

2007
SUNSET
REVIEW

Colorado Department of Regulatory Agencies
Office of Policy, Research and Regulatory Reform

Domestic Violence Offender Management Board



October 15, 2007

STATE OF COLORADO

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Bill Ritter, Jr.
Governor

D. Rico Munn
Executive Director

October 15, 2007

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

Dear Members of the General Assembly:

The mission of the Department of Regulatory Agencies (DORA) is consumer protection. As a part of the Executive Director's Office within DORA, the Office of Policy, Research and Regulatory Reform seeks to fulfill its statutorily mandated responsibility to conduct sunset reviews with a focus on protecting the health, safety and welfare of all Coloradans.

DORA has completed the evaluation of the Colorado Domestic Violence Offender Management Board. I am pleased to submit this written report, which will be the basis for my office's oral testimony before the 2008 legislative committee of reference. The report is submitted pursuant to section 24-34-104(8)(a), of the Colorado Revised Statutes (C.R.S.), which states in part:

The department of regulatory agencies shall conduct an analysis of the performance of each division, board or agency or each function scheduled for termination under this section...

The department of regulatory agencies shall submit a report and supporting materials to the office of legislative legal services no later than October 15 of the year preceding the date established for termination...

The report discusses the question of whether the regulatory program provided under Article 11.8 of Title 16, C.R.S., serves to protect the public health, safety or welfare. The report also discusses the effectiveness of the Domestic Violence Offender Management Board and staff in carrying out the intent of the statutes and makes recommendations for statutory and administrative changes in the event this regulatory program is continued by the General Assembly.

Sincerely,

D. Rico Munn
Executive Director



2007 Sunset Review Domestic Violence Offender Management Board

Department of Regulatory Agencies

Bill Ritter, Jr.
Governor

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Executive Director

Executive Summary

Quick Facts

What is Regulated? Domestic violence treatment providers approved by the Domestic Violence Offender Management Board (DVOMB) in the Department of Public Safety.

Who is Regulated? As of September 2007, there were 170 full operating level providers, one provisional level provider, and 50 clinical supervisor level providers.

How is it Regulated? The DVOMB approves domestic violence treatment providers who are currently licensed as either licensed psychologists, licensed social workers, licensed professional counselors, licensed marriage and family therapists, certified addiction counselors or listed as unlicensed psychotherapists by the Department of Regulatory Agencies (DORA) and who have met additional requirements as required by the DVOMB.

What Does it Cost? The FY 06-07 budget of the DVOMB was \$191,027. An \$11,000 grant was also awarded to the DVOMB during this period. There are 2.5 full-time equivalent (FTE) employees associated with this program. Applicants pay a \$100 fee for a background investigation.

What Disciplinary Activity is There? The DVOMB does not have direct disciplinary authority over domestic violence treatment providers. Complaints are processed through DORA's mental health boards for investigation and possible discipline against the practitioner's license.

Where Do I Get the Full Report? The full sunset review can be found on the internet at:
<http://www.dora.state.co.us/opr/oprpublications.htm>.

Key Recommendations

Continue the Domestic Violence Offender Management Board.

Continues the DVOMB to oversee the approval of providers and creation of treatment standards. The DVOMB was created in 2000 to create a unified and consistent approach to protecting victims of domestic violence, treatment of offenders and approval of treatment providers. The DVOMB has implemented a consistent and cohesive process through creation of evaluation and treatment standards that cover a number of treatment areas including:

- Treatment modality;
- Treatment components;
- Treatment admission and treatment discharge;
- Victim advocacy coordination;
- Criminal justice system coordination;
- Working with specific offender populations;
- A variety of standards addressing administrative issues such as clinical supervision; and
- Education and training requirements.

Give the DVOMB the authority to receive complaints, conduct investigations and remove domestic violence treatment providers from the approved provider list and renew approved providers.

The DVOMB presently lacks the statutory authority to remove providers from the approved provider list for violation of the standards. The DVOMB should have this authority, similar to other regulatory boards.

Reduce the training requirements for provider approval.

The requirements to become an approved provider of domestic violence treatment in Colorado are among the most stringent in the country. The domestic violence training requirements are especially problematic in that they are very high and not usually offered outside of the front range. Further, there is no oversight of the quality of the training. The DVOMB should reduce the amount of training required and the board should be required to approve providers of training.

...Key Recommendations Continued

Create standards for treatment for domestic violence offenders who are incarcerated.

The safety of the public and the community will potentially be enhanced by creating better offender treatment transition for offenders who are moving back and forth from living in the community to a jail setting. Additionally, a new set of standards should be developed which address the special needs of juvenile offenders.

Repeal the requirement that the DVOMB conduct a background investigation of all applicants.

This investigation is in addition to a criminal history background check that is required by statute. The background investigation is superfluous and should be eliminated.

Major Contacts Made During This Review

Domestic Violence Offender Management Board
Department of Public Safety
Domestic Violence Treatment Providers
Members of the Judicial Community
Law Enforcement Personnel
Domestic Violence Offenders

What is a Sunset Review?

A sunset review is a periodic assessment of state boards, programs, and functions to determine whether or not they should be continued by the legislature. Sunset reviews focus on creating the least restrictive form of regulation consistent with protecting the public. In formulating recommendations, sunset reviews consider the public's right to consistent, high quality professional or occupational services and the ability of businesses to exist and thrive in a competitive market, free from unnecessary regulation.

Sunset Reviews are Prepared by:
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Background

The Sunset Process

Regulation, when appropriate, can serve as a bulwark of consumer protection. Regulatory programs can be designed to impact individual professionals, businesses or both.

As regulatory programs relate to individual professionals, such programs typically entail the establishment of minimum standards for initial entry and continued participation in a given profession or occupation. This serves to protect the public from incompetent practitioners. Similarly, such programs provide a vehicle for limiting or removing from practice those practitioners deemed to have harmed the public.

From a practitioner perspective, regulation can lead to increased prestige and higher income. Accordingly, regulatory programs are often championed by those who will be the subject of regulation.

On the other hand, by erecting barriers to entry into a given profession or occupation, even when justified, regulation can serve to restrict the supply of practitioners. This not only limits consumer choice, but can also lead to an increase in the cost of services.

There are also several levels of regulation. Licensure is the most restrictive form of regulation, yet it provides the greatest level of public protection. Licensing programs typically involve the completion of a prescribed educational program (usually college level or higher) and the passage of an examination that is designed to measure a minimal level of competency. These types of programs usually entail title protection – only those individuals who are properly licensed may use a particular title(s) – and practice exclusivity – only those individuals who are properly licensed may engage in the particular practice. While these requirements can be viewed as barriers to entry, they also afford the highest level of consumer protection in that they ensure that only those who are deemed competent may practice and the public is alerted to those who may practice by the title(s) used.

Certification programs offer a level of consumer protection similar to licensing programs, but the barriers to entry are generally lower. The required educational program may be more vocational in nature, but the required examination should still measure a minimal level of competency. Additionally, certification programs typically involve a non-governmental entity that establishes the training requirements and owns and administers the examination. State certification is made conditional upon the individual practitioner obtaining and maintaining the relevant private credential. These types of programs also usually entail title protection and practice exclusivity.

While the aforementioned requirements can still be viewed as barriers to entry, they afford a level of consumer protection that is lower than a licensing program. They ensure that only those who are deemed competent may practice and the public is alerted to those who may practice by the title(s) used.

Registration programs can serve to protect the public with minimal barriers to entry. A typical registration program involves an individual satisfying certain prescribed requirements – typically non-practice related items, such as insurance or the use of a disclosure form – and the state, in turn, placing that individual on the pertinent registry. These types of programs can entail title protection and practice exclusivity. Since the barriers to entry in registration programs are relatively low, registration programs are generally best suited to those professions and occupations where the risk of public harm is relatively low, but nevertheless present. In short, registration programs serve to notify the state of which individuals are engaging in the relevant practice and to notify the public of those who may practice by the title(s) used.

Finally, title protection programs represent one of the lowest levels of regulation. Only those who satisfy certain prescribed requirements may use the relevant prescribed title(s). Practitioners need not register or otherwise notify the state that they are engaging in the relevant practice, and practice exclusivity does not attach. In other words, anyone may engage in the particular practice, but only those who satisfy the prescribed requirements may use the enumerated title(s). This serves to indirectly ensure a minimal level of competency – depending upon the prescribed preconditions for use of the protected title(s) – and the public is alerted to the qualifications of those who may use the particular title(s).

