DOMESTIC VIOLENCE INTERVENTION TREATMENT

Removing Obstacles to Implementation

Report to the Washington State Legislature

October 2020

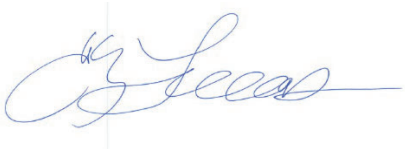
October 30, 2020

To the Legislature:

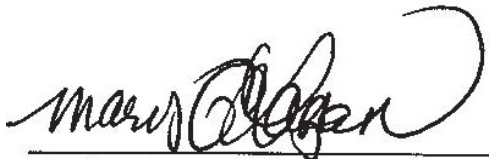
It is the honor of the E2SHB 1517 Domestic Violence Perpetrator Treatment Work Group to present the requested report to the Legislature. After over a year of collaboration, the work group co-chairs wish to acknowledge the fine work of each of the active work group members.

The work group was supported by staff from the Administrative Office of the Courts (AOC) and the Supreme Court's Gender & Justice Commission.

The work group members look forward to working with the Legislative, Executive, and Judicial branches to enable the recommendations for substantial improvements to responses essential for the protection of victims of domestic violence and our communities around the State of Washington.



JUDGE ERIC LUCAS
E2SHB 1517 Work Group Co-Chair
Snohomish County Superior Court



JUDGE MARY LOGAN
E2SHB 1517 Work Group Co-Chair
Spokane Municipal Court

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EXECUTIVE SUMMARY

Once again, the Washington State Legislature recognized the importance of domestic violence intervention treatment as part of Washington's response to domestic violence stating in Engrossed Second Substitute House Bill 1517 (hereafter referred to as E2SHB 1517):

> "[G]iven the pervasiveness of domestic violence and because of the link between domestic violence and many community issues including violent recidivism, victims and offenders are owed effective treatment …."[1]

Representative Roger Goodman, the prime sponsor of this legislation,[2] similarly stated: "When effective, domestic violence intervention programs … can help reduce recidivism, stop generational cycles of abuse, support victim safety, and help provider offenders a path back to society and family."[3]

Washington State recognized domestic violence as a serious crime in 1979,[4] and the legislature has frequently addressed criminal and civil remedies through the legal system during the ensuing 40 years.[5] Over time there has also been debate about the value of offender intervention programs, both for holding offenders accountable and rehabilitating offenders, with the goal of reducing recidivism.

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[1] Laws of 2019, chapter 263, available at http://lawfilesext.leg.wa.gov/biennium/2019-20/Pdf/Bills/Session%20Laws/House/1517-S2.SL.pdf?q=20200902143134.
[2] E2SHB 1517 was also sponsored by Representatives Mosbrucker, Orwall, Griffey, Lovick, Davis, Appleton, Pettigrew, Pellicciotti, Kilduff, and Valdez.
[3] Berliner, L., Merchant, L., Roberts, A., and Martin, D. "CBT Guide for Intimate Partner Violence." Harborview Abuse and Trauma Center. (2020), at p. 5.
[4] *See* Chapter 70.123 RCW, available at https://app.leg.wa.gov/RCW/default.aspx?cite=70.123.
[5] *See* "Domestic Violence Bench Manual for Judges" (2016), Chapter 3, available at http://www.courts.wa.gov/index.cfm?fa=home.contentDisplay&location=manuals/domViol/index.

More recently, much attention has been paid to domestic violence intervention treatment[6] in Washington and nationwide, with a demand for high-quality, evidence-based solutions to the treatment dilemma.[7] This focus has become even more relevant given the current nationwide discussion around race, ending mass incarceration, and reallocating funds from the criminal justice system to other service providers and prevention programs.

In addition to legislative reconvening of the Domestic Violence Perpetrator Treatment Work Group under E2SHB 1517,[8] there is a great deal of innovative work being done in Washington State related to Domestic Violence Intervention Treatment. This includes the recent overhaul of the Washington Administrative Code[9] governing standards for treatment providers; recent legislation to refine the definition of domestic violence to allow for the collection of data for research and analysis, including the efficacy of treatment; the development by Harborview Abuse and Trauma Center of a cognitive behavioral therapy (CBT) curriculum for Intimate Partner Violence[10]; and

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[6] We adopt this terminology in lieu of "domestic violence perpetrator treatment" to be consistent with the Washington Administrative Code Title 388, Chapter 60B. Moreover, using this terminology represents a shift from a punitive focus to a more rehabilitative focus.

[7] *See e.g.* Radatz and Wright, "Integrating the Principles of Effective Intervention into Batterer Intervention Programming: The Case for Moving Toward More Evidence-Based Programming." *Trauma, Violence & Abuse* 1-16 (2015); Miller, M., Drake, E., & Nafziger, M. "What works to reduce recidivism by domestic violence offenders?" Washington State Institute for Public Policy (2013); Drake, E., Harmon, L., & Miller, M. "Recidivism Trends of Domestic Violence Offenders in Washington State." Washington State Institute for Public Policy (2013).

[8] The Domestic Violence Perpetrator Treatment Work Group was previously convened from 2017-2018 pursuant to Section 7 of E2SHB 1163, available at https://app.leg.wa.gov/billsummary?BillNumber=1163&Year=2017&Initiative=false.

[9] Washington Administrative Code Title 388, Chapter 60(B), available at https://app.leg.wa.gov/wac/default.aspx?cite=388-60B.

[10] https://www.dshs.wa.gov/sites/default/files/ESA/csd/documents/dv/CBT%20for%20IPV%20Guide%20with%20Handouts%20UW%20Harborview%20Curriculum.pdf

pilot projects for the provision of domestic violence intervention treatment in the City of Seattle, Whatcom County/City of Bellingham, and Okanogan County.

Despite this focus on domestic violence intervention treatment, the E2SHB 1517 Domestic Violence Perpetrator Treatment Work Group (hereafter referred to as "the work group") has identified obstacles that impede implementation of these new codes, laws, and the recommendations from the previous E2SHB 1163 DV Perpetrator Treatment (Section 7) Work Group. These barriers include insufficient funding for treatment; challenges related to policies for sharing information between stakeholders across various jurisdictions and types of agencies; a lack of awareness about recent legislative and regulatory changes; and the lack of culturally specific treatment programs for people of color, Indigenous people, people whose primary language is not English, people living in poverty, and LGBTQ+ people.

Work group recommendations fall into three categories, all of which are aimed at removing obstacles to implementing effective domestic violence intervention treatment:

1. **Fully fund treatment, including state-certified remote treatment and culturally competent treatment options, in order to promote greater access**

   The greatest obstacle for those in need of domestic violence intervention treatment is an inability to pay for it. Unless those in need successfully complete treatment, any systemic progress or innovation toward treatment is useless. In addition, the number of treatment providers in Washington is declining—there are currently 72 programs in Washington, and that number has been trending downward—and domestic violence intervention treatment

will not be sustainable without additional funding to those who provide it. This view includes funding a data collection and research component to evaluate the efficacy of domestic violence perpetrator intervention treatment in order to update best practices based upon evidence.

2. **Support ongoing education and outreach**

   All justice system stakeholders need to be aware of recent changes to the laws and regulations governing Domestic Violence Intervention Treatment. Consistent therewith, these stakeholders stand in need of training. There will be no impact if treatment providers and others making decisions in these cases are not aware of new legal standards and best practices. There are insufficient resources and lack of infrastructure for ongoing trainings of virtually all stakeholder groups. The more time training for all stakeholders is delayed, the longer the need for intervention remains unmet.

3. **Improve information-sharing practices**

   The 2018 Section 7 Work Group report[11] recommended that we "ensure high-quality systemic information by enabling Therapeutic Courts to function in the system as a statewide information repository." The idea is that this repository would be a "centralized" information system all stakeholders can utilize. This must include changes in inter-agency policies that enable information sharing with the necessary releases of information so the

[11] *See* footnote 12 on the following page of this Report.

information can be shared across multiple jurisdictions, and transparency about when, where, and how the data is being used. The Section 7 work group report saw this as an essential function of Therapeutic Courts. Some of this data is already collected by our state Administrative Office of the Courts (AOC). However, a centralized information repository requires further and more refined data collection, and technological innovation to enable the effective transmission of that data to all stakeholder groups.

INTRODUCTION

Background and Report Objectives

The convening of this work group pursuant to E2SHB 1517 builds on the work of the previously-established E2SHB 1163 Domestic Violence Perpetrator Treatment (Section 7 Work Group).[12] The Section 7 Work Group was mandated to:

- Review laws, regulations, court and agency practices;
- Consider development of universal diagnostic tool to be used by treatment providers and department of corrections; and
- Develop recommendations on changes to existing laws, regulations, and court and agency practices.

[12] In 2017, the Legislature enacted E2SHB 1163 which began a process to significantly reform domestic violence law with the intention of reducing recidivism. The Section 7 Work Group was convened to improve victim safety, decrease recidivism, advance treatment outcomes, and increase the courts' confidence in domestic violence perpetrator treatment. Section 8 of this legislation created the Domestic Violence Risk Assessment Work Group (Section 8 Work Group). Both work groups were convened by the Washington State Supreme Court Gender and Justice Commission and co-chaired by Judge Eric Lucas (Snohomish County Superior Court) and Judge Marilyn Paja (Kitsap County District Court).

In June 2018, the Section 7 Work Group submitted a reported entitled *Domestic Violence Perpetrator Treatment: A Proposal for an Integrated System Response*[13] to the Washington State Legislature that coalesced around the new regulations for domestic violence treatment[14] that replaced the "one-size-fits-all" treatment approach with a four-tiered cognitive behavioral therapy approach. Advocating for an integrated system response in its report, the Section 7 Work Group made the following general recommendations:

- Propagate evidence-based DV treatment statewide by creating a multi-level treatment environment which requires providers adhere to, and perpetrators meet, identified core competencies;
- Designate DV Treatment as a Therapeutic Court function- structure to be selected by local jurisdiction;
- Enable therapeutic courts to function as "statewide" information repository;
- Monitor our system's performance by enabling ongoing data collection, rigorous research, and future adaptation of new treatment regulations;
- Create a reliable funding scheme for court-ordered treatment; and
- Provide training and resources to professionals working in the area of DV.

Additionally, one of the key issues identified by both the Section 7 and the DV Risk Assessment Work Group also convened by E2SHB 1163, was Washington's definition of domestic violence, RCW 26.50.010, that, since 1995, had been a "narrow range of behavior applied across a wide range of relationships." Because both intimate partners, former intimate partners, and all other people who are residing together were

[13] https://www.courts.wa.gov/content/publicUpload/GJCOM/DV_Perpetrator_Treatment_Sec7.pdf.
[14] Washington Administrative Code Title 388, Chapter 60(B), available at https://app.leg.wa.gov/wac/default.aspx?cite=388-60B.

combined in the same category under the law, it was impossible to isolate good data for to evaluate treatment.

The 2019 Legislature was guided by recommendations in the Section 7 Work Group report in passing Part II, Part V, and Section 401(3) of E2SHB 1517:

- Refining the domestic violence definition to include separate categories, differentiating domestic violence committed by intimate partners from domestic violence committed by family or household members to allow separate data tracking and analysis;
- Authorizing domestic violence sentencing alternatives; and
- Directing Harborview Center for Sexual Assault and Traumatic Stress to develop a "training curriculum for domestic violence perpetrator treatment providers that incorporates evidence-based practices and treatment modalities."

The 2019 Legislature also convened a new the Domestic Violence Perpetrator Treatment Work Group and Domestic Violence Risk Assessment Work Group.[15]

Pursuant to Section 802 of E2SHB 1517, the Washington State Legislature mandated the Washington State Supreme Court Gender and Justice Commission convene a work group "to address the issue of domestic violence perpetrator treatment and the role of certified perpetrator treatment programs in holding domestic violence perpetrators accountable."[16] The Legislature further specified that this work group should:

- Provide guidance and additional recommendations with respect to how prior recommendations of the work group should be implemented for the purpose of promoting effective strategies to reduce domestic violence in Washington state;

[15] Laws of 2019, chapter 263, Part VIII.
[16] Laws of 2019, chapter 263, Sec. 802(1).

- Monitor, evaluate, and provide recommendations for the implementation of the newly established domestic violence treatment administrative codes;

- Monitor, evaluate, and provide recommendations on the implementation and supervision of domestic violence sentencing alternatives in different counties to promote consistency; and

- Provide recommendations on other items deemed appropriate by the work group.[17]

The initial due date for the report was June 30, 2020; however, due to the COVID-19 pandemic and associated delays to work group activities, the work group communicated its intended submission of the reports by October 30, 2020.[18]

Work Group Convener: The Washington State Supreme Court Gender and Justice Commission

This work group was co-chaired by Judge Eric Lucas of Snohomish County Superior Court and Judge Mary Logan of Spokane Municipal Court on behalf of the Washington State Supreme Court Gender and Justice Commission. Judge Marilyn Paja of Kitsap County District Court and co-chair of the Gender and Justice Commission also lent her considerable expertise to the work.

The Washington State Gender and Justice Commission (GJC) was established by the Washington Supreme Court in 1994 to monitor and implement the recommendations from the report: *Gender and Justice in the Courts*, *Washington State,*

[17] Laws of 2019, chapter 263, Sec. 802(4).
[18] Please refer to Appendix A: Letter dated May 6, 2020, from the E2SHB 1517 DV Work Groups co-chairs to Representative Roger Goodman regarding the impact of COVID-19 on work group activities.

1989.[19] In order to gain a better understanding of gender bias in the courts today, the Commission is currently evaluating the status of the recommendations from the 1989 Report and undertaking further study in new priority areas, with a focus on the intersection of gender and race, poverty, and other identities.

The Supreme Court has renewed the Commission every five years since 1989, most recently in 2020. The purpose of the Commission is to identify concerns and make recommendations regarding the equal treatment of all parties, attorneys, and court employees in the State courts, and to promote gender equality through researching, recommending, and supporting the implementation of best practices; providing educational programs that enhance equal treatment of all parties; and serving as a liaison between the courts and other organizations in working toward communities free of bias.

It is because of this experience, mission and capacity that the GJC was honored to be selected as the convenor of the Domestic Violence Work Groups pursuant to E2SHB 1517. Recommendations made in this Report are those of the work groups and not the expression of the Gender and Justice Commission, nor its chairs and members, except insofar as individual members may also have participated in the work group.

[19] In 1987, the Washington State Legislature tasked the Administrative Office of the Courts with developing measures to prevent gender bias in the state court system. After two years of research, public hearings, and surveys, the Gender and Justice Task Force concluded that gender bias existed in the Washington State court system and described the extent of that bias along with recommendations for change in its final report, *Gender and Justice in the Courts*, *Washington State,* 1989.

Work Group Designees and Other Contributors:

The work group consisted of stakeholders from across the state, representing a broad range of perspectives. The following work group members were statutorily designated:

- Superior Court Judge: Judge Kristin Richardson (Superior Court Judges Association/King County Superior Court)
- District Court Judges: Judge Heidi Heywood (District and Municipal Court Judges Association/Wahkiakum County District Court) & Judge Charles Short (District and Municipal Court Judges Association/Okanogan County District Court)
- Municipal Court Judge: Judge Adam Eisenberg (District and Municipal Court Judges Association/Seattle Municipal Court)
- Court Probation Officers: Bree Breza (Misdemeanant Probation Association/Airway Heights Municipal Court & Probation); Tonya Dotson (Seattle Municipal Court Probation); Patrick Gigstead (Kittitas County); Kerry Hills (Pierce County District Court); Dianna Scott (Grays Harbor County); Donna Struthers (Snohomish County District Court); Meagan Terlep (King County District Court)
- Prosecuting Attorneys: David Martin (Washington Association of Prosecuting Attorneys/King County Prosecuting Attorney's Office)
- Defense Attorneys: Steven Lewis (Washington Defender Association/Kitsap County Office of Public Defense)
- Civil Legal Aid Attorneys: M. Abbas Rizvi (Northwest Justice Project)
- Domestic Violence Victim Advocates: Kelly Starr and Tamaso Johnson (Washington State Coalition Against Domestic Violence); Annie Murphey (Spokane Regional Domestic Violence Coalition)
- Domestic Violence Perpetrator Treatment Providers: Mark Adams, MA, LMHC (Anger Control Treatment & Therapies); Stacy Crutcher McFadden (Counseling &

Wellness); Keith Waterland, LICSW, MSW, CDP (Anger Control Treatment & Therapies)

- Department of Social and Health Services: Amie Roberts, LMHC, CPM
- Department of Corrections: Dawn Williams
- Washington State Institute for Public Policy: Dr. Marna Miller
- University of Washington Evidence-Based Practice Institute: Dr. Sarah Cusworth Walker

Additional contributors to the work group included:

- Kathryn Akeah (Administrative Office of the Courts, Court Program Analyst- Tribal State Court Consortium)
- Kelley Amburgey-Richardson (Administrative Office of the Courts, Senior Court Program Analyst- Washington State Supreme Court Gender and Justice Commission)
- Kelly Boyle (Washington State Department of Children, Youth, and Families)

Laura Jones served as contract staff coordinator and primary report editor for this work group. Additional coordination and administrative support were provided by staff from the Administrative Office of the Courts, Supreme Court Commissions, including Cynthia Delostrinos, Michelle Bellmer, and Moriah Freed.

Work Group Activities

Throughout the course of this work group, three in-person work group meetings were held and the following topics were discussed:

- **September 17, 2019**: Introductions to key stakeholders, and participants; discussion of questions posed by legislature; issues identified; tentative work plan established

- **November 7, 2019**: Presentation re: Seattle's DVIP project; discussion re: insurance and billing codes; discussion re: priority-setting
- **January 7, 2019**: Presentation from ACLU re: bias in risk tools; discussion re: therapeutic courts coordinator; discussion re: policy proposals

Because additional planned in-person meetings were not possible due to the COVID-19 pandemic, four additional Zoom meetings were held and the following topics were discussed:

- **June 9, 2020:** Impact of COVID-19 on domestic violence perpetrator treatment; equity issues re: access to treatment; data; DV-MRT; and the need for education/outreach
- **July 21, 2020:** DV education and outreach, particularly as it relates to the new WAC 388-60B
- **August 11, 2020:** Information-sharing
- **September 22, 2020:** Discussion and feedback on the report draft

The work group also communicated via listserv, created a shared drive for articles and research, and held conference calls in October, December, January, February, and March. Topics addressed on these calls included setting priorities; training of stakeholders; a statewide therapeutic courts coordinator position; mandatory arrest and lethality assessment; information sharing; funding and evaluation.

Report Organization

After the following section which identifies and defines acronyms and key concepts discussed herein, the report is organized according to legislative mandate. First, we review and discuss prior work group recommendations, with a particular focus on funding treatment; providing opportunities for ongoing education for stakeholders; and promoting better information-sharing practices. Next, we provide an update, evaluation, and recommendations related to implementation of the new WAC 388-60B. Finally, we discuss the status of implementation of domestic violence sentencing alternatives.

ACRONYM GLOSSARY & KEY DEFINITIONS

This section identifies acronyms and defines key terms and concepts mentioned in our report and that are commonly used with regard to Domestic Violence Intervention Treatment.

Acronyms frequently used in this Report and the literature:

CBT	Cognitive Behavioral Therapy
DOC	Department of Corrections
DSHS	Department of Social and Health Services
DOH	Department of Health
DOSA	Drug Offender Sentencing Alternative

DV	Domestic Violence
DVIP	Domestic Violence Intervention Pilot (City of Seattle)
DVIT	Domestic Violence Intervention Treatment
DV-MRT	Domestic Violence Moral Reconation Therapy
DVOSA	Domestic Violence Offender Sentencing Alternative
DVPT	Domestic Violence Perpetrator Treatment
IPV	Intimate Partner Violence
MDT	Multi-Disciplinary Team
MRT	Moral Reconation Therapy
ODARA	Ontario Domestic Assault Risk Assessment
PTSD	Post-Traumatic Stress Disorder
SOC	Stipulated Order of Continuance
SUD	Substance Use Disorder
WAC	Washington Administrative Code
WSIPP	Washington State Institute for Public Policy

Treatment Phrases frequently used in this Report and the literature:

Cognitive Behavioral Therapy: Based on a theory that thoughts, feelings and behaviors mutually influence each other. This type of therapy targets unhelpful thoughts; difficulty managing intense negative feelings; and ineffective or problematic behaviors. It is the underlying theory for many

effective therapies for common clinical conditions such as anxiety, depression, PTSD, and disruptive behaviors.[20]

Domestic Violence Intervention Treatment / Domestic Violence Perpetrator Treatment: A differentiated treatment model governed by WAC 388-60B.[21] Since June 29, 2018, state-certified DVIT providers/programs must "undergo domestic violence treatment training, victim advocacy training, have experience in both DVIT and victim services, and earn annual continuing education relevant to the work. Certified DVIT programs use credentialed counselors to conduct comprehensive behavioral assessments as well as facilitate the treatment. They use a risk, needs, responsivity model to treatment plan and individualize treatment."[22]

Domestic Violence Moral Reconation Therapy: A cognitive behavioral approach to treatment that seeks to decrease recidivism by increasing moral reasoning.[23]

Figure 1

Side-By-Side Comparison of DVIT, DV-MRT, Anger Management

	DVIT	DV-MRT	Anger Management
State certification required?	Yes	No	No
Assessment required?	Yes	No	No
Input required from victims?	Yes	No	No
Associated laws, regulations	RCW 26.50.150, WAC 388-60B	None	None
Special training to conduct intervention required?	Yes	Yes	No
Continuing education required?	Yes	No	No
What credentials are required to facilitate?	Counseling credential from DOH	None	None

[20] Berliner, L., Merchant, L., Roberts, A., and Martin, D. "CBT Guide for Intimate Partner Violence" (Harborview Abuse and Trauma Center, 2020) at p. 3.
[21] *See* https://www.dshs.wa.gov/esa/community-services-offices/domestic-violence-intervention-treatment.
[22] Berliner, L. et. al. "CBT Guide for Intimate Partner Violence" at p. 6.
[23] *See* https://www.ccimrt.com/mrt_programs/domestic-violence/.

LEGISLATIVE MANDATE #1:
Monitor and provide guidance on prior work group recommendations.

As discussed in the introduction to this Report, the 2018 Section 7 Work Group recommendations centered around developing an integrated system response to domestic violence treatment.[24] The Legislature was receptive and quickly responsive to some requests our report. Within E2SHB 1517, the 2019 Legislature refined the definition of domestic violence; required development of an evidence-based training curriculum for domestic violence treatment providers; and authorized a domestic violence sentencing alternative. Critical recommendations that remain outstanding relate to financial, geographical, and cultural barriers to treatment; the need for additional training and outreach, including education about new laws and regulations for DV treatment providers and system stakeholders; and the lack of access to quality information.

