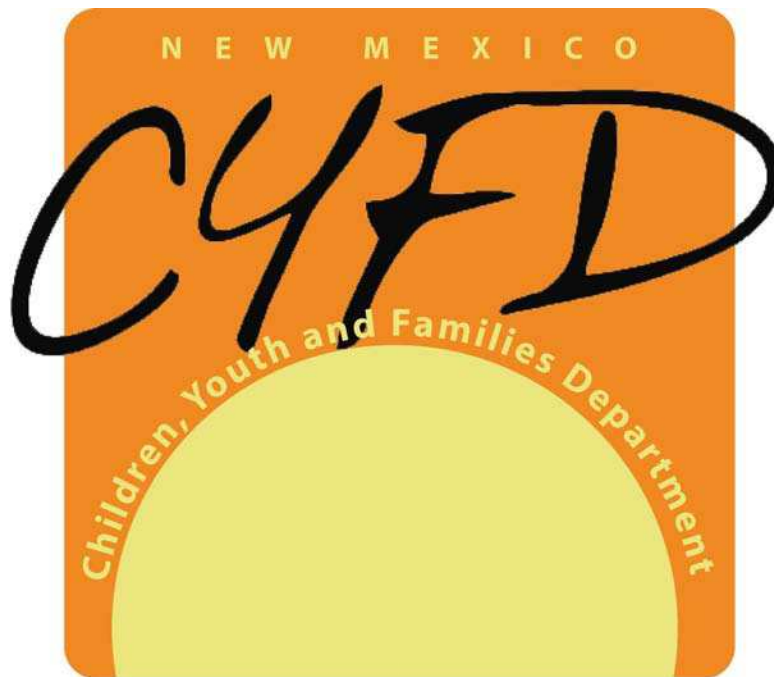


DOMESTIC VIOLENCE SERVICE DEFINITION MANUAL



Domestic Violence Unit
Protective Services

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Cabinet Secretary

July 2013 Revised

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DV SDM
Revised July 2013

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DEFINITION OF TERMS

<u>Term</u>	<u>Definition</u>
Advocacy	<p>In person or over-the -phone advocacy and support is provided by the program’s qualified staff and volunteers to domestic violence clients.</p> <p>Collaboratively working with, and in support of, a survivor that keeps with a survivor-centered, empowerment based, and self-determined approach.</p>
Advocacy Service Plan	<p>The plan outlines goals and actions taken toward specific goals, including: date, length of time, and staff completing the services when Advocacy and Support is the sole service to be provided.</p>
ARTES	<p>(The Agency Reporting and Tracking Enterprise System), is the web based database for tracking client service delivery. CYFD requires all contractors to enter their data and bill information utilizing this database.</p>
Adult	<p>A female or male who is 18 years of age or older</p>
Batterer’s Intervention	<p>A program consisting of individual and group intervention for domestic violence offenders.</p>
Child	<p>A female or male who is 0 through 17 years of age.</p>
Client	<p>Term used in the Service Definition Manual where standards relate to survivors and offenders of domestic violence. A recipient of domestic violence intervention services.</p>
Client Survey	<p>A required survey to obtain information regarding established performance outcomes entered into ARTES on a quarterly basis</p>
Confidentiality	<p>The responsibility of providers to protect personal identifying (privileged) information about domestic violence clients.</p> <p>Survivors hold the privilege to disclose personally identifying information about them.</p> <p>Confidentiality is paramount to survivor safety. Programs funded by CYFD shall establish policy and procedures regarding survivor confidentiality, location of the Shelter, etc. By definition, programs funded under the federal Family Violence Prevention and Services Act must establish or implement policies and protocols for</p>

Term

Definition

maintaining the safety and confidentiality of the adult survivor, and their children of domestic violence, sexual assault and stalking. It is essential that the confidentiality of individuals receiving domestic violence services be protected. Consequently, when providing statistical data on program activities, individual identifiers of survivor records will not be used per the Family Violence Prevention & Services Act (section 303(a) (2) (E)).