Licensing, certification and registration programs also typically involve some kind of mechanism for removing individuals from practice when such individuals engage in enumerated proscribed activities. This is generally not the case with title protection programs.

As regulatory programs relate to businesses, they can enhance public protection, promote stability and preserve profitability. But they can also reduce competition and place administrative burdens on the regulated businesses.

Regulatory programs that address businesses can involve certain capital, bookkeeping and other recordkeeping requirements that are meant to ensure financial solvency and responsibility, as well as accountability. Initially, these requirements may serve as barriers to entry, thereby limiting competition. On an ongoing basis, the cost of complying with these requirements may lead to greater administrative costs for the regulated entity, which costs are ultimately passed on to consumers.

Many programs that regulate businesses involve examinations and audits of finances and other records, which are intended to ensure that the relevant businesses continue to comply with these initial requirements. Although intended to enhance public protection, these measures, too, involve costs of compliance.

Similarly, many regulated businesses may be subject to physical inspections to ensure compliance with health and safety standards.

Regulation, then, has many positive and potentially negative consequences.

The regulatory functions of the Domestic Violence Offender Management Board (DVOMB) in accordance with Article 11.8 of Title 16, Colorado Revised Statutes (C.R.S.), shall terminate on July 1, 2008, unless continued by the General Assembly. During the year prior to this date, it is the duty of the Department of Regulatory Agencies (DORA) 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 of domestic violence treatment providers should be continued for the protection of the public and to evaluate the performance of the DVOMB and staff of the Department of Public Safety. During this review, the DVOMB must demonstrate that the regulation serves to protect the public health, safety or welfare, and that the regulation is the least restrictive regulation consistent with protecting the public. DORA's findings and recommendations are submitted via this report to the legislative committee of reference of the Colorado General Assembly. Statutory criteria used in sunset reviews may be found in Appendix A on page 25.

Methodology

As part of this review, DORA staff attended DVOMB meetings and trainings, interviewed agency staff, reviewed agency records and minutes including complaint and disciplinary actions, interviewed stakeholders, attended board training, reviewed Colorado statutes and DVOMB standards and conducted a literature review.

Profile of the Profession

The DVOMB was created by the General Assembly in the Colorado Department of Public Safety in July 2000 pursuant to section 16-11.8-103, C.R.S. The legislative declaration in the DVOMB's enabling statute states that the consistent and comprehensive evaluation, treatment and continued monitoring of domestic violence offenders at each stage of the criminal justice system is necessary in order to lessen the likelihood of re-offense, to work toward the elimination of recidivism and to enhance the protection of current and potential victims.¹ The DVOMB was charged with the promulgation of standards for the evaluation, treatment and monitoring of convicted domestic violence offenders and the establishment of an application and review process for approved providers who provide services to convicted domestic violence offenders in the state of Colorado.

In order to be approved as a domestic violence treatment provider, one must be a licensed psychologist, licensed social worker, licensed professional counselor, licensed marriage and family therapist, certified addiction counselor or listed as an unlicensed psychotherapist. In Colorado, all of these practitioners are regulated through regulatory boards or programs housed at DORA.

If one of the above practitioners desires to provide treatment to court-ordered offenders who have been convicted of a crime involving domestic violence, he or she must meet additional requirements established by the DVOMB.

Table 1 on page 5 identifies four provider levels: provisional, entry level, full operating and clinical supervisor.

The DVOMB has implemented requirements to become an approved provider that span four areas: classroom training specifically related to treatment of domestic violence offenders; requirements for co-facilitation of treatment of domestic violence offenders; a requirement for clinical supervision or, in the case of the full operating provider level, monthly peer consultation requirements; and continuing education requirements.

One may be approved as a provisional provider only for communities that have a shortage of approved providers or need additional providers. In addition, the provisional provider must provide the DVOMB with quarterly letters from the provider's supervisor and the affiliated victim advocate. The standards identify these as progress letters.

¹ §16-11.8-101, C.R.S

**Table 1
Summary of Qualifications for Domestic Violence Treatment Providers**

Requirement	Provisional	Entry Level	Full Operating	Clinical Supervisor
DV Specific Training Hours	MA – 35 hours BA – 70 hours	MA – 77 hours BA – 112 hours	MA – 154 hours BA – 203 hours	No additional training beyond Full Operating Level.
DV Experiential Hours (co-facilitation of DV treatment with approved provider)	MA with 1,000 postgraduate general clinical hours requires 54 hours MA with less than 1,00 post graduate general clinical hours or BA requires 108 hours (36 weeks x 1.5 hour group = 54 hours)	MA – 108 hours BA – 216 hours (54 hours x 2 groups = 108 hours) (54 hours x 4 groups = 216 hours)	MA – 162 hours BA – 324 hours (54 hours x 3 = 162 hours) (54 hours x 6 = 324 hours)	100 hours in addition to Full Operating Level requirement.
Supervision (Must include victim advocate at least quarterly)	A minimum of 1 hour per month of DV clinical supervision for up to 10 client contact hours, and 2 hours per month for 10 or more client contact hours or additional supervision as determined by supervisor. Licensed provisional providers are eligible to do peer consultation rather than supervision beginning their second year of practice.	A minimum of 2 hours per month of DV clinical supervision or additional supervision as determined by supervisor. (Variance may be requested for rural areas.) Applicants may have less if small caseload.	Minimum of 2 hours per month of peer consultation required for all providers at this level, no clinical supervision required. (Applicants are required to have supervision based on size of caseload.)	Minimum of 2 hours per month of peer consultation required with another approved and licensed provider.
Continuing Education	14 hours in first year, thereafter eligible to request 42 hours every 3 years	14 hours per year	42 hours every 3 years	42 hours every 3 years
Additional/Special Requirements	Eligibility - Only for communities that demonstrate need, such as no existing provider; approval is only for that community. A letter of support for approval from the provider that co-facilitated treatment. Once approved, quarterly letters required from supervisor and victim advocate.	None	None	Licensed mental health professional 21 hours training in clinical supervision 200 face-to-face clinical substance abuse treatment experience

Source: Office of Domestic Violence and Sex Offender Management

DV = Domestic Violence

MA = Master's Degree in counseling-related field

BA = Bachelor's Degree in human services-related field

In order to become an approved provider, one must hold a degree in a human services field, and comply with experiential requirements that range from 54 hours to 324 hours of co-facilitation of domestic violence treatment and acquire domestic violence-specific training hours that range from 35 to 203 hours.

The DVOMB created the level of provisional provider as a response to the shortage of approved providers. Requirements for a provisional provider differ in the amount of domestic violence-specific training hours and domestic violence experiential hours. Additionally, provisional providers are only approved for communities that demonstrate a need, such as lack of providers in the community.

Similarly, entry-level providers and full operating providers differ in the number of domestic violence-specific training hours and domestic violence experiential hours. In practical terms, entry-level providers must undergo a minimum of two hours of domestic violence clinical supervision per month. The amount of supervision may be increased by the supervisor.

Full operating practitioners have no supervision requirements but must engage in a minimum of two hours per month of peer consultation. Clinical supervisors are authorized to provide supervision. A detailed description of all provider requirements can be found in Appendix B on page 26.

History of Regulation

Prior to 1979, domestic violence perpetrators were treated on a voluntary basis, as no formal court referral system existed. In 1980, an Adams County treatment program, Alternatives to Family Violence, assisted in the development of a referral system for domestic violence perpetrators in municipal court. However, there were no formal standards governing the treatment of those who were referred. Beginning in 1984, the City and County of Denver initiated changes in police, prosecution, judicial, and probation policies concerning domestic violence. By then, domestic violence was recognized as a crime by the criminal justice system.

In 1984, the Denver Consortium, a group of concerned individuals from the legal and law enforcement communities, as well as the treatment community involved in abuse issues, helped to institute a policy of mandatory arrest at the scene of domestic violence. In 1986, Denver instituted the mandatory arrest policy for domestic violence cases. This policy increased the number of referrals to treatment providers. Members from Safeguard, a victim advocacy group, AMEND (Abusive Men Exploring New Directions) and others became concerned that the treatment provided was not uniform and that the standards were not consistent.