[24] Please refer to Figure 2 on the following page for a table of the Section 7 Work Group recommendations and their status.

Figure 2

Implementation Status of Section 7 Work Group Recommendations	
Recommendation	**Implementation Status**
Embrace the adoption of the revised WACs.	In progress. E2SHB 1517(4)(3) mandated the creation of a CBT curriculum for DV intervention providers that is meets the requirements of Chapter 388-60B WAC. Additional funding needed to allow DSHS to manage compliance and train on new standards.
Pass legislation to bifurcate the definition of Domestic Violence in RCW 26.50.010 into cases involving intimate partner violence and those involving the broader relational definition.	Complete. Broad education and training now needed re: new definition for charging and data entry for court clerks and prosecutors statewide.
Amend Court Rule 22 to include therapeutic courts.	Incomplete.
Mandate five years' probation for all intimate partner DV sentences to ensure compliance and collection of needed information.	Pursuant to Section 301 of E2SHB 1517, the period of suspension of a non-felony DV sentence with probation increases from two years to five years in superior court.
Allocate sufficient funds to enable DSHS to regulate domestic violence treatment agencies and enforce compliance with the revised Chapter 388-60A WAC.	Incomplete.
Collect data for further evaluation of the efficacy of DV treatment, including whether treatment was ordered, and whether treatment was completed.	In progress. The DV definition refinement was a first step.
Require law enforcement, lawyers, judges, and other professionals working on domestic violence cases undergo regular domestic violence-related training. How that training is implemented should be left to the discretion of the various entities.	In progress. There are numerous statewide trainings re: domestic violence; however, not all stakeholders regularly attend, and after initial trainings, DV training is not required. Additionally, more education is needed re: new laws and regulations.
Adhere to the new victim notification requirements in WAC 388-60A-0325.	In progress.
Authorize adequate, ongoing, and multi-year funding for statewide monitoring, research and evaluation to assess the efficacy of domestic violence perpetrator treatment following implementation of the revised Chapter 388-60A WAC.	Incomplete.

Recommendation	Implementation Status
Comply with the revised Chapter 388-60A WAC.	In progress. Additional funding for DSHS needed to monitor program compliance.
Promote access to quality information to complete the assessment for DV treatment and monitor progress, by centralizing information in a "data repository" in the courts or by adopting a Therapeutic Courts approach.	Incomplete.
Increased funding be made available for programs and state agencies to be able to send staff to such trainings, and to make resources on Domestic Violence available to, or to update existing resources for, all professionals working on these cases.	Incomplete.
Require all DSHS social workers to be trained in and follow the *Social Workers Practice Guide to Domestic Violence (2010).*	Incomplete.
Create a reliable funding scheme for all court-ordered domestic violence treatment by requiring insurance companies to cover a portion of the cost of treatment. Stop gap measures in the interim include courts accepting secured payment plans, providing government subsidies to sustain programs operating on a sliding scale fee basis, or by providing additional funding to the courts to provide alternative programs such as DV-MRT.	Incomplete. See discussion of funding strategies starting on p. 19 of this report.
Require domestic violence treatment providers to collect and report on data related to cultural and linguistic competency. This information collected could be used to inform how to remove treatment barriers.	Incomplete.
Create a state level "standing body" appointed by the governor to provide guidance for implementing and oversight of this process.	Incomplete.
Ensure equity and social justice for all system participants by promoting cultural responsiveness in DV treatment via community outreach; active utilization and guidance by research on implicit bias; use of unbiased risk assessment instruments; incentives to encourage culturally sensitive program development, hiring and training; and appointment representation in any standing body of diverse groups.	Incomplete.

Addressing Financial Barriers to Treatment: Three Funding Strategies

The creation of a reliable funding scheme for all court-ordered treatment was identified as the number one concern and top priority by many work group participants. The consensus was that funding for treatment is essential not only for compliance, but to ensure that domestic violence intervention programs continue to exist as the number of programs is steadily declining. Consider for an example the bulleted narrative from Annie Murphey, a work group participant and former DV treatment provider.

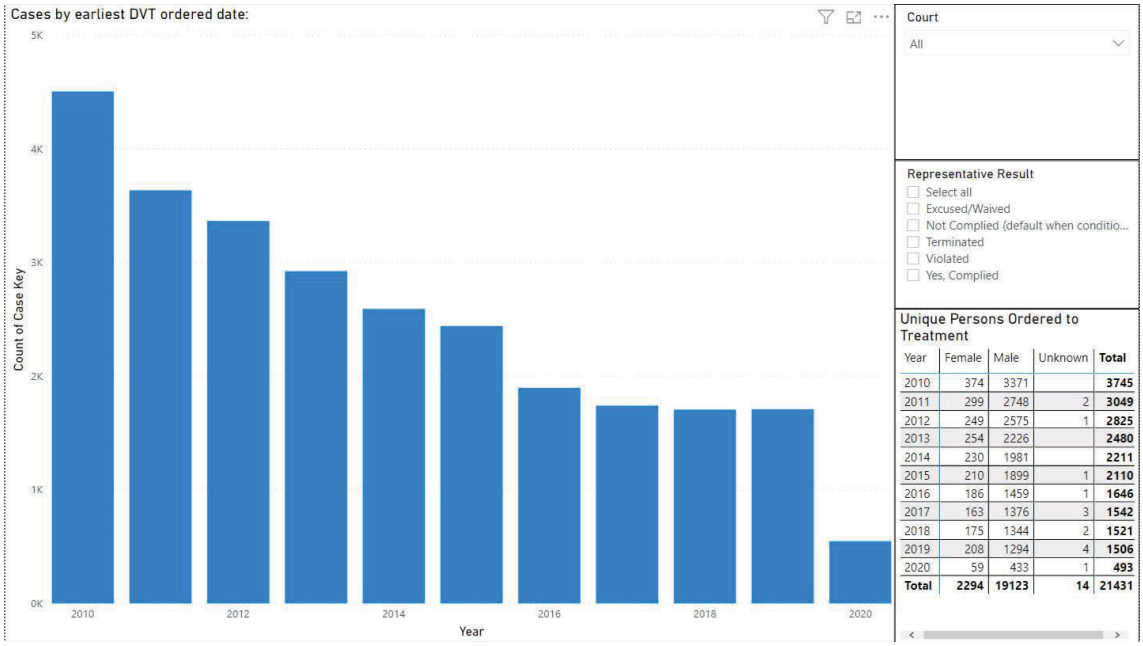
In 2015, Annie Murphey, CDP, LICSWA, and formerly DV perpetrator treatment certified, took over the Bridges to Safety agency which served the Spokane region. Ms. Murphey took over the agency from a woman who had been running the program for many years in Spokane, and also with Tribal and DCYF contracts. The former owner chose to step away due to the stress of the program, including lack of referrals and the financial stress this created. Despite efforts and relationship building with the courts, Bridges to Safety, like other local agencies struggled to gain a steady stream of referrals into the program. Ms. Murphey made the difficult decision to close the business and transfer the few remaining clients to other agencies.

Since the time of Bridges to Safety's closure, two other treatment agencies, also small businesses, have closed due to lack of referrals and lack of viable revenue while trying to meet the numerous demands and reports required by referring agencies and to meet state requirements. These agencies not only served the Spokane community, but also had regional contracts serving Tribal partners (Colville and Spokane) in the northern part of Washington, as well rural areas in Stevens and Pend Oreille Counties. There are only two main DV treatment agencies now serving the Spokane region, home to the second largest city in the State of Washington.

COVID-19 further devastated the limited number of treatment providers. At our June 9, 2020, meeting, Amie Roberts, Domestic Violence Treatment Program Manager with the Washington State Department of Social and Health Services, reported a 20%

reduction in programs, with 10% permanently closing and 10% not providing services during the pandemic. As of September 2020, there were 72 domestic violence intervention programs in Washington, trending downward. This is consistent with court data showing a declining number of defendants ordered into treatment over the past 10 years:

Figure 3[25]



The work group considered a variety of strategies for funding domestic violence intervention treatment, including: 1) state funding for a judicial branch Behavioral Health Response Team; 2) state funding for domestic violence perpetrator treatment; or 3) changes by the insurance commissioner to allow health insurance coverage of domestic violence perpetrator treatment.

[25] This graph was created with data requested from the Administrative Office of the Courts as reported in Appendix J to this Report. Please note that this data is limited to courts of limited jurisdiction, and it excludes some jurisdictions such as Spokane Municipal Court and Seattle Municipal Court, which courts are not included in the AOC data at this time.

Support "Responding to Behavioral Health Needs in the Courts" Proposed Budget Package by the Administrative Office of the Courts

Pursuant to RCW 2.30.010(4)(h), Domestic Violence courts are designated as therapeutic courts. Thus, this work group supports the creation and funding of a judicial branch Behavioral Health Response Team to "1) facilitate the development and implementation of a statewide response to individuals involved in the justice system who have behavioral health needs and 2) assist with therapeutic courts' evaluation efforts."[26] One of the additional primary functions of this team, as envisioned by the work group (not yet included in the AOC proposal) would be to allocate funding for therapeutic court needs, as authorized under RCW 82.14.460.[27] Pursuant to this statute, funds could be allocated to support domestic violence perpetrator treatment for those who could not otherwise afford it.

In a recent survey that the work groups sent out via listserv to judicial officers and administrators of municipal, district, superior, and tribal court, only one court, King County District Court, responded that it operates a DV therapeutic court.[28] With support from the proposed Behavioral Health Response Team, it might be possible for additional courts to develop such a model. The statewide coordination of specialized

[26] Please refer to Appendix B: Proposed budget package for Behavioral Health Response Team.
[27] This statute authorizes jurisdictions to adopt a 1/10th of 1% sales tax to be used for chemical dependency treatment, mental health treatment, or therapeutic courts. This sales tax has been adopted in the following jurisdictions: Clallam County, Clark County, Cowlitz County, Ferry County, Grays Harbor County, Island County, Jefferson County, King County, Lewis County, Mason County, Okanogan County, San Juan County, Skagit County, Skamania County, Snohomish County, Spokane County, Spokane County, Thurston County, Wahkiakum County, Walla Walla County, Whatcom County, and the City of Tacoma.
[28] https://www.kingcounty.gov/courts/district-court/domestic-violence.aspx.

courts is happening in other states. For example, Idaho has a statewide DV Court Coordinator position, coordinating DV courts in 6 judicial districts.

State-Funded Domestic Violence Intervention Treatment

Funding for domestic violence intervention treatment could also come from state or local government.[29] In many ways this seems the most logical funding mechanism as the primary method for referral to treatment is via court order. If the government is ordering treatment, then it makes sense that it would pay for that treatment, just as it would pay for other sentencing options. This is a model currently used by the Washington Department of Children, Youth, and Families (DCYF)—service providers are reimbursed at a flat rate for providing assessment, group, and individual treatment.[30]

A significant current challenge with regard to funding domestic violence intervention treatment is that while it has been ordered for decades, there are few studies evaluating its efficacy, and many studies that do exist are mixed. Reports by the Crime and Justice Institute[31] and Washington State Institute for Public Policy (WSIPP),[32]

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[29] DSHS administers federal Victims of Crime Assistance (VOCA) and Family Violence and Prevention Services Act (FVPSA) funds and perpetrator treatment is not considered an allowable activity for VOCA or FVPSA federal funds. *See* 34 U.S.C. § 20103 which states that VOCA funds may only be used for providing services to victims of crime. *See also* 42 U.S.C. § 10401 and 45 CFR Part 1370 regarding FVPSA funds administration.

[30] DCYF is obligated to gain an understanding of the DV dynamic in the family in order to assess safety and risk by performing a comprehensive safety and risk assessment If the parent has a DV diagnosis DV services for the parent are funded to increase safety for the family.

[31] Webster, M. and K. Bechtel, "Evidence-Based Practices for Assessing, Supervising and Treating Domestic Violence Offenders." Crime and Justice Institute at Community Resources for Justice: Boston, MA (2012).

[32] *See* Miller, M., Drake, E., & Nafziger, M. "What works to reduce recidivism by domestic violence offenders?" Washington State Institute for Public Policy (2013); Drake, E., Harmon, L., & Miller, M. "Recidivism Trends of Domestic Violence Offenders in Washington State." Washington State Institute for Public Policy (2013).

as well as other recent studies[33] question the effectiveness of court-mandated intervention programs. However, other research has shown that batterers completing at least three months of a batterer's treatment program were 50% less likely to re-assault their partners during the 15-month follow-up than the comparable group who did not complete the program.[34] And this finding supports the clinical view of treatment providers who assert that the biggest obstacle to their success is the offenders "completion of treatment."

In fact, even the aforementioned 2013 WSIPP report[35] found that a handful of other approaches, e.g. cognitive behavioral therapy (CBT), appear promising. The CBT approach is embedded in the new Washington Administrative Code 388-60B, as "best practices." Recall that the new WAC substantively changed the treatment structure in Washington from a "one-size-fits-all" model to a tiered system with differentiated levels of treatment for perpetrators of intimate partner violence.

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[33] *See e.g.* "Addressing Family Violence In Connecticut: Strategies, Tactics, and Policies" (2015 Legislative report to the Connecticut Public Health Committee), available at http://www.ctcase.org/reports/family_violence.pdf; "Why Domestic Violence Prevention Programs Don't Work." NBC News (May 23, 2014), Available at https://www.nbcnews.com/storyline/nfl-controversy/why-domestic-violence-prevention-programs-dont-work-n217346; NPR Marketplace, "Mad Men to Math Men" (July 29, 2013); Gill, Lum, "Evidence Based Assessment of the City of Seattle's Crime Prevention Programs," George Mason University, Center for Evidence Based Crime Policy (2012); Cluss, P. & Bodea, A. "Effectiveness of Batterer Interventions: A Literature Review and Recommendations for Next Steps." University of Pittsburg (2011); Babcock, J.C., Green, C.E., Robie, C., "Does batterers' treatment work? A meta-analytic review of domestic violence treatment." *Clinical Psychology Review* 23 1023–1053 (2004).

[34] *E.g.* Murphy, C., & Ting, L. "Interventions for perpetrators of intimate partner violence: A review of efficacy research and recent trends." *Partner Abuse*, 1, 26-44 (2010); Saunders, D. "Group interventions for men who batter: A summary of program descriptions and research," Violence and Victims, 23, 156-172 (2008); Gondolf, E. "Evaluating batterer counseling programs: A difficult task showing some effects." *Aggression and Violent Behavior*, 9, 605-631 (2004).

[35] Miller, M., Drake, E., & Nafziger, M. "What works to reduce recidivism by domestic violence offenders?" Washington State Institute for Public Policy (2013).

Clearly, there is a need for further research on best practices for treating DV perpetrators. This is a challenge that is not unique to Washington. For example, at a recent New York City budget hearing,[36] the New York City Council focused on batterer's intervention programming, asking tough questions about the evidence of the efficacy of this treatment, and expressing bafflement that this type of intervention has been happening for decades, but that the research is not further along.

There is also a need to address how the effectiveness of Domestic Violence Intervention Treatment (DVIT) is measured. According to WAC 388-60B-0025, one of the primary goals of DVIT is to "increase the safety of the victim, current partner, children, and other children in the care or residence of perpetrators of intimate partner violence who are enrolled in intervention treatment." Moreover, survivors of domestic violence tend to associate DVIT with a protection or restraining order, and because it's part of a safety package for them, they may have positive associations with it. Nevertheless, many studies of DVIT programs focus only on perpetrator behavior and recidivism, to the exclusion of the survivor experience. In order to gain a more complete picture of the effectiveness of DVIT for evaluation, incorporating information about the survivor experience through voluntary, informed, and careful questioning should be part of data-gathering related to DVIT.

[36] https://councilnyc.viebit.com/player.php?hash=WAG6SRP1Fmsz.

Funding Pilot Projects

One way to monitor system performance while simultaneously enabling ongoing data collection and research is via the funding of pilot projects. This would enable research and promote future adaptation of our new Washington State DV treatment system toward the goal of a completely evidence-based system.

The pilot project approach is being utilized by other states. In California, Assembly Bill 372[37] authorized six different counties to pilot evidence-based or promising practices as alternatives to the legally required 52-week batterer's intervention treatment program from 2019-2022.[38] In San Louis Obispo County, for example, the Probation Department, District Attorney's Office, and local certified batterer treatment providers, in consultation with victim advocacy organizations, elected to pilot the STOP Domestic Violence curriculum, which is applicable to both men and women.[39] The curriculum consists of either a 26-week or 52-week program based on the person's risk to recidivate, as determine through risk assessment by the Probation Department.[40]

Pilot projects related to domestic violence intervention treatment are already underway in Washington. These projects could all use state financial support. They all could be potentially expanded if the evidence shows them to be promising practices.

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[37] https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180AB372.
[38] *Id.*
[39] https://www.slocounty.ca.gov/Departments/Probation/Probation-News/The-County-Launches-A-New-Batterer-s-Intervention.aspx.
[40] *Id.*

Local jurisdictions have funded pilots in Seattle, Okanogan County, and Whatcom County/Bellingham.

There is also a pilot project to evaluate DV Moral Reconation Therapy (DV-MRT)[41] as part of the Gender and Justice Commission's study on gender bias in the courts.[42]

City of Seattle's Domestic Violence Intervention Pilot (DVIP)[43]

In June 2018, the City of Seattle began piloting the Domestic Violence Intervention Project, which is aimed at improving survivor safety through both differentiated treatment and a multi-disciplinary approach. In this pilot, there are two ways to get into the DV intervention program: pre-conviction agreement (stipulated order of continuance) or by deferred/suspended sentence. Participants are assessed at the outset pursuant to the assessment standards laid out in the Washington Administrative Code (WAC) governing DV intervention. In addition, the Ontario Domestic Assault Risk Assessment (ODARA) tool is used in this process because it is normed for a criminal legal population. After completing an assessment, participants are leveled 1-4, with 1 being the lowest risk and 4 being the highest risk;[44] the higher the risk level, the more treatment is recommended.[45]

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[41] DV-MRT is a cognitive behavioral therapy treatment that seeks to improve moral reasoning, an is conducted by several probation departments in Washington.
[42] This study is funded by a State Justice Institute project grant.
[43] Please refer to Appendix C of this Report for additional DVIP information.
[44] Level 4 treatment is not offered as part of this project as the providers do not have the extra certification required by 388-60B-0110(3). Please also note that as of the time of this Report's submission, none of the defendants referred to the project have been assessed as a Level 4.
[45] Level 1 = 6 months of treatment; Level 2 = 9 months of treatment; Level 3 = 12 months of treatment. There is not currently capacity to provide treatment for Level 4 offenders.

The multi-disciplinary team (MDT) approach requires regular monthly meetings involving probation, DV treatment providers, system advocates, community advocates, and other stakeholders as needed (e.g. substance abuse counselors). During these meetings, information related to each individual's case is shared and discussed, as well as scheduling issues, planning, ongoing monitoring, and requests for court intervention. One of the functions of the MDT is to review new assessments and come to a consensus about the appropriate level of treatment recommended by the assessor. Also discussed is participant progress in DV treatment or in other behavioral health/substance use disorder (SUD) programming prior to DV treatment, as well as any adjunct treatment recommendations. In addition, prior to any participant completing their program, their file is reviewed by the MDT for final approval. In that way, such decisions are not left solely to the discretion of a single treatment provider.

For participants in the DVIP, there is a structured court review schedule at 60 days, 180 days, and 365 days. The factors that are evaluated at each review hearing include whether there have been new convictions or cases filed; whether treatment has been terminated by the provider; and whether there has been compliance with probation. The participant is also asked to provide feedback about the program by the judge.

Although participants are ordered to pay for treatment on a sliding scale,[46] participants in the DVIP will not be removed from treatment for failure to pay.[47] The

[46] $25 per week or $100 per month minimum.
[47] Please refer to Appendix D for a statement regarding the financial impact of this policy on DV treatment programs.

City of Seattle has contracts with different treatment programs, and their performance contracts require provision of treatment to a certain number of indigent participants.

Qualitative and quantitative data is currently being collected by the City of Seattle: from June 2018 through July 2020 there were 183 referrals to the DVIP with 18 participants successfully completing DVIP within that timeframe.[48] The City of Seattle it is also working with researchers at the University of Nebraska to evaluate the pilot.

Whatcom County/City of Bellingham Pilot Project

The pilot program in Whatcom County[49] is a fee-for-service model whereby domestic violence intervention treatment programs will be reimbursed for the provision of services to indigent defendants. The purpose of the project is to "increase availability of quality treatment services for perpetrators of domestic violence" which are "often ordered by the courts as part of criminal justice proceedings in an effort to reduce future harm and reduce incarceration."[50]

This project is funded jointly by Whatcom and the City of Bellingham.[51] Their formula for reimbursement takes into consideration administrative costs and that different programs charge different amounts for their DVIT services. As noted on page 9 of the DVPOTS Implementation Guide, anticipated reimbursement rates for DVIT program expenses are:

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[48] Please refer to Appendix C for data regarding the status of all DVIP referrals, June 2018 to May 2020.
[49] Please refer to Appendix E for Whatcom County's "Domestic Violence Perpetrator Opportunity for Treatment Services (DVPOTS) Implementation Guide."
[50] *Id.*
[51] Both the County and the City will each be allocating $20,000 for next year, for a total of $40,000. The County, through the Probation Department will administer the funds from both jurisdictions.

- DVIT Behavioral Assessment = $300
- DVIT Individual or Group Session = $50

The minimum time for attendance is differentiated, and treatment may be required beyond the minimum time frame. This pilot addresses the differentiated time frames by providing funding for clients up to a maximum amount of sessions, which takes into consideration additional sessions beyond their minimum, depending on their level of treatment. The minimum treatment lengths for each level of DVIT are as follows:

- Level 1: 6 months of weekly group sessions
- Level 2: 9 months of weekly group sessions
- Level 3: 12 months of weekly group and/or individual sessions
- Level 4: 18 months of weekly group and/or individual sessions

This pilot project has just begun. According to Bruce Van Glubt, Administrator, Whatcom County District Court and Probation, as of October 19, 2020, there were three defendants enrolled in the program.

Okanogan County Remote Treatment Pilot Project

Okanogan County has had the challenge of very limited availability of treatment providers over past 30 years. It is the largest county geographically in WA and has very limited public transportation. The county is working with two treatment programs to

provide remote intake assessment and treatment: Pathways to Family Peace,[52] located in Minnesota, and Alternative Education Solutions,[53] located in Arizona.[54]

The process begins with a person being referred to probation department for an intake assessment. If the court orders DV treatment, probation gives them information on the two providers, and they are required to contact one of those programs to set up a full assessment. Probation monitors compliance, and schedules a court hearing if there are issues. The court also sets compliance review hearings in cases where more frequent court interaction is necessary.