Community Education

Presentations made by the program's staff or volunteers to community groups.

Consultation

Meetings with outside service providers where the DV agency is providing DV education/expertise to inform services with DV survivors, child witnesses, and offenders who are not registered clients of the DV agency.

Core Requirements

Minimum service delivery activities to be performed in order for any specific service component.

Crisis Intervention

In-person crisis intervention, emotional support and guidance provided by the program's staff or volunteer advocates. This type of emergency response may occur at the crisis scene or immediately after the crisis. Meeting the survivor at the hospital is also included.

Includes phone calls made to the program's crisis phone line by or on the behalf of a survivor of domestic violence. These calls are usually the initial crisis phone contact with a survivor.

Domestic Abuse

A pattern of abuse in which a person uses coercive, controlling behavior to gain power and control over another through the use of fear, threats, intimidation, coercion and/or physical violence. This can result in: physical harm, severe emotional distress, bodily injury or assault, a threat causing imminent fear of bodily injury, criminal trespass, criminal damage to property, repeatedly driving by a residence or work place, telephone harassment, or stalking. (Also see Intimate Partner Violence)

Domestic Violence Counseling

One-on-one in-person or occasional phone assistance provided by the program's qualified staff to domestic abuse survivors, child witnesses, and offenders. Domestic violence counseling best practice does not include couple's/marriage counseling, mediation, or

<u>Term</u>	<u>Definition</u>
	family counseling which involves the offender
Elderly	A female or male survivor or offender of domestic violence who is 60 years of age or older.
Family Therapy	A counseling session with the adult survivor and her/his child(ren) engaged. It never includes an offender in session with a survivor or child survivor/witness.
Family Violence	Section 320 of the Federal Family Violence Prevention and Service Act defines Family Violence as “Any act or threatened act of violence, including any forceful detention of an individual, which (a) results or threatens to result in physical injury and (b) is committed by a person against another individual (including an elderly person) to whom such person is or was related by blood or marriage or otherwise legally related or with whom such a person is or was lawfully residing.”
Group	A group consists of two or more clients with a recommendation of no more than nine participants to one facilitator. Offender groups must maintain a staff to client ratio of 1:12 with the group size limited to no more than 20 with two facilitators. Programs are advised to use two facilitators in groups for offenders whenever possible
Household Member	Refer to State Statute in Appendix
Human Services Related Field	Experience in an allied mental health field or counseling related field such as social work, guidance and counseling, mental health, psychology, family studies, marriage and family therapy, family sciences, rehabilitation counseling, counselor education, substance abuse counseling, or social anthropology. Degree/s may include but are not limited to: Social Work, Sociology, Psychology, Counseling, Human Services, Criminology/Criminal Justice, Public Administration, Educational Counseling, Education, Nursing, and Health.
Innovative Service	This component, bid under the request for proposal, allows a provider the opportunity to be creative in developing a unique component outside of the CYFD menu of domestic violence services to meet the needs of the target population to be served. An Innovative Service must be approved and negotiated through the

<u>Term</u>	<u>Definition</u>
	request for proposal process
Intimate Partner Violence	A pattern of abuse in which one partner in an intimate relationship intends to control the other and the relationship through the use of fear, threats, intimidation, coercion and/or physical violence. Partners may be married or not married, in a heterosexual or same sex relationship, living together, separated, no longer together or dating.
Risk Assessment	Identifying risk factors that can indicate a potential for reassault by the offender.
Offender	A male or female perpetrator of domestic violence who either receives batterer intervention/treatment services from the domestic abuse program or is the current or former batterer of a survivor who receives services from the program.
Offender Service Assessment and Plan	A product including three components: a written narrative assessment and summary, risk assessment, and plan. A comprehensive assessment is the foundation for service delivery. It should be strengths based and reflect the needs of the offender. It must also contain an evaluation of the offender's lethality/danger to others. The plan should include goals and objectives created in collaboration with the offender. The assessment should inform the plan.
Peer Counselor	An individual who can provide the skills of listening and understanding; and who can communicate and provide encouragement in the process required to achieve improvement in life skills primarily because she/he has undergone the experience for which she is providing support. May sometimes also be referred to as an advocate. Peer counselors are recognized in the field of domestic violence.
Performance Measure	A quantitative or qualitative indicator used to assess the outcome or result of a program. CYFD requires that certain uniform performance measures be used by all domestic violence service providers at Intake and Discharge
Performance Outcome	Impact or benefit of a program.
Relevant Experience	Significant and demonstrable experience in providing the