In 1988, the Colorado General Assembly passed the Domestic Violence Act that provided for a state commission appointed by the Chief Justice of the Colorado Supreme Court to draft standards for the certification of domestic violence treatment programs. The original commission included a psychologist, a licensed professional counselor, the director of development in the Denver District Attorney's Office, an assistant district attorney from the Denver office, a representative from the 17th Judicial District Probation Department, and a representative from a women's shelter in Boulder. The commission created the Colorado Standards for Intervention with Court Ordered Domestic Violence Perpetrators. These standards are the basis upon which local boards certify and monitor programs.

The new law had two major shortcomings, creating tensions that ultimately led to the dismantling of the law. First, no funds were allocated to support the effort of the state commission and the local certification boards. Secondly, some licensed mental health professionals objected to the local certification board process, believing that it created a "double jeopardy" situation. This belief was based on the fact that DORA regulated treatment providers as mental health professionals and the local certification boards regulated them as treatment providers. As a result, both DORA and the local certification boards could discipline a treatment provider for the same act(s).

In response to these concerns, House Bill 1263 was passed in the 2000 legislative session. Effective July 1, 2000, section 16-11.8-101, *et seq.*, C.R.S., established the DVOMB that is responsible for promulgating statewide standards for treatment and establishing an application process for treatment providers. Section 16-11.8-103(4), C.R.S., authorizes the Colorado mental health licensing boards and programs in DORA to approve treatment providers in conjunction with the DVOMB.

Legal Framework

The Domestic Violence Offender Management Board's (DVOMB's) enabling statutes can be found in Title 16, Article 11.8 of the Colorado Revised Statutes (C.R.S.). The DVOMB is part of a statutory scheme designed to manage convicted domestic violence offenders. The goal of the program is to standardize the evaluation, treatment and continued monitoring of domestic violence offenders at each stage of the criminal justice system so that such offenders will be less likely to offend again, and to enhance the protection of victims and potential victims.²

Table 2 depicts the composition of the DVOMB.

Table 2
Domestic Violence Offenders Management Board Membership

Number	Represents	Appointing Authority
1	Judges	Chief Justice of Supreme Court
1	Department of Corrections	Executive Director of the Department of Corrections
1	Department of Human Services	Executive Director of the Department of Human Services
1	Department of Public Safety	Executive Director of the Department of Public Safety
1	Department of Regulatory Agencies	Executive Director of the Department of Regulatory Agencies
1	Probation	Chief Justice of the Supreme Court
5	Licensed Social Worker, Licensed Psychologist, Licensed Marriage and Family Therapist, Licensed Professional Counselor, Unlicensed Mental Health Professional ³	Executive Director of the Department of Regulatory Agencies
1	Prosecuting Attorney	Executive Director of the Colorado District Attorney Council
1	Public Defender	Colorado State Public Defenders
1	Law Enforcement	Executive Director of the Department of Public Safety
2	Victim and Victim Organizations	Executive Director of the Department of Public Safety
1	Rural areas and local coordination of criminal justice and victim services advocacy for domestic violence	Executive Director of the Department of Public Safety
1	Urban areas and local coordination of criminal justice and victim services advocacy for domestic violence	Executive Director of the Department of Public Safety
1	Private Criminal Defense Attorney	Executive Director of the Department of Public Safety

² § 16-11.8-101, C.R.S.

³ Of this group of five, two must be approved domestic violence treatment providers.

Section 16-11.8-103(4), C.R.S., establishes the duties of the DVOMB:

- Adopt standards drafted by the State Commission to be used as the standards for transitional purposes and review.
- Develop a list of approved providers by obtaining a list of the providers who were certified by the local advisory boards.
- Develop and publish an application and review process to demonstrate that the providers whose identities were received from the local advisory boards are in compliance with the standards adopted.
- Adopt and implement a standardized procedure for the treatment and evaluation of domestic violence offenders.
- Adopt and implement guidelines and standards for a system of programs for the treatment of domestic violence offenders.
- Develop an application and review process for treatment providers and evaluators who provide services to domestic violence offenders.
- Research and analyze the effectiveness of the treatment evaluation and treatment procedures and programs.
- Develop and prescribe a system for implementation of the guidelines and standards.
- Develop and prescribe a system for tracking offenders who have been evaluated and treated.
- Develop a system for monitoring offender behaviors and offender adherence to prescribed behavioral changes.
- Refer any complaints or grievances to the Department of Regulatory Agencies to be reviewed by the appropriate board.

The act of domestic violence is addressed in Title 16, Section 6, Part 8, C.R.S., which defines domestic violence 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.⁴

⁴ § 18-6-800.3(1), C.R.S.

An important component of the statutory definition is the term “intimate relationship” which 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 have lived together at any time.⁵

Colorado law does not establish specific penalties for the commission of domestic violence. Rather, consideration is given to whether domestic violence exists as the underlying factual basis of any crime when the crime is used as a method of coercion, control, punishment, intimidation or revenge directed against a person with whom the actor has been involved in an intimate relationship.⁶

Upon such finding, an individual is ordered to complete a treatment program and evaluation in conformance with the standards adopted by the DVOMB.

⁵ § 18-6-800.3(2), C.R.S.

⁶ § 18-6-801(1)(a), C.R.S.

Program Description and Administration

The Domestic Violence Offender Management Board (DVOMB) is located in the Department of Public Safety, Division of Criminal Justice.

The DVOMB is staffed by 2.5 full-time equivalent employees. Table 3 below depicts program budget for the period fiscal year 00-01 through 06-07. The majority of program funds come from the General Fund.

**Table 3
DVOMB Budget**

Fiscal Year	Total Budget	Grants
2001	\$112,928	-
2002	\$151,218	-
2003	\$168,852	\$14,069
2004	\$168,679	\$25,000
2005	\$174,472	\$18,400
2006	\$182,399	\$13,587
2007	\$191,027	\$11,000

Source: Office of Domestic Violence and Sex Offender Management

Licensing

The DVOMB does not license a profession or occupation. Rather, the DVOMB approves domestic violence treatment providers. Table 4 depicts the number and types of approved providers as of September 2007. The entry level provider category was implemented July 18, 2007, accounting for the lack of providers in that category.

**Table 4
Number and Types of Approved Domestic Violence Treatment Providers**

Provisional Provider	Entry Level	Full Operating	Clinical Supervisor
1	0	170	50

Source: Office of Domestic Violence and Sex Offender Management

Table 5 depicts the number of applications received and approved during calendar years 2000 through 2007.

**Table 5
New Applications Received and Approved**

	2000	2001	2002	2003	2004	2005	2006	2007
Received	1	21	16	18	23	16	13	5
Approved	-	-	6	10	24	13	8	7

Source: Office of Domestic Violence and Sex Offender Management

Complaints/Disciplinary Actions

The DVOMB has no disciplinary authority over approved providers. Complaints are investigated and disposed of by the Department of Regulatory Agencies (DORA). Therefore, there are no DVOMB disciplinary activities to analyze. Table 6 depicts the number of providers removed from approved status. If an approved provider has his or her license, certification or database listing revoked or eliminated by DORA, the practitioner is removed from the approved provider list because the approved provider is no longer in compliance with the requirements of the DVOMB. Table 6 shows the numbers of removed providers from 2000 through 2007. However, this number includes providers who may have voluntarily withdrawn from the approved provider listing.

Table 6
Removed Providers

2000	2001	2002	2003	2004	2005	2006	2007
0	63	23	16	11	19	11	12

Source: Office of Domestic Violence and Sex Offender Management

Analysis and Recommendations

Recommendation 1 – Continue the Domestic Violence Offender Management Board for nine years, until 2017.

Prior to the creation of the Domestic Violence Offender Management Board (DVOMB) in 2000, there were 22 local certification boards. Each of these independent boards was responsible for its own certification program.

To create a unified and consistent approach to protecting victims of domestic violence, treatment of offenders and approval of treatment providers, the DVOMB was tasked with a number of duties, as reported on page 9 of this report.

The Colorado Department of Public Safety, the DVOMB and the Colorado Department of Regulatory Agencies (DORA) published the *Report to the Judiciary Committee of the Senate and House of Representatives of the Colorado General Assembly* on January 15, 2003. In this report, the agencies and the DVOMB enumerated the responses and progress regarding the DVOMB's statutory duties. In sum, the DVOMB has implemented a consistent and cohesive process through creation of evaluation and treatment standards.