Technology used for this Remote Treatment Pilot Project is either GoToMeeting or Zoom. For participants lacking access to internet or computer, the District Court set up a laptop in a dedicated room and a kiosk at the courthouse that only has ability to access programs used for treatment. Facilitators can determine if participants are engaged because the sessions are via video. If someone clicks out of session, their screen goes blank. Court administrative costs outside of providing laptop, television, and dedicated room are minimal.

[52] http://www.minnesotaironwoman.com/pathways-to-family-peace.html.
[53] https://www.aesmain.com/.
[54] These programs are not certified under WAC 388-60B, but are certified within their own states.

Figure 4

Remote Treatment Program Costs for Participants		
	Intake Assessment	**Group Sessions**
Pathways to Family Peace (28-week program)	$25	$10 per session if unemployed $15 per session if employed part-time $20 per session if employed full-time
Alternative Education Solutions	$75	$680 for 6-month program $1,320 for 12-month program

Okanogan County has $10,000 of funding for 2020 and the same amount for 2021 from treatment court tax funds[55] to assist indigent defendants, which are a large majority of the participants. The next step in the pilot project is setting up data collection and tracking. Pathways to Family Peace is also being studied by Durham University with the purpose/goal of comparing this process to the traditional in-person treatment model.

DV-MRT Evaluation

As a part of the Washington State Supreme Court Gender and Justice Commission's renewed study of the nature and impact of gender bias in Washington State courts, it is implementing several pilot projects or studies. For our purposes, significantly one of the pilot projects selected, is the evaluation of several representative DV-MRT programs in Washington State.

[55] This refers to the 1/10th of 1 percent tax to fund behavioral health, including treatment court, discussed on p. 21, footnote 27 of this Report.

This pilot was initially proposed by the previous DV Perpetrator Treatment (Section 7 Workgroup). The 2018 report found that traditional domestic violence treatment programs are not affordable or available for defendants in some jurisdictions. Additionally, the 2018 report stated that DV-MRT was being used in some jurisdictions as a way to address those reported barriers. The intention of the GJC MRT pilot is to examine the process and outcomes of the DV-MRT program currently implemented in different jurisdiction throughout Washington State, as there are no known evaluations of this approach to-date.

The Commission has contracted with Washington State University for Dr. Amelie Pedneault of the Department of Criminal Justice and criminology to complete the evaluation by the end of May 2021. The Washington State Center for Court Research is also providing technical support and guidance in the development of the evaluation. The findings of this evaluation may help to support an alternative to traditional DV perpetrator treatment when the cost is prohibitive and the case warrants.

The "Insurance Option"

Domestic violence is a significant public health issue. Not only are victims at a higher risk of developing injuries, mental health disorders or chronic infections and diseases,[56] but they are also more likely to die. With estimates of 19% of women and 9% of men in Washington experiencing domestic violence during their lifetimes,[57] payment

[56] Mitchell C. and Anglin D., eds. "Intimate Partner Violence: A Health-Based Perspective." Oxford University Press (2009).
[57] "Domestic Violence," Washington State Department of Health (2013).

by insurance companies for preventative services such as domestic violence perpetrator treatment could reduce the medical costs associated with domestic violence. This was previously recommended by the Section 7 Work Group.[58]

Health insurance companies require a treatable diagnosis based on the ICD-9 or ICD-10 codes[59] to provide coverage for treatment services; however, the fact that a diagnosis has a code does not guarantee insurance coverage. The treatable diagnosis codes[60] for participants in domestic violence perpetrator treatment are not presently covered.[61] The first step to funding DV Perpetrator Treatment through health insurance would be for the insurance commissioner to classify it as a covered diagnosis, perhaps identifying it as a public health issue.

Next, a credential unique to Domestic Violence treatment providers would need to be established. In order to make a diagnosis, a counselor must be appropriately credentialed by the Department of Health (DOH), which would exclude a significant number of domestic violence treatment providers who would not qualify for a master's level counseling credential. Currently, to make a diagnosis, domestic violence

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[58] "Domestic Violence Perpetrator Treatment: A Proposal for an Integrated System Response (ISR)" (2018) at pp. 52-53, available at https://www.courts.wa.gov/content/publicUpload/GJCOM/DV_Perpetrator_Treatment_Sec7.pdf.

[59] http://www.dr-bob.org/tips/dsm5a.html.

[60] E.g. 995.81- Spouse or partner violence, physical, confirmed, initial encounter; 995.81- Spouse or partner violence, physical, confirmed, subsequent encounter; V61.12/Z69.12- Other circumstances related to spouse or partner violence, physical, encounter for mental health service for perpetrator of spouse or partner violence

[61] Adding a new diagnosis code in the DSM is not unheard of. In 1980, the American Psychiatric Association added PTSD to DSM-III, which stemmed from research involving returning Vietnam War Veterans, Holocaust survivors, sexual trauma victims, and others.

perpetrator treatment providers must hold a counseling credential[62] from DOH. Unlike substance abuse treatment providers who have the Substance Use Disorder Provider (SUDP) credential and are allowed to diagnose only those diagnoses specific to substance use disorder (SUD), there is no DOH credential specific to domestic violence treatment providers.

Finally, reimbursement rates sufficient to sustain program operating costs would need to be established. Below is an example of current reimbursement rates for mental health and substance use disorder treatment:

Figure 5

Service (60 min.)	**Medicaid Reimbursement Rates[63]**		**Private Insurance Reimbursement Rates[64]**	
	Mental Health	**Substance Use Disorder**	**Mental Health**	**Substance Use Disorder**
Group	$15.80	$33.40	$26.80	$44.13
Assessment	$81.80	$132.45	$89.72	$108.65
Individual Session	$79.60	$88.60	$81.93	$81.33

In addition to facilitating group or individual treatment sessions, domestic violence intervention providers devote a significant amount of time to administrative tasks that are non-billable but essential to the provision of ethical domestic violence intervention. These tasks include the following: monthly reports; progress notes;

[62]E.g. agency affiliated counselor, certified counselor, licensed mental health counselor (and associate), licensed independent certified social worker (and associate), licensed marriage and family therapy counselor (and associate), psychologist.

[63] https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/provider-billing-guides-and-fee-schedules. Please note that Medicaid reimbursement rates may fluctuate depending on the service area.

[64] This information was shared by the DSHS Domestic Violence Treatment Program Manager from a program that provides DVIT, mental health, and substance use disorder treatment.

reviewing group homework and providing feedback; preparation for group; preparation for assessments including reviewing court documents, collecting necessary information from clients and releases of information, reviewing that information; completing the assessment and writing it up so that is in compliance with WAC 388-60B; and victim contact. For those cases involved in family court or with the Washington State Department of Children, Youth & Families, there is more administrative time as there is typically greater contact from attorneys, victims, and clients themselves outside of group or individual sessions.

There are additional concerns identified by victim advocates related to establishing a "DV diagnosis." One of the hallmarks of domestic violence is perpetrator minimization or denial of their abuse behaviors, and a mental health diagnosis may be another way they would justify such behavior.[65] Attaching a diagnosis to abusive behavior could also blur the line between actions that are perceived as unchangeable and out of an abuser's control instead of actions that they committed of their free will.[66] Further, many perpetrators of domestic violence are themselves former victims. As such, there may be unintended consequences for survivors/victim-defendants[67] who may take a plea that involves a DV designation.

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[65] https://www.thehotline.org/2016/08/30/narcissism-and-abuse/.

[66] *Id.*

[67] The term "victim-defendants" refers to domestic violence defendants who are also victims of ongoing abuse by an intimate partner. Victim defendants include survivors of ongoing abuse who: used violence in self-defense; used violence for some other reason; or did not use violence and were wrongly arrested. In addition, abusers sometimes force or coerce their partners to engage in other criminal activities. Research indicates an increase in the number and percentage of women arrested for domestic violence offenses around the country, which is significant because research on domestic violence prevalence has shown that the majority of domestic violence survivors are women. Crager, M., Cousin, M., and Hardy, T. "Victim-Defendants: An Emerging Challenge in Responding to Domestic Violence in Seattle and the

A criminal record can have long-term impacts on survivors of abuse, including a loss of: custody of their children; housing; employment the option of calling 911 for future violence; and access to support services for survivors. Compilation of Washington State Fatality Reviews by the Washington State Coalition Against Domestic violence (WSCADV)[68] has shown that 31.4% of domestic violence victims killed by an abuser had at least one criminal charge against them prior to their death: 6.8% had a domestic violence criminal charge against them; 12.9% had a criminal charge related to substance abuse.

Conviction for a domestic violence crime can bar access to critical resources and rights for survivors[69] including,

- employment opportunities in childcare, counseling, teaching and healthcare;
- civil rights, including the right to vote, to serve on a jury, or to hold public office;
- access to public housing;
- eligibility for welfare benefits; and
- residency in the United States, as convictions for certain types of crimes can result in deportation.

King County Region," King County Coalition Against Domestic Violence (2003), available at https://endgv.org/wp-content/uploads/2016/03/victimdefendantfinalreport111.pdf.

[68] https://wscadv.org/resources/washington-state-fatality-review-reports/.

[69] *E.g.* "Some Issues to Consider When DV Survivors Are Charged with DV-Related Crimes," King County Coalition Against Domestic Violence (2003), available at https://endgv.org/wp-content/uploads/2016/03/Vic-DefIssuesforJudges1.pdf; *see also* Restoration of Rights Project (search for Washington state), https://ccresourcecenter.org/restoration/.

A report entitled *Domestic Violence in Communities of Color* by the Women of Color Network (WOCN) summarizes the disproportionate criminalization of Black, Indigenous, and Women of Color.[70] The report includes this excerpt: "Black survivors are disproportionately more likely to be criminalized by the legal system…. Black/African/African American women are routinely arrested at higher rates of domestic violence. Often, victims are arrested when the act of violence is only in self-defense against battering when calling the police for assistance. When Black/African/African American women make contact with the legal system, they often experience institutional violence perpetrated by police officers and the justice system itself."[71] From the broader perspective of sending people to treatment with the hope that the intervention will change their behavior, a diagnosis could present additional barriers down the way for success, particularly for those from marginalized communities.[72]

Work Group Recommendation re: Funding for Domestic Violence Intervention Treatment (DVIT)

Adopt one -- or a combination of -- the three funding strategies discussed in this section: the insurance option, state funding, or support a Behavioral Health Team at the Administrative Office of the Courts-- to adequately fund domestic violence intervention

[70] https://wocninc.org/wp-content/uploads/2018/11/DVFAQ-1.pdf.
[71] *Id.*
[72] *E.g.* Overstreet, N. M., & Quinn, D. M. The Intimate Partner Violence Stigmatization Model and Barriers to Help-Seeking. *Basic and applied social psychology*, *35*(1), 109–122 (2013), available at https://doi.org/10.1080/01973533.2012.746599; Wong, E. C., Collins, R. L., Cerully, J., Seelam, R., & Roth, B. "Racial and Ethnic Differences in Mental Illness Stigma and Discrimination Among Californians Experiencing Mental Health Challenges." *Rand health quarterly*, *6*(2) (2017) at p. 6.

treatment. They are discussed in order of our perceived complexity and cost to implement, with the insurance option likely to be the most complex and costly. Supporting a Behavioral Health Team within the Administrative Office of the Courts could be a first step to provide necessary support for domestic violence intervention in some jurisdictions, including oversight of pilot projects.

Removing Geographical Barriers to DVIT

Washington is a geographically large state with a limited number of treatment providers, particularly in rural areas on the east side of the state.[73] When WAC 388-60B was implemented in June 2018, remote treatment was addressed in WAC 388-60B-0345. When a participant lives in an area without a state-certified DVIT program, or a physical disability that prohibits them from attending in-person, or other good cause, then a state-certified DVIT may request an exception from DSHS for that participant to attend treatment via live video. At the time the new WAC went into effect, very few DVIT programs had the technology and experience to provide that treatment online.[74] However, over the 18 months following the implementation of WAC 388-60B, DSHS did grant about a half dozen exceptions for participants to attend DVIT via video with state certified DVIT programs.

Once the COVID-19 pandemic hit, many more DVIT programs quickly implemented online treatment programs and DSHS issued a time-limited blanket

[73] Please refer to Appendix F for a map of treatment program locations in Washington State.
[74] Okanogan County began working with programs in Minnesota and Arizona, as discussed on pp. 29-31 of this Report due to a lack of remote treatment options in Washington.

exception for participants to receive assessments and attend treatment online for safety reasons.[75] As of April 2020, 38% of DVIT programs in Washington shifted to online only provision of services and 22% provide some combination of online and in-person treatment.

Post-COVID, we anticipate that several DVIT programs will continue to have the ability to provide online treatment when needed, and when the conditions in WAC 388-60B-0345 are met. DSHS will indicate which programs are willing to provide treatment via live video on their list of DVIT programs online here: https://www.dshs.wa.gov/esa/community-services-offices/domestic-violence-intervention-treatment. Okanogan County could also be a model for provision of DV intervention treatment for delivery of services to those who may not have access to a computer or internet via their kiosks in the courthouse. Additional kiosk sites are in development around Okanogan County to lessen transportation burdens. Although there are still equity issues with internet access,[76] access points are becoming more available statewide via "drive-in WiFi"[77] to try to address the issue of limited access.

Advantages to the adoption of a remote treatment option would be applicability of this model to groups for female offenders, non-English speakers, etc. Where an in-person group for a specific population may not be held if there were too few

[75] A waiver for WACs 388-60B-0400 (6)(a) and 388-60B-0345 (1) was re-issued to allow DVIT programs to conduct assessments, group and individual sessions online during the pandemic through December 31, 2020.
[76] *See e.g.* https://www.seattletimes.com/seattle-news/disconnected-in-isolation-how-the-coronavirus-pandemic-shed-light-on-the-digital-divide/.
[77] https://www.commerce.wa.gov/building-infrastructure/washington-state-drive-in-wifi-hotspots-location-finder/.

participants, remote treatment would be an option. It also mitigates potential excuses for not attending, such as inability to travel or illness. During the COVID-19 pandemic, people are becoming more adept at using technology such as Zoom, although some may have more limited access as discussed above.

The remote provision of DVIT does present some unique safety risks to DV survivors, however. For example, when DVIT is provided remotely, the DV perpetrator is not out of the house attending group. Additional steps need to be taken to ensure that the participant is in a secure setting (e.g. their car) where the content of the group cannot be used against their victim. There is also no way to verify that DVIT participants are free of substance use when they attend treatment remotely. Due to the COVID-19 pandemic, there are several resources regarding best practices for the provision of remote advocacy and protection of confidentiality that could be referenced to address some of these issues.[78]

Work Group Recommendation re: Removing Geographic Barriers to DVIT

Although in-person treatment is preferred by most treatment providers and participants, virtual treatment options by state-certified Washington programs should continue to be supported after the COVID-19 pandemic. This could include "hybrid" models for treatment that have both virtual and in-person components. Adequate financial support for DVIT via one of the funding options discussed in the preceding section could allow programs to continue to staff remote treatment options for those

[78] *See e.g.* https://nnedv.org/latest_update/resources-response-coronavirus-covid-19/; https://www.techsafety.org/digital-services-during-public-health-crises; https://www.techsafety.org/resources-agencyuse/mobilecomputing-bestpractices.

who do not have local DVIT program options. The listing of DVIT programs offering remote treatment options, including whether they will offer those services to participants residing outside of their county will be a helpful resource for courts referring to DVIT. Additional measures to promote victim safety and to reduce "treatment shopping" should be adopted when virtual treatment options are made available.

Providing Culturally Competent Treatment

> "By culture, we mean the commonly shared, largely taken for granted assumptions about goals, values, means, authority, ways of knowing, and the nature of reality and truth, human nature, human relationships, and time and space, that a group has learned throughout its collective history."[79]

Cultural competency requires understanding where, how, and why culture matters and influences peoples' perceptions of justice and fairness, motivations, and communication, and developing "system capacity for culturally appropriate service delivery that helps individuals successfully navigate the courts and justice system, process information, make wise decisions, and understand and comply with court orders."[80] Due to the complicated nature of domestic violence, interventions should be culturally responsive.[81]

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[79] John A Martin, Marcus Reinkensmeyer, Hon. Barbara Rodriguez Mundell, and Jose Guillen, "Becoming a Culturally Competent Court (2007), available at https://www.courts.ca.gov/partners/documents/CultComp.pdf#:~:text=Moreover%2C%20cultural%20competency%20also%20means%20developing%20individual%2C%20organizational%2C,decisions%2C%20and%20understand%20and%20comply%20with%20court%20orders.

[80] *Id.*

[81] *See e.g.* NeVilles-Sorell, Jeremy. "Culturally-Based Abusive Partner Intervention in Native American Communities." Center for Court Innovation (2017), available at https://www.courtinnovation.org/sites/default/files/media/documents/2020-09/Monograph_APIP_Native_American_08262020.pdf; "Working Together to End the Violence," Office on Violence Against Women Annual Report, Tribal Consultation (2017), available at

A first step in assessing cultural competency of treatment is collecting and evaluating data behind who gets treatment and who does not, and how that breaks down along race, gender, and income lines. This will be critical in assessing equity of DVIT in Washington State—for example, do those who can afford to pay for treatment get better consideration in the court system that those who cannot? The Administrative Office of the Courts has submitted a budget proposal for a full-time research position that will work within the Office of Innovation to "focus on research related to race, gender, foreign and signed language groups, and how the courts interact and administer justice to such historically marginalized groups."[82] This evaluation is an "unmet research need" as referenced in the budget proposal, and is research that might be prioritized if this position is funded. Currently, outside of DVIT offered in languages other than English, there is no statewide list of programs that provide culturally specific treatment options for people of color, Indigenous people, people living in poverty, and LGBTQ+ people. As such, it is unclear whether these culturally specific treatment options are available.

In terms of cultural competency related to language access, we are aware that there are a very limited number of DVIT programs offered in languages other than

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https://www.justice.gov/ovw/file/1046426/download; Parra-Cardona, J.R., Escobar-Chew, A.R., Holtrop, K., Carpenter, G., Guzman, R., Hernandez, D. & Ramirez, D.G. "En el Grupo Tomas Conciencia (In Group You Become Aware) Latino Immigrants' Satisfaction with a Culturally Informed Intervention for Men Who Batter. *Violence against women,* (1): 107-32 (2013).

[82] Please refer to Appendix G.

English, and Spanish is the only other language offered by treatment programs in both eastern and western Washington:[83]

Figure 6

DVIT Programs Offered in Languages Other Than English		
Language	**Number of Programs**	**Program Location(s)**
Cambodian	1	Tacoma
Chinese	1	Seattle
Korean	2	Tacoma, Seattle
Spanish	14	Burien, Ellensburg, Kennewick, Lynnwood, Mount Vernon, Pasco, Renton, Spokane, Spokane Valley, Sunnyside, Wenatchee, Yakima
Vietnamese	1	Tacoma

Work Group Recommendations re: Culturally Competent Treatment

Culturally competent DV interventions should be supported to better serve participants and promote greater recidivism. Adequate funding of DVIT and DSHS staffing would support expanded access to culturally specific treatment options by allowing outreach and provision of DVIT training to counselors from these communities so that they might either start their own programs or join existing programs.[84]

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[83] https://www.dshs.wa.gov/sites/default/files/ESA/csd/documents/dv/DVIT%20Programs%20by%20NAME.pdf.

[84] Please also refer to the narrative by Annie Murphey regarding the closure of DV intervention service providers who provided services to Tribal communities in the Spokane area due to lack of DVIT funding on p. 19 of this Report.

Additionally, supporting the Administrative Office of the Courts' budget proposal for a researcher within the Office of Innovation could fulfill unmet research needs related to access to DVIT.

Supporting Education Regarding New Laws and Regulations

Since the last convening of this work group, there have been significant changes related to the regulations surrounding DV treatment and a refinement to the DV definition. According to work group participants across disciplines, there is a great sense of mystery or ignorance about these changes that is pervasive statewide. Many of the disciplines represented on the work groups have an education and training infrastructure that is already established; however, apart from introductory trainings for those entering the profession (e.g. judicial college, law enforcement training institute) there are not mandatory DV education requirements. Other disciplines (e.g. probation, court clerks, and DVIT providers) do not have an infrastructure and/or budget to support ongoing education and training.

WAC 388-60B

When WAC 388-60B went into effect in June 2018, the standards governing DV perpetrator treatment[85] that were previously in effect were completely repealed and replaced. The new standards replaced the one-size-fits-all approach (which applied to all DV offenders without differentiation between intimate partners, roommates, siblings and parents) to DV intervention treatment (DVIT) with differentiated treatment levels

[85] The standards set out in WAC 388-60B only apply to intimate partner violence.

for intimate partner domestic violence offenders only, and require that the treatment be evidence-based.

Currently there are approximately 72 certified DV perpetrator treatment programs in Washington. Only one full-time program manager at the Department of Social and Health Services (DSHS) does all of the following for *all* of the DV services in our state: compliance reviews, complaint investigations, the processing of applications for certification, technical assistance, chairing an advisory committee, legislative bill analysis, and providing training to programs and other stakeholders. Given the range of the program manager's duties, there is limited capacity to provide the full scope of training to stakeholders and DVIT programs that is needed after the implementation of WAC 388-60B. The program manager continues to receive information from DVIT staff and clients that crucial stakeholders, including judges and probation officers, are not aware of the new standards in WAC 388-60B, and that they are even now operating from the prior and outdated standards.

Additionally, although the DVIT programs in the state have made great adjustments in their policies, procedures, and forms, they are still in need of additional training. The department has conducted onsite reviews of about 30 DVIT programs since the implementation of WAC 388-60B, and common areas of non-compliance have been indicated. It will take the current program manager three years to conduct on-site reviews of all DVIT programs. Optimal staffing levels would include two additional full-time employees.

DV Definition Refinement

The prior Section 7 Work Group, along with the prior Section 8 Work Group recommended refinement of the DV definition. Effective July 28, 2019, the definition of Domestic Violence was bifurcated to distinguish between domestic violence cases involving intimate partner violence and those involving violence between family or household members who are not current or former intimate partners.[86] As specified in the legislative intent, *this change was made to facilitate discrete data analysis, and the legislature did not intend for this to be a substantive change*.

