

**IMPLEMENTATION OF THE REVISED DVOMB STANDARDS**  
**SURVEY SUMMARY**  
**October 13, 2011**

**Purpose of the Survey**

- Develop a systematic way of soliciting feedback from stakeholders regarding Standards Revision and Implementation.
- To create a venue by which stakeholders in the community can present input on the challenges and successes of the 2010 Revised DVOMB Standards.

**Survey Respondents**

An email with a link to Survey Monkey was sent to over 800 plus persons on the DVOMB Master Email List requesting that they complete the survey. The email was sent on September 12, 2011 and recipients were asked to respond by October 1, 2011. One hundred seventy-three (173) persons responded to the survey. Both Probation (private and state) and Approved Providers comprise over 75% of the respondents. Fourteen percent of respondents include persons working in the field of victim advocacy. Respondents from the criminal justice system (judges, police departments, public defenders, private defense attorneys) equaled 5.4%. No district attorneys or employees from the Department of Corrections responded. Anonymity was promised.

**Extent of Implementation of Revised Standards**

Seventy-two (72) percent of respondents noted that there was full implementation of the Standards while 21.5 percent noted there was partial implementation. Comments disclosed that some rural communities are experiencing difficulties, 2<sup>nd</sup> clinical contact is a challenge, MTTs are not being implemented, and some Providers are reluctant to comply with Revised Standards.

**Degree of Implementation of the MTT**

Forty-eight (48) percent of respondents believe that the MTT is being fully implemented and 43% believe there is partial implementation. Generally the comments revealed that the biggest challenges to implementation include:

- Lack of communication and consultation between Probation and Treatment Providers
- Treatment Victim Advocate generally not involved in MTT (not available for phone meeting, not welcome at meetings)
- Probation does not receive DV Summary Evaluations
- Lack of knowledge of existence of MTT

### **Implementation of the DVRNA**

An overwhelming 78 percent (78%) believe that the DVRNA is being fully implemented. There were no responses that the DVRNA is not being implemented at all. Probation expressed frustration that they do not receive the results of the assessment tool.

### **Implementation of the Offender Evaluations**

Sixty-three percent (63%) of respondents believe that offender evaluations are being fully implemented. Generally comments included the following:

- Depending on the Provider, Probation often does not receive a written evaluation
- Evaluations are too time consuming

### **Implementation of Levels A, B, and C**

Seventy percent (70%) of respondents believe that there is full implementation of placement in Levels A, B, and C, while 20% believe that there is partial implementation. Generally comments include the following:

- Implementation is very inconsistent
- Second clinical contact is not being implemented
- Disproportionate numbers of clients being assigned to Level C
- Placement in Level A is rarely utilized

### **Implementation of Offender Competencies**

Twenty-nine percent (29%) of persons responding believe that offender competencies are only partially implemented while 55% believe that there is full implementation. Fourteen percent (14%) responded no knowledge of the implementation of offender competencies. Generally comments include the following:

- It is difficult to accurately measure Offender Competencies from Provider to Provider because they do things differently
- Treatment Providers are not reporting compliance with these competencies to Probation
- This issue is not discussed at MTT meetings.
- No standard way of assessing or noting progress for these competencies.

### **Implementation of Treatment Plan Reviews**

Nearly half of the respondents believe that treatment plan reviews are being fully implemented; subsequently nearly half of the respondents believe that the treatment plan reviews are only being partially implemented. The comments range from consistent dialog among the MTTs regarding treatment plan reviews to never receiving treatment plan reviews from Providers.

### **Issues That Contribute to Lack of Implementation**

The following lists the frequency of response (most frequently noted is listed first) of the nine options given:

- Difficulty in scheduling MTT meetings
- MTT time commitment is too demanding
- Additional clinical contact required is too difficult to implement
- Lack of understanding of the changes to the DV Standards
- Core competencies are too difficult to measure
- Probation did not attend statewide trainings and consequently are not familiar with the changes
- Providers did not attend statewide trainings and consequently are not familiar with the changes
- Victim advocates did not attend statewide trainings and consequently are not familiar with the changes
- DVRNA is not being completed

Generally the comments for this question mention inconsistencies among Providers, lack of understanding and/or knowledge of the Revised Standards, and lack of resources in the community.

### **Challenges Encountered When Implementing the Revised DV Standards in Your Community**

One-hundred twenty-seven (127) persons responded to this open ended question. Generally comments include the following:

- Financial obligations of offenders
- Additional clinical contents are costly and difficult to implement
- Paperwork is overwhelming
- Lack of understanding of Revised Standards
- Scheduling meetings of the MTT
- Inconsistency among Providers
- Lack of communication between Providers and Probation
- No standard way of assessing, monitoring the competencies
- Offenders are more resistant because of lack of standardized treatment time and cost of additional contacts.
- No consistent reports, evaluations, treatment plan reviews by Providers

### **Benefits Observed with the Revised Standards**

One hundred eighteen (118) persons responded to this open-ended question. Generally comments include the following:

- Improved assessment of client risk and needs
- Improved communication on the status of clients and their progress in treatment
- Core competencies assist with determining client progress in treatment
- Increased offender accountability
- More value placed on the involvement of the victim advocate
- Level of treatment has improved
- Better collaboration between Probation and Providers
- MTT provide for a comprehensive approach to treatment

## **Comments from Survey Divided by Profession**

State Probation -	32%
Private Probation	5%
Treatment Providers	42%
Victim Advocates/Services	14%

### **Victim Advocates/Services**

- Victims no longer know when offenders will complete treatment
- Difficult to schedule all the MTTs with all the Providers with whom I work.
- Create a victim advocate interview form that reflects the information that Providers need to know at each stage of treatment.

### **State Probation**

- Often do not receive a copy of the evaluation summary or monthly reports
- Providers should try to complete and submit the DVRNA summary in a more timely manner
- Some Providers complete DVRNA long after client begins treatment
- Difficult to file an extension when we are not sure how many classes the client has remaining.
- Different agencies are inconsistent when it comes to levels and curriculum
- Scheduling the MTT

### **Treatment Providers**

- Uncertainty of treatment duration – Clients are frustrated because they do not have a target date for completion
- Probation officers are completing the DVRNA
- More paperwork and busywork – it is overwhelming
- Second clinical contact is a financial and time burden– this has led to noncompliance with attendance
- Probation officers do not support the Revised Standards
- Creating Aftercare Plan and Personal Change Plan is very challenging