



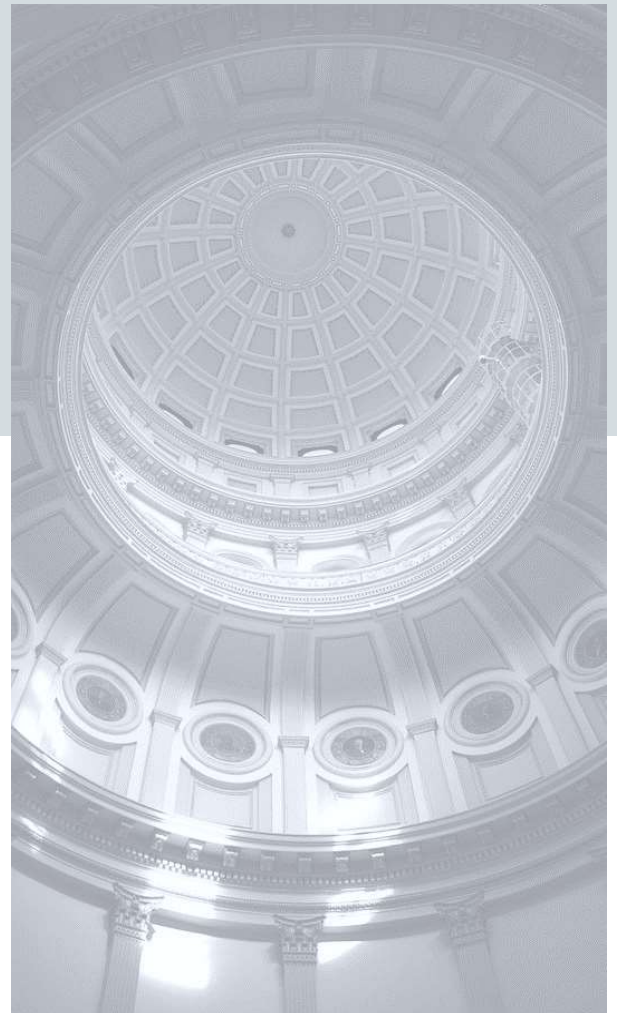
COLORADO

**Department of
Regulatory Agencies**

Colorado Office of Policy, Research &
Regulatory Reform

2021 Sunset Review

Domestic Violence Offender Management Board



October 15, 2021



COLORADO

**Department of
Regulatory Agencies**

Executive Director's Office

October 15, 2021

Members of the Colorado General Assembly
c/o the Office of Legislative Legal Services State
State Capitol Building
Denver, Colorado 80203

Dear Members of the General Assembly:

The Colorado General Assembly established the sunset review process in 1976 as a way to analyze and evaluate regulatory programs and determine the least restrictive regulation consistent with the public interest. Pursuant to section 24-34-104(5)(a), Colorado Revised Statutes (C.R.S.), the Colorado Office of Policy, Research and Regulatory Reform (COPRRR) at the Department of Regulatory Agencies (DORA) undertakes a robust review process culminating in the release of multiple reports each year on October 15.

A national leader in regulatory reform, COPRRR takes the vision of their office, DORA and more broadly of our state government seriously. Specifically, COPRRR contributes to the strong economic landscape in Colorado by ensuring that we have thoughtful, efficient and inclusive regulations that reduce barriers to entry into various professions and that open doors of opportunity for all Coloradans.

As part of this year's review, COPRRR has completed an evaluation of the Domestic Violence Offender Management Board. I am pleased to submit this written report, which will be the basis for COPRRR's oral testimony before the 2022 legislative committee of reference.

The report discusses the question of whether there is a need for the regulation provided under Article 11.8 of Title 16, C.R.S. The report also discusses the effectiveness of the Department of Public Safety in carrying out the intent of the statutes and makes recommendations for statutory changes for the review and discussion of the General Assembly.

To learn more about the sunset review process, among COPRRR's other functions, visit coprrr.colorado.gov.

Sincerely,

Patty Salazar
Executive Director





COLORADO

Department of
Regulatory Agencies

Colorado Office of Policy, Research &
Regulatory Reform

October 15, 2021

FACT SHEET

Sunset Review: Domestic Violence Offender Management Board

Background

What is regulated?

In Colorado, any adult who is convicted of a crime involving domestic violence is required to complete domestic violence treatment, unless they are sentenced to the Department of Corrections. Domestic violence treatment is a form of counseling in which the goal of treatment is to protect the community and the victims of domestic violence by reducing the likelihood that an offender will commit additional acts of domestic violence.

Why is it regulated?

In the past, domestic violence treatment that was ordered by the courts was found to be inconsistent from jurisdiction to jurisdiction, and some treatment was later found to be ineffective and, at times, dangerous.

Who is regulated?

At the end of fiscal year 19-20, there were 187 treatment providers approved by the Domestic Violence Offender Management Board (DVOMB) to provide treatment and evaluate domestic violence offenders.

How is it regulated?

The DVOMB, located in the Colorado Division of Criminal Justice (Division) in the Department of Public Safety (Public Safety), is charged with 1) developing and maintaining standards for the evaluation and treatment of domestic violence offenders, 2) approving domestic violence treatment providers, and 3) conducting research and analyzing the effectiveness of the evaluation and treatment standards.

What does it cost?

In fiscal year 19-20, the DVOMB expended \$323,788 and dedicated 2.90 full-time equivalent employees to support the program.

What disciplinary activity is there?

During fiscal years 15-16 through 19-20, there were 56 complaints filed and 8 disciplinary or corrective actions taken by the DVOMB against approved treatment providers.

Key Recommendations

- **Continue the Domestic Violence Offender Management Board for 11 years, until 2033.**
- **Require the DVOMB to review five percent of treatment providers each year.**
- **Modernize the language related to criminal history record checks and fingerprinting.**

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Background

Sunset Criteria

Enacted in 1976, Colorado's sunset law was the first of its kind in the United States. A sunset provision repeals all or part of a law after a specific date, unless the legislature affirmatively acts to extend it. During the sunset review process, the Colorado Office of Policy, Research and Regulatory Reform (COPRRR) within the Department of Regulatory Agencies (DORA) conducts a thorough evaluation of such programs based upon specific statutory criteria¹ and solicits diverse input from a broad spectrum of stakeholders including consumers, government agencies, public advocacy groups, and professional associations.

Sunset reviews are guided by statutory criteria and sunset reports are organized so that a reader may consider these criteria while reading. While not all criteria are applicable to all sunset reviews, the various sections of a sunset report generally call attention to the relevant criteria. For example,

- In order to address the first criterion and determine whether a particular regulatory program is necessary to protect the public, it is necessary to understand the details of the profession or industry at issue. The Profile section of a sunset report typically describes the profession or industry at issue and addresses the current environment, which may include economic data, to aid in this analysis.
- To ascertain a second aspect of the first sunset criterion--whether conditions that led to initial regulation have changed--the History of Regulation section of a sunset report explores any relevant changes that have occurred over time in the regulatory environment. The remainder of the Legal Framework section addresses the third sunset criterion by summarizing the organic statute and rules of the program, as well as relevant federal, state and local laws to aid in the exploration of whether the program's operations are impeded or enhanced by existing statutes or rules.
- The Program Description section of a sunset report addresses several of the sunset criteria, including those inquiring whether the agency operates in the public interest and whether its operations are impeded or enhanced by existing statutes, rules, procedures and practices; whether the agency performs efficiently and effectively and whether the board, if applicable, represents the public interest.
- The Analysis and Recommendations section of a sunset report, while generally applying multiple criteria, is specifically designed in response to the tenth criterion, which asks whether administrative or statutory changes are necessary to improve agency operations to enhance the public interest.

¹ Criteria may be found at § 24-34-104, C.R.S

These are but a few examples of how the various sections of a sunset report provide the information and, where appropriate, analysis required by the sunset criteria. Just as not all criteria are applicable to every sunset review, not all criteria are specifically highlighted as they are applied throughout a sunset review. While not necessarily exhaustive, the table below indicates where these criteria are applied in this sunset report.

Sunset Criteria	Where Applied
(I) Whether regulation by the agency is necessary to protect the public health, safety, and welfare; whether the conditions that led to the initial regulation have changed; and whether other conditions have arisen that would warrant more, less, or the same degree of regulation;	<ul style="list-style-type: none"> • Profile. • Legal Framework. • Recommendation 1.
(II) If regulation is necessary, whether the existing statutes and regulations establish the least restrictive form of regulation consistent with the public interest, considering other available regulatory mechanisms, and whether agency rules enhance the public interest and are within the scope of legislative intent;	<ul style="list-style-type: none"> • Legal Framework.
(III) Whether the agency operates in the public interest and whether its operation is impeded or enhanced by existing statutes, rules, procedures, and practices and any other circumstances, including budgetary, resource, and personnel matters;	<ul style="list-style-type: none"> • Legal Framework. • Program Description. • Recommendation 2.
(IV) Whether an analysis of agency operations indicates that the agency performs its statutory duties efficiently and effectively;	<ul style="list-style-type: none"> • Program Description. • Recommendation 3.
(V) Whether the composition of the agency's board or commission adequately represents the public interest and whether the agency encourages public participation in its decisions rather than participation only by the people it regulates;	<ul style="list-style-type: none"> • Program Description.
(VI) The economic impact of regulation and, if national economic information is not available, whether the agency stimulates or restricts competition;	<ul style="list-style-type: none"> • Profile.
(VII) Whether complaint, investigation, and disciplinary procedures adequately protect the public and whether final dispositions of complaints are in the public interest or self-serving to the profession;	<ul style="list-style-type: none"> • Program Description.
(VIII) Whether the scope of practice of the regulated occupation contributes to the optimum use of personnel and whether entry requirements encourage affirmative action;	<ul style="list-style-type: none"> • Legal Framework. • Program Description.
(IX) Whether the agency through its licensing or certification process imposes any sanctions or disqualifications on applicants based on past criminal history and, if so, whether the sanctions or disqualifications serve public safety or commercial or consumer protection interests. To assist in considering this factor, the analysis prepared pursuant to subsection (5)(a) of this section must include data on the number of licenses or certifications that the agency denied based on the applicant's criminal history, the number of conditional licenses or certifications issued based upon the applicant's criminal history, and the number of licenses or certifications revoked or suspended based on an individual's criminal conduct. For each set of data, the analysis must include the criminal offenses that led to the sanction or disqualification.	<ul style="list-style-type: none"> • Program Description.

Sunset Criteria	Where Applied
(X) Whether administrative and statutory changes are necessary to improve agency operations to enhance the public interest.	• Recommendations 1-3.

Sunset Process

Regulatory programs scheduled for sunset review receive a comprehensive analysis. The review includes a thorough dialogue with agency officials, representatives of the regulated profession and other stakeholders. Anyone can submit input on any upcoming sunrise or sunset review on COPRRR’s website at coprrr.colorado.gov.

The functions of the Domestic Violence Offender Management Board (DVOMB), as enumerated in Article 11.8 of Title 16, Colorado Revised Statutes (C.R.S.), shall terminate on September 1, 2022, unless continued by the General Assembly. During the year prior to this date, it is the duty of COPRRR to conduct an analysis and evaluation of the DVOMB pursuant to section 24-34-104, C.R.S.

The purpose of this review is to determine whether the currently prescribed regulation should be continued and to evaluate the performance of the Department of Public Safety. During this review, the DVOMB must demonstrate that the program serves the public interest. COPRRR’s findings and recommendations are submitted via this report to the Office of Legislative Legal Services.

Methodology

As part of this review, COPRRR staff attended DVOMB meetings, reviewed records, interviewed program staff and other stakeholders, conducted a survey, reviewed Colorado statutes and rules, and reviewed the laws of other states.

The major contacts made during this review include, but are not limited to:

- Colorado Attorney General’s Office,
- Colorado District Attorneys’ Council,
- Colorado Organization for Victim Assistance,
- Colorado Psychological Association,
- Department of Corrections,
- Department of Human Services,
- Department of Public Safety,
- Department of Regulatory Agencies,
- Domestic Violence Offender Management Board,
- Project Safeguard,
- School Safety Resource Center,
- Stand Up Colorado, and
- Violence Free Colorado.

In the spring of 2021, Colorado Office of Policy, Research and Regulatory Reform staff conducted a survey of all DVOMB-approved treatment providers. The survey was sent to 175 approved treatment providers, and 8 emails were returned as undeliverable. The survey received 46 responses, which is a 27.54 percent response rate. Survey responses may be found in Appendix A.

Profile of Domestic Violence Treatment

In a sunset review, COPRRR is guided by the sunset criteria located in section 24-34-104(6)(b), C.R.S. The first criterion asks whether regulation by the agency is necessary to protect the public health, safety and welfare; whether the conditions which led to the initial regulation have changed; and whether other conditions have arisen which would warrant more, less or the same degree of regulation.

In order to understand the need for regulation, it is first necessary to understand what the profession does, where they work, who they serve and any necessary qualifications.