Prior to the passage of this legislation, the legal definition of domestic violence in Washington encompassed a wide range of relationships[87] without differentiation, whereas the behavioral and federal definitions of domestic violence were more narrowly focused on intimate partners.[88] Under that statutory construct, data collected by the Administrative Office of the Courts tracked cases with a Domestic Violence designation or 'flag'; however, it did not distinguish between the parties' relationships. This made it difficult for researchers to compare and evaluate Washington data in order to validate risk assessment tools designed to measure the future risk of serious injury and death. Researchers who participated on the E2SHB 1163 DV Work Groups from the

[86] 2019 Wash. Sess. Laws Ch. 1387

[87] "spouses, former spouses, persons who have a child in common regardless of whether they have been married or have lived together at any time, adult persons related by blood or marriage, adult persons who are presently residing together or who have resided together in the past, persons sixteen years of age or older who are presently residing together or who have resided together in the past and who have or have had a dating relationship, persons sixteen years of age or older with whom a respondent sixteen years of age or older has or has had a dating relationship, and persons who have a biological or legal parent-child relationship, including stepparents and stepchildren and grandparents and grandchildren." 1995 c 246 § 21.

[88] *See* "Domestic Violence Bench Guide for Judicial Officers" (Rev. 2015), Chapter 2, pp. 2-4.

Washington State Institute for Public Policy and the Washington State Center for Court Research indicated that research about risk assessment tools and intimate partner violence in Washington was difficult under the broad definition of domestic violence.

It was determined that the best way to differentiate between intimate partner DV cases and DV cases involving family or household members in non-intimate relationships would be to bifurcate the DV definition in existing statute, without any change to relief available to victims. This refinement to the definition will enable more accurate data collection about domestic violence cases in order to evaluate domestic violence risk assessment practices; more accurately assess risk; assess the effectiveness of court-ordered DV perpetrator treatment; and to promote consistency between the justice system and partner professionals.

In conjunction with the definition refinement, there is a need for training and outreach among judges, court staff, prosecutors, defense attorneys, and other stakeholders to ensure compliance with how DV are cases filed under the new categories, and standardization of how case data is entered, to enable the intended data collection for future study. This includes training for court clerks whose accurate entry of data is critical to future research efforts.[89]

Other Current Training Initiatives

Part IV of E2SHB 1517, charged the Harborview Center for Sexual Assault and Traumatic Stress (HCSATS) with development of a training curriculum for delivery of

[89] Due to the interaction of court clerks with the public, including those seeking protection from the court, this training should also include introductory and ongoing training on the dynamics of domestic violence.

domestic violence perpetrator treatment that "incorporates evidence-based practices and treatment modalities consistent with the Washington Administrative Code provisions adopted by the Department of Social and Health Services."[90] The goal of this curriculum development is to promote a common framework for treatment and to help with future evaluation. The manual, which was published in July 2020, provides an additional resource for the WA State response to Intimate Partner Violence (IPV). It is a session-by-session curriculum to support the work of Domestic Violence Intervention Providers (DVIP). This guide also meets the requirements in the WAC (388-60B) governing domestic violence intervention.

According to Amie Roberts, the Domestic Violence Treatment Program Manager at DSHS, "[t]his curriculum is part of a much bigger vision to bring about high quality, evidence-based, and effective domestic violence intervention treatment for those who have perpetrated intimate partner violence." It is a first of its kind open source manual for DVIT providers that is grounded in cognitive behavioral therapy. The Department of Social and Health Services is simultaneously creating an introductory 30-hour training for domestic violence treatment providers, with input from an advisory committee. As of now, this training is not standardized, so this will ensure that services for DV perpetrators are provided in a way that is fair and consistent across the State of Washington.

[90] Laws of 2019, chapter 263.

This manual, related exercises, and webinar, are currently available on the Department of Health and Human Services' DV Intervention Treatment webpage.[91] The manual is also available on the Legislative Page of the Gender and Justice Commission's website under E2SHB 1517.[92]

Training Delivery Method

The work group conceded that live trainings are ideal due to the ability to ask and respond to questions in the moment, alternatives to and supplementation of in-person trainings are necessary to reach a broader audience more rapidly and economically. Trainings that are available online can be easily accessed and shared across the whole state, are less costly that in-person trainings, can be easily reviewed when there is turnover, and more easily updated. A key consideration with regard to online delivery on the training topics above is which entity would "host" that information and conduct trainings.

Work Group Recommendations re: Supporting Education

- Provide additional funding to DSHS to support necessary training to DVIT providers and compliance reviews.
- Require annual mandatory DV-related education for system stakeholders, including judges, prosecutors, defense attorneys, probation, and law

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91 https://www.dshs.wa.gov/sites/default/files/ESA/csd/documents/dv/CBT%20for%20IPV%20Guide%20with%20Handouts%20UW%20Harborview%20Curriculum.pdf.

92 http://www.courts.wa.gov/?fa=home.sub&org=gjc&page=Legislative&layout=2&parent=work.

enforcement. This will ensure increased awareness related to new laws and regulations.

- The work group developed a proposal for judicial education related to the new WACs governing treatment, which the Gender and Justice Commission submitted to be considered for inclusion in the spring conferences for district, municipal, and superior court judges. [93] If the training is conducted virtually or recorded, it is hoped that the training could be modified, replicated, and/or tailored for use by other disciplines.

Facilitating Access to High Quality Information

Better practice in information sharing is critical. The quality of any assessment is dependent upon the quality of the information available to the assessor. The recent unpublished *State v. Patel*[94] case from the Court of Appeals, Division III, highlights many of the related issues; the positive outcome was the result of fortuity, not good information-sharing practices. In this case, the defendant Patel received a deferral via a stipulated order of continuance (SOC) on multiple DV charges on the condition that he continue to undergo and "successfully complete and follow any further treatment recommendations in his DV/anger management treatment" and the district court's Moral Reconation Therapy (MRT) program. He was also required "to follow any substance abuse treatment recommendations and provide proof of successful

[93] Please refer to Appendix H for DVIT education proposals formulated by the work groups and submitted by the Gender and Justice Commission for consideration at the 2021 conferences for district, municipal, and superior court judges.
[94] https://www.courts.wa.gov/opinions/pdf/367321_unp.pdf.

completion of previous substance abuse treatment." The defendant falsified information to providers when getting assessed, which only came to light due to the defendant's testimony during a deposition in a civil case. As a result of fortuitous communication between the civil litigation and the criminal case, his SOC was revoked and the court ultimately sentenced the defendant to a standard range sentence of 60 months' confinement and 18 months of community custody. This information exchange and communication needs to be institutionalized, not merely fortuitous.

In addition to having sufficient information to support decisions and management of pending cases, data needs to be collected as a part of any research conducted about DVIT in order to analyze its efficacy. Some of the data that researchers need to be able to access include the frequency with which DVIT is ordered, what level of DVIT is ordered, how many times an individual has been ordered into DVIT, completion rates,[95] and reasons for noncompliance (e.g. financial or other).[96] Additionally, pursuant to recommendations from both of the previous E2SHB 1163 DV Work Groups, the Legislature refined the domestic violence definition to differentiate between cases of intimate partner violence and cases of violence between other family or household members. The purpose of this amendment was for better analysis of the efficacy of treatment; however, we recently learned that the relationship data field is

[95] The Washington Coalition Against Domestic Violence (WSCADV) in compiling its fatality reviews found that "Judges ordered domestic violence batterer's intervention in only five cases of the fifty-five domestic violence incidents in which prosecutors filed charges. Of these, only two abusers actually completed the program. *See* "Up to Us." WSCADV (2010) at p. 40, available at: http://wscadv.org/wp-content/uploads/2016/12/2010-dvfr-report.pdf.

[96] Some of this information is already tracked by the Administrative Office of the Courts; however, the data entered and submitted by different jurisdictions is not uniform.

optional for court clerks entering case information to complete. This has resulted in a high number of cases where the relationship field is entered as "unknown" or left blank, making it impossible to differentiate between the two categories of domestic violence. We recommend that entry of this information be made mandatory.

Moving forward, if the "Realizing Change Through Research" proposal[97] that is being considered by the Administrative Office of the Courts is submitted, regular data pulls may be part of this position's role to ensure that data is being captured in a way that is useful for analysis. Washington has invested significant resources in revising the Washington Administrative Codes that govern DVIT, but if we are not collecting the right information, these changes do not matter. If we cannot assess its efficacy, we are not in a position to evaluate and improve it. In other words, there needs to be better data collection.

Improving Data Collection and Sharing

The work group has identified the following issues with current information-sharing practices:

- Victim information is not shared, and without a release of information,[98] victims are made to recount what happened at various points in the process, which can cause further trauma;
- Treatment providers are unable to access court documents, and offenders are also asked to retell their version of events, which can cause further trauma and promote self-serving behavior;
- Lack of access or knowledge about how to access court and DOC records;

[97] Please refer to Appendix G.
[98] The option for a release of information gives victims control over of what information is shared.

- Not every jurisdiction has probation or bandwidth to provide history and documents for the court at pretrial proceedings; and

- Uncertainty about the data fields collected by the Administrative Office of the Courts related to DVIT.

A critical priority is to ensure that the Administrative Office of the Courts (AOC) collects the raw data points necessary to support the new DV system. In addition to collecting data points related to "offenders" and "crime," there needs to be raw data collected that, if requested under an appropriate data sharing agreement, would ensure that treatment providers; researchers; and victim advocates have the necessary information to function adequately within the system. The Section 7 Work Group recommended a statewide information repository. Amie Roberts, Domestic Violence Treatment Program Manager with DSHS, has described how such a repository could work for treatment providers:

The repository could have all the information about a defendant that one could get from other sources anyway, but now would be in a centralized one-stop shop so to speak. That way, a DVIT program doing an assessment on John Smith could see that he had an incident report or no contact order from a previous relationship six years ago in Spokane, when he mentioned nothing of that during his assessment today in Seattle. There is a time delay for sure, and sometimes a barrier, for our programs to get police reports, background checks, [guardian ad litem] reports, etc. while doing an assessment. Having the information in a central location would be very beneficial for assessment accuracy and time preservation. It would be helpful if programs could search by a person's name or names and then narrow down by birthday or something like that. A picture would also be helpful. I imagine the information from the repository would be discoverable.

The pilot studies in the State of California, referenced previously in this Report on p. 25, require collection of the following data by the county pursuant to Assembly Bill No. 372 Chapter 290:[99]

- The offender's demographic information, including age, gender, race, ethnicity, marital status, familial status, and employment status.
- The offender's criminal history.
- The offender's risk level as determined by the risk and needs assessment.
- The treatment provided to the offender during the program and if the offender completed that treatment.
- The offender's outcome at the time of program completion, and six months after completion, including subsequent restraining order violations, arrests and convictions, and feedback provided by the victim if the victim desires to participate.

These provisions need to be mandated in Washington in order to properly evaluate WAC 388-60B.

Additionally, it is important that narrative fields be provided for the proper storage of victim/survivor information. As Amie Roberts stated, treatment programs need "police reports, background checks, [guardian ad litem] reports, etc. while doing an assessment." This means that in addition to numerical or tallying data fields, there needs to be computer storage and retrieval for narrative information—multiple narrative fields of 500 words or less-- to facilitate proper assessment for treatment and victim safety.

[99] Available at https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180AB372.

In a University of Massachusetts study entitled *Victim Satisfaction with Criminal Justice Case Processing in a Model Court Setting* (2003),[100] the researchers were able to compile data across six different domains as described below.[101] Particularly of note is the "statewide, centrally computerized record keeping system on restraining orders" providing up-to-date information on active orders:

> **Data Sources**
>
> **1. Offender's Criminal History Data**;
>
> **2. Civil Restraining Order Data** (In September, 1992, the State of Massachusetts implemented the Registry of Civil Restraining Orders: the first statewide, centrally computerized record keeping system on restraining orders. This registry is primarily designed to provide the police and courts with accurate and up-to-date information on the existence of active orders.);
>
> **3. Prosecutor's Office/District Court Data**;
>
> **4. Data on Study Defendants and Batterer Treatment Programs**;
>
> **5. Police Incident Reports**. (These reports were used to measure the officer's perspective and actions taken about the incident, what the call for service involved, characteristics of the incident, socio-demographics of the participants and their narrative description of the incidents and their stated response);
>
> **6. The Victim Survey**. (In addition to official criminal justice system data concerning our study incidents, we needed to capture the perspective of the victims on study incident. The interviews had three primary goals: (1) to obtain the victim's point-of-view about what she wanted from the criminal justice system, and how the criminal justice system responded to the domestic violence incident in which she was involved; (2) to get details about the study incidents and the context of the victim-offender relationship that are not typically available in official statistics; and (3) to hear directly from victims about the defendant's re-offending behavior.)

[100] *See* https://www.ncjrs.gov/pdffiles1/nij/grants/195668.pdf.
[101] *Id.* at p. 15.

The Massachusetts study and the California pilot legislation show that statewide requirements can be met and facilitate the centralization and utilization of much needed information.

Another method with which to remedy the lack of access to quality information is through increased outreach and education about information that is available, and from which source. A resource that would be extremely helpful to stakeholders might be a short, easy to understand checklist of how to obtain different types of information, which could be utilized until a data repository is in place. For example, how DV treatment providers could access court documents such as the "Certification for Determination of Probable Cause" that is included with charging documents in a criminal case and provides a summary of the investigation and evidence supporting the charge. This would improve knowledge and response, and is something that could be implemented immediately with information that already exists but is currently siloed.

Another non-technology option, as recommended by the prior Section 7 Work Group, would be to adopt a therapeutic court function to deliver treatment on the local level. Drug courts and other therapeutic courts routinely engage in "staffing" which involves the sharing of information across domains with other team members.

Recall that there is flexibility to adopt one of the following structural models based on resources and unique considerations of each jurisdiction: multi-disciplinary

team;[102] probation/supervision;[103] and calendar review (DOSA-like). There are over 100 different "therapeutic courts" in Washington to address different types of cases.[104] Based on a survey sent to all Municipal, District, Superior, and Tribal courts statewide, this work group learned there are very few therapeutic courts specifically dedicated to domestic violence, despite the fact that there are domestic violence cases in every jurisdiction.[105]

Additionally, if Court Rule 22 were amended to include therapeutic courts, as was also previously recommended by the 2018 Section 7 Work Group report,[106] then it would allow for the courts to emulate the long-standing "social file" model that has been used in juvenile court to protect individuals' information, similarly to the Adult Drug Court therapeutic treatment records. The proposed Behavioral Health Team (see Appendix B) could be actively involved in assisting courts with delivering services through one of the above-mentioned approaches, while simultaneously overseeing data collection. A downside to relying on this approach to allow access to quality information is that it is still siloed by jurisdiction, and not available on a statewide level.

Again, the more comprehensive, long-term solution would be the creation of a statewide information repository. While much of this data is already collected by the

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[102] An example of the multi-disciplinary approach is Seattle Municipal Court's DVIP. Regular meetings between court staff and treatment providers could help to clarify expectations about the flow of information. Another example is the approach employed by District and Municipal Courts in Kitsap County. The courts hold quarterly meetings with providers to discuss expectations regarding evaluations and compliance reports, as well as expectations for reporting violations. Agencies that do not comply do not receive treatment referrals. This approach would be a decision made at the local level.
[103] E.g. courts utilizing DV-MRT.
[104] *See* http://www.courts.wa.gov/court_dir/?fa=court_dir.psc&tab=1.
[105] Only King County District Court responded affirmatively that it operates a DV therapeutic court.
[106] Please refer to Appendix I for proposed amendments to Court Rule 22.

Washington State Administrative Office of the Courts (AOC),[107] due to the complexity and decentralization of the information collected, data analytics programs are needed to effectively utilize and analyze the data. This is a deterrent for those jurisdictions without the capacity or funds to employ analytics in seeking to evaluate DVIT data. Moreover, utility of the DVIT data is limited by inconsistencies in how the data is entered at the local level. Some of those inconsistencies may be minimized by changing data fields from "optional" to "mandatory" (as discussed previously on p. 52 of this Report) with regard to the relationship field. There will also need to be concurrent and ongoing training for court clerks and judicial officers to ensure uniform data entry across jurisdictions. We recognize that this solution would take longer to develop due to the cost. In addition, the following issues require careful consideration before any form of implementation:

- What is the appropriate entity to house the information and what platform[108] should be used to share information within and between jurisdictions?
- Who should have access to the information?
- Victim safety: What information will be collected, and how will it be shared?
- How to address confidentiality concerns for victims and offenders in an open courts environment?

[107] *See e.g.* Appendix J.
[108] E.g. MS Health 360.

During the COVID-19 pandemic, courts around the state of Washington shifted to conducting many of their operations remotely, with the use of technology.[109] As a result, courts have likely considered these questions with regard to virtual hearings, and lessons learned may be adapted for the information-sharing purposes discussed herein.

Another measure which can be useful prior to the development of a statewide information repository, is to follow statutory provisions made for interjurisdictional communication between both state and Tribal courts. This would permit judges to speak to one another to determine probation status of a defendant or party to a case in another court. There is already precedent for this type of interjurisdictional communication by telephone between Washington courts and courts in other jurisdictions as authorized in RCW 26.27.101[110] in child custody cases and in civil cases pursuant to an amendment to CR 82.5 which was recently adopted.[111]

Potentially, within the JABS/JIS system for cases in courts of limited jurisdiction and within Odyssey/Tyler for Superior Court cases, judges should be able to see all pending cases involving domestic violence, and would be able to follow-up with particular courts as more information is needed if the required fields were uniformly

[109] In a survey that the work groups sent out to municipal, district, superior, and tribal courts statewide, Zoom was the most widely-used technology platform for remote operations. Other platforms used include Cisco Webex, Microsoft Teams, Starleaf Videoconferencing, Google Meet, Skype for Business, and YouTube.

[110] Revisions should be made to this statute to include provisions for communication within 'this state' and 'including tribal courts located in this state or other states' to allow for more comprehensive information.

[111] https://www.courts.wa.gov/court_rules/?fa=court_rules.proposedRuleDisplay&ruleId=2700.

completed in every jurisdiction and compiled by the Administrative Office of the Courts. To promote greater transparency, the probation status for pending cases of a particular defendant or litigant could also be made available as an additional data field in the judicial information systems. This would be less time-intensive than calling different jurisdictions for detailed information, and it may also allow easier sharing with the prosecution and defense attorneys, who have a right to the information if it is used to inform decisions regarding custody.

Work Group Recommendations for Improved Information-Sharing

These recommendations should be implemented to promote improved information-sharing practices in DV cases:

- Require that the Administrative Office of the Courts (AOC) collect the raw data points necessary to support the new DVIT system created by WAC 388-60B. In addition to collecting data points related to "offenders" and "crime," there needs to be raw data collected that will ensure that treatment providers, researchers, and victim advocates have the necessary information, when requested under an appropriate data sharing agreement, to function adequately within the system. This must include either narrative fields or storage for actual police and other reports as stated above.
- Support increased outreach and education about information available to stakeholders in DV cases, and how to access. Development of an information checklist could be extremely helpful to stakeholders.

- Adopt a therapeutic court function to deliver treatment on the local level with a structural model (multi-disciplinary team, probation/supervision, or calendar review) based on available resources and unique jurisdictional considerations. This includes the "staffing model" and/or amendment of Court Rule 22 to include therapeutic courts, to allow for the courts to emulate the long-standing "social file" model that has been used in juvenile court to protect individuals' information. This approach could be supported by the proposed Behavioral Health Team.[112]
- Create a statewide information repository, both to facilitate informed decisions in individual DV cases and research on DVIT.
- Require the relationship field for parties in a domestic violence case be "mandatory" as opposed to "optional" when entered by court clerks. Otherwise, the DV definition refinement has limited utility for further research. Additionally, as quality control, it would be ideal to require regular data pulls to ensure the quality of data entered for research purposes.
- Provide for interjurisdictional communication by phone between state and tribal courts in the State of Washington.

[112] Please refer to Appendix B.

LEGISLATIVE MANDATE #2:
Monitor, evaluate, and provide recommendations for the implementation of the newly-established domestic violence treatment administrative codes.

The newly-established Chapter 388-60B of the Washington Administrative Code is a positive step for DVIT in Washington. Instead of the "one-size-fits-all" approach previously taken, there are now four levels of DVIT that can be ordered in cases of intimate partner violence, based on the individual's risk and needs. Unfortunately, however, lack of funding, education, and uncertainty regarding data collection threaten the efficacy of this progress.

First, the Domestic Violence Treatment Program within DSHS is understaffed. With current staffing, it is estimated, that to conduct the necessary training, outreach, and compliance reviews associated with implementation of 388-60B WAC with current staffing, it will take three years. This severely hampers the progress that has been made with regard to revising the WACs. Financial support to DSHS to provide adequate staffing [two additional full-time employees] related to training and compliance monitoring for the new WACs is critical.

Additionally, education for system stakeholders—judges, lawyers, advocates--regarding the new WACs governing DVIT should be prioritized. Those working on domestic violence need to be aware of these significant changes. It changes the options from a "one-size-fits all" treatment regime to a differentiated four-tiered treatment structure based on a risk-needs assessment and it is rooted in cognitive behavioral

therapy. It is particularly important for judges to receive training regarding the new changes to preserve public safety.

Finally, in order to assess the efficacy of the new WACs, there must be infrastructure to support collection of information to evaluate them. Some of the data fields necessary for researchers to evaluate them include how often DVIT is ordered and the level imposed; the number of times that a defendant has been ordered to complete DVIT, completion rates, and reasons for noncompliance with DVIT. This information should be compiled via the Administrative Office of the Courts to support evaluation of and improvement of this new treatment regime.

LEGISLATIVE MANDATE #3: Monitor, evaluate, and provide recommendations on the implementation and supervision of domestic violence sentencing alternatives in different counties to promote consistency.

Pursuant to Part V of E2SHB 1517,[113] the Legislature created a DV sentencing alternative (the DVOSA) which provides a drug offender sentencing alternative for an offender convicted of domestic violence. This alternative allows for a prison-based or residential chemical dependency program. This new alternative went into effect January 1, 2021. Given that 2020 has been consumed by COVID-19, which has required

[113] Available at http://lawfilesext.leg.wa.gov/biennium/2019-20/Pdf/Bills/Session%20Laws/House/1517-S2.SL.pdf?q=20201010195053.

a shifting of priorities for many state and local agencies and organizations, we have been unable to ascertain the status of implementation of this sentencing alternative.

Our understanding is that there are multiple components of implementation that must occur with regard to this new sentencing alternative. There is an education component; prosecutors and defense must be aware of the alternative to propose and advocate for its imposition during sentencing. As well, the courts must receive education about this new alternative and determining a defendant's eligibility. There is also an administrative component that must be overseen by Department of Corrections;[114] although many of the requirements for DOC related to the DOVSA were already in place, the presentence investigation requirement for this sentencing alternative is new.

There is also a data collection component to implementation of the sentencing alternative; in order to assess the efficacy of the DVOSA, coding to track this alternative must be put in place, including data fields to track compliance.