A problem that the DVOMB faces is a shortage of approved providers, particularly in rural Colorado. This complaint was voiced repeatedly by probation officials.

Staff of the DVOMB provided the following data identifying 15 counties in Colorado with no approved providers as of January 2007.

Table 7
Counties Without Approved Providers as of January 2007

Counties
Lake
San Juan
Hinsdale, Ouray, San Miguel
Jackson
Saguache, Mineral
Sedgwick, Phillips, Yuma
Kiowa, Baca
Elbert
Dolores

Source: Office of Domestic Violence and Sex Offender Management

While there may be any number of reasons for a reduced supply of practitioners in any field, regulation often plays a role by creating barriers to entry. To be sure, that is a function of regulation in that the barrier keeps out incompetent or unqualified practitioners. The difficulty for regulators is finding the proper balance. In strict terms, the role of regulation is to set the barrier at the level necessary to practice safely, often referred to as the minimum level of competence.

The DVOMB created an approved provider category termed “provisional provider.” This level is only available for communities that demonstrate a need, such as a community with no provider or no provider who speaks Spanish. The creation of the provisional provider category has achieved some success. As an example, there were seven provisional providers in 2003, four in 2004, two in 2005, three in 2006, and four in 2007. Presently there is one provisional provider. Provisional providers typically transition from provisional provider status to another level such as full operating. The important point, though, is that the DVOMB’s creation of the provisional provider level allows flexibility in approval requirements in order to ease shortages.

A significant accomplishment of the DVOMB is the implementation of the Standards for Treatment with Court Ordered Domestic Violence Offenders. These standards are comprehensive and cover a number of treatment areas including:

- Treatment modality;
- Treatment components;
- Treatment admission and treatment discharge;
- Victim advocacy coordination;
- Criminal justice system coordination;
- Working with specific offender populations;
- A variety of standards addressing administrative issues such as clinical supervision; and
- Education and training requirements.

Taken as a whole, the standards establish the framework for who is permitted to practice domestic violence treatment and the specifics of the treatment provided.

The DVOMB is required by section 16-11.8-103(4)(b)(IV), Colorado Revised Statutes (C.R.S.), to research and analyze the effectiveness of the treatment evaluation and treatment procedures and programs that the DVOMB develops. Although the DVOMB has begun the research process, the research and analysis are not complete. The DVOMB cites two significant reasons for not completing the research and analysis:⁷

- Establishing appropriate metrics is difficult. As an example, simply measuring completion of treatment does not measure cessation of domestic violence behavior.
- There is no statewide tracking system that monitors data sufficiently to measure recidivism.

The goal of measuring and evaluating the effectiveness of the treatment evaluation and treatment procedures is important and should be pursued vigorously. A significant confounding factor in the completion of such a study is lack of funding and that is the primary reason that the project is not complete.

Since some national studies have reached conclusions that domestic violence treatment programs may not reduce recidivism, an important goal of treatment, it is important for the DVOMB to study Colorado's model for treatment of offenders and to report on its findings.

The General Assembly should require the DVOMB to evaluate and report on the effectiveness of the standards the DVOMB has implemented. Further, the General Assembly should allocate the appropriate resources to the DVOMB for the conduct of this evaluation.

In conclusion, the DVOMB should be continued. In order to build on the success of the program in meeting the majority of the duties required of it by the General Assembly, and in order for the board to refine provider and treatment standards and study the impact of the standards on victim safety and offender treatment, this sunset review makes recommendations to expand the duties of the DVOMB.

⁷ Colorado Department of Public Safety, Department of Regulatory Agencies, and Domestic Violence Offender Management Board, *Report to the Judiciary Committee, Senate and House of Representatives*, January 15, 2003, page 16.

Recommendation 2 - Give the DVOMB the authority to receive complaints, conduct investigations, remove domestic violence treatment providers from the approved provider list and renew approved providers.

The DVOMB approves domestic violence treatment providers. However, the DVOMB has no authority to remove providers who have violated the standards.

Presently, the DVOMB has no authority to discipline approved providers or remove them from the approved provider list. The mental health regulatory boards at DORA investigate and determine the final disposition of complaints against domestic violence treatment providers. This situation is further complicated when one considers that any discipline imposed will be against the practitioner's license or underlying authority to practice.

This process is cumbersome and could be more efficient. The same authority that establishes and implements the treatment standards as well as approving providers should have the duty of receiving and disposing of complaints against providers and should have the authority to remove a provider from the approved provider list if appropriate.

Granting this authority to the DVOMB would not infringe on the jurisdiction of any of DORA's mental health boards. In fact, the licensing board may take additional action should there be a violation of the scope of practice of the practitioner's license.

In addition, the DVOMB should be given statutory authority to renew approved providers. Renewal is a common administrative process used by regulatory boards. Absent this authority, practitioners are required to re-apply at certain intervals, an inefficient process.

Recommendation 3 - Repeal obsolete provisions.

The DVOMB was tasked by the General Assembly in sections 16-11.8-103(4)(a) and (b), C.R.S., with achieving certain goals by January 1, 2001 and January 1, 2002. The DVOMB carried out these duties. Thus, the obsolete provisions should be removed from statute.

Recommendation 4 –Authorize the DVOMB to create standards for treatment for domestic violence offenders who are incarcerated.

The DVOMB does not currently have the statutory authority to create standards for the treatment of domestic violence offenders who are incarcerated in jail or Department of Corrections facilities. Because there are no state standards for treatment of such offenders, there is no consistency or monitoring of current implementation. However, there are currently some county jails that are providing some education programs to offenders while they are incarcerated.

Specific to individuals incarcerated in city or county jails, judges, domestic violence treatment providers, and probation officers are unclear whether credit can be given to offenders for their participation in these programs. Additionally, offenders who are incarcerated for domestic violence offenses are often transient, incarcerated for relatively short periods of time and then back in the community. Because of this, continuity of care is critical not only for offender monitoring and management but for victim safety. Therefore, creating standards for the treatment of incarcerated offenders would include not only the curriculum for treatment and provider qualifications but also a design for offender transition, continuity of care, and victim safety programming. Public safety and community safety will potentially be enhanced by creating specific treatment standards for these offenders.

Additional DVOMB staff would likely be required to create guidelines and practice standards for working with this population. In addition, the DVOMB would also need to design provider qualifications for counselors who wish to work with this population. Implementation will also be a key factor once the standards and provider qualifications are designed. This will involve statewide training of providers, jail or prison staff, victim advocates, judges and probation officers. Implementation is a continual process that includes periodic revisions, ongoing technical assistance and research to determine effectiveness.

Recommendation 5 – Authorize the DVOMB to require mandatory continuing education and to approve continuing education courses.

The DVOMB requires that approved treatment providers acquire mandatory continuing education (MCE). The purpose of MCE is to ensure that practitioners continue to be competent to practice. Regulatory boards that require MCE have statutory authority to impose such a requirement. Legislative authority to require MCE is appropriate because failure to comply with the MCE requirement could result in disciplinary action against a practitioner, including removal of the practitioner's ability to practice.

The DVOMB lacks statutory authority to require MCE yet all providers are required to obtain MCE (see Table 1 on page 5 of this sunset review for details of the requirements).

Therefore, should the General Assembly determine that the DVOMB's requirement is necessary, statutory authority should be granted.

The granting of this authority, however, does not solve the MCE problem. Mandatory continuing education courses are not offered through providers who are required to be accredited by any professional or educational entity.

An important step in improving this process would be for the DVOMB to review MCE courses and approve those that are appropriate for continued provider competence. However, in order for the MCE requirement to be meaningful, the DVOMB must exercise oversight of provider compliance.

The most efficient way to conduct such oversight is for the DVOMB to audit a percentage of providers on a periodic basis to determine compliance with all DVOMB requirements, including MCE requirements.

The DVOMB should therefore be directed to approve all MCE offerings that are intended to satisfy DVOMB MCE requirements.

Recommendation 6 - Repeal the requirement that the DVOMB conduct a background investigation of each applicant.

This review questions the need for the background investigation required by section 16-11.8-104(2)(a), C.R.S. Applicants already undergo a criminal history record check at the time of initial approval by the DVOMB.

Background investigations are rare in occupational regulatory programs and such investigations are burdensome and expensive. Further, section 16-11.8-104(2)(a), C.R.S., directs the DVOMB to conduct the background investigation to "obtain reference and criminal history information and recommendations that may be relevant to the applicant's fitness...." This statutory direction is vague and could be subject to abuse.