<u>Term</u>	<u>Definition</u>
	service to the target population
Re-offense Prevention Plan	A required educational element developed between a facilitator/counselor and an offender that contains specific identified interventions for the offender to keep him/herself safe from the potential of reoffending. Prevention planning teaches offenders to identify chains of risk factors, thinking patterns, and behavioral sequences in order to identify and disrupt violent patterns.
Session	A structured, scheduled meeting with a client. Billing is for face-to-face time.
Safe and Supportive Environment	A safe environment in which qualified program staff and trained staff and volunteers are sensitive to and interact in a supportive manner with survivors.
Safety Plan	A plan developed between an advocate/counselor and a survivor that contains specific strategies for a survivor to be safe from an offender. Safety planning is an essential step to be completed with all adult survivors/child witnesses of domestic violence. It allows individualized planning for situations the survivor and children may encounter regardless of what the survivor decides to do about the relationship with the abuser. Age appropriate safety planning is also important for child survivors/witnesses of domestic violence.
Shelter Day of Care	For Domestic Violence Shelter Day of care, a survivor must stay 24 consecutive hours in order for a provider to bill for a full shelter day. The billable unit rate is determined by the number of hours in shelter.
Shelter Care Partial Day	For Domestic Violence Partial Day Shelter Care, a survivor must stay a minimum of 4 hours for a provider to bill for partial day. Rates are based on time spent in Shelter by 4-12 hours or 13-23 hours.
Stand Alone Component	A component that does not have to be provided in conjunction with any other component. For example, Crisis Intervention.
Survivor	A female or male adult survivor of domestic violence.
Survivor Service Assessment and Plan	A product including three components: a written narrative assessment and summary, safety plan, and

Term

Definition

support plan. A comprehensive assessment is the foundation for service delivery. It should be strengths-based and reflect the needs of the survivor/child witness. It must also contain a safety plan.

The support plan should include goals and objectives created in collaboration with the survivor/child witness. The assessment should inform the plan.

Plans guide service delivery. They should be strengths based and empower the survivor. Empowerment is based upon the survivor determining what information to provide and the identification and selection of goals and objectives.

Supervision

Face-to-face, group or individual supervision of program staff or volunteers. The supervisor promotes the development of skills and responsibility to ensure high quality delivery of services.

An individual who meets relevant licensing requirements should supervise any staff for each component's description for supervisory requirements.

There must be written documentation of supervision. This record will reside with the provider and shall include the date, length of time spent, brief themes, required actions (if any), and signature of those participating.

Youth IPV

A victim/survivor of intimate partner violence who is 13 to 17 years of age.

INTRODUCTION

The purpose of the CYFD Domestic Violence (DV) Unit is to utilize state and federal funds to develop and maintain a statewide, coordinated, comprehensive service delivery system. This system provides community-based services that improve and enhance the health and safety, and coping skills of the children, youth, families, and individuals in the targeted population. The goals of these program efforts are to provide informational and other support services that lead families to living in a safer, more stable environment.

The Domestic Violence Service Definition Manual is a set of standards. It governs service delivery to all service providers contracted by the CYFD Domestic Violence Unit, State of New Mexico.