SUMMARY OF WORK GROUP RECOMMENDATIONS

- Adequately fund domestic violence perpetrator treatment. Funding options for treatment include insurance coverage or state funding of DVIT or the proposed

[114] Additionally, the risk tool development for Department of Corrections pursuant to Sec. 401 of E2SHB 1517 is a foundational component of this sentencing alternative. Unfortunately, progress on the risk tool has been stalled, as is discussed in greater detail in the E2SHB 1517 DV Risk Assessment Work Group's report.

Behavioral Health Response Team within the Administrative Office of the Courts to oversee allocation of funds to those who cannot afford DVIT. Multiple funding strategies may be employed.

- Promote pilot projects as a method of implementing and funding DVIT services and research.
- Support Washington State-certified DVIT remotely when needed to remove geographic barriers and other barriers.
- Support provision of culturally competent DVIT treatment.
- Support education and outreach through adequate DSHS staffing, requiring annual mandatory DV training for system stakeholders. Training regarding new WACs and DV definition refinement is necessary.
- Support better information-sharing practices by education, therapeutic court approaches, and/or a statewide information repository.

CONCLUSION

As was concluded in the Section 7 Work Group report, "success in restoring confidence in DVIT would come by implementation of innovative methods and instituting rigorous research and evaluation to ensure the efficacy of that innovative methodology."[115] In tandem with the newly-established Chapter 388-60B of the

[115] "Domestic Violence Perpetrator Treatment: A Proposal for an Integrated System Response (ISR)"June 2018 at p. 67, available at https://www.courts.wa.gov/content/publicUpload/GJCOM/DV_Perpetrator_Treatment_Sec7.pdf.

Washington Administrative Code, the Section 7 Work Group made recommendations to support an Integrated System Response, which the Legislature has taken steps to implement. There are, however, obstacles to implementation of these new codes, laws and recommendations; primarily inadequate funding for DVIT, lack of education and awareness, and limited access to information. Attention paid to these impediments will help to strengthen the DVIT infrastructure and reduce DV recidivism in Washington State.

We appreciate the opportunity to consider the issues related to DV intervention treatment and to formulate recommendations for improvement over the course of two years (E2SHB 1163 from 2017-2018 and E2SHB 1517 from 2019-2020). After much reflection in formulating these recommendations, we urge the Legislature to prioritize implementation of the recommendations from the E2SHB 1163 and E2SHB 1517 work groups. Moreover, further research and analysis is needed as detailed in this Report, and should be conducted by a research entity.

Appendix A

Washington State Supreme Court Gender and Justice Commission

May 6, 2020

Representative Roger Goodman
Chair, Public Safety Committee
State Representative, 45th District
Leg 436B
P.O. Box 40600
Olympia, WA 98504

Sent electronically

Re: E2SHB 1517 DV Work Groups- Delayed submission of reports due to COVID-19

Dear Representative Goodman,

Due to delays to work group activities as a result of the COVID-19 pandemic, we will not be able to submit our reports by June 30, 2020. In accordance with Governor Inslee's Executive "Stay Home, Stay Healthy" Order, the Washington State Supreme Court's closure to the public, and the fact that all but a few Administrative Office of the Courts employees and many court employees and other work group members are required to telecommute, we were not able to meet in person as planned on April 7th. We also determined that it was necessary to suspend all large work group activities from March 20th through May 5th, to allow work group participants to focus on court, employee, and personal health and safety priorities, and to address the impact that COVID-19 is having in their families, courts, and communities.

We plan to resume work group activities this month, with anticipated virtual meetings via ZOOM in June and September, and **we will endeavor to deliver our report by October 30, 2020**.

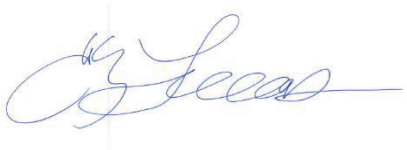
Additionally, as we have preliminarily discussed, we would welcome the opportunity to give a presentation on the work group report during the Committee Assembly meetings at the end of the year. We, along with Gender and Justice Commission Vice Chair, Judge Marilyn Paja, have tentatively marked our calendars for meetings on November 30th and/or December 1st. Once available, please advise us of your committee's schedule in this regard.

It is our understanding that there may be a special legislative session this summer. If that comes to fruition, and you have the opportunity to include a statutory adjustment to our report deadline to October 30, 2020, we would appreciate it.

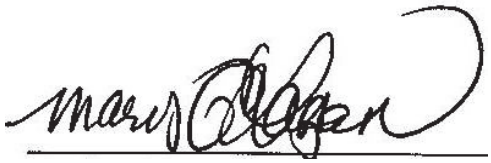
Finally, although our task is separate from the risk tool development by Dr. Hamilton for use by the Department of Corrections, in our role of monitoring that process, we understand that this work by DOC may also be delayed. DOC may also communicate with you.

We will continue to keep you apprised of work group activities and meetings, and please do not hesitate to contact us if you have any questions. This is important work, and we want to ensure that we are giving the issues raised in E2SHB 1517 the consideration that they deserve.

Best regards,



Judge Eric Lucas
E2SHB 1517 Co-Chair
Snohomish County Superior Court



Judge Mary Logan
E2SHB 1517 Co-Chair
Spokane County Municipal Court

Cc:

Justice Sheryl Gordon McCloud, Chair, Washington State Supreme Court Gender and Justice Commission

Judge Marilyn Paja, Vice Chair, Washington State Supreme Court Gender and Justice Commission

Dr. Zachary Hamilton, Washington State University

Mr. Mark Kucza, Department of Corrections

Ms. Dory Nicpon, Administrative Office of the Courts

Washington State Judicial Branch
2021 – 2023 Biennial Budget
Decision Package

Agency: **Administrative Office of the Courts**

Decision Package Title: **Responding to Behavioral Health Needs in the Courts**

Budget Period: **2021–2023**

Budget Level: **Policy**

Agency Recommendation Summary Text: The Administrative Office of the Courts (AOC) seeks funding to develop a statewide court Behavioral Health Response Team to 1) facilitate the development and implementation of a statewide response to individuals involved in the justice system who have behavioral health needs and 2) assist with therapeutic courts' evaluation efforts.

Summary:

Operating Expenditures	**FY 2022**	**FY 2023**	**FY 2024**	**FY 2025**
General Fund State (001-1)	$579,048	$621,273	$606,273	$529,248
Total Cost	**$579,048**	**$621,272**	**$606,272**	**$529,248**
Staffing	**FY 2022**	**FY 2023**	**FY 2024**	**FY 2025**
FTEs	4.5	4.5	4.5	4.5
Object of Expenditure	**FY 2022**	**FY 2023**	**FY 2024**	**FY 2025**
Obj. A (Salaries)	$341,658	$394,350	$394,350	$341,858
Obj. B (Benefits)	$134,890	$151,923	$151,923	$134,890
Obj. E (Goods/Services)	$25,000	$22,500	$22,500	$20,000
Obj. G (Travel)	$40,000	$50,000	$35,000	$30,000
Obj. J (Equipment)	$37,500	$2,500	$2,500	$2,500
Obj. Total	**$579,048**	**$621,273**	**$606,273**	**$529,248**

Package Description:

Washington courts need a centralized and coordinated effort to address behavioral health needs in the courts. The Administrative Office of the Courts (AOC) seeks $1,200,321 to develop and implement a statewide Behavioral Health Response Team. This Team will facilitate the development and implementation of a coordinated statewide response to individuals involved in the justice system who have behavioral health needs, and assess data needs, develop evaluation efforts, and collect data. Staff will coach and educate the courts to use data and self-assessment tools, and participate in a peer-review program to improve their therapeutic court programs. Funding will allow the AOC Court Behavioral Response Team to develop subject

matter expertise and provide technical assistance, training, and resources to courts and behavioral health system partners throughout the state.

Behavioral health court needs

Behavioral health is a broad term that considers how behaviors impact someone's physical and mental health. It includes both mental health and substance use, encompassing a continuum of prevention, intervention, treatment, and recovery support services.

Behavioral health experiences and needs have increased, impacting community services and responses and community partner relationships. The behavioral health experiences and needs are complex and often involve various community services to help ensure individuals receive the treatment and support needed. Courts have seen an increase in individuals with behavioral health needs accessing and involved in the justice system, as well as an increase in laws and policies addressing various behavioral health issues that impact the courts. Ever-changing community dynamics have created opportunities and challenges for community and statewide coordination.

While many communities have responded by developing therapeutic courts across the state, these courts are not in every community nor are the programs consistently organized and evaluated to ensure best practices. Already busy courts have to develop these programs by themselves which requires a tremendous amount of work. Furthermore, communities can benefit from generalized training and information on how to best work with individuals accessing the courts who may have behavioral health needs but who do not quite fit into the therapeutic court model.

An issue of statewide relevance

As of 2019, there were approximately 112 therapeutic courts operating in Washington State consisting of drug courts, juvenile drug courts, family treatment courts, driving under the influence (DUI) courts, mental health courts, veterans' courts, community courts, and domestic violence courts.

The importance of therapeutic courts that align with national best practices has been recognized both in statute and broadly by the court community in our state.

RCW 2.30.030 provides in pertinent part:

(2) While a therapeutic court judge retains the discretion to decline to accept a case into the therapeutic court, and while a therapeutic court retains discretion to establish eligibility for admission to the therapeutic court process unique to their community and jurisdiction, the effectiveness and credibility of any therapeutic court will be enhanced when the court implements evidence-based practices, research-based practices, emerging best practices, or promising practices that have been identified and accepted at the state and national levels. Promising practices, emerging best practices, and/or research-based programs are authorized where determined by the court to be appropriate. As practices evolve, the trial court shall regularly assess the effectiveness of its program and the methods by which it implements and adopts new best practices.

Coordinated and centralized effort needed to complement local programs

Several key areas are hampering the implementation of therapeutic court best practices in our state. There is no statewide staffing to work with courts to help them develop and implement best practices; no means available to ensure that therapeutic courts are receiving relevant,

targeted training on National Best Practice Standards; and data collection and application are inconsistent and irregular.

While AOC provides support to the courts and the judges, there is no state-level support in the form of training, technical assistance, data collection and evaluation, or implementation of therapeutic court operations. Decisions about therapeutic court organization, operations, and services are based on court preferences and local priorities. The result is varied program structures, activities, community partnerships, data collection practices, and participant outcomes. While independence allows for responsiveness to local needs, the lack of consistent statewide practices may lead to a lack of fidelity to the therapeutic court model and best practices, and reduced effectiveness. Differing data collection practices have limited the AOC's ability to analyze the impacts of the therapeutic courts.

Washington citizens and communities could also benefit from a coordinated statewide plan with the various stakeholders and professionals who are critical to ensuring successful implementation of therapeutic court practices and treatment options for individuals. A coordinated approach would help courts and communities address underlying causes of behavioral health issues, coordinate resources to help reduce recidivism, and maximize resources to ensure individuals obtain necessary services. Collaborative work may be guided by the Sequential Intercept Mode (SIM) which is a stepped process for addressing behavioral health issues before justice system contact, with an emphasis on community-based services that can help residents with behavioral health needs without law enforcement or other justice system action. Within the justice system, the SIM model focuses on diversion to treatment, engagement with therapeutic courts, and other supportive sentencing and re-entry options.

Successes highlight the benefits to individuals and communities

A Washington State Institute for Public Policy meta-analysis concluded drug courts produce a return on investment 100% of the time.[1] A Washington State Department of Social and Human Services (DSHS) analysis of drug court participants in Washington State found that reductions in crime following entry into Drug Court translate into a net benefit to taxpayers of $22,000 per participant, or a $4 return for every $1 invested.[2]

There is also a significant increase in participant employment 18 months after drug court enrollment in Washington State. Additionally, drug courts keep kids out of foster care, impacting children and families for generations.

As one community court participant shared after successfully graduating from community court*: "I was amazed how nice, understanding, and kind the judge and prosecutor and lawyers were. This program helped to transform my life. Since starting here I've gotten a home, a car and started school. I love that this program helps to address each individual's problems and roadblocks and helps to get each person back on track and back into the community instead of just locking people up and turning a blind eye. Thank you for truly helping me."*

Judges currently presiding over treatment courts in Washington have seen traditional court roles and community systems changing in response to the therapeutic court model. Team members have become service providers, and judges have seen an increased focus on

[1] Washington State Institute for Public Policy (2018 December). Drug Courts: Adult Criminal Justice

[2] Mayfield, J., Estee, S., Black, C., Felver, B. (2013 July). Drug Court Outcomes: Outcomes of Adult Defendants Admitted to Drug Courts Funded by the Washington State Criminal Justice Treatment Account. Washington State Department of Social and Health Services: Research and Data Analysis Division.

positive rewards and reinforcements for program successes. Judges have strategized on creative problem solving and collaborative relationships when needed. Their increased understanding of behavioral health needs and available services have also helped inform non-therapeutic court cases and better understand behavioral health impacts on the individual and community.

Funding statewide system coordination, best practice implementation, and data collection and evaluation

To help the courts realize the promise of healthier communities that comes with therapeutic courts, funding will create a Behavioral Health Response Team to facilitate the development and implementation of a coordinated statewide system to support courts as they respond to individuals with behavioral health needs who are involved in the justice system. The team will be able to assist the individual courts by a) using training and technical assistance to communicate with courts about research, practice, policy, program, and funding developments related to treatment courts; b) helping courts develop local capacity to assess program implementation in comparison to best-practice or research-based standards; and c) helping courts develop local capacity to measure recidivism, employment, and other outcomes of therapeutic court clients.

The Team can help courts and policy makers by increasing the visibility of therapeutic court operations through statewide reporting on therapeutic court programs, including the program model and local program capacity and clients' law-abiding behaviors and needs, and tracking performance over time and across jurisdictions. Courts need support to evaluate operations and manage therapeutic courts to the benefit of the public. Among the consistent lessons from evaluation of therapeutic court practices is that courts' investment in local management capacity to collect, reflect on, and respond to local process and outcomes data improves therapeutic court performance.

Specifically, these funds will help:

1) Collaborate with local courts to identify, develop, and implement the necessary program components that will allow for best practice operations and sustainability of therapeutic courts in Washington State.
2) Develop and facilitate implementation of a coordinated statewide plan to address the needs of court users with behavioral health issues who are engaged in the justice system. This will include collaboration across disciplines and among various court stakeholders, convening a statewide group to explore issues and developing a strategic plan and best practices, and exploring diversion and sentencing alternatives and other issues as identified in the assessment process.
3) Explore expansion of the Sequential Intercept Model, now used by a small number of courts in our state, and its implications for Washington State treatment courts.
4) Assess and develop suggested data collection and performance measures for state and local data collection procedures for county-level therapeutic courts.
5) Recommend assessment procedures that lead to practice and program improvements based on local and national review.
6) Develop a standardized training plan for emerging and sustained courts in order to align with best practice standards.
7) Identify and develop training and resources for all courts, regardless of whether or not they have a therapeutic court.
8) Analyze and evaluate proposed legislation and its probable impact upon program goals. Connect courts with local policy makers and provide policy makers with information to assist them in understanding the utility, operation, and function of therapeutic courts.

9) Provide ongoing technical assistance, training, and support to courts across the state.
10) Identify and connect courts with additional grants and other resources to sustain therapeutic courts.

Current Level of Effort: If the proposal is an expansion or alteration of a current program or service, provide information on the current level of resources devoted to the program or service. Please include current expenditure authority level and FTEs.
AOC currently does not provide therapeutic court coordinator services.

Decision Package expenditure, FTE and revenue assumptions, calculations and details: Clearly articulate the workload or assumptions used in calculating expenditure and revenue changes proposed.

- One Senior Court Program Analyst focused on statewide systems and policy efforts. $287,080 per biennium (personnel figures include salary, benefits, and position one time start-up costs)
- Two Court Program Analysts focused on the larger behavioral health needs, specific behavioral health considerations and specific level of courts. $488,985 per biennium
- One Researcher to develop and implement outcome evaluations, process evaluations, performance measures and data collection. This position will also provide local technical assistance to courts in data collection and evaluation efforts. (This position will start at half time and move to full time.) $227,174 per biennium
- Half time Court Program Assistant to help with administration activities, event planning, data information support and overall team communications with courts. $107,082 per biennium
- Travel (in and out-of-state) and training for therapeutic court program staff. $30,000 per biennium.
- Meetings costs with stakeholder groups. $40,000 to convene a statewide coordinating group in the first two years.
- Develop and implement statewide training. $20,000 per biennium.

Decision Package Justification and Impacts

How does this package contribute to the Judicial Branch Principal Policy Objectives identified below?

Fair and Effective Administration of Justice in All Civil and Criminal Cases.

In Washington State, therapeutic courts are implemented in a jurisdiction-specific manner, and practices vary among courts. The judiciary has an obligation to assess practices and results across the range of therapeutic courts and to provide support for the effective administration of these courts.

Accessibility

Washington courts, court facilities, and court systems will be open and accessible to all participants regardless of cultural, linguistic, ability-based, or other characteristics that serve as access barriers. Encouraging courts around the state to implement and operate therapeutic courts with best practices, better data collection and application, and evaluative processes will ensure that these courts are meeting the needs of all participants.

Access to Necessary Representation

Litigants with important interests at stake in civil judicial proceedings should have meaningful access to counsel. Constitutional right to counsel applies to therapeutic court participants in

many respects and best practices recognize the important roles of the team members, including defense counsel.

Commitment to Effective Court Management

Careful case management and progress oversight of treatment components are important mechanisms of effective court management. The therapeutic court model itself, with participants' progression through phases reaching standards, regular and frequent review hearings, and cooperative, collaborative team work, all addressed in best practices, contribute toward orderly, predictable, and organized management of therapeutic court cases. Increased training around behavior health needs and best practices will help courts recognize options and information for individuals more quickly. Data collection and evaluation efforts are critical to ensure local choices about program operations will be informed with relevant, up-to-date information. Research related to therapeutic courts has demonstrated particular practices, such as judicial leadership and the ongoing use of data at the court level, to be cost effective.

Appropriate Staffing and Support

A centralized and coordinated Behavioral Health Response Team will serve as a valuable resource to judges and court managers throughout the state. Therapeutic court best practices address the roles and responsibilities of the judge and the multidisciplinary team. Robust self-assessment and peer review processes will help identify relative strengths and weaknesses of how the therapeutic court judge and team operate as both individuals and as collaborative team members to ensure that all personnel are adequately and effectively supported, which in turn support the entire system. An AOC-based Behavioral Health Response Team also provides Judicial Branch parity in the area of behavioral health. Presently, a staff member from the Health Care Authority sits on a national consortium of state level Problem-Solving Court Coordinators. There is no representative from the Washington judiciary. These staff positions would ensure that the Washington Judicial Branch could also participate in critical national court efforts around this issue.

What is the impact on other state agencies?

Other state agencies should benefit from improvement in AOC's internal behavioral health and therapeutic court operations. Locally, successful participants will not have to rely as much on social services as the participants move toward sobriety, education goals, stable housing, and productive employment. If jail time is reduced, incarceration costs of participants significantly decreases.

What is the impact to the Capital Budget?

None

Is change required to existing statutes, Court rules or contracts?

No

Is the request related to or a result of litigation?

No

What alternatives were explored by the agency and why was this option chosen?

Two federal drug court grant applications were not successful due to lack of consistency in practices across the state. A statewide coordination effort will increase best practice dissemination, communication, and collaboration, resulting in more consistently-provided services while maintaining individual community court needs.

What are the consequences of not funding this request?

If funding is not secured, AOC will continue to have no capacity to assist local courts with addressing the behavioral health needs of defendants and litigants. Local jurisdictions will continue to implement therapeutic courts with varying practices, possible lower success rates, and disparate data that make evaluation and comparisons difficult. Furthermore, services remain fragmented and treatment court goals may not be realized as effectively. In some communities, treatment courts may not be an option without funding, and individuals will not benefit from therapeutic interventions. Without outside financial support, local communities cannot afford to adequately address the behavioral health issues that are causing individual suffering and adverse community impacts.

How has or can the agency address the issue or need in its current appropriation level?
The AOC has no funding for these positions.

Other supporting materials: Please attach or reference any other supporting materials or information that will further help explain this request.

Information technology: Does this Decision Package include funding for any IT-related costs, including hardware, software, services (including cloud-based services), contracts or IT staff?

☒ No

☐ Yes

Domestic Violence Intervention Project (DVIP)

prevention · intervention · improved survivor safety

DVIP is a multi-agency collaboration to prevent domestic violence and improve safety for survivors by providing individualized batterer intervention.

Domestic violence is the single greatest predictor of future criminal acts and the single greatest predictor of violent crime.

Incorporating mental health and chemical dependency treatment into DV programs has shown to have significant impact on recidivism—33% reduction in reviewed programs.

When evidence-based treatment is added to intensive supervision and a risk/needs model, there is a 16% reduction in recidivism.

- Washington State Institute for Public Policy (2014)

DVIP is effective intervention:

- Provides individuals with the tools to break the cycle
- Is tailored to the needs of the individual, taking into account chemical dependency, mental health, cultural background, etc.
- Addresses behavioral change and accountability on multiple levels: criminal justice, community, and victim survivor services
- Incorporates victims' voices via community-based advocates
- Is research-informed and data-driven

DVIP Partners

- Seattle Human Services Department – Mayor's Office on Domestic Violence and Sexual Assault
- Coalition Ending Gender-based Violence
- Seattle City Attorney's Office
- Seattle Municipal Court
- Asian Counseling and Referral Services (ACRS)
- Anger Control Treatment & Therapies (ACT&T)
- YWCA
- Salvation Army
- King County Public Health
- University of Washington School of Social Work
- Harborview Injury Prevention and Research Center
- School of Criminology and Criminal Justice, University of Nebraska, Omaha

Steps in a referral to DVIP:

1) ASSESSMENT

A person referred to DVIP undergoes a detailed risk/needs assessment based on the Ontario Domestic Violence Risk Assessment tool, so the evaluator can create an individualized intervention.

2) MULTI-DISCIPLENARY TEAM ASSEMBLED

A multidisciplinary team (MDT) is created specific to the individual's needs. The team may include a substance abuse or mental health counselor should the assessment identify substance abuse or mental health issues.

Multidisciplinary Team:

- Probation counselor
- Intervention program provider
- City-based victim's advocate
- Community-based survivor's advocate
- Others as needed (therapist, substance abuse counselor, etc.)

3) LEVEL OF INTERVENTION

Certified DV treatment may be required for a minimum of six months of treatment (Level One), nine months (Level Two) or twelve months (Level Three) depending on the outcome of the assessment.