This review finds no evidence that the background investigations eliminate any applicants. Therefore, the background investigation requirement codified in section 16-11.8-104, C.R.S, should be repealed.

Recommendation 7 – Authorize the DVOMB to charge an application fee of no more than \$300.

Section 16-11.8-104(2)(b), C.R.S., empowers the DVOMB to charge a fee to applicants of an amount no more than \$125 per application. This fee is essentially a pass through to the contract investigator who conducts the pre-approval background investigation.

Even though this review recommends elimination of the background investigation, the DVOMB's authority to charge a fee should remain.

The DVOMB is funded by General Fund monies and grants that DVOMB staff have acquired. In the past, the program has benefited from the Edward Byrne Memorial grants received from the Bureau of Justice Assistance. This federal grant seeks to promote working partnerships between federal, state and local governments in order to prevent and control crime and improve the criminal justice system. Like all grants, the Byrne Grant is an unpredictable source of funding and reliance on such revenue makes management of the DVOMB's duties more difficult than need be.

The DVOMB should be authorized to charge a fee of not more than \$300 to help cover the costs of operating the program.

Most occupational licensing boards are cash funded by licensees. Most of the DVOMB funding is from the General Fund. This structure is reasonable because society as a whole benefits from containment of and a reduction in crimes involving domestic violence. This is in contrast to other types of psychotherapy where the benefits accrue primarily to the client.

However, it is nonetheless reasonable for approved providers to pay a portion of the costs associated with administering the program. Providers benefit financially from domestic violence treatment. In some cases, such treatment may represent the entire caseload of a provider.

Therefore, the DVOMB should be authorized to charge a fee of no more than \$300.00 to help cover the cost of administering the program.

Recommendation 8 – Authorize the DVOMB to implement standards for juvenile domestic violence offenders.

Colorado's sunset criteria direct a sunset review to examine whether current conditions warrant more, less, or the same degree of regulation.

The Juvenile Justice Delinquency Prevention Council (JJJPC), a part of the Division of Criminal Justice, and the DVOMB have initiated a process to identify issues regarding juvenile domestic violence offenders.

In the event that research reveals that specific juvenile treatment standards should be developed, the DVOMB should be empowered to create such standards. There are a number of reasons why the present standards might be inappropriate for juveniles. As an example, new standards should take into account the developmental needs of juvenile offenders. Also, juvenile offenders typically live in the home of parents, in which the offender is not an independent adult.

For these reasons, the DVOMB should be authorized to create special treatment standards for juvenile offenders.

Recommendation 9 – Amend the relevant domestic violence statutes to reconcile inconsistencies.

The definition of a domestic violence offender found in section 16-11.8-102(2), C.R.S., includes those persons who have been convicted of, pled guilty to, or received a deferred judgment or deferred prosecution.

The term “deferred prosecution” conflicts with section 18-6-801(4), C.R.S., Domestic Violence Sentencing, which prohibits deferred prosecution in domestic violence cases. Because domestic violence is cyclical in nature and escalates over time, it is important to maintain historical record of domestic violence crimes.

Also, section 16-11.8-103(4)(b)(II), C.R.S., must be amended to include a reference to deferred judgment so that that subsection is consistent with section 16-11.8-102(2), C.R.S.

To effectuate these changes, the following amendments should be made.

Delete the reference to “deferred prosecution” in section 16-11.8-102(2), C.R.S., to read as follows:

“Domestic violence offender” means ... has been convicted of, pled guilty to, or received a deferred judgment ~~or deferred prosecution....~~

Amend section 16-11.8-103(4)(b)(II), C.R.S., (DVOMB Duties) as follows:

Adopt and implement guidelines... that shall be utilized by offenders who have committed a crime, the underlying factual basis of which has been found by the court on the record to include an act of domestic violence, and who are placed on probation, placed on parole, ~~or~~ placed in community corrections, **OR RECEIVED A DEFERRED JUDGEMENT.**

Administrative Recommendation 1 – The Executive Director of the Department of Public Safety should appoint a DVOMB member with knowledge of domestic violence against men.

During the conduct of this review, DORA was contacted regarding the issue of domestic violence against men. Advocates assert that this type of victim is unique and does not receive sufficient attention from the DVOMB. DVOMB members representing the judiciary and law enforcement acknowledge that domestic violence against men is increasing.

The issue presented to DORA included a proposal to modify the composition of the DVOMB to include one member representing male victims. In analyzing the proposal relative to the duties of the DVOMB, there is insufficient evidence of the need for such a change to the DVOMB composition. As examples, the DVOMB has created standards for specific offender populations. These standards appear to allow the provider sufficient flexibility to design treatment appropriate to the scenario involving male victims. Further, as of June 2007, 97 providers were approved for working with female domestic violence offenders. This reflects the DVOMB's attention to this area.

However, given the rise in violence against men, it is reasonable to conclude that the DVOMB's decision-making would benefit from continued dialog regarding this issue.

The Executive Director of the Department of Public Safety appoints the DVOMB members representing domestic violence victims and victim organizations. As appropriate, the appointment process should consider the ability of appointees to address the issue of domestic violence against men.

Administrative Recommendation 2 – Reduce the educational requirements for approval.

Sunset criteria direct this review to examine if the currently prescribed regulation is the least restrictive consistent with the public interest.

The DVOMB is tasked with the development of an application and review process for the verification of the qualifications and credentials of treatment providers.⁸

⁸ § 16-11.8-103(4)(b)(III)(B), C.R.S.

Accordingly, the DVOMB has established qualifications that include degree requirements, domestic violence training requirements, supervision requirements, co-facilitation requirements and mandatory continuing education requirements. In addition to degree requirements, the DVOMB requires providers to secure additional education in order to qualify for the provider list. Depending upon the provider level, these hours range from 35 to 203.

Furthermore, there remain significant requirements that providers must meet. As an example, to be a full operating treatment provider, a licensed professional counselor with a master's degree would have to acquire 162 hours of co-facilitated domestic violence treatment with an approved provider. If an individual seeking approval should have a bachelor's degree, he or she must acquire 324 such hours.

Finally, the approved provider must meet monthly supervision requirements as well as meet mandatory continuing education requirements.

While the goal of the DVOMB is laudable – the standards require that the training be very specifically related to the domestic violence field – there are a number of problems with the requirement.

First, the training is typically not accredited by any agency or authority. Inasmuch as failure to complete the training serves to prevent entry into the field, a potential provider or applicant should know with certainty that the course material is relevant to the practice, teaches what it purports to teach, and meets the requirements of the DVOMB for approval as a provider.

Some providers report that some classes have been a waste of time and money. They report that the content was elementary, the learning objectives unclear, and the materials inadequate and unprofessional. Although there may be other factors involved in such criticism and even though most classes may be conducted properly, these complaints are representative of the types of problems that may present when there is no oversight of training programs.

A second significant problem with the DVOMB's training requirement is lack of availability of training itself, particularly outside of the Denver area.

Consider an individual in Grand Junction who wishes to achieve the full operating provider level. If this individual has a bachelor's degree, he or she is required to obtain 203 hours of training. In addition to the cost of the training itself, the potential provider must travel to Denver and pay for lodging and meals just to attend class. In addition, there may be additional costs from lost productivity in his or her current employment.

Finally, elimination of the requirement may serve to increase the number of approved providers. As this sunset review has pointed out, 15 counties have no provider at all. Other areas of the state have only a few providers. The problem is compounded by a shortage of providers who speak Spanish.

It is not unusual for regulation to create barriers to entry resulting in shortages. Regulatory barriers may be erected by a profession itself as a means of inflating costs of the service. However, barriers may be created by the regulators in a legitimate effort to protect the public. Regulatory theory requires that the government determine the minimum level of competence necessary to practice safely as the appropriate entry level. The achievement of this point requires balancing protection of the public and the impact on the profession.

Given the other requirements for approval as a provider such as a degree and up to 324 hours of co-facilitation of domestic violence treatment with an approved provider, and a requirement to be licensed, certified or listed by a mental health board at DORA, the additional training requirement appears to add marginal value and may serve as an unnecessary barrier to entry.

Finally, there are almost 14,300 practitioners regulated through DORA's mental health boards and programs. Yet there are only approximately 220 approved domestic violence providers in Colorado. It is reasonable to believe that more practitioners could choose to become approved providers if the DVOMB were to relax elements of its requirements.