Domestic violence occurs when one partner in an intimate relationship, such as a spouse or a boyfriend or girlfriend, attempts to exert control over the other partner through a pattern of abusive behavior, which may include:²

- Physical abuse,
- Sexual abuse,
- Emotional abuse,
- Economic abuse,
- Psychological abuse,
- Threats, and
- Stalking.

The legal definition of domestic violence varies from state to state. However, in all states, domestic violence is considered criminal conduct, and each state has enacted laws to protect victims.

Domestic violence is a serious public health issue that can affect a victim's physical and mental health and sometimes ends in death. Approximately 52 percent of women and 17 percent of men who experienced domestic violence reported suffering post-traumatic stress disorder. In the United States, 40 percent of homicides with female victims involve an intimate partner.³

² FindLaw. *What is the Definition of Domestic Violence?* Retrieved December 1, 2020, from <https://family.findlaw.com/domestic-violence/what-is-domestic-violence.html>

³ *Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies and Practices*, Centers for Disease Control and Prevention (2017), p. 10.

In Colorado, domestic violence incidents in 2019 resulted in the deaths of at least 70 people, a number that is significantly higher from previous years. From 2014 to 2019, Colorado experienced an average of 50 deaths a year from domestic violence. Of the deaths in 2019, a majority of the victims were women who were killed by a male partner. Additionally, 64 percent of domestic violence deaths in Colorado resulted from gunshot wounds.⁴

When perpetrators are convicted of domestic violence, they are often ordered by the courts to engage in domestic violence treatment, which may take the form of educational classes or counseling, or both. In the case of counseling, the goals of treatment differ from other types of counseling in which the goal is to help the patient. In domestic violence treatment, the primary goal is to protect the community and the victims by reducing the likelihood that an offender will commit additional acts of domestic violence.

In Colorado, any adult who is convicted of a crime involving domestic violence is statutorily required to complete domestic violence treatment, except when they are sentenced to the Department of Corrections.⁵

At least 45 states, including Colorado, have developed standards or guidelines for domestic violence treatment.

The sixth sunset criterion requires COPRRR to evaluate the economic impact of regulation. The most recent study on the economic costs of domestic violence is extremely dated, but in the mid-1990s, the costs associated with lost productivity and medical and mental health services resulting from domestic violence were estimated to exceed \$5.8 billion,⁶ or about \$10.2 billion if adjusted for inflation today.

In Colorado, domestic violence treatment providers (treatment providers) are licensed mental health professionals who are approved by the Domestic Violence Offender Management Board (DVOMB) to provide domestic violence treatment to offenders.

COPRRR does not have any data on how much domestic violence treatment providers earn. However, in 2016, the DVOMB reported the following median fees for domestic violence evaluations and treatment sessions charged in Colorado:⁷

- Group Treatment Session \$25
- Individual Treatment Session \$50
- Evaluation \$110

⁴ *Annual Report*, Colorado Domestic Violence Fatality Review Board (2020), p. 4.

⁵ §§ 18-6-801(1)(a) and (2), C.R.S.

⁶ *Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies and Practices*, the Centers for Disease Control and Prevention (2017), p. 10.

⁷ Domestic Violence Offender Management Board, *Standards for Treatment with Court-Ordered Domestic Violence Offenders: A Process Evaluation* (May 2016), p. 8.

For the most part, domestic violence offenders in Colorado are expected to cover the cost of court-ordered treatment. Treatment providers must offer a sliding scale fee structure, but fees vary from jurisdiction to jurisdiction.

Legal Framework

History of Regulation

In a sunset review, the Colorado Office of Policy, Research and Regulatory Reform (COPRRR) is guided by the sunset criteria located in section 24-34-104(6)(b), Colorado Revised Statutes (C.R.S.). The first sunset criterion questions whether regulation by the agency is necessary to protect the public health, safety and welfare; whether the conditions which led to the initial regulation have changed; and whether other conditions have arisen that would warrant more, less or the same degree of regulation.

One way that COPRRR addresses this is by examining why the program was established and how it has evolved over time.

Prior to 1979, domestic violence offenders in Colorado received offense-specific treatment on a voluntary basis, as no formal court referral system existed. Over the course of the next 20 years, domestic violence offender treatment in Colorado evolved from a community-centric, patchwork approach to a more consistent state-wide endeavor culminating in the creation of the Domestic Violence Offender Management Board (DVOMB) in 2000.

The purpose of the DVOMB was to create statewide standards and an approval process for domestic violence treatment providers (treatment providers). The original board consisted of 18 members, representing a diverse array of mental health providers, treatment victim advocates, members of the legal community and law enforcement.

In 2007, legislation expanded the DVOMB to 19 members by adding an individual to represent private criminal defense attorneys.

In 2008, following a sunset review, several changes were made to the DVOMB:

- Requiring continuing education for treatment providers,
- Authorizing the DVOMB to take disciplinary action against treatment providers, and
- Authorizing the DVOMB to develop a renewal process for treatment provider approval.

Another sunset review was completed in 2016 and, in addition to other changes, several regulatory duties were moved from the Department of Regulatory Agencies (DORA) to the Department of Public Safety (Public Safety).

Legal Summary

The second and third sunset criteria question

Whether the existing statutes and regulations establish the least restrictive form of regulation consistent with the public interest, considering other available regulatory mechanisms, and whether agency rules enhance the public interest and are within the scope of legislative intent; and

Whether the agency operates in the public interest and whether its operation is impeded or enhanced by existing statutes, rules, procedures and practices and any other circumstances, including budgetary, resource and personnel matters.

A summary of the current statutes and rules is necessary to understand whether regulation is set at the appropriate level and whether the current laws are impeding or enhancing the agency's ability to operate in the public interest.

The General Assembly created the DVOMB to ensure:⁸

The consistent and comprehensive evaluation, treatment and continued monitoring of offenders who have been convicted of, pled guilty to, or received a deferred judgment or prosecution for any crime the underlying factual basis of which includes an act of domestic violence.

The goal of this system is to reduce recidivism and to protect victims and potential victims.⁹

Domestic violence is defined as:

an act or threatened act of violence upon a person with whom the actor is or has been involved in an intimate relationship. "Domestic violence" also includes any other crime against a person, or against property, including an animal, or any municipal ordinance violation against a person, or against property, including an animal, when used as a method of coercion, control, punishment, intimidation or revenge directed against a person with whom the actor is or has been involved in an intimate relationship.¹⁰

⁸ § 16-11.8-101, C.R.S.

⁹ § 16-11.8-101, C.R.S.

¹⁰ § 18-6-800.3(1), C.R.S.

An intimate relationship is defined as:

a relationship between spouses, former spouses, past or present unmarried couples, or persons who are both the parents of the same child regardless of whether the persons have been married or lived together at any time.¹¹

Anyone convicted of a crime, the underlying factual basis of which has been found by a court to include an act of domestic violence, must be ordered to complete a domestic violence evaluation and treatment program that conforms to standards promulgated by the DVOMB. If the evaluation discloses that sentencing to a treatment program is inappropriate, the offender must be referred back to the court for alternative disposition.¹² Mandatory treatment does not apply to those sentenced to the Colorado Department of Corrections.¹³

The DVOMB, which is housed in Public Safety, includes 19 members. Table 1 illustrates the number of members appointed by each appointing authority and the population represented by each board seat.¹⁴

¹¹ § 18-6-800.3(2), C.R.S.

¹² § 18-6-801(1)(a), C.R.S.

¹³ § 18-6-801(2), C.R.S.

¹⁴ § 16-11.8-103(1), C.R.S.

Table 1
DVOMB Membership by Appointing Authority

Appointing Authority	Members	Population Represented
Colorado Department of Corrections, Executive Director		
	1	Colorado Department of Corrections
Colorado Department of Human Services, Executive Director		
	1	Colorado Department of Human Services
Colorado Department of Regulatory Agencies, Executive Director		
	1	Colorado Department of Regulatory Agencies
Colorado District Attorneys' Council, Executive Director		
	1	Prosecuting attorneys
Colorado State Public Defender		
	1	Public defenders
Colorado Supreme Court, Chief Justice		
	1	Colorado Judicial Department
	1	Judges
Public Safety, Executive Director		
	2	Domestic violence victims and victim organizations
	1	Law enforcement
	2	Mental health professionals ¹⁵
	3	Mental health professionals with experience in domestic violence
	1	Private defense attorneys
	1	Public Safety
	1	Rural areas and local coordination of criminal justice and victim services advocacy for domestic violence
	1	Urban areas and local coordination of criminal justice and victim services advocacy for domestic violence

¹⁵ In total, the Executive Director of Public Safety appoints five mental health professionals, and of these five members, at least three must be approved domestic violence treatment providers.

A single term of office is four years,¹⁶ and no member may serve for more than eight consecutive years.¹⁷ All members serve without compensation.¹⁸ The DVOMB elects the presiding officer or chair from its members.¹⁹

The DVOMB is required to:

- Adopt and implement a standardized procedure for the evaluation of domestic violence offenders;²⁰
- Adopt and implement guidelines and standards for a system of programs for the treatment of domestic violence offenders;²¹
- Develop an application and review process for treatment providers that includes criminal history background checks, the verification of qualifications and credentials and mandatory continuing education;²²
- Publish and update a list of approved treatment providers;²³
- Develop a treatment provider renewal process;²⁴ and
- Research and analyze the effectiveness of the evaluation and treatment procedures and programs developed by the DVOMB.²⁵

In order to be added to the list of approved treatment providers, an applicant must submit a completed application, including his or her fingerprints for a state and national criminal history record check, directly to the DVOMB.

The qualifications for approval vary depending on the level of approval sought and the academic background of the candidate. However, all applicants must meet the following requirements:

- Have a bachelor's degree in behavioral science and training and experience as a counselor or psychotherapist, or have a bachelor's degree in any field and standing as a certified addiction counselor; and
- Have a professional mental health license, certification, registration or listing as a candidate for a mental health license,²⁶ without any current disciplinary action that the DVOMB's Application Review Committee determines would impede the applicant's ability to provide domestic violence treatment.

¹⁶ § 16-11.8-103(3)(a), C.R.S.

¹⁷ § 16-11.8-103(3)(c), C.R.S.

¹⁸ § 16-11.8-103(3)(d), C.R.S.

¹⁹ § 16-11.8-103(2), C.R.S.

²⁰ § 16-11.8-103(4)(a)(I), C.R.S.

²¹ § 16-11.8-103(4)(a)(II), C.R.S.

²² § 16-11.8-103(4)(a)(III), C.R.S.

²³ § 16-11.8-103(4)(a)(III)(C), C.R.S.

²⁴ § 16-11.8-103(4)(a)(III.5), C.R.S.

²⁵ § 16-11.8-103(4)(a)(IV), C.R.S.

²⁶ The term "license" is used in this section to refer to a professional credential – whether a license, certification or registration – issued by one of the mental health boards in the Department of Regulatory Agencies.

Since treatment providers are all licensed mental health providers, any complaints filed against them must be referred to the appropriate mental health board in DORA for review. Each decision must be based on standards established by the DVOMB and the prohibited activities outlined in the statutes governing mental health providers. Once a decision has been made, the mental health board in DORA must send notice of the decision to the DVOMB.²⁷

Finally, the DVOMB may also take action against a treatment provider, including removing that treatment provider from the list of approved treatment providers, regardless of any action taken by the mental health board within DORA.²⁸

The application fee for initial approval as a treatment provider may not exceed \$300.²⁹

No domestic violence offender may contract with any individual or entity to provide a domestic violence offender treatment evaluation or treatment services unless the individual is a DVOMB-approved treatment provider.³⁰

²⁷ § 16-11.8-103(4)(b), C.R.S.

²⁸ § 16-11.8-103(4)(a)(III)(D), C.R.S.

²⁹ § 16-11.8-104(2)(b), C.R.S.

³⁰ § 16-11.8-104(1), C.R.S.

Program Description and Administration

In a sunset review, the Colorado Office of Policy, Research and Regulatory Reform (COPRRR) is guided by sunset criteria located in section 24-34-104(6)(b), Colorado Revised Statutes (C.R.S.). The third, fourth and fifth sunset criteria question:

Whether the agency operates in the public interest and whether its operation is impeded or enhanced by existing statutes, rules, procedures practices and any other circumstances, including budgetary, resource and personnel matters;

Whether an analysis of agency operations indicates that the agency performs its statutory duties efficiently and effectively; and

Whether the composition of the agency's board or commission adequately represents the public interest and whether the agency encourages public participation in its decisions rather than participation only by the people it regulates.

In part, COPRRR utilizes this section of the report to evaluate the agency according to these criteria.

The Domestic Violence Offender Management Board (DVOMB), located in the Colorado Division of Criminal Justice (Division) in the Department of Public Safety (Public Safety), is charged with three primary tasks:

- Developing and maintaining standards for the evaluation and treatment of domestic violence offenders,
- Developing processes to approve domestic violence treatment providers (treatment providers), and
- Conducting research and analyzing the effectiveness of the evaluation and treatment standards.