DVIP STORY LOG

"It's been really helpful. I just find the time spent reflecting and taking accountability of my own actions, and trying to work on being less offensive and focusing on ways that I can improve and more positively influence my daughter's life and my wife's life…Being around a group of people going through similar situations and learning through the curriculum with them has been really helpful."
-Participant A

"It's definitely giving me tools. Previously, I worked for a company where you had to be on top of everything, and often times you'd get pressured. Some mechanisms that I learned at work I'd sometimes employ at home. So after going through the program, I recognized some of my patterns and stopped being reactive."
-Participant B

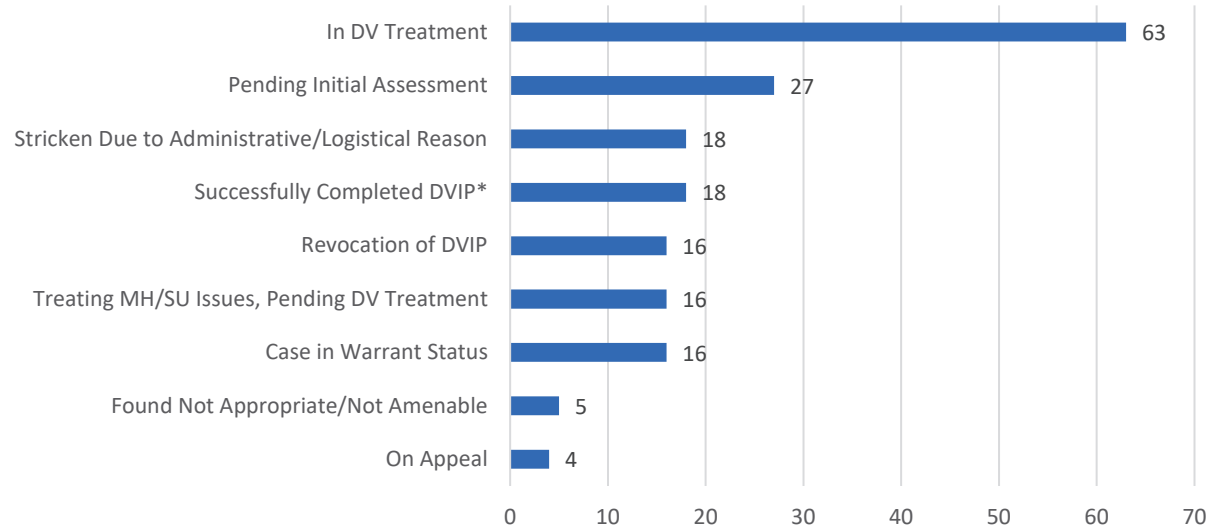
"It's teaching me tools on how to cope with hostile situations or escalated situations, how to deescalate them, how to take time outs and basic overall listening skills, empathetic skills, self-care, really, it's countless."
-Participant C

The ultimate goal of DVIP is to provide individuals with the tools they need to have healthier relationships without future court intervention.

DVIP By the Numbers

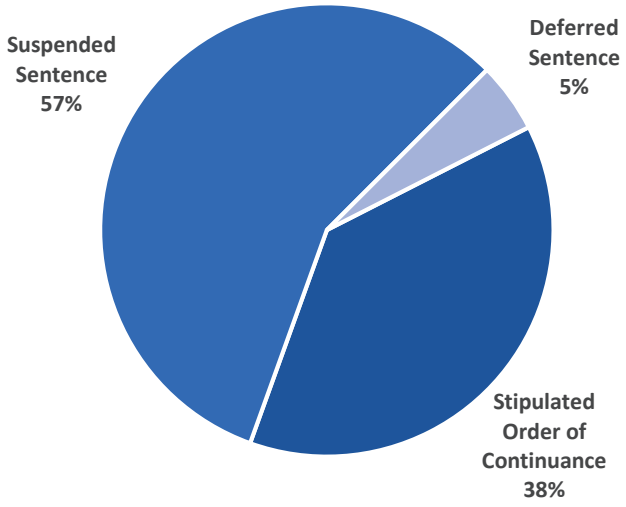
June 2018-May 2020 · 183 referrals

Status of DVIP Referals

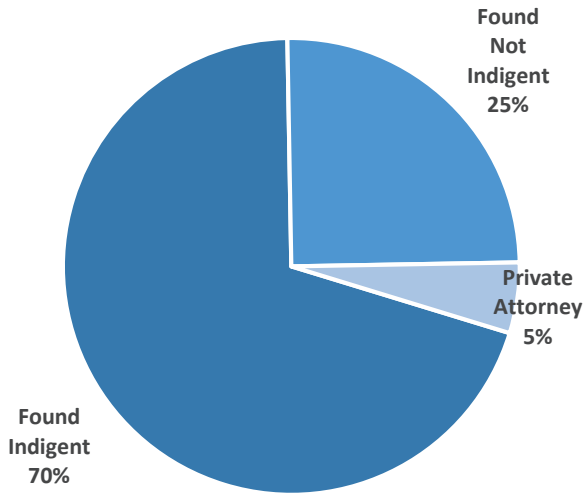


**Several participants have completed DVIP treatment but have not had a court hearing for case completion and closure due to COVID-19 limited court operations. This number also includes 5 cases that were noted as close to completion, where the participant is missing a final treatment session and/or pending turning in a final piece of homework.*

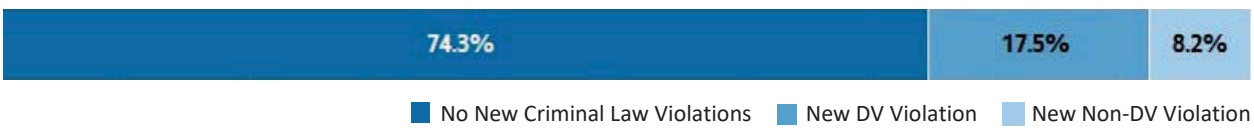
Referral Disposition Type



Participant Indigency



New Criminal Law Violations after DVIP Referral



Appendix D

Financial Losses Incurred by Domestic Violence Perpetrator Treatment Programs

As a part of our involvement with Domestic Violence Intervention Project (DVIP) of Seattle Municipal Court (SMC), Anger Control Treatment and Therapies – Central (ACT&T-C) agreed that we would not dismiss a client from the program solely on the basis of inability to pay program fees. This agreement was made in order to remove financial barriers to clients successfully completing their treatment obligations for the court. Research indicates that program completers are significantly less likely to re-assault than non-completers.[1] This agreement has made it possible for many clients to continue in their treatment, and make progress towards a non-abusive lifestyle, without having to bankrupt themselves. It also has helped clients who are participating in good faith, but who are unable to pay for treatment, to avoid being sanctioned by the court for non-compliance.

An example of this involves a client who came to us in April 2019. At the time of his assessment, this client had numerous prior DV offenses, was homeless and unemployed. His score on the Ontario Domestic Assault Risk Assessment (ODARA) was 7+, which is the highest score possible. 74% of individuals with an ODARA score of 7+ have a new DV offense that comes to the attention of law enforcement within the next five years after their referring incident. As of the writing of this report, this client has been successfully and compliantly engaged in his recommended domestic violence treatment for seventeen months. He has completed the recommended fifty-two weekly group sessions, and is now attending a specialized group that focuses on the impact on children of exposure to adult intimate partner domestic violence. More importantly, he has had no new offenses, domestic violence or otherwise, in that time period. Additionally, he has begun to work and is able to devote his financial resources to supporting the children that he shares with his domestic violence victim. Throughout the entirety of his participation in our program, we have not collected any fees from this client.

While this approach significantly supports victim and community safety, it does come at a cost to programs. For this particular client, by the time he completes his treatment in a few months, our program will not have collected $1500 in fees. Collectively, since April 2019, the total amount of uncollected fees for ACT&T-C is $13,615. If you factor in that we provide assessments at no cost to clients who have been identified as indigent by probation, that figure increases to $26,575. ACT&T-C is not alone in this regard. One program with whom this writer is familiar reported that over the course of the past fourteen years, they have approximately $300,000 in uncollected fees.[2] That amount also does not reflect the numerous instances in which that program has waived fees for clients who were doing community service work. While programs like ours are committed to supporting the safety and autonomy of domestic violence survivors, as well as the accountability and change process of our clients, this is not sustainable.

An additional factor to consider is that a significant amount of the work that domestic violence perpetrator programs do is unbillable and therefore not compensated. Examples include: victim contact; preparing monthly reports for probation and the courts; information gathering as a part of the assessment process; collateral contact and case coordination with probation counselors and adjunct treatment providers (i.e., mental health and substance use counselors). Finally, the very act of contracting with a court to provide services to defendants greatly increases administrative costs for programs. When ACT&T-C contracted with the City of Seattle to provide services to indigent perpetrators, the annual premium for ACT&T's business insurance increased by approximately 350%.

[1] Gondolf, E., *Patterns of Reassault in Batterer Programs,* Violence and Victims (vol. 12, issue 4)
[2] Jason Cain, *Cain, Atwell, and Associates*, personal communication.

If the State views domestic violence as a community safety and public health issue that needs to be addressed, and it wants to have expert practitioners to address that issue with perpetrators, programs need to be compensated.

Submitted by:

Mark Adams, MA, LMHC
Therapist
Anger Control Treatment and Therapies – Central

President
Domestic Violence Providers Best Practices Coalition

Whatcom County

Domestic Violence Perpetrator Opportunity for Treatment Services (DVPOTS)

Implementation Guide

Table of Contents

Attachments

Introduction

This Implementation Guide (referred to as “The Guide”) is incorporated by reference into your Provider contract and can be altered without an amendment to your contract. In the event changes to The Guide are needed, Providers will be informed by e-mail, with a one-week opportunity to provide feedback on proposed changes. Providers will then be notified of the availability of the updated Guide. The current Guide will be available on the Whatcom County District Court Probation website at http://www.co.whatcom.wa.us/454/District-Court-Probation .

A review of The Guide and Domestic Violence Perpetrator Opportunity for Treatment Services (DVPOTS) will take place approximately six months from the effective date.

Purpose

Whatcom County currently experiences insufficient capacity of, and local accessibility to, certified treatment for defendants who have a history of violent behavior toward intimate partners and family members. These treatment services are often ordered by the courts as part of criminal justice proceedings in an effort to reduce future harm and reduce incarceration. The Whatcom County Incarceration Prevention and Reduction Task Force has identified and supported the need to increase availability of quality treatment services for perpetrators of domestic violence. Whatcom County Council and Bellingham City Council also support initial funding for the expansion of these treatment services locally.

The sole purpose of DVPOTS is to provide funding for domestic violence perpetrator assessments and funding for treatment for qualifying defendants who are deemed indigent and have no readily available source of funding to access services independently.

The Guide will establish an objective screening process and eligibility criteria for court cases, defendants, treatment Providers eligible for DVPOTS funds, and suspension and termination of DVPOTS funding. Referral to other supportive or treatment services and coordination of care with other service providers will occur as need is indicated, by the Provider. Supportive services will not be funded by DVPOTS.

Expenditure of Funds

In recognition that the County has established a protocol and procedure for distribution and documentation of DVPOTS funds, and has agreed to continued administrative oversight of the funds, City of Bellingham funds will be used to reimburse treatment expenses for defendants referred by Bellingham Municipal Court, and the County funds will be used to reimburse treatment expenses for defendants referred by Whatcom County District Court and the other Whatcom County municipal courts.

No DVPOTS funds will be expended until a determination has been made, and confirmed in writing by Whatcom County District Court Probation, that all of the following have taken place for each defendant:

1. The court case qualifies for DVPOTS funding.

2. The defendant qualifies for DVPOTS funding.
3. The treatment agency qualifies for DVPOTS funding.
4. A purchase order from Whatcom County has been approved for the specific defendant.
5. Final written approval has been received by the Provider from Whatcom County District Court Probation. Only the Whatcom County District Court and Probation Administrator and Whatcom County District Court Probation Manager are authorized to approve DVPOTS funding expenditures.

Services provided prior to written approval will not be eligible for DVPOTS reimbursement.

Effective January 1, 2021, to continue to have new defendants participate in DVPOTS, the Cities of Blaine, Everson, Lynden, and Sumas must enter into a written agreement with Whatcom County providing that they will reimburse Whatcom County for the expenses of any additional defendants funded through DVPOTS.

The first jurisdiction to order an assessment and treatment will have the full expense of the defendant's assessment and recommended treatment debited from that jurisdiction's allocation, even if another court orders a domestic violence assessment and treatment at a later time.

Approved funding amounts may change over time.

Table 1 below is an estimate of the assessment and treatment services that the City of Bellingham's DVPOTS funding will provide (estimated number of defendants served is rounded):

Table 1.

City of Bellingham DVPOTS Funding			
Treatment Level	Maximum Cost Per Defendant	Estimated Expense Distribution By Treatment Level	Estimated Number of Defendants Served*
Level 1	$1,700	$28,833	16.96
Level 2	$2,250	$28,833	12.81
Level 3	$3,100	$28,833	9.30
Level 4	$4,500	$13,500	3.00
	TOTAL	**$99,999**	**42.08**

**Estimated Number of Defendants Serviced column was calculated based on the following formula:*

Estimated Level 4 defendants x the maximum cost of each defendant (3 x $4,500 = $13,500), deducted from the original funding allocation ($100,000 - $13,500 = $86,500). The $86,500 amount was then divided equally between Levels 1, 2, and 3 ($86,500/3 = $28,833). The $28,833 amount was then divided by the maximum cost per defendant per level of treatment.

Table 2 below is an estimate of the assessment and treatment services that the Whatcom County DVPOTS funding will provide (estimated number of defendants served is rounded):

Table 2.

Whatcom County DVPOTS Funding			
Treatment Level	Maximum Cost Per Defendant	Estimated Expense Distribution By Treatment Level	Estimated Number of Defendants Served*
Level 1	$1,700	$25,500	15.00
Level 2	$2,250	$25,500	11.33
Level 3	$3,100	$25,500	8.23
Level 4	$4,500	$13,500	3.00
	TOTAL	**$90,000**	**37.56**
**Estimated Number of Defendants Serviced column was calculated based on the following formula:*			
Estimated Level 4 defendants x the maximum cost of each defendant (3 x $4,500 = $13,500), deducted from the original funding allocation ($90,000 - $13,500 = $76,500). The $76,500 amount was then divided equally between Levels 1, 2 and 3 ($76,500/3 = $25,500). The $25,500 amount was then divided by the maximun cost per defendant per level of treatment.			

Court Case Eligibility for DVPOTS Funding

For a court case to be eligible, all of the following eligibility criteria must be met:

1. Cited as criminal domestic violence offense, or indicated as a DV flagged case, as recorded in the Administrative Office of the Courts Judicial Information System.
2. Referred by Whatcom County District Court or a Whatcom County municipal court.
3. Ordered by the court to complete and comply with a domestic violence perpetrator treatment assessment.
4. Monitored by Whatcom County District Court Probation.

Defendant Eligibility for DVPOTS Funding

A defendant must comply with a court order regardless of eligibility for, or availability of, DVPOTS funding.

Determination of Indigency

A defendant must be deemed indigent and have no readily available source of funding to access domestic violence assessment and treatment services independently. A defendant may be deemed indigent by either a judicial officer by an indigency review completed by a court or probation staff.

1. An indigency review will use the same criteria noted in RCW 10.101.010, including:
    a. Receiving one of the following types of public assistance: Temporary assistance for needy families, aged, blind, or disabled assistance benefits, medical care services under RCW 74.09.035, pregnant women assistance benefits, poverty-related veterans' benefits, food stamps or food stamp benefits transferred electronically, refugee resettlement benefits, Medicaid, or supplemental security income; or
    b. Receiving an annual income, after taxes, of one hundred twenty-five percent or less of the current federally established poverty level; or
    c. A defendant found indigent by an indigency review will be required to sign the following, or similar, statement:
        (1) *I understand the Court may ask for verification of the information provided above. I agree to immediately report any change in my financial status to the court. I certify under penalty of perjury under Washington State law that the above is true and correct. (Perjury is a criminal offense – see Chapter 9A.72 RCW)*

Given the importance of continuity of treatment, a defendant found indigent will be considered eligible for DVPOTS throughout the course for their treatment program unless challenged in court by a Prosecuting Attorney from the citing jurisdiction.

Defendant Priority Populations

The initial funds will be allocated on a first come, first served basis until 85% of the City of Bellingham or County funds have been allocated to specific defendants. Once the City or County fund has 15% remaining unallocated, use of funds will be prioritized based on the following criteria:

1. Availability of DVPOTS funds.
2. A written request from a judicial officer.
3. The defendant has not previously accessed DVPOTS funds.
4. Those assessed at a Level 2, 3 or 4, or if no assessment has been completed, is determined to be high risk based on a validated risk assessment conducted by a probation officer.
5. At least two prior domestic violence flagged convictions in the Washington State Judicial Information System database.

Provider Eligibility for DVPOTS Funds

Domestic violence assessment and treatment services funded by DVPOTS must be in full compliance with Washington Administrative Code (WAC) 388-60B, all current and applicable Revised Code of Washington (RCW) requirements, and those listed in The Guide.

To receive reimbursement for DVPOTS funding an agency must meet all of the following eligibility criteria, including:

1. Certified by the Washington State Department of Social and Health Services, and in good standing, as a domestic violence perpetrator treatment program as required by RCW 26.50.150 and WAC 388-60B. Maintain uninterrupted certification and remain current with all relevant federal and state laws and regulations regarding the delivery of domestic violence perpetrator treatment.
2. Enter into a contract with Whatcom County.
3. Agree to notify the District Court and Probation Administrator of any change in certification status or agency contact information.
4. Agree to remain current with The Guide, including reporting and invoicing requirements, and forms.
5. Agree to provide an email address through which official communication regarding the DVPOTS funding will take place. Email will be the official method of communication. Verbal communication will not replace email communication. In addition, a mailing and physical address must also be provided.
6. Agree to be subject to random audits by Whatcom County for the purpose of verification of invoiced services.
7. Agree that DVPOTS funded defendants will not be charged any additional fees.
8. Register as a vendor with Whatcom County.

Provider Assessment Requirements

Completed assessment and risks, needs and responsivity documents, including recommended level of treatment, must be compliant with all applicable WAC and RCW requirements.

The Provider must complete an initial assessment appointment within 14 calendar days, and submit to Whatcom County District Court Probation a completed assessment within 60 calendar days, of receiving written authorization from Whatcom County District Court Probation that a defendant is eligible for DVPOTS funding.

The intensity, type of services provided, and level of treatment will be determined by the Provider and will reflect the assessment results and treatment plan. Treatment services delivered will align with the individualized treatment goals/expectations of each defendant.

Assessment documents must be submitted together to Whatcom County District Court Probation for all DVPOTS funded defendants. The assessment documents must follow the same outline as noted in the WAC and the internal Whatcom County District Court Probation processing document titled Assessment and RNR document review.

1. An assessment document that that includes a recommended level of treatment that aligns with a WAC compliant level of treatment.
2. A Risks, Needs and Responsivity document.

The documents may be available on the DSHS website or by contacting the Washington State Department of Social and Health Services Domestic Violence Treatment Program Manager. DSHS Contact information can be found at https://www.dshs.wa.gov/esa/community-services-offices/contact-information or by clicking here.

Provider Monthly Treatment Report Requirements

A separate monthly treatment report must be received for each defendant. The monthly treatment report attached to The Guide must be used. Treatment reports must be submitted no later than the 10th of the month following the month that services are provided. All monthly treatment reports, along with reports of emergent noncompliance and non-emergent noncompliance reports must be sent to Whatcom County District Court Probation

The following are the reporting requirements for emergent noncompliance and non-emergent noncompliance:

1. Emergent noncompliance. The following noncompliance is considered emergent noncompliance and must be reported to the monitoring probation department within 3 working days of receipt of noncompliance information.
    a. Failure to maintain abstinence from alcohol or other nonprescribed drugs, if ordered or is required as part of the assessment and treatment plan.
    b. Subsequent arrest or criminal activity
    c. Engaging in dangerous or threatening behavior
    d. Increased victim safety concerns
    e. Treatment rule violations
    f. Leaving the program against program advice or is discharged for rule violation
    g. Discharged for any reason

2. The following noncompliance is considered nonemergent non-compliance and must be reported to the monitoring probation department by the 10th of the month following the noncompliance.
    a. Unexcused absences or failure to report for interviews, appointments or group sessions.
    b. Failure to make acceptable progress in any part of the treatment plan, including a report of the details of the defendant's noncompliant behavior along with a recommendation

A report of noncompliance must provide details of the defendant's noncompliant behavior along with a recommendation.

Reimbursement Rates, Limitations and Invoicing Requirements

The County will reimburse the Provider for the services delivered that comply with the not-to-exceed level of funding authorization.

Assessments will be reimbursed at $300.00 per assessment. This amount includes all of the sessions required to complete the assessment. Reimbursement will only be provided for those assessments that include all of the documents noted in the Provider Assessment Requirements Section of The Guide.

Group and individual sessions will be reimbursed at $50.00 per session. Table 3 below provides details regarding the maximum number of group/individual sessions, and total reimbursement amounts, for each level of treatment, per defendant.

Table 3.

Reimbursement Rates and Limitations						
Assessment and Treatment Program	Group Sessions	Maximum Optional Individual Sessions	MaximumTotal Sessions	Maximum Assessment Reimbursement Rate	Maximun Individual and Group Reimbursement Rate	**Maximun Reimbursement Per Defendant**
Level 1 Treatment Program $300 Assessment 26 $50 group sessions 2 $50 individual sessions	26	2	28	$300	$50	**$1,700**
Level 2 Treatment Program $300 Assessment 36 $50 group sessions 3 $50 individual sessions	36	3	39	$300	$50	**$2,250**
Level 3 Treatment Program $300 Assessment 52 $50 group sessions 4 $50 individual sessions	52	4	56	$300	$50	**$3,100**
Level 4 Treatment Program $300 Assessment 72 $50 group sessions 6 $50 individual sessions	72	6	78	$300	$50	**$4,200**

In the event that a defendant fails to meet all of the treatment goals within the allocated treatment sessions and DVPOTS funding, a Provider may request, in writing, that the defendant be provided with additional DVPOTS funding for the sessions needed to meet treatment goals. The decision to provide additional funding is entirely at the discretion of Whatcom County.

Invoicing Requirements:

1. The Provider shall submit itemized invoices no more than once monthly using the invoicing form attached to The Guide. Invoice documents will not contain Private Health Information (PHI).
2. Invoices must be received by Whatcom County District Court Probation no later than the 10th of the month following the month that service was provided.