The DVOMB recently reviewed the qualifications to become an approved provider and made some changes. However, Colorado still has some of the highest training standards in the country.

This report recommends a two-fold approach to reforming the provider training standards. First, the DVOMB should amend the present domestic violence-specific training requirements to require only training that is essential for a provider to conduct treatment and implement the standards considering that the provider has undergone supervised co-facilitation and will continue to be supervised. DVOMB research shows that most states appear to require domestic violence training of about 40 to 60 hours.

Second, the General Assembly should authorize the DVOMB to approve training providers. By doing so, the DVOMB will exert regulatory oversight over the coursework offered to potential applicants.

In conclusion, the DVOMB's training requirements appear to be excessive and should be reduced. At the same time, DVOMB oversight of domestic violence training offered to meet state standards should be implemented.

Administrative Recommendation 3 - The Division of Criminal Justice and DORA should work to improve complaint handling and disposition.

Presently, there are two ways that a provider can be removed from the approved provider list. One, a provider may voluntarily choose to be removed if he or she is no longer licensed, certified or listed by one of DORA's mental health boards. Therefore, if a practitioner's license or other authority to practice were revoked, he or she would not qualify as an approved provider.

The treatment standards are distinct from other forms of mental health therapy in several ways. As an example, the standards were designed to enhance victim and community safety, promote offender accountability, and provide an opportunity for offenders through treatment to eliminate violent behavior in all forms.⁹

Thus, in order to investigate a complaint and make a determination concerning disposition of the complaint, the relevant licensing board or the grievance board must be educated regarding the treatment standards and the particulars of the complaint.

Interviews conducted as part of this sunset review revealed that in some instances, licensing board members vote against imposing discipline based solely on the board member's disagreement with some particular component of the treatment standards. Such regulatory action compromises the effective regulation of domestic violence treatment providers.

DORA's Division of Registrations staff and staff of the DVOMB have worked with the various regulatory boards to improve the process. However, it must be noted that DORA's mental health regulatory boards are policy autonomous. Therefore, if a board member determines that treatment standards should not result in a sanction against a practitioner's marriage and family therapy license, as an example, that board member is free to vote accordingly.

In addition, the DVOMB reports that it was not notified of the final disposition of 22 complaints that were forwarded to DORA since the program was created.

⁹ Colorado Department of Public Safety, Department of Regulatory Agencies, and Domestic Violence Offender Management Board, *Report to the Judiciary Committee, Senate and House of Representatives*, January 15, 2003, page 3.

Appendix A – Sunset Statutory Evaluation Criteria

- (I) 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;
- (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;
- (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;
- (IV) Whether an analysis of agency operations indicates that the agency performs its statutory duties efficiently and effectively;
- (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;
- (VI) The economic impact of regulation and, if national economic information is not available, whether the agency stimulates or restricts competition;
- (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;
- (VIII) Whether the scope of practice of the regulated occupation contributes to the optimum utilization of personnel and whether entry requirements encourage affirmative action;
- (IX) Whether administrative and statutory changes are necessary to improve agency operations to enhance the public interest.

Appendix B – Approved Provider Requirements

Requirements to be a provider

9.01 Entry Level Requirements

- I. The Entry Level Applicant shall meet all of the following general criteria:
 - A. Have a Bachelor's Degree or higher in a human services area of study and have training and experience as a counselor or psychotherapist. The degree must be obtained from a college or university accredited by an agency recognized by the U.S. Department of Education.
 - B. Hold a professional mental health license or certification from the Colorado Department of Regulatory Agencies (DORA) or be listed with DORA as an unlicensed psychotherapist.
 - C. Submit to a current background investigation in addition to a state and national criminal history record check [(§16-11.8-104(2)(a), C.R.S.)]
 - D. Demonstrate community collaboration with local non-profit victim services, probation offices, and task force (if available).
 - E. Confirm compliance with the Standards.
 - F. Shall not have a conviction of a municipal ordinance violation, misdemeanor, felony, or have accepted by a court a plea of guilty or nolo contendere to a municipal ordinance violation, misdemeanor, or felony if the municipal ordinance violation, misdemeanor, or felony is related to the ability of the approved provider to practice under these *Standards* as reviewed and determined by the Application Review Committee. A certified copy of the judgment from a court of competent jurisdiction of such conviction or plea shall be conclusive evidence of such conviction or plea.
- II. The Entry Level Applicant shall meet all of the following counseling experiential criteria:
 - A. Have 300 general experiential counseling hours. These hours shall be face-to-face client contact hours providing evaluations and/or individual and/or group counseling sessions. The applicant must have received 15 hours of one-to-one supervision for the 300 hours. Applicants with a CAC II or higher or a masters in counseling may demonstrate this with transcripts, licensure or certification.
 - B. Applicants with a masters degree in counseling or higher shall have 108 face-to-face client contact hours working with domestic violence offenders directly observed by a Full Operating Level Provider or DV Clinical Supervisor. Bachelor degree applicants shall have 216 face-to-face domestic violence offender client contact hours.

These contact hours shall include intake evaluations, co-facilitation of groups, and may include individual treatment sessions and must be obtained in no less than a four-month period. These hours shall be in addition to the 300 general experiential hours identified in item number II. A. of this section.

The applicant and the co-facilitator of these hours shall spend a minimum of two additional hours per month on clinical preparation and clinical review of these experiential hours.

Note: Entry Level Applicants who are Provisional Providers may be eligible to request a variance for the additional co-facilitation hours requirement.
 - C. Submit a letter of support for approval from the Approved Provider that co-facilitated the face-to-face client contact hours working with domestic violence offenders.
 - D. Have 25 face-to-face client contact hours providing clinical substance abuse treatment at an ADAD licensed or comparable program.

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- III. The Entry Level Applicant shall meet all of the following training criteria:
- Applicants who have a masters degree or higher in a counseling related field shall have 77 hours of documented training specifically related to domestic violence evaluation and treatment methods. Master degree applicants shall demonstrate a balanced training history with 21 hours devoted to victim issue subject areas, 28 hours offender evaluation and assessment, and 28 hours offender treatment facilitation and treatment planning. Bachelor applicants shall have all of the 77 training hours plus 35 hours of basic counseling skills training.
- Domestic Violence Victim Issues (21 training hours required from these topics areas):
- Role of victim advocate in domestic violence offender treatment
 - Offender containment and working with a victim advocate
 - Crisis intervention
 - Legal issues including confidentiality, duty to warn, and orders of protection
 - Impact of domestic violence on victims
 - Safety planning
 - Victim dynamics to include obstacles and barriers to leaving abusive relationships
 - Trauma issues
- Offender Evaluation and Assessment Specific to Domestic Violence (28 hours required from these topics areas):
- Clinical interviewing skills
 - Domestic violence risk assessment (required minimum of 7 hours)
 - Substance abuse screening
 - Criminal justice cases and the use of collateral sources of information
 - Types of abuse
 - Domestic violence offender typologies
 - Cognitive distortions
 - Criminal thinking errors
 - Criminogenic needs
- Facilitation and Treatment Planning (28 hours required from these topics areas):
- Substance abuse and domestic violence
 - Offender self management
 - Motivational interviewing
 - Provider role in offender containment
 - Forensic psychotherapy
 - Coordination with criminal justice system
 - Offender accountability
 - Recognizing and overcoming offender resistance
 - Offender contracts
 - Ongoing domestic violence offender assessment: skills and tools
 - Offender responsivity to treatment
 - Learning Styles
 - Personality Disorders
- Basic Counseling Skills: bachelor level applicants (35 hours required)
(Applicants with a masters degree in a counseling related field, or CAC II or higher do not need to demonstrate these training hours.)
- Counseling Techniques
 - Individual and Group Skills Training
 - Treatment Planning
 - Group Dynamics
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IV. Supervision Requirements for Entry Level Applicant

- A. Applicants are required to have DV clinical supervision for a minimum of 1 hour per month for up to 10 client contact hours, and 2 hours per month for 10 or more client contact hours or additional supervision as determined by the DV Clinical Supervisor. Applicants who are not providing direct services to offenders may request an exception to the supervision requirement.
- B. The appropriate modality for supervision shall be determined by the DV Clinical Supervisor based upon the training, education, and experience of the supervisee, as well as the treatment setting. Factors that shall be considered are community standards and offenders' needs, urban versus rural setting, and availability of resources. Modes of supervision may include individual or group supervision, direct observation and electronic (such as telephone, audio/videotape, teleconferencing, and Internet). If supervision is electronic, face-to-face supervision shall occur on no less than a quarterly basis.
- C. The treatment victim advocate shall be included as part of supervision or staffing for Approved Providers at least quarterly.