As required by statute, the DVOMB has developed the *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Domestic Violence Offenders (Standards)*.

The DVOMB is a multidisciplinary board made up of 19 members representing the:

- Colorado Judicial Department,
- Department of Corrections,
- Department of Human Services,
- Department of Regulatory Agencies,
- Department of Public Safety,
- Domestic violence victims and victim organizations,

-
- Judges,
 - Law enforcement,
 - Mental health professionals,
 - Private defense attorneys,
 - Prosecuting attorneys, and
 - Public defenders.

The full board meets on a monthly basis, typically at Public Safety’s headquarters in Lakewood, but occasionally at other locations around the state. Meetings are generally well attended by both DVOMB members and members of the public.

In 2019, the DVOMB began offering the public the ability to attend meetings virtually. Because of this, the DVOMB was well positioned to conduct its business virtually during the COVID-19 pandemic, and it also expanded online training opportunities and authorized treatment providers to provide treatment virtually.

The DVOMB has created several committees through which it completes much of its work.

- **Application Review Committee (ARC)** – reviews treatment provider applications, considers complaints against treatment providers and approves requests for temporary suspension of a specific treatment standard. The ARC also conducts Standards Compliance Reviews (Compliance Reviews) of selected treatment providers. Membership of the ARC is limited to DVOMB members.
- **Civil Work Group** – explores and studies issues involving individuals who are referred to domestic violence treatment from a civil court.
- **Executive Committee** – works to keep the DVOMB focused on its goals and creates the agenda for DVOMB meetings. Membership of the Executive Committee is limited to DVOMB members.
- **Juvenile Best Practices Work Group** – works to create a document recommending treatment and evaluation guidelines for juveniles who have a history of relationship violence.
- **Standards Revision Committee** – works to improve the implementation of the *Standards* by treatment providers and to ensure that the *Standards* remain current with any emerging research, and it makes recommendations related to the *Standards* to other committees.
- **Training Committee** – identifies training needs, reviews the content of trainings and makes recommendations to the DVOMB on training topics. This committee also evaluates survey responses from DVOMB training sessions.

- **Victim Advocacy Committee** – works to improve the implementation of the DVOMB’s victim advocacy standards throughout the state.

While only members of the DVOMB may serve on the ARC and the Executive Committee, anyone may serve on the other committees, and participation by non-DVOMB members is highly encouraged. The DVOMB committees typically meet on a monthly basis.

Agency Fiscal Information

The DVOMB has two funding sources: treatment provider application fees and the state’s General Fund.

Table 2 illustrates, for the fiscal years indicated, the funds allocated to the program.

**Table 2
Funding Sources**

Fiscal Year	Cash Funds	General Fund	Total Funding
15-16	\$28,241	\$264,100	\$292,341
16-17	\$29,744	\$264,136	\$293,880
17-18	\$29,744	\$277,679	\$307,423
18-19	\$29,744	\$302,777	\$332,521
19-20	\$29,744	\$302,777	\$332,521

The cash funds increased slightly in fiscal year 16-17 but have otherwise remained unchanged. The General Fund dollars allocated to the DVOMB increased about 14 percent over the five-year period.

Table 3 demonstrates, for the fiscal years indicated, the total DVOMB expenditures and the full-time equivalent (FTE) employees dedicated to the DVOMB.

**Table 3
Agency Fiscal Information**

Fiscal Year	Total Program Expenditures	FTE
15-16	\$279,251	2.75
16-17	\$284,658	2.80
17-18	\$306,130	2.90
18-19	\$299,224	2.89
19-20	\$323,788	2.90

Over the five-year period, the costs associated with the DVOMB have increased approximately 16 percent while staffing has remained fairly consistent.

In 2016, the Division combined the DVOMB office with the Sex Offender Management Board office in order to streamline the staffing and resources dedicated to each program.

In fiscal year 20-21, the DVOMB staff included a:

- Program Manager (Program Management II, 0.05 FTE), who oversees and supervises the policy and direction of the DVOMB staff and provides guidance on the day-to-day operations when needed;
- Program Coordinator (Administrator V, 1.0 FTE), who is responsible for all operations of the DVOMB, including supervising staff; planning and executing the monthly DVOMB meetings, committee meetings and training events; managing strategic planning; providing policy guidance; overseeing and managing the DVOMB budgets; and handling complaints and coordinating with the mental health boards at the Department of Regulatory Agencies (DORA);
- DVOMB Standards Coordinator (Administrator IV, 0.85 FTE), who provides training and technical expertise regarding the *Standards*; and supports the ARC in processing applications, administering Compliance Reviews, maintaining the approved treatment provider list and monitoring requests for variances from the *Standards*;
- Program Assistant (Program Assistant I, 1.0 FTE), who provides administrative and logistical support to the DVOMB program, updates the DVOMB's website, procures supplies for training events, assists with DVOMB member accommodations as necessary, creates forms, responds to general inquiries, and keeps DVOMB meeting minutes; and
- Staff Research and Statistical Analyst (Statistical Analyst II, 0.2 FTE), who creates surveys, synthesizes published research and analyzes client-level data submitted to the DVOMB by treatment providers.

Evaluation and Treatment Standards

The DVOMB is required by statute to develop standards for the evaluation and treatment of domestic violence offenders, which it has done in the form of the *Standards*.

The *Standards*, which is published on the DVOMB's website, covers eight broad subjects:

- Guiding principles,
- Offender evaluation,
- Offender treatment,
- Offender confidentiality,
- Victim advocacy,

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- Coordination with the criminal justice system,
 - Treatment provider qualifications, and
 - Administrative standards.

Finally, the *Standards* includes 11 appendices, which are intended to serve as resources for treatment providers.

- DVOMB Statement Regarding the Evaluation and Treatment of Non-Justice Involved Domestic Violence Offenders
- Overview for Working with Specific Offender Populations
- Glossary of Terms
- Administrative Policies
- Resource and Guide to Terms and Concepts of the Pre-Sentence or Post-Sentence Evaluation Standards
- Bibliography
- Domestic Violence Risk and Needs Assessment (DVRNA) Instrument
- Guidelines to Promoting Healthy Sexual Relationships
- Interactive Electronic Therapy
- Working with Domestic Violence Offenders in the Military
- Guidelines for Young Adult Offenders

A treatment provider may request a variance from the *Standards*. For example, a treatment provider who works in a rural area and is not approved to work with female offenders may request temporary approval to work with a female offender. If the variance is granted, the treatment provider may work with the female offender as long as he or she is working under the supervision of someone who is approved to work with this population. While under the variance, the treatment provider could then initiate the process of obtaining approval to work with this population.

In 2020, in response to the COVID-19 pandemic, the DVOMB issued guidance that allowed treatment providers to apply for a telehealth variance, and it subsequently granted 140 telehealth variances over a two-month period. During that time, DVOMB staff offered weekly meetings for treatment providers in order to offer strategies, techniques and best practices for the use of telehealth in domestic violence treatment.

The DVOMB is considering new standards and a special approval so that treatment providers may provide telehealth over the long term. At the time of writing this report, however, the DVOMB had not done so and will likely proceed cautiously.

The DVOMB periodically revises various sections of the *Standards*. For instance, following the 2016 sunset review, the DVOMB revised Section 4.0 of the *Standards*, pertaining to offender evaluations, and expanded the available options and considerations for treatment providers to use when determining the appropriate level of treatment for an offender, including the ability to recommend alternative treatment

options or no treatment at all if an evaluation demonstrates that domestic violence offender treatment is contraindicated.

Most recently, the DVOMB revised Section 9.0 concerning treatment provider qualifications. These revisions took effect on January 1, 2020.

Domestic Violence Offender Management

Anyone convicted of a crime in Colorado, the underlying factual basis of which has been found by a court to include an act of domestic violence, must be ordered to complete a domestic violence evaluation and treatment program that conforms to the *Standards*.³¹

Upon conviction, a criminal justice agency, such as a probation department, will refer a domestic violence offender to a DVOMB-approved treatment provider to obtain a domestic violence treatment evaluation and then complete a domestic violence treatment program. Only treatment providers approved by the DVOMB may conduct court-ordered domestic violence evaluations or treatment.

Domestic violence offenders are expected to pay for court-ordered evaluations and treatment. While the DVOMB does not fund offender services, the state does provide vouchers to offenders who are unable to pay for evaluations and treatment. As the funding of offender services is outside the purview of this sunset review, COPRRR does not have any further information about these funding streams.

When conducting domestic violence offender treatment evaluations, treatment providers must use the DVRNA. The DVRNA was created by the DVOMB to establish the level of risk of recidivism based on factors such as safety concerns, criminal history, drug or alcohol abuse and mental health issues, among others. The DVRNA score helps to match the offender's level of risk to the appropriate level of treatment. Some risk factors are considered significant, such as a violation of a protection order or a credible threat of death in the past year, and other risk factors are considered critical, such as a prior domestic violence conviction.

There are three treatment levels that correspond to the risk levels identified in the DVRNA.

- **Level A** is low intensity treatment. Offenders placed in this level do not have a pattern of abusive behavior and have only one or no identified risk factors. Treatment consists of weekly group sessions.³²

³¹ § 18-6-801(1)(a), C.R.S.

³² *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Domestic Violence Offenders*. Colorado Domestic Violence Offender Management Board. Standard 5.05 (VI).

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- **Level B** is moderate intensity treatment. Offenders placed in this level have a pattern of abusive behavior and two to four risk factors or at least one significant risk factor identified. Treatment consists of weekly group sessions using cognitive behavioral therapy plus at least one additional clinical contact each month to cover topics such as denial or resistance, evaluation or monitoring of additional mental health issues, or substance abuse treatment.³³
 - **Level C** is high intensity treatment. Offenders placed in this level have five or more risk factors or any of the critical risk factors. Treatment consists of two weekly group sessions—one to address core competencies and one to address additional issues such as cognitive skills, substance abuse or other mental health issues.³⁴

In general, domestic violence offenders may transition to different levels as treatment progresses and as risk factors are either uncovered or mitigated. Importantly, an offender who is placed at Level B or C can never move to Level A.³⁵

In 2016, the DVOMB reported the percentage of offenders who were placed at each level of risk upon initial assessment:³⁶

- 12 percent of offenders were placed at Level A,
- 42 percent of offenders were placed at Level B, and
- 46 percent of offenders were placed at Level C.

The DVOMB also reported, in 2016, the percentage of offenders who remained at each level of risk when they were discharged from treatment:³⁷

- 12 percent of offenders were at Level A when they were discharged from treatment,
- 52 percent of offenders were at Level B when they were discharged from treatment, and
- 36 percent of offenders were at Level C when they were discharged from treatment.

The data from 2016 reported in the previous two paragraphs should be interpreted with caution since the data are based on the results of a survey of treatment providers with

³³ *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Domestic Violence Offenders*. Colorado Domestic Violence Offender Management Board. Standard 5.05 (VII).

³⁴ *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Domestic Violence Offenders*. Colorado Domestic Violence Offender Management Board. Standard 5.05 (VIII).

³⁵ *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Domestic Violence Offenders*. Colorado Domestic Violence Offender Management Board. Standard 5.05 (VIII)(C).

³⁶ Domestic Violence Offender Management Board, *Standards for Treatment with Court-Ordered Domestic Violence Offenders: A Process Evaluation* (May 2016), p. 5.

³⁷ Domestic Violence Offender Management Board, *Standards for Treatment with Court-Ordered Domestic Violence Offenders: A Process Evaluation* (May 2016), p. 5.

a 30 percent response rate.

The evaluation and treatment processes are overseen by a multidisciplinary treatment team (MTT), which consists of a treatment provider, the criminal justice agency responsible for the offender, and a treatment victim advocate (victim advocate). The MTT may also include other professionals, such as child protection services, when suitable. The work of the MTT covers staffing cases, sharing information, and making informed decisions related to risk assessment, treatment, behavioral monitoring and management of offenders.³⁸ The MTT must reach consensus regarding initial placement in treatment, any changes in the level of treatment and discharge from treatment.³⁹

Victim safety and victim confidentiality must be the highest priority of the MTT.⁴⁰

The criminal justice agency that participates in the MTT is usually a probation department. The reason for this rests in the criminal sentencing laws. Anyone who is sentenced to the Department of Corrections is exempt from the requirement to complete domestic violence treatment.⁴¹ Domestic violence offenders may be required to complete treatment when they are released to parole or community corrections, but there is no clear statutory mandate that requires it. Consequently, the offenders who are required to complete domestic violence treatment in Colorado are, for the most part, those who are sentenced to probation.

If offenders are required to complete domestic violence treatment as a condition of parole or while in community corrections, the treatment must comply with the *Standards*.