3. Assessment invoices: Prior to submitting a reimbursement invoice, all required assessment documents must have previously been received by Whatcom County District Court Probation.
4. Treatment invoices: Providers submitting reimbursement invoices for treatment services must attach a copy of each defendant's monthly treatment report for the billing month.
5. Invoices or supporting documentation submitted with incomplete or inaccurate information will not be processed until corrected, or resubmitted, and may result in substantial processing delays.
6. The Provider may submit invoices and monthly reports by email to DVPOTS@co.whatcom.wa.us.
7. Invoices received by Whatcom County District Court Probation after the 10th of the month may result in substantial processing delays.
8. Payment by Whatcom County will be considered timely if it is made within 30 days of the receipt and acceptance of billing information from the Provider. The County may withhold payment of an invoice if the Provider submits it more than 30 days after the expiration of a contract.
9. Invoices must include the following statement, with an authorized signature and date:
   "I certify that the materials have been furnished, the services rendered, or the labor performed as described on this invoice."
10. Duplication of Billed Costs or Payments for Service: The Contractor shall not bill the County for services performed or provided under this contract, and the County shall not pay the Contractor, if the Contractor has been or will be paid by any other source, including grants, for those costs used to perform or provide the services in this contract. The Contractor is responsible for any audit exceptions or disallowed amounts paid as a result of this contract.
11. Recovery of Costs Claimed in Error: If the Contractor claims or the County reimburses for expenditures under this Agreement which the County later find were (1) claimed in error or (2) not allowable costs under the terms of the Agreement, the County shall recover those costs and the Contractor shall fully cooperate with the recovery.

Suspension and Termination of Funding

The following events will result in the suspension or termination of a defendant's DVPOTS funding:

1. Completion of treatment.
2. Termination of treatment.
3. Failing to express a willingness to participate in treatment.
4. Funding allocation reached for the defendant's level of care.
5. Absence from treatment for a total of 15% or more of the total sessions for their treatment level:
   a. Level 1 – no more than 4 sessions missed
   b. Level 2 – no more than 6 sessions missed
   c. Level 3 – no more than 8 sessions missed
   d. Level 4 – no more than 12 sessions missed
6. Termination of probation monitoring.
7. Arrest warrant issued for referred charge.

8. DVPOTS funding withdrawn, reduced or limited.
9. DVPOTS funding limit reached.
10. Other reasons deemed appropriate by Whatcom County.

In the event of a warrant being issued a defendant's funding allocation will be held for 45 days. Reinstatement of funds may be available. See Defendant Access to DVPOTS Funding and Defendant Priority Populations sections.

Upon completion of treatment services, or discharge due to non-compliance, a discharge summary which meets the requirements of WAC 388-60B will be written and placed in the client chart within the time frame specified. Treatment completion and discharge is also documented in the corresponding section of the Monthly Progress Report and submitted to Whatcom County District Court Probation within 7 days of discharge. Individuals discharged due to non-compliance must have the report completed and submitted to Whatcom County District Court Probation within three days pursuant to WAC 388-60B. Client charts shall be established by the Provider for every individual served under this agreement, and will be stored and retained according to all state and federal laws regulating confidentiality and client record keeping.

Internal DCP Processing Document

Domestic Violence Perpetrator Opportunity for Treatment Services (DVPOTS)

Defendant Qualification Form

Defendant Name (Last, First, MI):	
DOB:	Case number(s):
Date:	

Qualifying Criteria Questions 1-7 to be completed by a Probation Officer and submitted to the Probation Manager	
Yes ☐ No ☐	1. Cited (or flagged in JIS/JABS) for a domestic violence offense?
Documentation attached? Yes ☐ No ☐	2. Ordered by a Whatcom County court of limited jurisdiction to complete a domestic violence perpetrator assessment and recommendations? Court: ☐ District Court, ☐ Bellingham, ☐ Blaine, ☐ Everson, ☐ Lynden, ☐ Sumas
Yes ☐ No ☐	3. Indigent as determined by: ☐ Court order ☐ Indigency review completed
Yes ☐ No ☐	4. Monitored by: ☐ Whatcom County District Court Probation
Yes ☐ No ☐ ☐ Unknown	5. Defendant indicates a willingness to participate in a domestic violence assessment and recommended treatment?
Additional Screening Criteria	
Yes ☐ No ☐	6. At least two prior DV flagged convictions in JIS/JABS?
Yes ☐ No ☐ ☐ Unknown	7. Assessed at level 2, 3, or 4, or high risk based on risk assessment?
Probation Officer Comments:	
PO signature:	Date:
☐ *Original to Probation Manager*	
Probation Manager or Administrator review	
Yes ☐ No ☐	1. DVPOTS funds available for the jurisdiction?
Yes ☐ No ☐	2. Court order or docket entry attached?
If 1 and 2 in this section are both yes, stop here	
Yes ☐ No ☐	3. Written request from a judicial officer?
Yes ☐ No ☐	4. Previously accessed DVPOTS funds?
Yes ☐ No ☐	5. Assessed at level 2, 3 or 4?
Yes ☐ No ☐	6. At least two prior DV flagged convictions?
Comments:	

Yes ☐ No ☐ Qualified	Probation Manager or Administrator:	Date:
☐ *Original to Senior Clerk* ☐ *Copy to defendant's file*		

Updated 1/30/20

Internal DCP Processing Document

Domestic Violence Perpetrator Opportunity for Treatment Services (DVPOTS)

Assessment and RNR Document Review

DV Perpetrator Treatment Agency:		
Defendant Name (Last, First, MI):		DOB:
Referring Court(s): Court 1	Court 2	Court 3
Assessment Start Date:	Assessment Completion Date:	

Assessment: Has each area below been addressed?	
Yes ☐ No ☐	1. Relationships and access to victims
Yes ☐ No ☐	2. Cultural considerations
Yes ☐ No ☐	3. Victimization
Yes ☐ No ☐	4. Legal considerations
Yes ☐ No ☐	• Current court orders (NCO, PO, parenting assessment, child support, supervised visitation etc.)
Yes ☐ No ☐	• A summary of current and past police or incident reports involving coercive or abusive behaviors
Yes ☐ No ☐	5. Domain 1: Assessment for high risk factors
Yes ☐ No ☐	6. Domain 2: Screening for traumatic brain injury
Yes ☐ No ☐	7. Domain 3: Screening for mental health
Yes ☐ No ☐	8. Domain 4: Belief systems
Yes ☐ No ☐	9. Domain 5: Screening for substance use
Yes ☐ No ☐	10. Domain 6: Assessment of environmental factors
Yes ☐ No ☐	11. Domain 7: Assessment of standardized testing
Yes ☐ No ☐	12. Acute or Critical assessment factors
Yes ☐ No ☐	13. Assessment summary included
Yes ☐ No ☐	14. Recommended level of treatment included in the assessment
Yes ☐ No ☐	15. Assessment summary signed, dated and include credentials and staff level?
Risks, Needs and Responsivity Form	
Yes ☐ No ☐	Risks, Needs and Responsivity form fully completed
Review of Documents	

Yes ☐ No ☐	**Meets WAC requirements**
Yes ☐ No ☐	If no, what action has been taken:
Yes ☐ No ☐	• The treatment agency has been notified
Yes ☐ No ☐	• The defendant has been notified
Yes ☐ No ☐	• A court hearing has been scheduled
Yes ☐ No ☐	• Other action, explain:
Probation Officer Comments:	
Probation Officer:	Date:
☐ *For DVPOTS funded defendants, copy of assessment and original form to Probation Mgr.*	
AP Process: ☐ OK to Pay	Probation Manager or Administrator:
Date:	☐ *Original to Senior Clerk*

Updated 1/30/20

Monthly Treatment Report

☐ Domestic Violence Perpetrator Opportunity for Treatment Services (DVPOTS)
☐ Non-DVPOTS report

Prior authorization for reimbursement is required. Do not include medical information.

Agency name:						*Probation Use Only* *Section Fully Completed?* Yes ☐ No ☐
Date:			Report Mo/Yr:			
Probation Officer:						
Defendant Name (Last, First, MI):			DOB:			
Referring Court(s): Court 1		Court 2		Court 3		
Assess. Date:	Date of 1st Session:		Treatment level:			

Attendance						*Probation Use Only* *Section Fully Completed?* Yes ☐ No ☐
Group session dates:						
Ind. session dates:						
Total sessions attended to date:						
Total sessions missed since beginning treatment:						

Treatment Status		*Probation Use Only* *Is one box checked?* Yes ☐ No ☐
☐ Compliant		
☐ Noncompliant, due to:	☐ Lack of attendance ☐ Failure to comply with treatment rules ☐ Other, see comment section	
☐ Program completed on:		
☐ Terminated on (note specific reason in comment section):		
Comments:		

Staff sign/date:	Credentials and staff level:	*Probation Use Only* *Section Fully Completed?* Yes ☐ No ☐
Print name:		
Supervisor Sign/date:	Credentials and staff level:	
Print name:		

Fully completed? Yes ☐ No ☐	Probation Staff:	Date:
☐ Non-DVPOTS, 1. Enter in the database and 2. Copy to defendant's file ☐ DVPOTS/fully completed: 1. Enter in the database, 2. Original-Senior Clerk, 3. Copy-def. file ☐ DVPOTS/not fully completed: original to Probation Manager and copy to defendant's file		
AP Process: ☐ OK to Pay	Probation Manager or Administrator:	
Date:	☐ *Original to Senior Clerk*	

Updated 1/30/20

DVPOTS Provider Monthly Invoice for Reimbursement

Invoices must be received by Whatcom County District Court Probation at DVPOTS@co.whatcom.wa.us by the 10th of the month following the month services are provided. Monthly treatment reports must be attached.

Invoice page of	Date:	Invoice Mo/Yr:	*Probation Use Only* Section Fully Completed? Yes ☐ No ☐
Agency Name:			
Agency address: Is this a new address ☐ Yes ☐ No			
Contact person and phone #:			

Assessment Reimbursement Request			*DCP Use Only* Funding Source?
Name	Docs submitted to probation?	Reimbursement amount	
1.	☐ Yes ☐No	$300.00	COB☐ WC☐
2.	☐ Yes ☐No	$300.00	COB☐ WC☐
3.	☐ Yes ☐No	$300.00	COB☐ WC☐
4.	☐ Yes ☐No	$300.00	COB☐ WC☐
Total assessment reimbursement request		$	COB☐ WC☐

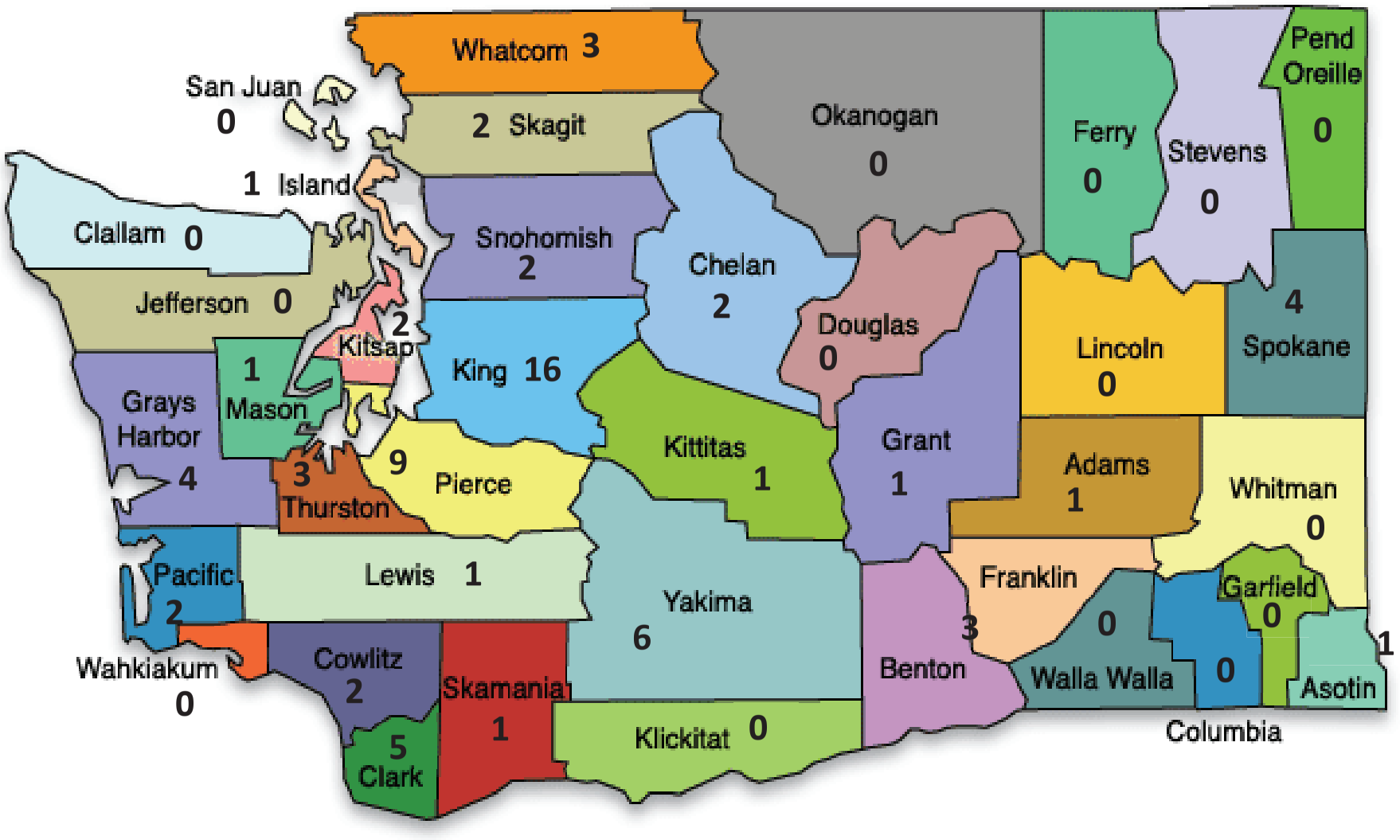
Group and Individual Treatment Reimbursement Request					*Probation Use Only* Funding Source?
Name	Report attached?	Billing mo. Sessions Attended	Session rate	Total by defendant	
1.	☐ Yes ☐No		$50.00	$	COB☐ WC☐
2.	☐ Yes ☐No		$50.00	$	COB☐ WC☐
3.	☐ Yes ☐No		$50.00	$	COB☐ WC☐
4.	☐ Yes ☐No		$50.00	$	COB☐ WC☐
5.	☐ Yes ☐No		$50.00	$	COB☐ WC☐
6.	☐ Yes ☐No		$50.00	$	COB☐ WC☐
7.	☐ Yes ☐No		$50.00	$	COB☐ WC☐
8.	☐ Yes ☐No		$50.00	$	COB☐ WC☐
9.	☐ Yes ☐No		$50.00	$	COB☐ WC☐
10.	☐ Yes ☐No		$50.00	$	COB☐ WC☐
Total group and individual session reimbursement request				$	*Prob. Use* OK to pay? Yes ☐ No ☐ Staff_____
Total assessment reimbursement request from above				$	
TOTAL REIMBURSEMENT REQUEST				**$**	
Signed:	Print Name:		Date:		

I certify that the materials have been furnished, the services rendered, or the labor performed as described on this invoice.

AP Process: ☐ OK to Pay	Sign:	Date:

Updated 1/30/20

Appendix F



* As of July 22, 2020, there are 72 Domestic Violence Intervention Treatment programs certified in the State of Washington. This data is updated monthly and can be found online here: https://www.dshs.wa.gov/esa/community-services-offices/domestic-violence-intervention-treatment.

Washington State Judicial Branch
2021 – 2023 Biennial Budget
Decision Package

Agency: **Administrative Office of the Courts**

Decision Package Title: Office of Innovation – Realizing Change Through Research

Budget Period: **2022-2025**

Budget Level: Click here to enter text.

Agency Recommendation Summary Text: The Administrative Office of the Courts is requesting funding to support an FTE that will work within the Office of Court Innovation. This research position will focus on research related to race, gender, foreign and signed language groups, and how the courts interact and administer justice to such historically marginalized groups.

Summary:

Operating Expenditures	**FY 2022**	**FY 2023**	**FY 2024**	**FY 2025**
Fund	$164,450	$164,450	$164,450	$164,450
Total Cost	**$**164,450	**$**164,450	**$**164,450	**$**164,450
Staffing	**FY 2022**	**FY 2023**	**FY 2024**	**FY 2025**
FTEs	1.0	1.0	1.0	1.0
Object of Expenditure	**FY 2022**	**FY 2023**	**FY 2024**	**FY 2025**
Senior Research Associate	164,450	164,450	164,450	164,450

Package Description:
Unmet Research Needs

As the sole research department within the AOC, the Washington State Center for Court Research (WSCCR) provides necessary research functions for the various policy groups within the judicial branch, which includes the BJA, DMCJA, SCJA, JCA, Supreme Court Commissions, and others. Due to resource limitations, WSCCR has been unable to meet some of the needs of these policy groups.

Specifically, WSCCR and the Supreme Court Commissions are positioned together under the AOC's Administrative Division as "The Office of Court Innovation," yet there are no dedicated staff or resources that allow them to fully realize their partnership. Over the past couple of years, with assistance from temporary grant and legislative funding, WSCCR and the Commissions have been able to collaborate on projects like

the DV Legislative Workgroups and Gender Justice/Bias Study supported by the Gender and Justice Commission, the Jury Diversity Demographic Survey by the Minority and Justice Commission, the Pretrial Reform Task Force which was a collaboration between the SCJA, DMCJA, and the Minority and Justice Commission. The Commissions and other Associations appreciate being able to call on the expertise of WSCCR because they are uniquely positioned and qualified to work with Washington State Courts and all of its partners.

The Supreme Court Commissions have identified several unmet research needs related to the policy work they do:

- Minority and Justice Commission – Reports focusing on racial disproportionality in the courts. The last report focusing on race in Washington's criminal justice system was 8 years ago. Other important policy topics that need continued reporting include LFOs, pretrial, and jury diversity.
- Gender and Justice Commission – Reports focusing on domestic violence and other forms of gender-based violence and gender bias. GJCOM is currently updating a study that identifies areas within the courts that gender bias exists. The last study was done over 30 years ago. There will be areas that need further research or continued research, such as the increase in incarceration rates for women, and many others.
- Interpreter Commission – Interpreter service usage, foreign and signed language community size and language needs, and resource needs analysis, especially with respect to translated court forms, proceedings information, and court services on all court websites.

This collaborative proposal between the Supreme Court Commissions and the Washington State Center for Court Research will help the Washington State Courts begin to understand how they deliver justice to people, with an emphasis on understanding race, gender, and language access. Understanding where we are is necessary to taking the next steps towards where we want to go.

Current Level of Effort: If the proposal is an expansion or alteration of a current program or service, provide information on the current level of resources devoted to the program or service. Please include current expenditure authority level and FTEs.

There are no current AOC resources that are devoted to this program or service. Work conducted by WSCCR on existing projects is supported by temporary grant or legislative funding that will end before this potential new allocation would take effect.

Decision Package expenditure, FTE and revenue assumptions, calculations and details: Clearly articulate the workload or assumptions used in calculating expenditure and revenue changes proposed.

The 1.0 FTE senior research associate will be responsive for the ongoing research needs of the Supreme Court Commissions to look at issues of race, gender, and language access in the courts. Some of these specific areas include:

- Racial disproportionality in the courts;
- Gender-based violence (domestic violence and sexual assault) and other forms of gender bias in the courts;
- Need for and usage of language access services and resources including interpreters and textual document translators;
- Issue-Specific Research: Pretrial, legal financial obligations, domestic violence treatment, jury diversity, interpreter-related continuances, etc.

Current WSCCR staffing capacity cannot take on additional work related to the issues identified above.

Decision Package Justification and Impacts

How does this package contribute to the Judicial Branch Principal Policy Objectives identified below?

Fair and Effective Administration of Justice in All Civil and Criminal Cases.
The justice system is not fair and equal for all. We know that people of color are disproportionately represented in our criminal justice system. We know that women are disproportionately victims of gender based violence. We know that people who do not communicate in English do not truly have equal access to the courts. While we strive to create a justice system that is fair and equal to all, we know we still have a long way to go.

The Supreme Court Commissions are uniquely positioned to respond to these issues. Their work focuses on finding ways that we can address these issues within the courts in Washington State. Our activities involve education, stakeholder collaboration, engaging in policy, and research. Research that specifically addresses race, gender, and language access in the courts helps the judicial branch and its partners identify where inequities exist, so that we can begin to identify and implement solutions.

Accessibility
Research that helps us identify language access needs in the courts will help us figure out solutions to identified language access barriers.

When we address issues of disparity and unequal treatment based on race, gender, and other marginalized identities, we can begin to create courts that more people have trust and confidence in, and are thus are more accessible.

Access to Necessary Representation
Many issues related to disproportionality have direct linkages to certain groups in our society not having adequate access to representation. Study in areas related to race, gender, and language access will help us reveal areas where these groups do not have access to necessary and effective representation.

Commitment to Effective Court Management
In order for our courts to be effective, they have to understand how they are serving all customers with a keen eye on fairness and justice. Are courts effectively providing and managing interpreter services? Are courts effectively providing treatment for domestic violence perpetrators? Are courts providing outcomes that are fair and just to all people regardless of their race, gender, or language background? These questions require answers that can only be provided through research and addressed through policy implementation measures and judicial education by the Commissions.

Appropriate Staffing and Support
Over the years we have experienced time and time again the lack of resources and support to be able to study these very important issues within our justice system. Without funding this position we will not see or realize the changes that we are hoping to see to create a more fair and just system. Until we appropriately staff and support the Commissions and WSCCR we will not see change.

What is the impact on other state agencies?
Other state agencies rely on this type of data from the courts to better understand systemic inequities that exist within our system of government as a whole. The courts are just one institution that is related to and has impacts in many other institutions, like education, healthcare, social services, law enforcement, and many others. Each institution has an impact on one another and on our society as a whole. Each system plays a part in contributing to systemic inequities, and until we as a court system do our part to better understand the impacts we are having on people, particularly people of color, women, and other historically marginalized groups, we won't be able to see change.

What is the impact to the Capital Budget?
This request is for less than $200,000. It is not likely to impact the Capital Budget.

Is change required to existing statutes, Court rules or contracts?
No

Is the request related to or a result of litigation?
No

What alternatives were explored by the agency and why was this option chosen?
The agency does not have additional funds to be able to support an added FTE. Although temporary funding from the legislature or grants has been helpful, it is ending and is unlikely be available again. We have also found that sporadic funding has been inefficient (e.g., due to repetitive ramp-up work required when a project stops and starts up again a year later) and inadequate to address these issues.