VALUES STATEMENT

We are committed to the safety of adult and child survivors and to holding offenders responsible/accountable for the violence they have committed.

We recognize that maintaining the privacy of survivors and their children and assuring the safety and confidentiality of the information they give to service providers is paramount.

We believe that survivors have a right to self-determination, involvement in the design of systems intended to provide them help and to provide effective individual and community responses to the violence they have experienced. We require that service providers gather only the personal identifying information required to determine eligibility for services and/or promote the survivor's personal service outcomes. Providers are required to provide CYFD with non-identifying demographic data to meet federal and state mandates.

We require that service providers offer individualized, strengths-based services that are culturally sensitive and reflective of effective cross-cultural practice.

We require that providers make services available to all eligible individuals regardless of age, ethnicity/race, gender, religious preference, ability, disability, gender identity, sexual orientation, or income.

This manual recognizes the responsibility of providers to maintain ethical fundraising practices, fiscal integrity, and to meet reporting requirements of funders to ensure the viability of the program and services to the community.

CONFIDENTIALITY

Each provider must develop policies, procedures, and protocols to ensure and safeguard the privacy and rights of all survivors, child survivors, and offenders. Agencies must inform clients of their privacy rights at the time of intake and at the provision of any service. Clients must also be advised of the provider process for safeguarding any of their personal identifying information.

COLLABORATIVE DEVELOPMENT

This manual was developed with input from community-based domestic violence service providers throughout the State of New Mexico and staff of the CYFD Domestic Violence Unit. The domestic violence programs are recognized for their effort and time in guiding the incorporation of best practices into this manual.

UNIT RATES

SERVICE COMPONENT	UNIT	HOURLY/PRODUCT RATE	INCREMENTAL RATE 15 MINUTE MINIMUM
DOMESTIC VIOLENCE SERVICES			
**Program Support	12%		
Survivor Service Assessment and Plan	Product	\$100.00	
Offender Service Assessment and Plan	Product	\$100.00	
Specialized Assessment	Product	\$50.00	
Drug and Alcohol Screening	Product	\$35.00	
Mental Health Diagnostic Evaluation	Product	\$210.00	
Advocacy and Support	Per Client Hour	\$35.00	\$8.75
Domestic Violence Counseling	Per Client Hour	\$45.00/\$60.00	\$11.25/\$15.00
Domestic Violence Counseling - Group Rate	Per Client Hour	\$11.25/\$15.00	\$2.81/\$3.75
Specialized Consultation	Per Consultation Hour	\$80.00	\$20.00
Skill and Knowledge Services	Per Client Hour	\$40.00	\$10.00
Skill and Knowledge Services - Group Rate	Per Client Hour	\$10.00	\$2.50
Legal Advocacy	Per Client Hour	\$35.00	\$8.75
Domestic Violence Crisis Intervention -24 Hour	Per Client Hour	\$45.00	\$11.25
Domestic Violence Emergency Shelter Services Day of Care Per Client	Day of Care	\$100.00	
Domestic Violence Partial Day of Care Per Client	4 - 12 hours	\$50.00	
Domestic Violence Partial Day of Care Per Client	13 - 23 hours	\$75.00	
Domestic Violence Shelter Care & Support Per Child	Day of Care	\$15.00	
Travel/Transportation	Per Staff Hour	\$20.00	\$5.00
Community Outreach	Per Event Hour	\$35.00	\$8.75
Community Training	Per Training Hour	\$50.00	\$12.50
Native American Traditional and Cultural Services	Per Event Hour	\$50.00	\$12.50
Direct Civil Legal Services	TBD		
Innovative	TBD		

****Program Support is a percentage of the total CYFD contracted funding by agency based on criteria developed by the Department. Twelve percent of the contracted dollar amount may be used for Program Support.**

NOTE: "No Shows" are not billable.