V. Supervision Requirements for Entry Level Approved Providers

- A. Licensed and unlicensed Approved Providers are required to have clinical supervision for a minimum of two hours per month or more as determined appropriate with a DV Clinical Supervisor. One hour shall be individual and one hour may be group supervision. Providers in rural areas that demonstrate need may request of the Board the use of an additional modality (such as telephone, audio/ video, videoconferencing, or by the Internet). Additional supervision requirements shall be based on education, training, workload, and experience of the supervisee; the treatment needs of the offender; and the professional judgment of the DV Clinical Supervisor.
- B. The appropriate modality for supervision shall be determined by the DV Clinical Supervisor based upon the training, education, and experience of the supervisee, as well as the treatment setting. Factors that shall be considered are community standards and offenders' needs, urban versus rural setting, and availability of resources. Modes of supervision may include individual or group supervision, direct observation and electronic (such as telephone, audio/videotape, teleconferencing, and Internet). If supervision is electronic, face-to-face supervision shall occur on no less than a quarterly basis.
- C. The treatment victim advocate shall be included as part of supervision or staffing for Approved Providers at least quarterly.

VI. Continued Placement for Approved Entry Level Providers.

- A. Since Entry Level is an introductory approval level, the provider's plan for progressing to Full Operating Level shall be reviewed with their DV Clinical Supervisor at least once a year.
- B. Continuing Education for Entry Level providers shall consist of the completion of 14 clock hours every year in topic areas relevant to improved treatment with court ordered domestic violence offenders. Of the 14 hours, at least 7 shall be on victim issues and the balance on training requirements for Full Operating Level approval.
- C. All Approved Providers shall reapply for continued placement as determined by the Board. Providers can remain at Entry Level but are encouraged to apply for the next level.

9.02 Full Operating Level Requirements

Application for full operating provider can be made after all general, educational, training, and experiential requirements have been met.

- I. The Full Operating Level Applicant shall meet the following general criteria:
 - A. Have a bachelors degree or higher in a human services area of study. The degree must be obtained from a college or university accredited by an agency recognized by the U.S. Department of Education.
 - B. Hold a professional mental health license from the Colorado Department of Regulatory Agencies (DORA) or are listed with DORA as an unlicensed psychotherapist.
 - C. Submit to a current background investigation in addition to a state and national criminal history record check [(§16-11.8-104(2)(a), C.R.S.)]
 - D. Shall not have a conviction of a municipal ordinance violation, misdemeanor, felony, or have accepted by a court a plea of guilty or nolo contendere to a municipal ordinance violation, misdemeanor, or felony if the municipal ordinance violation, misdemeanor, or felony is related to the ability of the approved provider to practice under these Standards as reviewed and determined by the Application Review Committee. A certified copy of the judgment from a court of competent jurisdiction of such conviction or plea shall be conclusive evidence of such conviction or plea.
- II. The Full Operating Level Applicant shall meet all of the following counseling experiential criteria:
 - A. Have 600 general experiential counseling hours. These hours shall be face-to-face client contact hours providing evaluations and/or individual and/or group counseling sessions. The applicant must have received 50 hours of one-to-one supervision for the 600 hours. Applicants with a CAC II or higher or a masters in counseling may demonstrate this with transcripts, licensure or certification.
 - B. Applicants with a masters degree or higher in a counseling related field shall have 162 hours of face-to-face client contact hours working with domestic violence offenders directly observed by a Full Operating Level Provider or DV Clinical Supervisor. Bachelor degree applicants shall have 324 hours of face-to-face client contact hours working with domestic violence offenders directly observed by a Full Operating Level Provider or DV Clinical Supervisor.

Of these 162/324 hours, 20% shall include co-facilitation of offender treatment groups. The additional required hours may include intake evaluations, co-facilitation of groups, and individual treatment sessions.

The applicant and the co-facilitator of these hours shall spend a minimum of two additional hours per month on clinical preparation and clinical review of these experiential hours.

Applicants with a bachelor's degree shall obtain the 324 hours of co-facilitation in no less than a six-month period.
 - C. Have 50 face-to-face client contact hours providing clinical substance abuse treatment at an ADAD licensed or comparable program.
- III. The Full Operating Level Applicant shall meet all of the following training criteria:

Master degree level applicants shall have 154 hours (bachelor level applicants shall demonstrate 203 hours) of documented training specifically related to domestic violence evaluation and treatment methods. All applicants shall demonstrate a balanced training history with 21 hours of legal issues, 35 hours devoted to victim issue subject areas, 49 hours offender evaluation and assessment, and 49 hours offender facilitation and treatment planning. Bachelor applicants shall also demonstrate 49 hours of training on basic counseling skills.

Legal Issues (21)

 - Colorado domestic violence and family violence related laws
 - Orders of Protection

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- Forensic therapy
 - Confidentiality and duty to warn in domestic violence cases
 - Treatment within the criminal justice system

Domestic Violence Victim Issues (35 hours required from these topics areas:)

- Role of victim advocate in domestic violence offender treatment (7 hours required)
- Offender containment and working with a victim advocate
- Crisis intervention
- Legal issues including confidentiality, duty to warn, and orders of protection
- Impact of domestic violence on victims
- Safety planning
- Victim dynamics to include obstacles and barriers to leaving abusive relationships
- Trauma issues

Domestic Violence Offender Evaluation and Assessment (49 hours required from these topics)

- Clinical interviewing skills with domestic violence offenders (7 hours required)
- Domestic Violence Risk assessment (14 hours required)
- Substance abuse screening
- Criminal justice cases and the use of collateral sources of information
- Types of abuse
- Domestic violence offender typologies
- Cognitive distortions
- Criminal thinking errors
- Criminogenic needs (see appendix/glossary)

Facilitation and Treatment Planning (49 hours required from these topics)

- Substance abuse and domestic violence
- Offender self management
- Motivational interviewing
- Provider role in offender management and containment (7 hours required)
- Forensic psychotherapy
- Coordination with criminal justice system
- Offender accountability (see appendix/glossary)
- Recognizing and overcoming offender resistance (see appendix/glossary)
- Offender contracts
- Ongoing assessment: skills and tools (4 hours required)
- Offender responsivity to treatment (see appendix/glossary)
- Diversity/cultural competency (minimum of 7 hours required)
- Personality Disorders
- Learning Styles

Basic Counseling Skills (49 hours required)

(Applicants with a masters degree in a counseling related field, or CAC II or higher do not need to demonstrate these training hours)

- Counseling Techniques
- Individual and Group Skills Training
- Treatment Planning
- Group Dynamics
- Cognitive Distortions

IV. Supervision requirements for Full Operating Level Applicants:

Applicants are required to have DV clinical supervision for a minimum of 1 hour per month for up to 10 client contact hours, and 2 hours per month for 10 or more client contact hours or additional supervision as determined by the DV Clinical Supervisor.

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- V. Supervision/Peer Consultation requirements for Full Operating Level Providers:
 - A. All Approved Full Operating Level Providers, licensed and unlicensed, are required to have peer consultation with another approved Full Operating Level Provider for a minimum of two hours per month.
 - B. The treatment victim advocate shall be included as part of supervision or staffing for applicants and approved providers at least quarterly.
 - VI. Continued Placement for Full Operating Level Providers
 - A. Continuing Education for Full Operating Level Providers shall consist of the completion of 42 hours every three years in topic areas relevant to improved treatment with court ordered domestic violence offenders. Of the 42 hours, at least 4 shall be on diversity issues and at least 14 shall be on victim issues.
 - B. All approved providers shall reapply for continued placement as determined by the Board.