What are the consequences of not funding this request?
Inequities will continue to persist, change will be slower to be realized. Only every 10 years or more will we see how far we've come with any changes. In the case of the Gender Justice Study, it has been thirty years since an evaluation of gender bias in the courts was last funded. If we can't continue to assess implemented recommendations, we will not know whether those recommendations or changes had any impact. We won't have the ability to take compounding steps to realize change because we won't have the tools or resources to be able to track our progress. Without the ability to track our progress through research, the money and efforts we make may not make the difference that is intended because we won't be able to see how we're doing and adjust accordingly.

The larger impact is on our state citizens. Inequities in any system have true social system and individual personal costs and are the reason for ongoing disparities.

How has or can the agency address the issue or need in its current appropriation level?
No

Other supporting materials: Please attach or reference any other supporting materials or information that will further help explain this request.

Information technology: Does this Decision Package include funding for any IT-related costs, including hardware, software, services (including cloud-based services), contracts or IT staff?

☒ No

☐ Yes

PROPOSED SESSION TITLE: What's New with Domestic Violence Intervention Treatment? An overview of the new DVIT regulations and other innovative work happening in Washington

PROPOSED BY: Washington State Supreme Court Gender & Justice Commission

CONTACT NAME: Kelley Amburgey-Richardson, GJC Staff

CONTACT PHONE: (360) 704-4031

CONTACT EMAIL: Kelley.amburgey-richardson@courts.wa.gov

TARGET AUDIENCE:

- ☒ Experienced Judges
- ☒ New Judges
- ☒ District Courts
- ☒ Municipal Courts

PROPOSED DURATION (In Person):	PROPOSED DURATION (Online):	SESSION TYPE:	IS THERE A LIMIT TO THE NUMBER OF PARTICIPANTS?
☐ 60 Minutes	☐ 60 Minutes	☒ Plenary	☐ Yes
☒ 90 Minutes	☒ 75 Minutes	☐ Choice	☒ No
☐ 3 Hours	☐ Other: (such as series of sessions)	☐ Colloquium	
☐ Other:		☒ Webinar	

TOPIC AREA:
Domestic Violence Intervention

REQUIRED COMPONENTS
The session must address the following essential areas of information:

Substantive Knowledge	Administrative/Procedural	Skills, Attitudes & Beliefs
• WAC 388-60B regulations governing domestic violence intervention treatment • Differences between DVIT (Intervention/Treatment), DV-MRT (Moral Reconation Therapy), Anger Management	• Impacts of new WAC 388-60B on ordering DVIT, compliance reviews • New (2019) court data entry fields related to DV definition split	• Innovative WA pilots related to DVIT: Okanogan County and City of Seattle • Harborview's new CBT (Cognitive Behavioral Therapy) for Intimate Partner Violence (IPV) curriculum • Legislative DV work groups' recommendations

RECOMMENDED FACULTY:
Final faculty will be selected from the following list: Judge Eric Lucas (Snohomish County Superior Court); Amie Roberts (DSHS); Judge Adam Eisenberg (Seattle Municipal Court); Judge Charles Short (Okanogan County District Court); Mark Adams (Anger Control Treatment & Therapies); Dr.Amelie Pedneault (Washington State University)

SESSION DESCRIPTION: Describe the purpose of the session and key issues to be presented. Explain what judicial officers will learn in the course and how the information will apply to their work in the courts *(this information will be included in the program flyer as your session description)*.

Participants will learn about the new WAC 388-60B governing domestic violence treatment standards, and related impacts on sentencing and compliance review. Participants will also have the opportunity to hear about innovative work happening related to domestic violence treatment around the state, including pilot programs in the City of Seattle and Okanogan County, Harborview's new cognitive behavioral therapy curriculum for DV treatment, and the legislatively-convened E2SHB 1163 and 1517 DV Work Groups.

LEARNING OBJECTIVES: Describe what participants will be able to do or say as a result of this session.

1. Understand the new four-tiered domestic violence intervention treatment structure under the new WAC 388-60B and impacts on sentencing, compliance review
2. Understand the differences between DVIT, DV-MRT, and Anger Management
3. Highlights of the Gender and Justice Commission's DV-MRT pilot related to the Gender Justice Study
4. Awareness of innovative work happening in Washington State related to DVIT:
   a. City of Seattle's DVIT Pilot;
   b. Okanogan County's Remote Treatment Pilot;
   c. Harborview's CBT for IPV Manual and Training; and
   d. E2SHB 1163 and 1517 DV Work Groups, recommendations

FUNDAMENTALS COVERED: Describe the case law, best practices, or "nuts and bolts" that will be addressed during the session.

- WAC 388-60B - new four-tiered domestic violence intervention treatment structure which replaced the previous "one-size-fits-all" model
- Differences between DV intervention treatment, DV-MRT, and anger management therapy
- Best practices re: DV treatment from different WA pilot projects
- DV definition refinement that separates intimate partner violence from violence committed by other family or household members
- Overview of recommendations made to the Legislature by the E2SHB 1163 and1517 DV Perpetrator Treatment Work Groups

PARTICIPANT RESOURCES: Describe the resources faculty will recommend participants reference when handling the key issues described in this session *(e.g., bench books, checklists, bench cards, websites, organizations, agencies, etc.)*.

- https://www.dshs.wa.gov/esa/community-services-offices/domestic-violence-intervention-treatment (WACs, resources, list of programs by city and county)
- E2SHB 1517 DV Perpetrator Treatment Report (will be available on the Legislative page of the Gender & Justice Commission website once submitted in October 2020)
- Harborview's CBT for IPV Manual (available on DSHS website linked above)

PROPOSED TEACHING METHODS AND ACTIVITIES: Describe how the session will be presented to actively engage the audience in the education. In the event this program is held virtually, or if this is intended as webinar, please let us know how you plan to keep the audience involved. *(e.g., small/large group discussion, hypotheticals, case study review, role play, lecturette, etc.)*.

- Lecturette, presentation by a variety of faculty members
- Poll questions

ANTICIPATED COST:	**FUNDING RESOURCES:**
$1,500 (travel and lodging for panelists, if program is held in-person)	Gender and Justice Commission will cover all costs.

PROPOSED SESSION TITLE: What's New with Domestic Violence Intervention Treatment? An overview of the new DVIT regulations and other innovative work happening in Washington

PROPOSED BY: Washington State Supreme Court Gender & Justice Commission

CONTACT NAME: Kelley Amburgey-Richardson, GJC Staff

CONTACT PHONE: (360) 704-4031

CONTACT EMAIL: Kelley.amburgey-richardson@courts.wa.gov

TARGET AUDIENCE:

- ☒ Experienced Judges
- ☒ New Judges
- ☒ Experienced Commissioners
- ☒ New Commissioners

PROPOSED DURATION: *(Including break times)*

- ☒ 90 Minutes
- ☐ 3 Hours
- ☐ 2 Hours
- ☐ Other:

SESSION TYPE:

- ☒ Plenary
- ☐ Choice
- ☐ Colloquium

IS THERE A LIMIT TO THE NUMBER OF PARTICIPANTS?

- ☐ Yes
- ☒ No

If yes, maximum number:

TOPIC AREA: Theme is *Back to Basics: A Judicial Toolkit for Learning on the Job*.

- ☐ Criminal Law
- ☒ Family Law
- ☒ Civil Law
- ☐ Ethics
- ☐ Evidence
- ☐ Decision-Making
- ☐ Courtroom Skills
- ☐ Good Communication
- ☐ Guardianship
- ☐ Dependencies
- ☐ Juvenile Law
- ☒ Pro Se Litigants
- ☒ Judicial Procedures
- ☐ Other: _____

REQUIRED COMPONENTS

The session must address the following essential areas of information:

Substantive Knowledge	Administrative/Procedural	Skills, Attitudes & Beliefs
• WAC 388-60B regulations governing domestic violence intervention treatment • Differences between DVIT (Intervention/Treatment), DV-MRT (Moral Reconation	• Impacts of new WAC 388-60B on ordering DVIT, compliance reviews • New (2019) court data entry fields related to DV definition split	• Innovative WA pilots related to DVIT: Okanogan County and City of Seattle • Harborview's new CBT (Cognitive Behavioral Therapy) for Intimate Partner Violence

Therapy), Anger Management		(IPV) curriculum • Legislative DV work groups' recommendations

RECOMMENDED FACULTY:
Final faculty will be selected from the following list: Judge Eric Lucas (Snohomish County Superior Court); Amie Roberts (DSHS); Judge Adam Eisenberg (Seattle Municipal Court); Judge Charles Short (Okanogan County District Court); Mark Adams (Anger Control Treatment & Therapies); Dr. Amelie Pedneault (Washington State University)

SESSION DESCRIPTION: Describe the purpose of the session and key issues to be presented. Explain what judicial officers will learn in the course and how the information will apply to their work in the courts *(this information will be included in the program flyer as your session description)*.

Participants will learn about the new WAC 388-60B governing domestic violence treatment standards, and related impacts on sentencing and compliance review. Participants will also have the opportunity to hear about innovative work happening related to domestic violence treatment around the state, including pilot programs in the City of Seattle and Okanogan County, Harborview's new cognitive behavioral therapy curriculum for DV treatment, and the legislatively-convened E2SHB 1163 and 1517 DV Work Groups.

LEARNING OBJECTIVES: Describe how participants will be able to apply the information to their work.

1. Understand the new four-tiered domestic violence intervention treatment structure under the new WAC 388-60B and impacts on sentencing, compliance review
2. Understand the differences between DVIT, DV-MRT, and Anger Management
3. Highlights of the Gender and Justice Commission's DV-MRT pilot related to the Gender Justice Study
4. Awareness of innovative work happening in Washington State related to DVIT:
   a. City of Seattle's DVIT Pilot;
   b. Okanogan County's Remote Treatment Pilot;
   c. Harborview's CBT for IPV Manual and Training; and
   d. E2SHB 1163 and 1517 DV Work Groups, recommendations

FUNDAMENTALS COVERED: Describe the case law, best practices, or "nuts and bolts" that will be addressed during the session.

- WAC 388-60B - new four-tiered domestic violence intervention treatment structure which replaced the previous "one-size-fits-all" model
- Differences between DV intervention treatment, DV-MRT, and anger management therapy
- Best practices re: DV treatment from different WA pilot projects
- DV definition refinement that separates intimate partner violence from violence committed by other family or household members
- Overview of recommendations made to the Legislature by the E2SHB 1163 and1517 DV Perpetrator Treatment Work Groups

PARTICIPANT RESOURCES: Describe the resources faculty will recommend participants reference when handling the key issues described in this session *(e.g., bench books, checklists, bench cards, websites, organizations, agencies, etc.)*.

- https://www.dshs.wa.gov/esa/community-services-offices/domestic-violence-intervention-treatment (WACs, resources, list of programs by city and county)
- E2SHB 1517 DV Perpetrator Treatment Report (will be available on the Legislative page of the Gender & Justice Commission website once submitted in October 2020)
- Harborview's CBT for IPV Manual (available on DSHS website linked above)

PROPOSED TEACHING METHODS AND ACTIVITIES: Describe how the session will be presented to actively engage the audience in the education *(e.g., small/large group discussion, hypotheticals, case study review, role play, lecturette, etc.)*.

- Lecturette, presentation by a variety of faculty members
- Poll questions

ANTICIPATED COST: *(e.g., honorariums, travel, lodging, transportation, etc.)*	**FUNDING RESOURCES:** *(Is the session sponsored/paid for by another entity? If so, please let us know.)*
$1,500 (travel and lodging for panelists, if program is held in-person)	Gender and Justice Commission will cover all costs.

Appendix I

Proposal to Amend GR 22 to Include Therapeutic Courts

Therapeutic courts are defined under RCW 2.30.010. This amendment would further the goal of therapeutic courts to provide individualized treatment intervention. Limited public access to assessments and treatment reports would help encourage defendants to cooperate more honestly with risk/needs assessments, mental health and chemical dependency evaluations, and treatment.

GR 22

ACCESS TO FAMILY LAW ~~AND,~~ GUARDIANSHIP AND THERAPEUTIC COURT RECORDS

(Comments not included)

(a) Purpose and Scope of this Rule. This rule governs access to family law, ~~and~~ guardianship and therapeutic court records, whether the records are maintained in paper or electronic form. The policy of the courts is to facilitate public access to court records, provided that such access will not present an unreasonable invasion of personal privacy, will not permit access to records or information defined by law or court rule as confidential, sealed, exempted from disclosure, or otherwise restricted from public access, and will not be unduly burdensome to the ongoing business of the courts.

(b) Definition and Construction of Terms.

(1) "Court record" is defined in GR 31 (c)(4).

(2) "Family law case or guardianship case" means any case filed under Chapters 11.88, 11.92, 26.09, 26.10, 26.12, 26.18, 26.21, 26.23, 26.26, 26.27, 26.50, 26.52, 73.36 and 74.34 RCW.

(3) "Personal Health Care Record" means any record or correspondence that contains health information that: (1) relates to the past, present, or future physical or mental health condition of an individual including past, present, or future payments for health care; or (2) involves genetic parentage testing.

(4) "Personal Privacy" is unreasonably invaded only if disclosure of information about the person or the family (a) would be highly offensive to a reasonable person and (b) is not of legitimate concern to the public.

(5) "Public access" means unrestricted access to view or copy a requested court record.

(6) "Restricted personal identifiers" means a party's social security number, a party's driver's license number, a party's telephone number, financial account numbers, social security number of a minor child and date of birth of a minor child.

(7) "Retirement plan order" means a supplemental order entered for the sole purpose of implementing a property division that is already set forth in a separate order or decree in a family law case. A retirement plan order may not grant substantive relief other that what is set forth in a separate order. Examples of retirement plan orders are orders that implement a division of retirement, pension, insurance, military, or similar benefits as already defined in a decree of dissolution of marriage.

(8) "Sealed financial source documents" means income tax returns, W-2s and schedules, wage stubs, credit card statements, financial institution statements, checks or the equivalent, check registers, loan application documents, and retirement plan orders, as well as other financial information sealed by court order.

(9) "Therapeutic court cases" means any case in which a party is receiving treatment pursuant to a therapeutic court program under Chapter 2.30.

(c) Access to Family Law, ~~or~~ Guardianship and Therapeutic Court Records.

(1) General Policy. Except as provided in RCW 26.26.610(2) and subsections (c)(2) and (c)(3) below, all court records shall be open to the public for inspection and copying upon request. The Clerk of the court may assess fees, as may be authorized by law, for the production of such records.

(2) Restricted Access. The Confidential Information Form, Sealed Financial Source Documents, Domestic Violence Information Form Notice of Intent to Relocate required by RCW 26.09.440, Sealed Personal Health Care Record, Retirement Plan Order, Confidential Reports as defined in (e)(2)(B), copies of any unredacted Judicial Information System (JIS) database information considered by the court for parenting plan approval as set forth in
(f) of this rule, ~~and~~ any Personal Information Sheet necessary for JIS purposes shall only be accessible as provided in sections (h) and (i) herein, Therapeutic Court risk/needs assessments, and treatment evaluation and treatment compliance forms used in Therapeutic Courts

(3) Excluded Records. This section (c) does not apply to court records that are sealed as provided in GR 15, or to which access is otherwise restricted by law.

(d) Restricted Personal Identifiers Not Required - Except. Parties to a family law case or the protected person in a guardianship case shall not be required to provide restricted personal identifiers in any document filed with the court or required to be provided upon filing a family law or guardianship case, except:

(1) "Sealed financial source documents" filed in accordance with (g)(1).

(2) The following forms: Confidential Information Form, Domestic Violence Information Form, Notice of Intent to Relocate required by RCW 26.09.440, Vital Statistics Form, Law Enforcement Information Form, Foreign Protection Order Information Form, ~~and~~ any Personal Information Sheet necessary for JIS purposes, Therapeutic Court risk/needs assessments, and treatment evaluation and compliance forms used in Therapeutic Courts

(3) Court requested documents that contain restricted personal identifiers, which may be submitted by a party as financial source documents under the provisions of section (g) of this rule.

(e) Filing of Reports in Family Law, ~~and~~ Guardianship and Therapeutic Court cases--Cover Sheet.

(1) This section applies to documents that are intended as reports to the court in Family law, and Guardianship and Therapeutic Court cases including, but not limited to, the following:

(A) Parenting evaluations;

(B) Domestic Violence Assessment Reports created by Family Court Services or a qualified expert appointed by the court, or created for Therapeutic Court purposes;

(C) Risk Assessment Reports created by Family Court Services or a qualified expert, or risk/needs assessments created for use in a Therapeutic Court;

(D) Treatment evaluation and compliance reports required by a Therapeutic Court;

~~(D)~~ (E) CPS Summary Reports created by Family Court Services or supplied directly by Children's Protective Services;

~~(E)~~ (F) Sexual abuse evaluations; and

~~(F)~~ (G) Reports of a guardian ad litem or Court Appointed Special Advocate.

(2) Reports shall be filed as two separate documents, one public and one sealed.

(A) Public Document. The public portion of any report shall include a simple listing of:

(i) Materials or information reviewed;

(ii) Individuals contacted;

(iii) Tests conducted or reviewed; and

(iv) Conclusions and recommendations.

(B) Sealed Document. The sealed portion of the report shall be filed with a coversheet designated: "Sealed Confidential Report." The material filed with this coversheet shall include:

(i) Detailed descriptions of material or information gathered or reviewed;

(ii) Detailed descriptions of all statements reviewed or taken;

(iii) Detailed descriptions of tests conducted or reviewed; and

(iv) Any analysis to support the conclusions and recommendations.

(3) The sealed portion may not be placed in the court file or used as an attachment or exhibit to any other document except under seal.

(f) Information Obtained from JIS Databases with Regard to Approval of a Parenting Plan.

When a judicial officer proposes to consider information from a JIS database relevant to the placement of a child in a parenting plan, the judicial officer shall either orally disclose on the record or disclose the relevant information in written form to each party present at the hearing, and, on timely request, provide any party an opportunity to be heard regarding that information. The judicial officer has discretion not to disclose information that he or she does not propose to consider. The judicial officer may restrict secondary dissemination of written unredacted JIS database information not available to the public.

(g) Sealing Financial Source Documents, Personal Health Care Records, and Sealed Confidential Reports in Family Law and Guardianship cases--Cover Sheet.

(1) Financial source documents, personal health care records, confidential reports as defined in (e)(2)(B) of this rule, and copies of unredacted JIS database records considered by the court for parenting plan approval as set forth in (f) of this rule, shall be submitted to the clerk under a cover sheet designated "SEALED FINANCIAL SOURCE DOCUMENTS," "SEALED PERSONAL HEALTH CARE RECORDS," "SEALED CONFIDENTIAL REPORT" or "JUDICIAL INFORMATION SYSTEM DATABASE RECORDS" for filing in the court record of family law or guardianship cases.

(2) All financial source documents, personal health care records, confidential reports, or JIS database records so submitted shall be automatically sealed by the clerk. The cover sheet or a copy thereof shall remain part of the public court file.

(3) The court may order that any financial source documents containing restricted personal identifiers, personal health care records, any report containing information described in (e)(2)(B), or copies of unredacted JIS database records considered by the court for parenting plan approval as described in (f) be sealed, if they have not previously automatically been sealed pursuant to this rule.

(4) These cover sheets may not be used for any documents except as provided in this rule. Sanctions may be imposed upon any party or attorney who violates this rule.

(h) Access by Courts, Agencies, and Parties to Restricted Documents.

(1) Unless otherwise provided by statute or court order, the following persons shall have access to all records in family law or guardianship cases:

(A) Judges, commissioners, other court personnel, the Commission on Judicial Conduct, and the Certified Professional Guardian Board may access and use restricted court records only for the purpose of conducting official business of the court, Commission, or Board.

(B) Any state administrative agency of any state that administers programs under Title IV-A, IV-D, IV-E, or XIX
of the federal Social Security Act.

(2) Except as otherwise provided by statute or court order, the following persons shall have access to all documents filed in a family law or guardianship case, except the Personal Information Sheet, Vital Statistics Form, Confidential Information Form, Domestic Violence Information Form, Law Enforcement Information Form, and Foreign Protection Order Form.

(A) Parties of record as to their case.

(B) Attorneys as to cases where they are attorneys of record.

(C) Court appointed Title 11 guardians ad litem as to cases where they are actively involved.

(i) Access to Court Records Restricted Under This Rule.

(1) The parties may stipulate in writing to allow public access to any court records otherwise restricted under section (c)(2) above.

(2) Any person may file a motion, supported by an affidavit showing good cause, for access to any court record otherwise restricted under section (c)(2) above, or to be granted access to such court records with specified information deleted. Written notice of the motion shall be provided to all parties in the manner required by the Superior Court or Courts of Limited Jurisdiction Civil Rules. If the person seeking access cannot locate a party to provide the notice required by this rule, after making a good faith reasonable effort to provide such notice as required by the Superior Court or the Courts of Limited Jurisdiction Rules, an affidavit may be filed with the court setting forth the efforts to locate the party and requesting waiver of the notice provision of this rule. The court may waive the notice requirement of this rule if the court finds that further good faith efforts to locate the party are not likely to be successful, or if the motion requests access to redacted JIS database records.

(A) The court shall allow access to court records restricted under this rule, or relevant portions of court records restricted under this rule, if the court finds that the public interests in granting access or the personal interest of the person seeking access outweigh the privacy and safety interests of the parties or dependent children.

(B) Upon receipt of a motion requesting access, the court may provide access to JIS database records described in (f) after the court has reviewed the JIS database records and redacted pursuant to GR 15(c), any data which is confidential or restricted by statute or court rule.

(C) If the court grants access to restricted court records, the court may enter such orders necessary to balance the personal privacy and safety interests of the parties or dependent children with the public interest or the personal interest of the party seeking access, consistent with this rule.

Appendix J

Courts of Limited Jurisdiction - Case Condition Imposed for DVT = Domestic Violence Treatment

Run Date: 7/9/2020

Equivalent information is not available from the Superior Courts

By case condition imposed year (case filed at any year)

	E	N	T	V	Y	Sum:
2010	687	1202	981	95	1544	**4509**
2011	421	954	775	188	1336	**3674**
2012	401	762	852	239	1193	**3447**
2013	319	853	720	251	963	**3106**
2014	313	761	591	150	905	**2720**
2015	301	667	566	185	814	**2533**
2016	232	518	414	92	728	**1984**
2017	156	580	385	46	634	**1801**
2018	112	801	243	44	537	**1737**
2019	61	1273	106	46	255	**1741**
2020	10	542	6	4	12	**574**
Sum:	**3013**	**8913**	**5639**	**1340**	**8921**	**27826**

Case Sentence Condition Comply Flag	Definition
E	Excused/Waived
N	Not Complied (default when condition is ordered, until it is changed by entry of one of the other codes)
T	Terminated
V	Violated
Y	Yes, Complied

No information is available by reason for entry of violated, terminated or excused codes.