The role of the victim advocate is to act as a representative of the victim on the MTT, whether the victim agrees to working with the victim advocate or not. Specifically, the victim advocate educates the MTT on victim safety, victim trauma and trauma-informed considerations. If the victim agrees to working with the victim advocate, the victim advocate assists the victim in determining whether and what information to share with the MTT. The inclusion of a victim advocate is intended to encourage a better understanding of the behaviors of both the offender and the victim.⁴²

A treatment provider is required to work with a qualified victim advocate. To be considered fully qualified, a victim advocate must have certification with either the Colorado Advocate Certification Program or the National Organization for Victim

³⁸ *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Domestic Violence Offenders*. Colorado Domestic Violence Offender Management Board. Standard 5.02.

³⁹ *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Domestic Violence Offenders*. Colorado Domestic Violence Offender Management Board. Standard 5.02 MTT Consensus.

⁴⁰ *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Domestic Violence Offenders*. Colorado Domestic Violence Offender Management Board. Standard 5.02(VI).

⁴¹ § 18-6-801(2), C.R.S.

⁴² *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Domestic Violence Offenders*. Colorado Domestic Violence Offender Management Board. Standard 7.02.

Assistance. According to the *Standards*, a fully qualified victim advocate has completed 60 hours of domestic violence training and 140 hours of experience working with victims. Entry-level victim advocates may work for two years prior to applying for certification as long as they have completed half of the above training and experience requirements.⁴³

Victim advocates are required to be violence free, and they may not work in a dual role or be in a relationship with the treatment provider. Victim advocates are also strongly encouraged in the *Standards* to consult with their peers in order to share information and provide each other with technical assistance.⁴⁴

Domestic violence offender treatment focuses on 18 core competencies in which the domestic violence offender:⁴⁵

- Commits to the elimination of abusive behavior;
- Demonstrates change by working on a comprehensive personal change plan;
- Completes a comprehensive personal change plan;
- Develops empathy;
- Accepts full responsibility for the offense and abusive history;
- Identifies and progressively reduces the pattern of power and control behaviors, beliefs and attitudes of entitlement;
- Becomes accountable;
- Accepts that one's behavior has, and should have, consequences;
- Participates and cooperates in treatment;
- Develops the ability to define the types of domestic violence;
- Understands, identifies and manages the offender's own personal pattern of violence;
- Understands the intergenerational effects of violence;
- Understands and uses appropriate communication skills;
- Understands and uses "time-outs";
- Recognizes the existence of financial abuse and manages finances responsibly;
- Eliminates all forms of violence and abuse;
- Does not purchase, possess or use firearms or ammunition; and
- Identifies and challenges cognitive distortions that play a role in the offender's violence.

⁴³ *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Domestic Violence Offenders*. Colorado Domestic Violence Offender Management Board. Standard 7.03.

⁴⁴ *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Domestic Violence Offenders*. Colorado Domestic Violence Offender Management Board. Standard 7.03.

⁴⁵ *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Domestic Violence Offenders*. Colorado Domestic Violence Offender Management Board. Standard 5.07 (V).

Offenders are required to demonstrate all required competencies in order to be successfully discharged from treatment.⁴⁶ Throughout treatment, victim safety is the priority.⁴⁷

There are three ways that offenders may be discharged from domestic violence offender treatment.⁴⁸

- **Treatment Completion**—the offender has mastered the core competencies and other terms of treatment.
- **Unsuccessful Discharge from Treatment**—the offender’s behavior demonstrates an unwillingness or inability to progress in treatment. The consequences of such discharge may include revocation of probation, new terms of probation, transfer to a different treatment provider or incarceration.
- **Administrative Discharge from Treatment**—treatment is not completed through no fault of the offender; for example, an offender whose treatment provider retires or an offender who is in the military is deployed or transferred. The MTT is expected to assist the offender in transitioning to a new treatment provider.

Regardless of the type, MTT consensus is necessary to discharge an offender from treatment.⁴⁹

In 2016, the DVOMB reported the percentage of offenders who were successfully discharged from treatment according to their level of assessed risk:⁵⁰

- 91 percent of Level A (low risk) offenders were successfully discharged from treatment,
- 80 percent of Level B (medium risk) offenders were successfully discharged from treatment, and
- 46 percent of Level C (high risk) offenders were successfully discharged from treatment.

⁴⁶ *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Domestic Violence Offenders*. Colorado Domestic Violence Offender Management Board. Standard 5.08(I)(A)(1).

⁴⁷ *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Domestic Violence Offenders*. Colorado Domestic Violence Offender Management Board. Standard 5.01(II).

⁴⁸ *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Domestic Violence Offenders*. Colorado Domestic Violence Offender Management Board. Standard 5.09: Offender Discharge.

⁴⁹ *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Domestic Violence Offenders*. Colorado Domestic Violence Offender Management Board. Standard 5.08.

⁵⁰ Domestic Violence Offender Management Board, *Standards for Treatment with Court-Ordered Domestic Violence Offenders: A Process Evaluation* (May 2016), p. 7.

The data from 2016 reported in the previous paragraph should be interpreted with caution since the data are based on the results of a survey of treatment providers with a 30 percent response rate.

Treatment Provider Approval

The eighth sunset criterion questions whether the scope of practice of the regulated profession contributes to the optimum utilization of personnel and whether entry requirements encourage affirmative action.

In part, COPRRR utilizes this section of the report to evaluate the program according to this criterion.

Only treatment providers approved by the DVOMB may evaluate and treat domestic violence offenders.

Treatment Providers

The DVOMB approves four levels of treatment providers:⁵¹

- **Provisional Provider** status is available for treatment providers who are limited to working in specific areas of the state where access to domestic violence treatment services is scarce or unavailable, and, consequently, the qualifications required to provide treatment are relaxed;
- **Entry-Level Provider** is a treatment provider who has not met all the qualifications required for full approval and may not work independently;
- **Full-Operating Level Provider** is a treatment provider who has satisfied all of the necessary educational, training and experiential requirements, and, therefore, can work independently; and
- **Clinical Supervisor** is a Full-Operating Level Provider who has obtained the additional training and experiential requirements for supervisors and who may supervise applicants and other treatment providers in accordance with the *Standards*.

The DVOMB also offers two specialized statuses for treatment providers.⁵²

⁵¹ *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Domestic Violence Offenders*. Colorado Domestic Violence Offender Management Board. Standard 9.0 (VII).

⁵² *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Domestic Violence Offenders*. Colorado Domestic Violence Offender Management Board. Standard 9.0 (VII).

- **Specialized Pre-Sentence Evaluator** is available for Full-Operating Level Providers who demonstrate competencies, skills and knowledge in conducting complex and in-depth offender evaluations prior to sentencing and are, therefore, authorized to conduct Pre-Sentence Evaluations in accordance with the *Standards*.
- **Specific Offender Population (SOP)** is available for treatment providers who are qualified to provide domestic violence services to women or offenders who identify as lesbian, gay, bisexual, transgender, queer, intersex, asexual or any other sexual orientation or gender identity (LGBTQIA+).

Table 4 provides, for the fiscal years indicated, the total number of approved treatment providers who were actively practicing.

**Table 4
Treatment Providers**

Fiscal Year	Provisional	Entry	Full Operating	Clinical Supervisor	Total
15-16	2	22	101	39	164
16-17	3	24	106	41	174
17-18	1	26	103	53	183
18-19	4	26	81	45	156
19-20	3	40	88	35	166

The total number of treatment providers has fluctuated over the five-year period. A significant decline appears in fiscal year 18-19. According to DVOMB staff, this drop in treatment providers was largely due to treatment providers who retired and did not renew their approval status with the DVOMB.

Treatment providers can also opt to work with SOPs, such as female offenders or offenders who identify as LGBTQIA+, or become Clinical Supervisors of SOP treatment providers.

Table 5 shows, for the fiscal years indicated, the total number of treatment providers approved to work with female offenders.

Table 5
Approved SOP Treatment Providers
Female Offenders

Fiscal Year	Provisional	Entry	Full Operating	Clinical Supervisor	Total
15-16	NA*	NA	NA	NA	NA
16-17	1	19	79	38	137
17-18	1	19	71	38	129
18-19	4	19	62	32	116
19-20	2	27	68	32	129

*Not available

The DVOMB was unable to provide data for fiscal year 15-16 in Table 5 during the COVID-19 pandemic because it was not electronically available.

According to DVOMB staff, in fiscal year 18-19, a large number of treatment providers retired and did not renew their approval status, which is reflected in the drop in the total number of treatment providers who were approved to work with female offenders.

Table 6 illustrates, for the fiscal years indicated, the total number of treatment providers approved to work with LGBTQIA+ offenders.

Table 6
Approved SOP Treatment Providers
LGBTQIA+ Offenders

Fiscal Year	Provisional	Entry	Full Operating	Clinical Supervisor	Total
15-16	NA*	NA	NA	NA	NA
16-17	0	7	24	15	46
17-18	0	7	22	14	43
18-19	1	7	19	13	40
19-20	1	9	22	12	44

*Not available

The DVOMB was unable to provide data for fiscal year 15-16 during the COVID-19 pandemic because it was not electronically available.

The total number of treatment providers approved to work with LGBTQIA+ offenders dropped slightly in fiscal year 18-19, which is consistent with a drop in the total number of approved treatment providers overall.

Occasionally, treatment providers leave practice temporarily and no longer accept client referrals. For instance, a treatment provider may have a health condition and require some time to convalesce. In such a case, a treatment provider would notify the DVOMB that he or she is temporarily leaving practice. The treatment provider will not lose his or her approved status, but he or she will no longer appear on the publicly available approved treatment provider list. When the treatment provider returns to practice, he or she simply notifies the DVOMB that they are available for referrals. The DVOMB staff will then add the treatment provider to the approved treatment provider list.

Table 7 provides the total number of approved treatment providers who were not actively practicing from fiscal year 15-16 to fiscal year 19-20.

Table 7
Inactive Treatment Providers

Fiscal Year	Total
15-16	19
16-17	19
17-18	21
18-19	23
19-20	21

The number of inactive treatment providers was relatively consistent over the five-year period.

Treatment providers may not be inactive for more than two renewal cycles, or four years. When a treatment provider returns to active practice, the ARC may request that the treatment provider submit documentation showing compliance with the *Standards*, such as training, clinical experience and competency.⁵³

Treatment Provider Qualifications

The requirements for becoming an approved treatment provider vary depending on the level of approval sought, as well as prior academic preparation. In order to apply to be listed as an approved treatment provider, all applicants must meet the following requirements:

- Have a bachelor’s degree in behavioral science and training and experience as a counselor or psychotherapist, or have a bachelor’s degree in any field and standing as a certified addiction counselor; and

⁵³ *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Domestic Violence Offenders*. Colorado Domestic Violence Offender Management Board. Appendix D (I)(D)

- Have a professional mental health license, certification, registration or listing as a candidate for a mental health license,⁵⁴ without any current disciplinary action that the ARC determines would impede the applicant’s ability to provide domestic violence treatment.

To be approved at the provisional level, an applicant must have at least a master’s degree.

Treatment providers must also meet the DVOMB’s specific requirements related to training in basic counseling and domestic violence treatment, experience in general counseling, co-facilitated domestic violence treatment, and substance abuse treatment. Once approved, all treatment providers must complete continuing education prior to renewing with the DVOMB.

Table 8 illustrates the additional training and experience requirements for treatment providers depending on their practice level.

**Table 8
Additional Treatment Provider Qualifications**

Type	Provisional Level	Entry Level	Full-Operating Level
General Counseling Experience	Master’s 300 post-graduate general counseling hours with 15 hours of one-to-one supervision	Master’s or Bachelor’s 300 hours with 15 hours of one-to-one supervision	Master’s or Bachelor’s 600 hours with 50 hours of one-to-one supervision
Co-Facilitated Domestic Violence Experience	30 hours	Master’s 54 hours Bachelor’s 108 hours	80 hours
Substance Abuse Treatment Experience	Not Required	25 hours - Master’s 25 hours - Bachelor’s	50 hours
Basic Counseling Skills Training	Not Required	Not Required - Master’s 35 hours - Bachelor’s	Not Required - Master’s 35 hours - Bachelor’s
Domestic Violence Treatment Training	35 hours	42 hours - Master’s 42 hours - Bachelor’s	50 hours - Master’s 100 hours - Bachelor’s
Continuing Education	14 hours a year	14 hours a year	20 hours every two years

⁵⁴ The term “license” is used in this section to refer to a professional credential – whether a license, certification or registration – issued by one of the mental health boards in the Department of Regulatory Agencies.

As Table 8 demonstrates, for the most part, the higher an individual's formal training, the fewer training and experiential hours are required.

Applicants at all levels are also required to undergo a competency assessment by a Clinical Supervisor.

In addition to the above qualifications, Provisional and Entry-Level Providers are required to be supervised as follows:

- Two hours of supervision a month if they have less than 60 hours of direct clinical contact hours a month with domestic violence offenders,
- Three hours of supervision a month if they have between 60 and 79 hours of direct clinical contact hours a month with domestic violence offenders, and
- Four hours of supervision a month if they have 80 or more hours of direct clinical contact a month with domestic violence offenders.

Once a treatment provider has full-operating level status, supervision is no longer required.