DOMESTIC VIOLENCE SERVICES

PROGRAM REQUIREMENTS

1. Eligibility/Intake

- A. The provider must clearly document the domestic violence situation in writing. This should reflect a pattern of coercive, controlling behavior to gain power and control over another in a familial or intimate relationship. It can include physical abuse, emotional or psychological abuse, sexual abuse or financial abuse.
- B. Individuals who are eligible for domestic violence services consist of:
 - 1. Adult survivors of domestic violence.
 - 2. Child survivors/witnesses of domestic violence. The provider may serve legally emancipated minors, or minors granted permission by a parent, guardian, or a judge's order.
 - 3. Adult offenders/perpetrators of domestic violence.
 - 4. Individuals abused or in fear of being abused by an intimate partner or family member
 - 5. CYFD prioritizes service delivery to intimate partner violence.
- C. Providers must gather CYFD registration information for all individuals receiving domestic violence services billed to the CYFD contract. The CYFD registration form can be incorporated into the provider's intake paperwork.
- D. A provider cannot place restrictions on the number of times an individual may enter shelter nor require a time limit before an individual may re-enter shelter.
- E. The provider can maintain a "no re-admit" list for shelter services for health and safety purposes only. The provider must maintain a written protocol for someone being placed on the list and a written protocol to ensure that each no re-admit situation is assessed on an individual basis.
- F. The provider should have a written protocol to facilitate admission to safe alternate accommodations for individuals when the shelter is full. The written protocol may include, but is not limited to, hotels/motels, other DV service providers' shelters, homeless shelters, or other facilities that can provide safe refuge.

2. Accommodation

- A. The provider should have a protocol that allows for the reasonable accommodation of clients and that prohibits discrimination for admission and service on the basis of race, religion, national origin, gender, age, gender identity, mental or physical disability, sexual orientation, citizenship, marital status, or primary language.
- B. The provider should document the reasons when unable to provide services.
- C. The provider should have a written protocol for services to underserved populations either on-site or through collaboration with other agencies including:
 - 1. Elder battered women
 - 2. Individuals in same-sex relationships
 - 3. Persons with disabilities
 - 4. Individuals from diverse cultural backgrounds
 - 5. Non-English speaking survivors
 - 6. Male Survivors

3. Client Files

- A. The provider must maintain a file on each individual who received an intake.
- B. Client files must be maintained in either a locked filing cabinet, in a secure (locked) room, or in a room that is under constant supervision.
- C. Individual client files must contain, but are not limited to, the following:
 - 1. CYFD Registration, client intake information including client eligibility criteria, Rights and Responsibilities/Grievance Procedures, Confidentiality Statement, Release of information, and Consent Forms.
 - 2. Appropriate assessment and service plans for adult survivors, child survivors/witnesses, and offenders;
 - 3. Progress notes (individual and/or group)
 - 4. Safety plans/lethality/risk assessments
 - 5. Re-offense prevention plans for offenders
 - 6. Discharge paperwork.

4. Safety Planning

- A. The provider should have a protocol in place that documents safety planning with survivors.
 - 1. Phone logs (crisis call notes) will indicate that safety planning was offered during crisis line calls.
 - 2. Progress notes must indicate that safety planning was explained and discussed during initial residential and non-residential intake.
 - 3. Progress notes must indicate safety planning was discussed, or an attempt was made to discuss safety planning, when the individual's plans changed or an event occurred that indicated a need to modify the plan to address the event.
 - 4. A safety plan should also be reviewed and modified, as necessary, at discharge.
 - 5. A copy of the plan and any modifications should be maintained in the client file and easily accessible.
- B. Safety planning may be billed under Crisis Intervention, Skill and Knowledge, or Counseling.
- C. Providers must develop policies and procedures to safely respond to the use of drug and alcohol on the premises and to intoxicated and impaired clients to ensure the safety of all.

