarding the offender's attendance, payment of fees, participation, progress, and any violations of the offender contract?



COMMENTS

- These reports do not include information on the offender's progress in treatment
- Depends on the Provider. I have to telephone a few Providers and request these reports on a regular basis. They are generally receptive once I telephone them.
- Some Providers notify me any time an offender violates, sometimes they notify once a month, sometimes they don't notify me at all.
- Violations are reported within 24 hours.
- Generally once a month for overall progress (several responses)
- Not all reports include this information

Question # 11

To the best of your (PROBATION) knowledge, how often were offenders successfully discharged by the Provider at 24 weeks of treatment according to the 2001 Standards?

	Response Percent	Response Count
All of the time	0.0%	0
Most of the time <input type="checkbox"/>	2.8%	2
Half of the time <input type="checkbox"/>	2.8%	2
Occasionally <input type="checkbox"/>	36.6%	26
Never <input type="checkbox"/>	49.3%	35
Do not know <input type="checkbox"/>	8.5%	6
	Comments	22
	answered question	71
	skipped question	2

COMMENTS

- Once a military member was either deploying or going through Permanent Change of Station
- Our district routinely orders either 36 or 52 weeks
- I have only had one offender successfully discharged at 24 weeks
- Very infrequently
- It has only happened twice in my 5 years
- Rarely. I have known very few and most were women who had substance abuse as the primary problem
- Rarely (several responses)
- I had one offender discharged after 24 weeks
- Still are requiring 36 weeks for successful discharge
- This has happened less than five times
- Very few and almost all, if not all, were females who were self defending victims
- Perhaps only one in my 4.5 years in Probation.

EXECUTIVE SUMMARY

The Standards for Treatment with Court Ordered Domestic Violence Offenders (Standards) have been sufficiently implemented to warrant a process evaluation study. A survey was created for both Approved Domestic Violence Treatment Providers and State Probation Officers (Probation) with the respective questions being similar in content with the expectation of receiving input from their respective knowledge, prospective, and experience. Questions created for Providers inquired whether they had actually partaken in certain mandatory requirements from the *Standards*, while the questions posed to Probation added a caveat “to the best of your knowledge.”

It should be noted that a direct correlation between answers from Probation and answers from Providers may be difficult to formulate because both the responses from these two groups are presented in the aggregate. The challenge of linking the responses is further compounded because Probation and Providers were not necessarily responding on mutual cases. Pages 5 (Providers) and 24 (Probation) contain charts that delineate the judicial districts where respondents provide services and the representation from each reflects different number of respondents.

Notwithstanding the challenges of the data received, this survey demonstrates a degree of implementation of significant aspects of the Standards.

Findings

- Data collected from this survey found that 50 percent of Probation has worked with offenders for less than three years and the other 50 percent for three years or longer; while 75 percent of Providers have been providing services three years or longer.
- Six percent of Providers responded that they conduct pre-sentence treatment evaluations all or most of the time, whereby Probation reported that 15 percent of Providers they work with conduct these evaluations all or most of the time. The explanation for the nominal number of Providers conducting pre-sentence evaluation may be attributed to Provider misunderstanding of the term pre-sentence evaluation and what it entails.
- Seventy-five percent of Providers reported that they complete a full post-sentence intake evaluation all or most of the time; while Probation responded that 33 percent of Providers complete these evaluations.
- Providers were asked to identify the frequency for which they complete a risk assessment on new clients. Eighty-four percent responded that they complete this assessment all or most of the time. To the best of Probations’ knowledge, 33 percent of Providers complete a risk assessment all or most of the time.
- Over 60 percent of Providers reported that they perform ongoing assessments on offenders all of the time; whereby Probation noted that to the best of their knowledge, less than 10 percent of Providers discuss ongoing offender assessments with them.

- The *Standards* establish a strict protocol that must be adhered to before Providers may discharge an offender from treatment prior to 36 weeks. Eighty-eight percent of Providers estimated that they have occasionally or never successfully discharged offenders from treatment in 24 weeks according to the conditions in the *Standards*. The response from Probation, to the best of their knowledge almost mirrored the response from Providers.
- Specifically, 86 percent of Providers responded that they consulted with the “responsible criminal justice agency” prior to discharge at 24 weeks.
- According to survey responses from Providers, 68 percent occasionally or never modify the intensity of treatment. If they have modified the treatment, 90 percent noted that they have consulted with the “responsible criminal justice agency.” Probation responded that approximately one-half of Providers occasionally or never discussed proposed changes to the offender intensity of treatment with them.
- The response to the question regarding the submittal of written reports from Providers to Probation was similar with approximately 95% responding that they either sent or received monthly reports.
- Three questions on the Provider survey measure the degree to which Providers communicate with and utilize their victim advocates. These questions addressed the regularity that Providers include their advocate in their clinical staff meetings, frequency of communication for general consultation, and how often victim advocates are present if and when Providers conduct couples therapy. Providers responded that victim advocates were absent all or most of the time for over 40 percent of couples therapy meetings. Over 30 percent of clinical staff meetings did not include victim advocates; while slightly more than 55 percent of victim advocates communicated with Providers once a week or more.

Conclusions

Since the completion of the survey, considerable revisions to the *Standards* have been implemented and promulgated effective September 1, 2010. These revisions have established the use of a Multi-disciplinary Treatment Team (MTT) that requires communication and team decision making. Additionally, the revisions require additional domestic violence risk assessment and the use of specific instruments, and that intensity of treatment be modified based on risk and responsivity.

The responses suggest that the new requirement of an MTT may assist with some of the implementation challenges identified in the survey. While a significant number of Providers reported that they are conducting evaluations and ongoing risk assessments, it does not appear that this information is being communicated to Probation. Additionally, Probation reported that over one-half of Providers occasionally or never discuss proposed changes to the offender intensity of treatment. The implementation of an effective ongoing MTT will insure a much improved exchange of information regarding offenders.

Over 65 percent of Providers occasionally or never modify the intensity of treatment. If they have modified the treatment, 90 percent noted that they have consulted with the "responsible criminal justice agency." Probation responded that approximately one-half of Providers occasionally or never discussed proposed changes to the offender intensity of treatment with them. This lack of informational exchange once again supports the revisions implemented in 2010 that include MTT communication requirements.

The evaluation revealed that there was not a 100 percent affirmative response by Providers to the question regarding completion of an initial risk assessment. Also, ongoing risk assessments are not always completed. There appears to be a lack of communication with Probation regarding the completion of these assessments. With the newly revised *Standards*, risk assessment is a major component of treatment and the reporting of that information to the MTT.

The responses from Providers regarding their use of a victim advocate indicate that more training should be provided to Providers to fully realize the requirements of the *Standards*. Perhaps a remedy to this situation would be to offer additional trainings for treatment victim advocates concerning coordination and consultation with their Approved Provider.