Treatment providers may also elect to work with specific populations, such as female offenders or offenders who are in same sex relationships. In such cases, the treatment provider must obtain additional, population-specific training.

Clinical Supervisors are required to complete all of the requirements for approval at the full-operating level. They must also obtain 21 hours of training in clinical supervision, 75 hours and at least two years of experience working with domestic violence offenders, and 100 hours of general clinical supervision over the previous five years.⁵⁵

Table 9 demonstrates the total number of treatment providers broken down by professional mental health license type in fiscal year 19-20.

⁵⁵ *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Domestic Violence Offenders*. Colorado Domestic Violence Offender Management Board. Standard 9.05 (I)

Table 9
Professional Mental Health License Type
Fiscal Year 19-20

Mental Health License Type	Total
Certified Addiction Counselors	59
Licensed Addiction Counselors	22
Licensed Professional Counselors	61
Unlicensed Psychotherapists	39
Clinical Social Workers	13
Psychologists	5
Marriage and Family Therapists	4

Table 9 does not include those treatment providers who are not actively practicing. Moreover, these numbers do not equal the total treatment provider population in Table 4 because some treatment providers have multiple credentials issued by DORA. For example, a Marriage and Family Therapist may also be a Licensed Addiction Counselor.

The majority of approved treatment providers are either licensed professional counselors or certified addiction counselors. Unlicensed Psychotherapists make up about 19 percent of approved treatment providers, and licensed addiction counselors make up about 10 percent.

While the Unlicensed Psychotherapist category has been eliminated by the legislature, DVOMB staff do not anticipate that this will create a shortage of new applicants. Candidates may instead seek to complete a master’s degree to be licensed as a mental health provider, and the elimination of the Unlicensed Psychotherapist category provides an incentive to do so, or another route is available if they become certified addiction specialists.

DVOMB Training

The DVOMB provides training that is necessary for treatment providers to advance their provider level, such as from an Entry-Level Provider to a Full-Operating Level Provider. Some required training courses provided by the DVOMB are offered for free.

The DVOMB’s Training Committee is charged with coordinating various types of training for the DVOMB.

Table 10 demonstrates, for the fiscal years indicated, the number of training events offered and the number of attendees.

Table 10
Treatment Provider Training Events

Fiscal Year	Training Events	Attendees
15-16	34	893
16-17	40	1,313
17-18	43	1,421
18-19	39	1,942
19-20	43	1,229

No distinction is made between pre- and post-approval training courses.

In 2017, the DVOMB training curricula were revised to better define the learning objectives and the progression of coursework, and the following training courses were modified to be presented by staff at no charge to treatment providers, probation officers, victim advocates and other members of the public:

- Introduction to Standards,
- Offender Evaluations,
- Offender Treatment, and
- Community Roundtable Discussions.

In 2018, DVOMB staff produced a pre-recorded version of the Introduction to Standards training course that was available online and began exploring the possibility of transitioning other in-person training courses to a virtual format. COVID-19 accelerated the introduction of these courses, which are now offered three times a year in a virtual format.

Recently, staff created a monthly technical assistance hour in which staff is available to answer questions from treatment providers and Clinical Supervisors.

Treatment Provider Applications

Practitioners may seek initial approval at the provisional level, entry level or full-operating level, and there is no requirement to move up the approval ladder. In other words, a treatment provider may remain at the entry level for his or her entire career. However, after two renewal periods, a Provisional Provider must seek approval at the entry or full-operating level.

Application fees vary depending on the level of approval sought, and they do not include the fees associated with the fingerprint-based criminal history record checks.

Table 11 provides the application fee for each level of approval.

**Table 11
Application Fees
Fiscal Year 20-21**

Provider Level	Application Fee
Trainee	\$99.50
Trainee to Provisional Level	\$60.50
Trainee to Entry Level	\$110.50
Trainee to Full-Operating Level	\$160.50
Move Up a Level*	\$100.00
Renewal Application	\$200.00
SOP Application	\$50.00
Pre-Sentence Evaluator	\$100.00
Clinical Supervisor	\$100.00

* For example: entry level to full-operating level.

The SOP application fee may be waived if the application is submitted in conjunction with a Full-Operating Level Provider application.

Regardless of the approval level sought, all initial applicants must submit to state and national fingerprint-based criminal history record checks and pay the associated fee of \$39.50 at the time of application.

Additionally, applicants must submit evidence that they comply with the various qualifications summarized in Table 8. They must also provide samples of their work product in the form of domestic violence offender evaluations, treatment plans and contracts.

In 2017, the DVOMB created an Intent to Apply Application, which is now referred to as the Trainee Application. Previously, the DVOMB staff found that some applicants were investing a significant amount of time and resources into training to become treatment providers even though they did not meet the minimum background, education or licensing requirements to seek treatment provider approval in the first place.

The Trainee Application also verifies that all applicants are working with an approved Clinical Supervisor and following the *Standards*.

If an applicant has a criminal record, he or she may contact the DVOMB and request a prescreening criminal history determination prior to submitting an application. Otherwise, a criminal history record check is conducted during the application process.

Table 12 shows, for the fiscal years indicated, the total number of criminal history determinations provided to applicants prior to submitting an application or as part of a Trainee application.

Table 12
Criminal History Reviews and Determinations

Fiscal Year	Determinations Requested	Determinations Unfavorable	Determinations Favorable
15-16	1	1	0
16-17	4	0	4
17-18	2	1	1
18-19	2	2	0
19-20	2	1	1

Over the five-year period, approximately 55 percent of candidates who requested a criminal history determination prior to application received favorable responses from the ARC. The reasons for the unfavorable responses are discussed in detail under the Collateral Consequences - Criminal Convictions section of this report.

In September 2020, the DVOMB began implementing the Provider Data Management System (PDMS), an online system for processing applications and tracking treatment provider information. This system provides real-time updates to the approved treatment provider list, and it allows treatment providers to update their contact information and submit data for research purposes.

As of July 2021, the PDMS is, for the most part, fully functional. At this time, a couple of treatment provider applications have not yet been programmed into the PDMS, but applicants can still apply through the PDMS by uploading their applications as documents.

Once DVOMB staff determines that an application is complete and the results of the fingerprint-based criminal history record check have been received, the application is forwarded to the ARC for review. The ARC may approve the application, deny it or request that certain items, most typically an offender evaluation, be redrafted and resubmitted.

When the ARC reviews an application and finds deficiencies or outstanding issues, it may request that the applicant provide additional information. In 2016, it revised this process so that the ARC only requests additional information one time to ensure that all issues with an application are identified early in the process. Prior to this, it was not uncommon for applicants to receive several requests for additional information from the ARC, which created an inefficient and potentially frustrating application process.

Table 13 illustrates, for the fiscal years indicated, the number of new applications received, approved and denied.

**Table 13
New Treatment Provider Applications**

Fiscal Year	Applications Received	Applications Denied	Applications Approved
17-18	22	0	22
18-19	10	3	7
19-20	19	0	19
20-21	8	0	7

During fiscal years 15-16 and 16-17, the DVOMB did not maintain aggregate application data, so those years are not reported here. In order to capture additional data, COPRRR requested an additional year of application data, which are reported in Table 13 and Table 14.

As Table 13 demonstrates, approximately 93 percent of new treatment provider applications were approved by the DVOMB over a four-year period.

For a treatment provider to advance to a different level, such as from an Entry-Level Provider to a Full-Operating Level Provider, he or she must submit a new application to the DVOMB.

Table 14 demonstrates, for the fiscal years indicated, the number of applications to change the level of practice that were received, denied and approved.

**Table 14
Applications to Change Level of Practice**

Fiscal Year	Applications Received	Applications Denied	Applications Approved
17-18	3	0	3
18-19	5	0	5
19-20	8	2	6
20-21	6	0	5

As Table 14 demonstrates, approximately 86 percent of the applications to change level of practice were approved by the DVOMB over a four-year period.

Treatment providers can also choose to work with specific offender populations (female offenders or offenders who identify as LGBTQIA+) or to become Clinical Supervisors.

In the following two tables, the number of applications denied and the number of applications approved do not always add up to the number of applications received

because some applications were incomplete and the applicants failed to respond to information requests. In other cases, the applicants withdrew their applications.

Table 15 provides, for the fiscal years indicated, the number of applications that the DVOMB received from treatment providers who were seeking to work with special offender populations, such as women or LGBTQIA+.

**Table 15
Special Offender Population Applications**

Fiscal Year	Applications Received	Applications Denied	Applications Approved
15-16	8	2	6
16-17	10	0	10
17-18	14	4	8
18-19	10	0	9
19-20	16	1	15

About 83 percent of the applications to work with special offender populations were approved by the DVOMB over the five-year period.

Table 16 shows, for the fiscal years indicated, the number of applications for clinical supervisor status that the DVOMB received, denied and approved.

**Table 16
Clinical Supervisor Applications**

Fiscal Year	Applications Received	Applications Denied	Applications Approved
15-16	4	0	2
16-17	3	0	3
17-18	4	1	3
18-19	1	0	1
19-20	1	0	0

About 69 percent of applications for clinical supervisor status were approved by the DVOMB.

Treatment providers must renew DVOMB approval by July 31 in odd-numbered years. The renewal fee is \$200, regardless of treatment provider level.

Table 17 illustrates, for the fiscal years indicated, the number of treatment provider approvals that the DVOMB renewed.

Table 17
Treatment Provider Renewals

Fiscal Year	Number of Renewals
15-16	0
16-17	190
17-18	0
18-19	149
19-20	0

The DVOMB experienced a 22 percent drop in approved treatment providers in fiscal year 18-19. According to DVOMB staff, a large number of treatment providers retired from practice and, therefore, did not seek to renew their approval status with the DVOMB.

Standards Compliance Reviews

To ensure continued compliance with the *Standards* by treatment providers, the DVOMB created the Standards Compliance Review (Compliance Review) process, formerly the Quality Assurance Review process, in which selected treatment providers are required to submit samples of their work product for the ARC to review.

The ARC aims to select four treatment providers each year to participate in the Compliance Review process. Treatment providers may be selected for cause (i.e., the ARC has concerns about a treatment provider’s practice based on previous complaints) or at random. The actual number of Compliance Reviews conducted fluctuates depending on staff resources and incoming complaints.

The ARC then reviews the work product submitted by the treatment provider, and if there are no problems, the treatment provider is notified that they successfully completed the compliance review. The ARC may seek additional information when it identifies problems with the work product. When the ARC identifies problems that can be remediated, the treatment provider may be placed on a Compliance Action Plan (CAP), in order to bring the treatment provider into compliance with the *Standards*. If remediation seems unlikely, the ARC may seek to delist the treatment provider, rendering that practitioner ineligible to work with domestic violence offenders.

When the ARC identifies minor issues that do not require remediation, it provides feedback to the treatment provider and the compliance review is considered successfully completed.

From the time a letter is sent to a treatment provider to the point the ARC has made a disposition, the Compliance Review process can take up to four to six months to

complete. If a CAP is required, the monitoring process may add an additional 6 to 12 months until a CAP is resolved and the treatment provider is determined to be in compliance.

Table 18 demonstrates, for the fiscal years indicated, the number of Compliance Reviews performed along with the results.

Table 18
Compliance Reviews

Type	FY 15-16	FY 16-17	FY 17-18	FY 18-19	FY 19-20
Compliance Reviews	3	0	5	2	3
Successful Reviews	1	0	3	2	0
CAP Required	2	0	1	0	1
Successful CAPs	2	0	0	0	0
CAP Failed/Delisted	0	0	2	1	1

While the ARC’s goal is to conduct four Compliance Reviews each year. It only met this goal once in the five-year period, and in fiscal year 16-17, the ARC did not conduct any Compliance Reviews due to staffing issues.

Approximately half of the treatment providers who undergo Compliance Reviews are known to have problems adhering to the *Standards* and are chosen for cause. About 30 percent of treatment providers who undergo a Compliance Review either fail and are delisted or are required to undergo remediation through a CAP and do not successfully complete the CAP.

The majority of treatment providers who undergo Compliance Reviews, however, either successfully complete the reviews or successfully complete remediation through a CAP.

Complaints and Administrative Actions

The seventh sunset criterion requires COPRRR to examine whether complaint, investigation and disciplinary procedures adequately protect the public and whether final dispositions of complaints are in the public interest or self-serving to the profession.

In part, COPRRR utilizes this section of the report to evaluate the program according to this criterion.

Anyone can file a complaint against a treatment provider. They may file a complaint with the DVOMB directly or with the appropriate mental health board in DORA. The DVOMB does not accept anonymous complaints unless they are filed directly with DORA.

The DVOMB has a complaint form which may be filled out by the complainant and submitted online, or DVOMB staff may assist a complainant to fill out and submit a complaint form.