5. Informed Consent

- A. Providers should have a protocol for:
 - 1. Completion of client rights/responsibilities and grievance procedures forms.
 - 2. Forms must be signed and dated by the client and/or parent/legal guardian and provider staff.
 - 3. Completion of client release of information forms as applicable.
 - 4. Confidentiality statement.
 - 5. Completion of consent for services form. Documentation of consent or attempt to obtain consent of the survivor and/or parent/legal guardian for admission, services, treatment, evaluation, aftercare, or research.
 - 6. Client must also be informed of data collection methods utilized by the provider and to whom information will be reported, including file reviewers.
- B. Completion of data elements and demographic information in the format defined by CFYD.

6. Confidentiality of Personal Identifying Information/Release of Information

- A. The provider should have a protocol for:
 - 1. The report of aggregate statistics as required by CYFD in such a way that does not disclose any survivor identifying information and allows for programmatic evaluation by authorized CYFD Domestic Violence Unit personnel.

2. Requiring that client identifying information is disclosed within the provider agency on a need to know basis.
 3. Requiring that all employees, volunteers, contractors, interns, and visitors are to maintain complete client confidentiality.
 4. Stating that disclosure of confidential information pertaining to employees, program participants, volunteers, or a private funding source is a violation for which disciplinary action will be taken.
- B. The provider should have a protocol for exceptions to confidentiality and advising clients of these exceptions. Exceptions to confidentiality may include but not be limited to:
1. Reporting child abuse/neglect
 2. Reporting elder abuse/neglect
 3. Incapacitated Adults- Adult Protective Services Act. 27-7-30- Any person, including financial institutions, having reasonable cause to believe that an incapacitated adult is being abused, neglected, or exploited shall immediately report that information to Adult Protective Services Department.
 4. Protecting against danger to self or others on provider premises
 5. Summoning emergency services, such as fire or law enforcement, emergency health services.
- C. The provider must have a written protocol pertaining to the release of personal identifying information about a client. *At a minimum, the protocol must state that personal identifying information about a survivor may be released only with prior informed written consent of the survivor.* Informed consent means reviewing possible risks of the disclosure of the information for the survivor.
- D. All releases of information must be recorded on the provider's standard form and placed in the client file. The release of information form must include the following:
1. Individual's name
 2. Specific information to be released (a new form is executed for each new piece of information to be released)
 3. To whom the information is to be given
 4. Releases of information should be written for as brief a period of time as necessary to provide the information and with a specific expiration date.
 5. Individual's signature
 6. Revocation statement
- E. Compliance to confidentiality standards that adhere to VAWA 2005 and the New Mexico Victim Counselor Confidentiality Act (31-25-1 NMSA 1978).

7. Response to Subpoenas or Other Client Information

The provider should have a written protocol for responding to subpoenas, warrants, or other requests for personal client identifying information.

8. Progress Notes

- A. The provider should have a written protocol for the completion of progress notes to record all provider activity with or on behalf of a client. Documentation shall address/consist of the following:

The format should follow an accepted structure (DAP, SOAP, NAP).

1. D = data: observable, concrete; issues, concerns, needs identified by client and how they were supported by staff;

A = assess: conclusions, the writer's assessment of the individual's level of participation and engagement in services;

P=plan: the intervention agreed upon by staff, advocate, counselor, or case manager, service team and the client (and parent/guardian, if applicable). Who will do what and when?

2. Notes shall not contain any diagnosis, clinical assessments, or advocates' personal opinions
 3. The progress notation shall also include date, start and end time contact, unit billed, type of service component provided, and signature of individual completing the note.
- B. Correction fluid shall not be used. Errors shall be corrected by drawing one line through it, writing "error", and initialing this change; then continuing with the note.