9.03 Domestic Violence Clinical Supervisor Level Requirements

- I. The Applicant shall meet all of the following criteria in addition to all requirements for Full Operating Level Approved Provider (9.02)
 - A. Hold a professional mental health license from the Colorado Department of Regulatory Agencies (DORA)
 - B. 98 hours of training specific to substance abuse and addiction
 - C. 21 hours of training in clinical supervision
 - D. 100 hours of face-to-face client contact hours working with domestic violence offenders directly observed by a Full Operating Level Provider or DV Clinical Supervisor.
 - E. 200 face-to-face client contact hours providing clinical substance abuse treatment at an ADAD licensed or comparable program.
 - F. 100 hours of general clinical supervisory experience during the past five years or obtain ongoing consultation regarding supervision issues until these 100 hours are obtained (minimum of one hour of supervision per month, electronic means are acceptable)
 - G. Confirm knowledge of the Board Application Policies pertaining to responsibilities of DV Clinical Supervisors. Misrepresentation by a DV Clinical Supervisor on behalf of an applicant will be grounds for complaint filing with Department of Regulatory Agencies.
 - H. If the supervisee has a CAC II, CAC III or LAC, his/her DV Clinical Supervisor does not have to meet the qualifications identified in 9.03 I, B & E
- II. Peer Consultation Requirements:
 - A. DV Clinical Supervisors are required to have a minimum of two hours per month of peer consultation with other approved providers who are also licensed. This peer consultation shall be documented as to time, date, and who attended.
 - B. For rural areas peer consultation may include electronic modes of consultation (such as telephone, audio/videotape, teleconferencing, and Internet). If electronic modes of consultation are utilized, face-to face consultation shall occur on no less than a quarterly basis.
- III. Continued Placement for DV Clinical Supervisor
 - A. Continuing Education for DV Clinical Supervisor shall consist of the completion of 42 clock hours every three years in topic areas relevant to improved treatment with court ordered domestic violence offenders. Of the 42 hours, at least 4 shall be on diversity issues and at least 14 shall be on victim issues.
 - B. All approved providers shall reapply for continued placement as determined by the Board.

9.04 Content of DV Clinical Supervision and Peer Consultation

Supervision shall include, but not be limited to, these areas:

- I. Discussion of case coordination with victim, victim advocate, and/or victim's therapist
- II. Discussion of services provided by the supervisee
- III. Discussion of treatment plans, intervention strategies, and evaluations of offender's progress
- IV. Administrative procedures of the practice as they relate to clinical issues
- V. Discussion of ethical issues
- VI. Evaluation of supervisory process, including performance of the supervisor and supervisee
- VII. Coordination of services among other professionals involved in particular cases, such as probation, criminal justice, and victim service agencies
- VIII. Colorado Standards for Treatment with Court Ordered Domestic Violence Offenders
- IX. Relevant Colorado laws and rules and regulations, including confidentiality and duty to warn
- X. Discussion of offender resistance, transference, and counter-transference issues

Note: The treatment victim advocate shall be included as part of supervision or staffing for applicants and approved providers at least quarterly.

9.05 Evaluators

Approved providers may choose to evaluate offenders and not provide any other direct services for offenders. These providers shall comply with the evaluation standards identified in Section 4.0. Additionally, they shall comply with supervision and continuing education requirements.

9.06 Specific Offender Populations

Approved providers working with specific offender populations as defined in Standard 10.01 shall comply with all requirements identified in Section 10.

9.07 Provisional Level Requirements

The decision to grant provisional approval will be primarily based upon a well-documented community need that demonstrates that certain community needs cannot be met by existing approved providers. Provisional approval is most often applicable to rural areas and/or where a community's needs are underserved or unmet.

Provisional approval shall only be for a designated area of the state. Provisional approved providers are not eligible to practice in other areas of the state.

Provisional approval is granted at the discretion of the Board. Provisional approval requirements are as follows:

- I. The Provisional Applicant shall meet all the general criteria listed in Section 9.01 I.
- II. The Provisional Applicant shall demonstrate community need for offender treatment that cannot be met by existing approved providers by:
Obtaining at least five letters of community support documenting and identifying specific community need for offender treatment from victim services, criminal justice supervision agency, and other individuals representing agencies involved in offender containment.
- III. The Provisional Applicant shall meet the following counseling experiential hours:
 - A. Have 300 general experiential counseling hours. These hours shall be face-to-face client contact hours providing evaluations and/or individual and/or group counseling sessions. The applicant must have received 15 hours of one-to-one supervision for the 300 hours. Applicants with a CAC II or higher or a masters in counseling may demonstrate this with transcripts, licensure or certification.

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- B. Have 108 face-to-face client contact hours working with domestic violence offenders directly observed by a Full Operating Level Provider or DV Clinical Supervisor (54 face-to-face hours for applicants with a masters degree in counseling with a minimum of 1000 hours post graduate counseling experience). These contact hours shall include intake evaluations, co-facilitation of groups, and may include individual treatment sessions and must be obtained in no less than a four-month period. These hours shall be in addition to the 300 general experiential hours.

The applicant and the co-facilitator of these hours shall spend a minimum of at least one additional hour per month on clinical preparation and clinical review of these experiential hours.

IV. The Provisional Applicant shall meet the following training hours:

Applicants who have a masters degree or higher in a counseling related field shall have 35 hours of documented training specifically related to domestic violence evaluation and treatment methods. Master degree applicants shall demonstrate a balanced training history with 14 hours devoted to victim issue subject areas, 14 hours offender evaluation and assessment, and 7 hours offender treatment facilitation and treatment planning. Bachelor degree applicants shall have 70 TOTAL hours in these same training areas plus 35 hours of training in basic counseling skills.

Domestic Violence Victim Issues training hours required (14 hours from these topic areas:)

- Role of victim advocate in domestic violence offender treatment
- Offender containment and working with a victim advocate
- Crisis intervention
- Legal issues including confidentiality, duty to warn, and orders of protection
- Impact of domestic violence on victims
- Safety planning
- Victim dynamics to include obstacles and barriers to leaving abusive relationships
- Trauma issues

Offender Evaluation and Assessment Specific to Domestic Violence training (14) hours required from these topics areas:

- Clinical interviewing skills
- Domestic violence risk assessment (required minimum of 7 hours)
- Substance abuse screening
- Criminal justice cases and the use of collateral sources of information
- Types of abuse
- Domestic violence offender typologies
- Cognitive distortions
- Criminal thinking errors
- Criminogenic needs

Facilitation and Treatment Planning training (7) hours required from these topics

- Substance abuse and domestic violence
- Offender self management
- Motivational interviewing
- Provider role in offender containment
- Forensic psychotherapy
- Coordination with criminal justice system
- Offender accountability
- Recognizing and overcoming offender resistance
- Offender contracts
- Ongoing domestic violence offender assessment: skills and tools
- Offender responsivity to treatment

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- Learning Styles
 - Personality Disorders

Basic Counseling Skills bachelor applicants (35 hours required)

(Applicants with a masters degree in a counseling related field, or CAC II or higher do not need to demonstrate these training hours)

- Counseling Techniques
- Individual and Group Skills Training
- Treatment Planning
- Group Dynamics
- Cognitive Distortions

V. Supervision and Peer Consultation Requirements for Provisionally Approved Provider or Applicant:

- Provisional Level licensed and unlicensed applicants and approved providers are required to have clinical supervision for a minimum of 1 hour per month of DV clinical supervision for up to 10 client contact hours, and 2 hours per month for 10 or more client contact hours (two hour minimum if the provider has more than two groups) or additional supervision as determined by supervisor. At least one hour quarterly shall be individual supervision and the other hours may be at any additional modality (such as telephone, audio, videotape, videoconferencing, or by the Internet).
- Supervision for applicants shall include training on offender evaluation and assessment.
- Provisional Level providers who are also licensed mental health providers are eligible for peer consultation rather than supervision requirements beginning their 2nd year of practice. A letter of recommendation is required from the clinical supervisor.
- Provisional Level providers are required to submit quarterly progress letters from the supervisor and victim advocate.
- The treatment victim advocate shall be included as part of supervision or staffing for applicants and approved providers at least quarterly.

VI. Continued Placement for Provisional Level providers.

- Continuing Education for Provisional providers shall consist of the completion of 14 clock hours every year in topic areas relevant to improved treatment with court ordered domestic violence offenders. Of the 14 hours, at least 7 shall be on victim issues and the balance on training requirements for Full Operating Level approval. Beginning their 2nd year of practice providers may request continuing education be completed at 42 hours every three years.
- All approved providers shall reapply for continued placement as determined by the Board. Providers can remain at Provisional but are encouraged to apply for the next level.