When a complaint is filed with the DVOMB, it is sent to the ARC. The ARC then reviews the complaint for possible violations of the *Standards* and sends it to the appropriate DORA mental health licensing board with any violations noted. Once the DORA board has considered the complaint and rendered a decision, the ARC will review the board’s determination and take any appropriate administrative action. For example, a DORA board may issue a letter of admonition, and if violations of the *Standards* are found, the ARC may place a treatment provider on a CAP.

The DORA mental health boards have flagged all the DVOMB treatment providers, so any time a complaint is filed with a DORA board, it is copied to the DVOMB. In some cases, a violation of the *Standards* may not have occurred, but a DORA board may find a violation of the mental health practice act and take action on that basis.

Table 19 demonstrates, for the fiscal years indicated, the number of complaints referred to one of the mental health boards at DORA.

**Table 19
Treatment Provider Complaints
Referred to DORA**

Type	FY 15-16	FY 16-17	FY 17-18	FY 18-19	FY 19-20
Individual Treatment Providers with Complaints	13	9	11	10	13
DORA Complaint Cases Pending	0	0	2	1	5
Cases Dismissed by DORA	11	5	4	6	7
Cases Resulting in Discipline by DORA	8	4	9	4	5
Treatment Providers Receiving Action by DVOMB	3	5	6	2	3

On average, approximately 11 complaints were filed against treatment providers each year, representing nearly seven percent of treatment providers.

Over the five-year period, approximately 54 percent of complaints against treatment providers resulted in disciplinary action by a DORA mental health board, and approximately 34 percent of complaints against treatment providers resulted in administrative action by the DVOMB.

The DVOMB also has the authority to deny an application or remove a treatment provider from the approved treatment provider list. In order to bring treatment

providers into compliance with the *Standards*, the DVOMB may require treatment providers to complete additional education.

Table 20 shows, for the fiscal years indicated, the number of administrative actions taken by the DVOMB.

Table 20
DVOMB Administrative Actions

Type	FY 15-16	FY 16-17	FY 17-18	FY 18-19	FY 19-20
Application Denials	3	1	5	3	4
Education Required	0	0	3	1	0
Involuntary Delisting or Mediated Agreement for Removal	0	0	2	0	2
Total	3	1	10	4	6

The application denials in Table 20 relate to applications in which the ARC took formal action regarding an application. These data do not include those applicants who submitted partial applications or failed to respond to information requests of the ARC for additional information. Such applications are considered incomplete, so they are not reported as denials.

Collateral Consequences - Criminal Convictions

The ninth sunset criterion requires COPRRR to examine whether the agency under review, through its licensing processes, imposes any sanctions or disqualifications based on past criminal history, and if so, whether the disqualifications serve public safety or commercial or consumer protection interests.

In part, COPRRR utilizes this section of the report to evaluate the program according to this criterion.

The DVOMB may deny an application or delist an approved treatment provider based on criminal history.

The DVOMB allows potential applicants to submit a request for a prescreening criminal history determination prior to submitting an application. If a potential applicant's criminal history would likely disqualify them from being approved, the DVOMB will issue an unfavorable determination.

Table 21 illustrates, for the fiscal years indicated, the disqualifications based on criminal history.

Table 21
Disqualifications Based on Criminal Convictions

Type	FY 15-16	FY 16-17	FY 17-18	FY 18-19	FY 19-20
Prescreening Disqualifications	1	0	1	2	1
Application Denials	NA*	NA*	0	1	0
Treatment Providers Delisted	0	0	0	0	0
Total	1	0	1	3	1

* Not Available

Prior to application, five individuals were notified that their criminal histories would likely disqualify them from being approved. DVOMB staff were unable to provide the reasons for the unfavorable responses in fiscal year 15-16 and 16-17 during the COVID-19 pandemic since they were not documented in the electronic records. However, the reasons for the disqualifications in the other three fiscal years, are detailed below.

In fiscal year 18-19, the ARC provided two unfavorable responses to requests for criminal history determinations. One candidate had several recent misdemeanor offenses related to, among other things, substance abuse, violation of a protection order and domestic violence. Another candidate had a recent conviction for driving under the influence, and the ARC invited the applicant to submit an application at a later date, but no sooner than three years after the termination of probation. The ARC also requested the candidate address his or her criminal history in further detail upon reapplication.

In fiscal year 19-20, the ARC provided one unfavorable criminal history determination on the basis that the offenses were relatively recent, frequent and involved domestic violence. Among the offenses were public property damage, battery and felony aggravated assault.

In fiscal year 18-19, the ARC uncovered an applicant who had failed to disclose his or her criminal history, and it denied the application on this basis.

No treatment providers were delisted based on criminal history.

COVID-19 Response

The COVID-19 pandemic placed extraordinary pressures on the citizens of Colorado, the Colorado economy and Colorado state government. As a result, COPRRR asked the DVOMB to summarize any measures the agency may have implemented in response to the COVID-19 pandemic, the results of those efforts and any lessons learned. This section of the report is intended to provide a high-level summary of those responses.

In response to COVID-19, the DVOMB transitioned all of its meetings and training seminars to an online format, which increased participation and created a more diverse, transparent and accessible process.

The DVOMB also created online training seminars specifically to address the COVID-19 response and best practices for service delivery during the pandemic. These trainings were scheduled at midday and provided in a virtual format so that treatment providers could attend at lunchtime, which helped treatment providers transition to providing virtual services more easily.

Two days after COVID-19 was declared a global pandemic, the DVOMB approved an expedited process for treatment providers to transition their services to a virtual format. Subsequently, the DVOMB approved approximately 150 teletherapy variance requests. Prior to the pandemic, teletherapy was not allowed for domestic violence offender treatment.

The DVOMB had previously been considering the option of teletherapy through a pilot study, but the COVID-19 pandemic forced the DVOMB and treatment providers to adapt to this new format without first studying it. While the DVOMB is uncertain about the effectiveness of teletherapy in domestic violence treatment and its appropriateness for certain offenders, it is gathering information so that it may evaluate whether this option should continue to be available in the future.

The DVOMB and treatment providers have seen some challenges as a result of moving treatment to a virtual format. According to a survey conducted by the DVOMB, treatment providers are reporting mixed results from providing treatment virtually; some offenders seem to thrive in a virtual format while others are more disengaged.

Teletherapy provides a potential for greater access to treatment. Historically, access to domestic violence offender treatment has been impacted by barriers to transportation, language, funding and childcare. While teletherapy has increased access to treatment, it has also exposed inequities. Unfortunately, some offenders, especially those in rural areas, have struggled accessing treatment because of barriers to technology and reliable internet service.

At the time of writing this report, the DVOMB continues to allow treatment providers who have been granted a variance to provide domestic violence treatment via teletherapy, and it is considering developing *Standards* related to teletherapy.

Analysis and Recommendations

The final sunset criterion questions whether administrative and statutory changes are necessary to improve agency operations to enhance the public interest. The recommendations that follow are offered in consideration of this criterion, in general, and any criteria specifically referenced in those recommendations.

Recommendation 1 - Continue the Domestic Violence Offender Management Board for 11 years, until 2033.

The Domestic Violence Offender Management Board (DVOMB) is created in Article 11.8 of Title 16, Colorado Revised Statutes (C.R.S.), (Act). The DVOMB, which is housed in the Division of Criminal Justice in the Department of Public Safety, is primarily charged with:

- Developing and maintaining standards for the evaluation and treatment of domestic violence offenders,
- Developing processes to approve domestic violence treatment providers (treatment providers), and
- Conducting research and analyzing the effectiveness of evaluation and treatment standards.

In Colorado, any adult who is convicted of a crime involving domestic violence is required to complete domestic violence treatment, except when sentenced to the Department of Corrections.⁵⁶

Domestic violence treatment is a form of counseling in which the goal of treatment is to protect the community and the victims of domestic violence by reducing the likelihood that an offender will commit additional acts of domestic violence.

The DVOMB is a 19-member multidisciplinary board that includes members from throughout the criminal justice system, including treatment providers, a treatment victim advocate (victim advocate), a probation officer, a law enforcement representative, a defense attorney, a prosecuting attorney and a judge, among others. However, much of the work of the DVOMB is performed through its various committees.

As required by statute, the DVOMB has developed the *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Domestic Violence Offenders (Standards)*.

Sunset reviews are guided by statutory criteria found in section 24-34-104, C.R.S., and the first criterion questions whether regulation is necessary to protect the public health, safety and welfare.

⁵⁶ §§ 18-6-801(1)(a) and (2), C.R.S.

In the past, domestic violence treatment that was ordered by the courts was found to be inconsistent from jurisdiction to jurisdiction—if it was ordered at all. When courts did order treatment, the treatment that was provided was later found to be ineffective, and, at times, it was found to be dangerous. For example, anger management classes and couples counseling are widely considered to be contraindicated for domestic violence offenders, and at least one model of domestic violence treatment, known as the Duluth model, has been found to have no effect on recidivism among domestic violence offenders.

The DVOMB protects the public by establishing and evaluating the effectiveness of the *Standards*. As the purpose of domestic violence treatment is to protect victims and the wider community from additional acts of domestic violence, it is imperative that treatment is, in fact, effective.

The DVOMB has developed a system to collect data so that it may assess the effectiveness of the *Standards*. In 2019, the DVOMB conducted an outcome evaluation specific to the Domestic Violence Risk and Needs Assessment (DVRNA) instrument, which is used to assess an offender’s level of risk of recidivism, and it is planning an outcome evaluation of the complete *Standards*. At present, the DVOMB does not have data on the recidivism rate of domestic violence offenders who have undergone treatment, but it will collect recidivism data in order to conduct the outcome evaluation.

The DVOMB protects the public by providing training to treatment providers and others involved in management of domestic violence offenders. Over a five-year period, the DVOMB provided 199 training events.

In many states, domestic violence treatment that is ordered by the courts is the same for all offenders, regardless of the intensity of the crimes or the needs of the offender. For example, in some states, all domestic violence offenders may be ordered to complete 36 weeks of domestic violence treatment, regardless of whether they are first-time offenders or repeat offenders who are known to stalk their victims.

One problem with a one-size fits all model of treatment is that one offender may not require 36 weeks of treatment and another offender may require more intensive treatment along with substance abuse treatment. Another problem with this model is that it makes it easier for an offender to undergo treatment without actually learning anything or changing his or her behavior.

The *Standards* developed by the DVOMB, however, require offenders to be evaluated after being ordered to treatment in order to determine the level of risk of recidivism. In order to do this, the DVOMB has developed the DVRNA. The DVRNA is a standardized evaluation that helps treatment providers assess the level of risk of recidivism based on factors such as criminal history, safety concerns, mental health issues and drug or alcohol abuse, among others.

Depending on the outcome of the DVRNA, one offender may be required to attend weekly treatment sessions while another offender may be required to attend treatment twice a week and also address an underlying mental health disorder with another licensed mental health provider.

Because the DVRNA is standardized, the DVOMB can assess how well it is working and make changes to it when it uncovers issues.

In order to ensure that offenders are not just marking time until they complete a certain amount of treatment, the *Standards* require each offender to be evaluated periodically to monitor the progress of the offender and to adjust the intensity of treatment if necessary.

To be successfully discharged from treatment, offenders are also required to demonstrate core competencies. There are 18 core competencies, such as committing to the elimination of abusive behavior, developing empathy and accepting full responsibility for the domestic violence offense and history of abuse.

If an offender refuses to accept full responsibility for the abuse, the treatment provider may place the offender in a special group created to address issues of denial.

The *Standards* require treatment providers to work with a multidisciplinary treatment team (MTT), which includes, at a minimum, a treatment provider, a victim advocate, and someone from the criminal justice agency responsible for the offender, such as a probation officer. The MTT shares information and makes decisions related to risk assessment, treatment and monitoring offenders.

The MTT is important to public safety because it helps to bring all the elements necessary to hold the offender accountable, to address the underlying mental health issues contributing to the offender's conduct and to make sure the interests of the victim remain central to the management of the offender.

The DVOMB also protects the public by establishing the qualifications necessary to provide effective domestic violence treatment and maintaining a list of approved treatment providers.

If a mental health practitioner is interested in becoming a DVOMB-approved treatment provider, he or she must meet all the qualifications required by the *Standards* and submit an application. If a potential applicant has a criminal history that may disqualify him or her from becoming an approved treatment provider, he or she may ask the DVOMB to issue a criminal history determination prior to application.

Over a five-year period, the DVOMB reviewed the criminal history of 11 potential applicants and issued five unfavorable responses. The criminal histories that received unfavorable responses included offenses such as aggravated assault, violation of protection orders and domestic violence, among other crimes. In one case, a potential applicant was still on probation.

Otherwise, the majority of applications reviewed by the DVOMB are approved. Over a five-year period, the DVOMB reviewed 48 new treatment provider applications and denied only three.

The DVOMB also protects the public by bringing treatment providers into compliance when their work product falls short of the *Standards*.