9. Discharge

- A. The provider should have a written protocol for the discharge of clients from service that includes a face-to-face contact with a client (when possible) to complete a discharge summary. Documentation of a discharge summary shall include:
1. Reason for completion/termination
 2. Summary of services provided
 3. Client progress while under provider care and goals attained or not attained
 4. Recommendations for further care and treatment
 5. Review and revisions, as necessary, to the individualized safety plan for survivors/child witnesses or a re-offense prevention plan for offenders.
- B. At discharge, the provider must offer the client the opportunity to complete a client survey
- C. The provider should have a written protocol regarding involuntarily discharge of an individual from residential and non-residential services. The protocol must contain the following elements:
1. That reasonable effort has been made to inform the client of the problem/conduct
 2. The client is informed that if the problem/conduct is not corrected, this may result in involuntary discharge
 3. The client is provided with an opportunity to correct the problem/conduct
 4. Clients have been informed in advance of actions that would lead to immediate discharge

10. Grievance

- A. The provider should have written grievance procedures to distribute to each individual prior to entering services.
- B. In compliance with CYFD contractual obligations, the written procedures must contain but are not limited to the following elements:
1. Procedures to follow if an individual believes she/he has been wrongfully denied access to the provider's services
 2. Procedures to follow if an individual chooses to express dissatisfaction about her/his experience with services received through the provider

11. Supervisory Reviews

- A. The provider should have a written procedure for the supervisory review of services provided to a client.
- B. All activities billed to CYFD must be supervised by the Executive Director or by a staff member designated by the Executive Director.
- C. Supervisors must review active client files at least every 90 days. Supervisory reviews should include:
1. Review of services or treatment offered to client;
 2. Review of appropriateness and effectiveness of services or treatment provided;

3. Review of the intake, safety plans/re-offense prevention plans, assessments, lethality assessments, service plans, treatment plans, if applicable, progress notes, and other pertinent information in file;
 4. Review progress towards goals and objectives;
 5. Reports of case staffing with staff, supervisors, and other involved professionals;
 6. Review of paperwork to ensure forms are completed, signed, and dated as appropriate
- D. Supervisors must provide written summary **of reviewed notes**, follow up plan and next steps, the date and signature and licensure (if applicable) of the supervisor and be kept in the client file. Clinical supervision notes should not be included in client files.

12 Documentation of Incident/Occurrence Reports

- A. The provider should have a written protocol for the documentation of any significant disciplinary action, health and safety issue, rules violation, or action involving liability. Documentation should include:
1. Accidents or injuries to the client
 2. Any suicide or attempted suicide of a client
 3. Morbidity (disease or illness)
 4. Death of client
 5. Activities that place client at risk of harm or cause unusual pain.
 6. Actions taken to verify or resolve the issue.
 7. Suspected child abuse or neglect shall be reported to the Children, Youth and Families Department's Protective Services State Central Intake (SCI) at 1-855-333-SAFE.
 8. Suspected elder abuse
- B. The provider should have a written protocol to ensure that serious incidents are properly addressed, recorded, and reported within 24 hours to CYFD Domestic Violence Unit.

13. Reporting of Serious Incidents

- A. All domestic violence shelters and non-residential programs must report any serious incident or unusual occurrence which has, or could threaten, the health, safety, or welfare of the clients or staff of the facility to their CYFD Program Manager within 24 hours.
- B. Reports can be made by telephone with documentation following by fax or e-mail. Documentation of any significant disciplinary action, health and safety issue, rules violation, or action involving liability may include but is not limited to:
1. Fire, flood, or other natural disaster which creates structural damages to the facility or poses health hazards;
 2. An outbreak of contagious disease dangerous to public health; for example, Tuberculosis (TB), food poisoning, Hepatitis A;
 3. Any human act(s) by staff members of the agency which presents, poses or results in physical and/or psychological harm to a client;
 4. Any suspected client abuse, neglect or exploitation of a child by staff or other residents/clients;
 5. On-site incidents that include acts of physical harm to a client or staff by a client or staff or by an offender;
 6. Any serious incident occurring on provider grounds or within the facility, including any situation or circumstance that results in the presence of law enforcement, emergency medical personnel, or the local news media to the facility.
- C. Actions taken to verify or resolve the issue must be documented.