Once treatment providers are approved, the DVOMB may require them to undergo a Standards Compliance Review (Compliance Review), in which selected treatment providers are required to submit samples of their work product. If a treatment provider's work product is found to be substandard, the DVOMB may endeavor to bring the treatment provider into compliance with the *Standards* through a Compliance Action Plan (CAP) or the DVOMB may delist the treatment provider. During a five-year period, the DVOMB conducted 13 Standards Compliance Reviews. As a result, four treatment providers were placed on CAPs. Of those, two successfully completed the CAPs.

Finally, the DVOMB protects the public by removing treatment providers who are found to be unsafe from the approved treatment provider list. Over a five-year period, the DVOMB delisted four treatment providers when their work was found to be substandard after conducting a Compliance Review.

The DVOMB has undergone several changes since the last sunset review. For one, it transitioned to an online application process. Previously, applicants were required to submit paper applications, which were more difficult to track and less efficient overall.

Additionally, the DVOMB streamlined its application process so that it takes less time for a treatment provider to get approved and it also helps to prevent potential applicants from wasting their time working toward approval when they have not met certain qualifications, such as being a licensed mental health provider.

After the last sunset review, the legislature adopted a sunset recommendation to change the composition of the DVOMB. Previously, each of the mental health board seats were limited to a single mental health license type. Now, the five board seats are open to any licensed mental health provider, and three of the five seats must be DVOMB-approved treatment providers. Overall, the change has been well received and seem to be working well as it is now easier for the DVOMB to recruit new members.

Prior to the COVID-19 pandemic, the DVOMB was already moving toward providing meetings and training events online. The COVID-19 pandemic moved that process along much more quickly than previously planned. As a result, the DVOMB is more transparent, and it is easier for treatment providers who live outside the Denver area to complete training.

During the sunset review, several issues were raised that fell outside the purview of the report, including:

- Whether domestic violence evaluations and treatment should be statutorily mandated when domestic violence offenders are released on parole or placed in community corrections,
- Whether standards for the treatment of juveniles who are involved in intimate partner violence should be required,
- Whether standards should be required for individuals who are ordered by a civil court to undergo treatment for domestic violence, and
- Whether the information provided by a victim to a victim advocate who is working with an MTT should be considered privileged and confidential.

Because these issues are relevant to the sentencing laws or other sections of the law and not the regulation of treatment providers, they are beyond the scope of this report. However, they are important issues, which may warrant additional investigation.

The DVOMB establishes *Standards* for the provision of domestic violence offender treatment, which is necessary to protect the public health, safety and welfare. The expertise of the multidisciplinary board, which is made up of treatment providers and other professionals involved in the management of domestic violence offenders, is invaluable, and it should be continued. Such a recommendation would align with the first sunset criterion.

As the DVOMB underwent sunset review five years ago and the changes seem to be working well, it would be reasonable to continue the DVOMB for 11 years.

Therefore, the General Assembly should continue the DVOMB for 11 years, until 2033.

Recommendation 2 - Require Compliance Reviews on at least five percent of approved treatment providers each year.

There are several ways the DVOMB can bring treatment providers into compliance with the *Standards*. The first is by providing treatment providers with the information they need to understand the *Standards*. The DVOMB accomplishes this by providing training and technical assistance to treatment providers.

The DVOMB also brings treatment providers into compliance through the complaint process, which is an important part of nearly all regulatory programs and critical for public protection. If a complaint is filed against a treatment provider, the DVOMB works with the appropriate mental health licensing board at the Department of Regulatory Agencies to investigate the complaint and determine whether any enforcement action is necessary to protect the public.

Another way the DVOMB works to bring treatment providers into compliance is through Compliance Reviews, in which the DVOMB selects a treatment provider either at random or for cause and requires the treatment provider to submit samples of his or her work product. The DVOMB then evaluates the work product based on the *Standards*. If the DVOMB finds that the work product is consistent with the *Standards*, the treatment provider successfully completes the Compliance Review. If not, the DVOMB must determine whether to place the treatment provider on a Compliance Action Plan or whether the problems with the work product rise to the level of delisting.

Compliance Reviews are important because they do not rely on offenders or others, who may be unfamiliar with the *Standards*, to file complaints in order to uncover potential problems with a treatment provider's practice.

Once a treatment provider has status as a Full-Operating Level Provider, they are no longer required to be supervised or to work alongside other treatment providers. Treatment providers in this situation can easily fall into patterns, which once established are difficult to change even when the standards of practice have evolved.

It should also be noted that practicing according to the *Standards* involves significantly more work than not practicing according to the *Standards*. For example, treatment providers who are looking for shortcuts may:

- Conduct abbreviated evaluations,
- Communicate with victim advocates as little as possible,
- Refuse to submit reports to supervising probation officers, or
- Fail to conduct progress reviews.

All of these shortcuts are violations of the *Standards* and increase the risk of harm to victims.

Anecdotally, stakeholders voiced concerns about treatment providers who are not practicing according to the *Standards*, and during the sunset review, the Colorado Office of Policy, Research and Regulatory Reform uncovered several actual cases in which treatment was inconsistent with the *Standards*.

In one area of the state, a treatment provider, who was the only treatment provider providing services in the area, was found to be providing treatment that was not consistent with the *Standards*, and the *Standards* were also not well understood by others in the jurisdiction. In such circumstances, treatment providers can easily practice for many years without employing the *Standards*, thereby reducing the effectiveness of the court-ordered treatment and increasing the risk of harm to victims.

Another treatment provider in a rural area was found to be using treatment methods that had not been allowed under the *Standards* for over a decade. The treatment being provided was a one-size fits all model that did not require a comprehensive standardized evaluation to determine risk. It also did not require the offender to

demonstrate competency in order to complete treatment, consequently, providing little incentive to change. An offender could simply coast through treatment until he or she logged a certain number of weeks and then be discharged.

The third sunset criterion questions whether the agency operates in the public interest and whether its operation is impeded or enhanced by existing statutes, rules, procedures and practices and any other circumstances, including budgetary, resource, and personnel matters.

The purpose of the *Standards* is to promote the consistent provision of services throughout the state in order to lower the incidence of violent crimes. While the DVOMB has other methods to help bring treatment providers into compliance, it is unlikely that these methods alone are sufficient.

The DVOMB's current goal is to conduct four Compliance Reviews a year. Over a five-year period, however, the DVOMB conducted an average of three Compliance Reviews a year, which amounts to less than two percent of treatment providers. At this rate, it would be possible for a treatment provider to go his or her entire career without a single Compliance Review.

The DVOMB is tasked with conducting research and analyzing the effectiveness of the *Standards*. If treatment providers are providing treatment according to the *Standards*, then the DVOMB can more accurately measure the incidence of recidivism among offenders who have received standardized evaluations and treatment. However, the DVOMB cannot know that treatment providers are providing services according to the *Standards* if no one is checking.

It is imperative for the DVOMB to analyze the effectiveness of its *Standards*.

For the most part, offenders are expected to pay out of pocket for domestic violence evaluations and treatment. Offenders must also take time away from their lives, which may include time off from work, to attend treatment sessions. If treatment providers are not conducting evaluations according to the *Standards*, an offender may be required to undergo more treatment sessions than are necessary to protect the public. Not only that, but with appropriate treatment, it is possible that an offender may change his or her behavior. If not, the consequences for an offender can be severe.

More importantly, this program was created to protect victims and potential victims from additional acts of domestic violence. If offenders are receiving inadequate treatment, victims are at an increased risk of harm.

Previously, the DVOMB reviewed each treatment provider's work product when treatment providers sought to renew their approval status. The DVOMB discontinued this practice since it was found to be inefficient. It would be unwise to return to the days in which each treatment provider's work product was evaluated every two years. However, today, it is rare for a treatment provider to undergo a Compliance Review.

As the number of approved treatment providers will likely increase over time, establishing a fixed number of Compliance Reviews may not be good practice. Instead, the DVOMB should review a certain percentage of treatment providers each year. For example, if five percent of treatment providers were reviewed each year, then each treatment provider would be reviewed at least once over a 20-year period.

Treatment providers are already subject to Compliance Reviews, so undergoing a Compliance Review once every 20 or so years should not be overly burdensome. Moreover, Compliance Reviews are not intended to be punitive. In fact, they should be beneficial to treatment providers. During a Compliance Review, the DVOMB may uncover issues unknown to the treatment provider. The treatment provider's practice could thus be improved, which may reduce the prospect of costly and time-consuming complaints and public disciplinary action later on.

Prior to the DVOMB, domestic violence offenders were being ordered by the courts to undergo treatment, but, at the time, domestic violence treatment was inconsistent from jurisdiction to jurisdiction. By increasing Compliance Reviews, the DVOMB increases the likelihood that the domestic violence treatment is being employed consistently throughout the state, which should reduce the risk of harm to victims of domestic violence and the wider community.

Therefore, the General Assembly should require the DVOMB to review five percent of treatment providers each year.

Recommendation 3 - Modernize the language related to criminal history record checks and fingerprinting requirements.

Section 16-11.8-103, C.R.S., currently requires an applicant to submit fingerprints directly to the DVOMB for a state and national criminal history record check. However, the statutory language is no longer consistent with current practices.

Today, the state works with a third-party vendor to take and forward fingerprints to the Colorado Bureau of Investigation and the Federal Bureau of Investigation, so the DVOMB no longer collects fingerprints with the application.

The fourth sunset criterion questions whether the agency performs its statutory duties efficiently and effectively. It is more efficient for the third-party vendor to manage fingerprints rather than the agency itself.

For this reason, the General Assembly should update the language related to criminal history record checks and fingerprinting.

Appendix A - Customer Service Survey

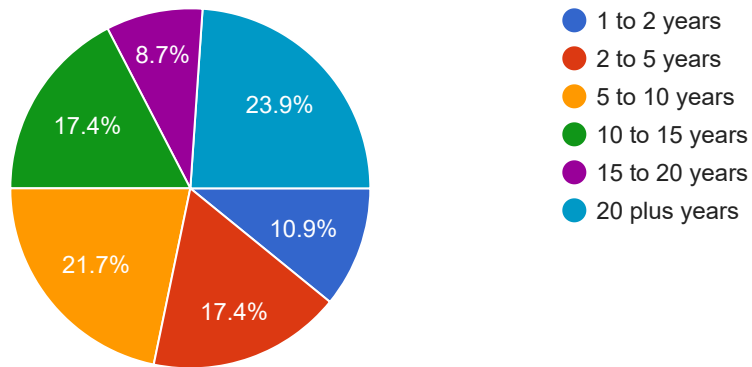
In the spring of 2021, Colorado Office of Policy, Research and Regulatory Reform staff conducted a survey of all Domestic Violence Offender Management Board-approved treatment providers. The survey was sent to 175 approved treatment providers, and 8 emails were returned as undeliverable. The survey received 46 responses, which is a 27.54 percent response rate. Survey responses may be found on the pages that follow.

Customer Service Survey for the Domestic Violence Offender Management Board

46 responses

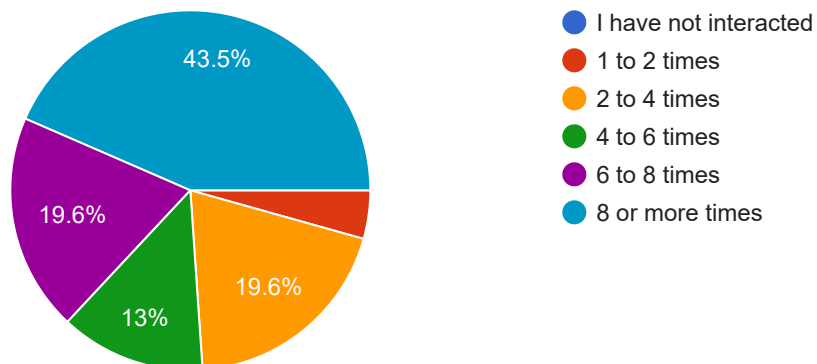
If you are a member of the profession or occupation that is regulated by the Domestic Violence Offender Management Board, please indicate your years of experience.

46 responses



In the past year, how many times have you interacted with the Domestic Violence Offender Management Board. Please count all forms of interaction (telephone, e-mail, internet or website, regular mail, in person).

46 responses



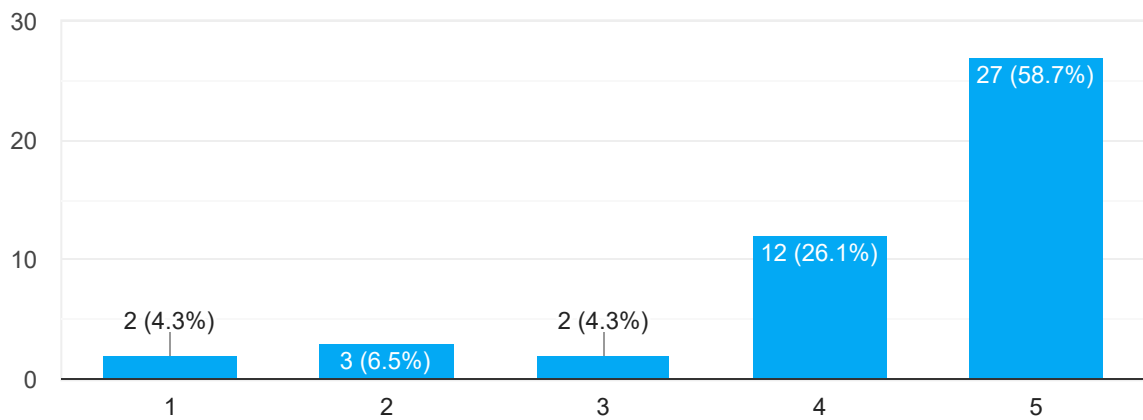
What was your primary purpose in interacting with the board?

46 responses

- continuing education - 30.4%
- obtain help with an issue - 26.1%
- participate in a board, commission, committee, taskforce or working group for the agency - 17.4%
- licensing or registration - 15.2%
- update my information - 4.3%
- other -6.6%

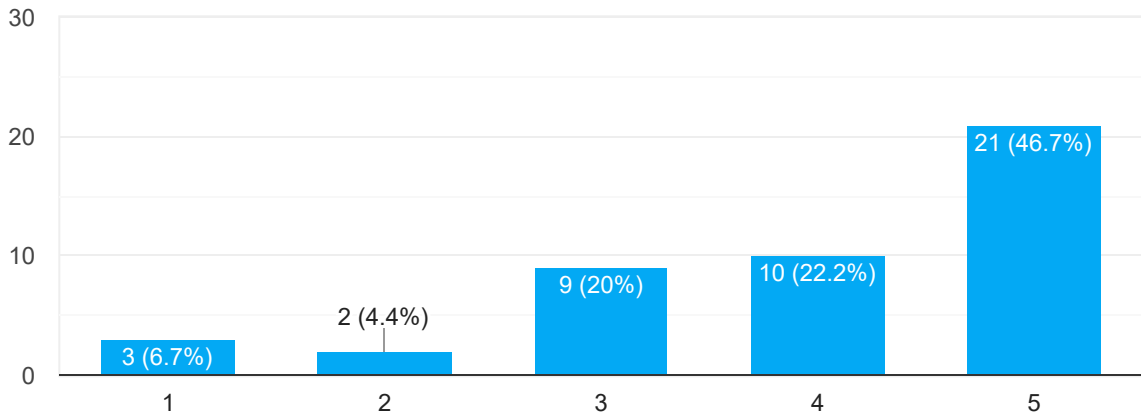
Overall please rate the service provided by the Domestic Violence Offender Management Board on a scale of 1 to 5 with 1 being unacceptable and 5 being very acceptable.

46 responses



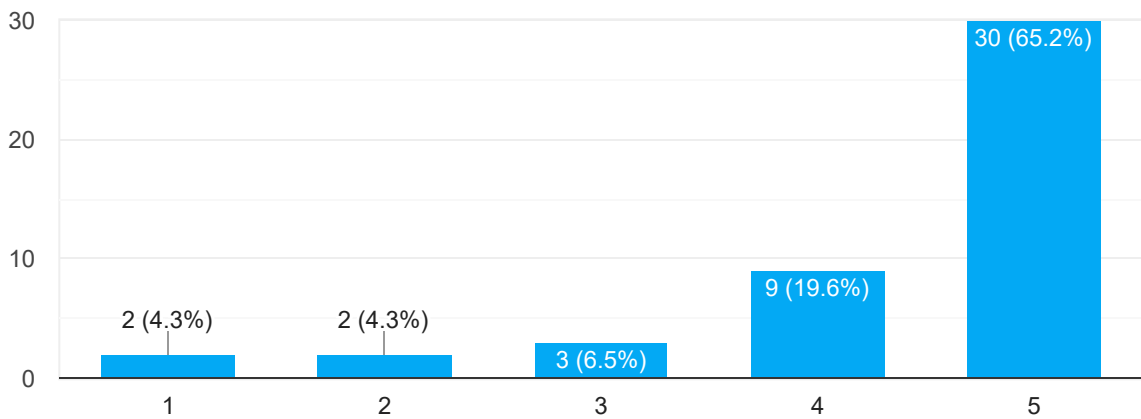
Please rate the usefulness of the Domestic Violence Offender Management Board's website in answering your questions or providing needed information on a scale of 1 to 5 with 1 being not very useful and 5 being very useful.

45 responses



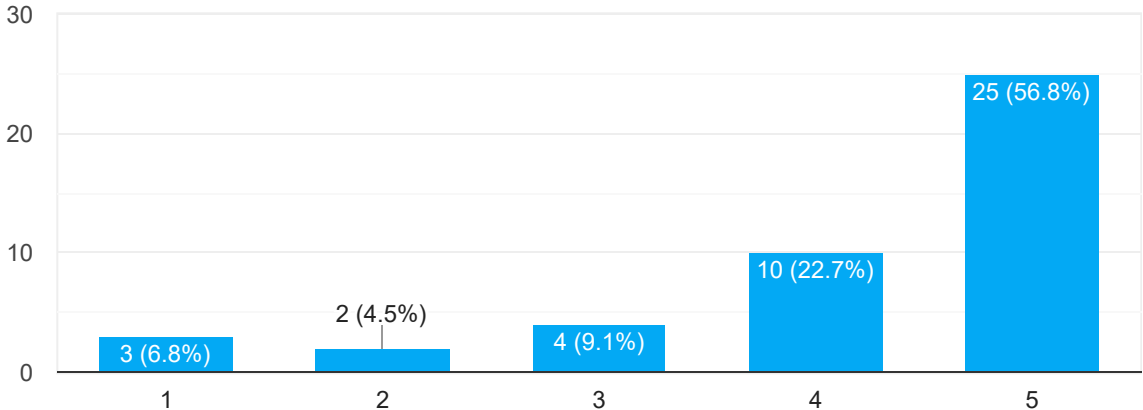
Please rate the usefulness of the Domestic Violence Offender Management Board's communications in answering your questions or providing needed information on a scale of 1 to 5 with 1 being not very useful and 5 being very useful.

46 responses



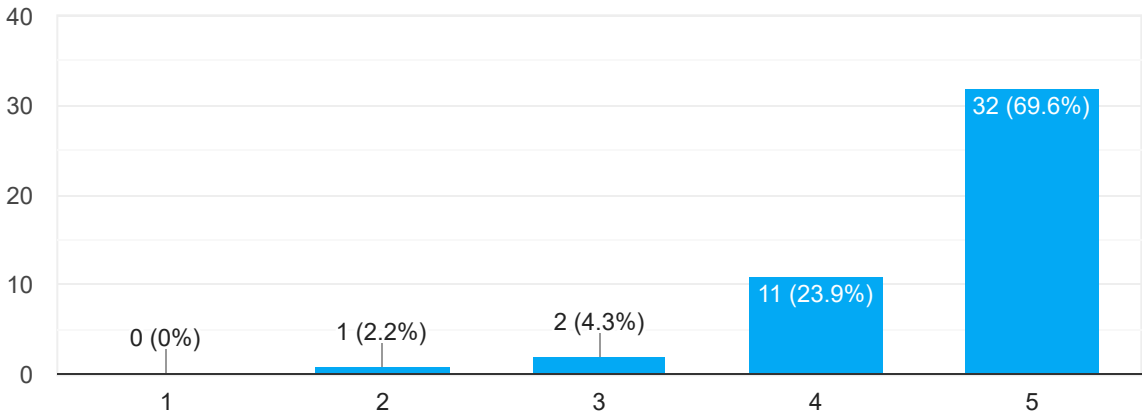
Regardless of the outcome of your most recent issue, do you feel the Domestic Violence Offender Management Board listened to your concerns? Please use a scale of 1 to 5, with 1 being none of my concerns were heard and 5 being all of my concerns were heard.

44 responses

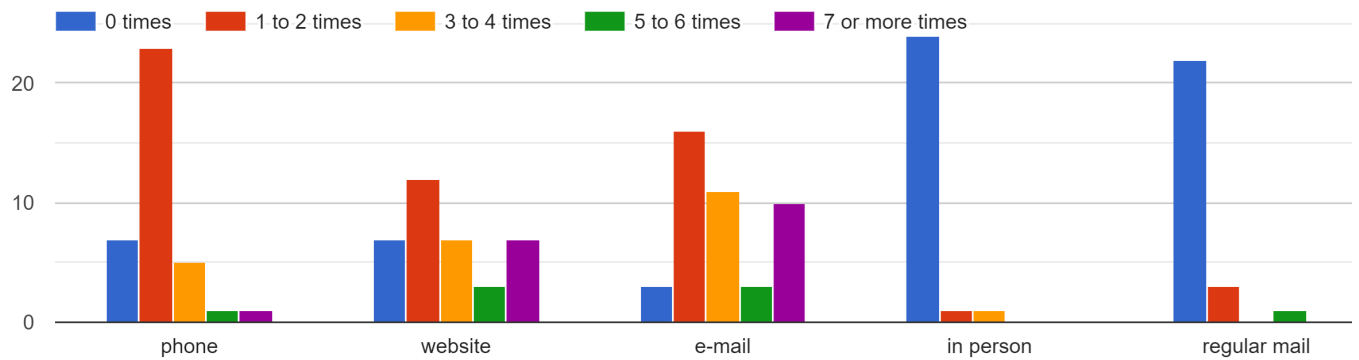


Please rate the timeliness of Domestic Violence Offender Management Board in responding to your issues on a scale of 1 to 5 with 1 being very untimely and 5 being very timely.

46 responses

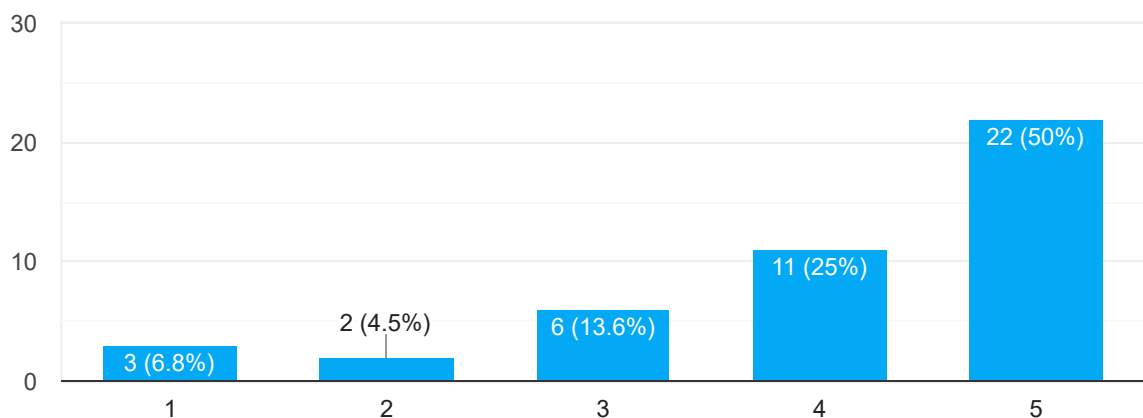


Please provide the number and types of interactions that were required to resolve or address your most recent issue. (Please select all applicable types of interactions used AND the number times for each type interaction selected.)



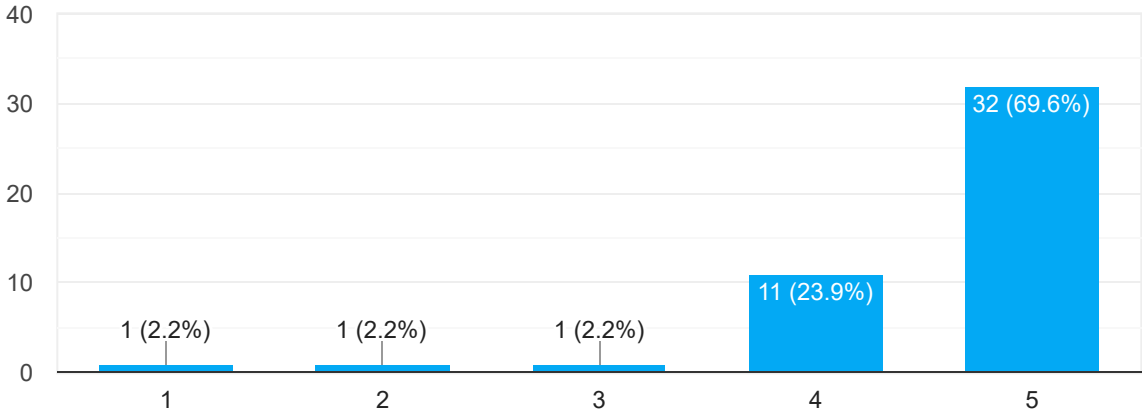
Please rate the helpfulness of the Domestic Violence Offender Management Board in resolving your issue or need with 1 being not very helpful and 5 being very helpful.

44 responses



Please rate the professionalism of the program's staff on a scale of 1 to 5 with 1 being very unprofessional and 5 being very professional.

46 responses



On a scale of 1 to 5 please rate the accuracy of information provided by the board with 1 being not very accurate and 5 being very accurate.

46 responses