14. Outreach and Training

- A. Community Education and Training activities represent efforts made at the local, state and/or national levels to promote awareness regarding domestic violence and provider services.
- B. Activities may include:
 - 1. Public awareness activities to promote community knowledge of the provider's services and outreach to serve the target population
 - 2. Advocacy, education, policy development, and networking on behalf of the target population through formal systems
 - 3. Consultation, education, and training of other community service providers and the community at large to increase collaboration and maximum service provision to clients
 - 4. Documentation shall include a log of activities, including dates, times, sign-in sheets, evaluations as required, person performing the activities, and a description of the activity

15. Outcomes Evaluation

CYFD continues to institute methods to collect and analyze information on improvements in client safety and increased knowledge of resources, client satisfaction with services, and system-wide improvements.

- A. The Department requires each contractor to measure and track client-based outcomes through the use of client surveys.
- B. The Department requires each contractor to collect and report information necessary to meet the reporting obligations under federal requirements for Temporary Assistance to Needy Families (TANF) and Family Violence Prevention and Services Act (FVPSA).

16. Staff Training

- A. Supervisors, staff and/or volunteers providing services must meet the minimum staff qualifications. Each service component to be performed has a description of qualification requirements for supervisors, staff and/or volunteers.
- B. All staff providing direct services must receive an initial 40-hour DV specific training and 20 hours of relevant DV training annually.
- C. Providers should:
 - 1. Develop a training curriculum to meet staff requirements outlined in this manual
 - 2. Routinely train staff on service evaluation and performance outcome instruments to be utilized by the provider

17. Service Delivery Location

Services must not be delivered at locations other than those identified during the contract agreement process; unless written approval for another location is received from the CYFD Domestic Violence Unit.

MANDATES AND RULES PERTAINING TO OFFENDERS

DVOTI services promote safety through the adoption of consistent standards across communities in New Mexico. Criteria for DVOTI services are provided through the components outlined in this manual. Such services may or may not be provided by licensed therapists. CYFD strongly recommends co-facilitators for all DVOTI group work.

CRITERIA FOR DVOTI PROGRAMS

Criteria for DVOTI programs are contained in the current version of 8.8.7 of the New Mexico Administrative Code. A copy of this statute can be found at the back of this manual, pages 78 - 81.

New Mexico State Statute

As per CYFD contract requirements, providers receiving DVOT/I funds must, by NM State Statute 31-12-12, comply with the following:

31-12-12 Domestic violence offender treatment fund created; appropriation; program requirements.

- A. The “domestic violence offender treatment fund” is created in the state treasury. All fees collected pursuant to the provision of Section 1[31-12-11 NMSA 1978] of this [act] shall be transmitted monthly to the department of finance and administration for credit to the domestic violence offender treatment fund.
- B. Balances in the domestic violence offender treatment funds are appropriated to the children, youth and families department to provide funds to domestic violence offender treatment programs to defray the cost of providing treatment to domestic violence offenders. Unexpended or unencumbered balances remaining in the fund at the end of any fiscal year shall not revert to the general fund.
- C. Payment out of the domestic violence offender treatment fund shall be made on vouchers issued and signed by the secretary of children, youth and families upon warrants drawn by the department of finance and administration.
- D. In order to be eligible for money from the domestic violence offender treatment fund, a domestic violence offender treatment program shall include the following components in its program:
 - (1) an initial assessment to determine if a domestic violence offender will benefit from participation in the program;
 - (2) a written contract, which must be signed by the domestic violence offender that sets forth:
 - (a) attendance and participation requirements;
 - (b) consequences for failure to attend or participate in the program; and
 - (c) a confidentiality clause that prohibits disclosure of information revealed during treatment sessions;
 - (3) strategies to hold domestic violence offenders accountable for their violent behavior;
 - (4) a requirement that group discussions are limited to members of the same gender;
 - (5) an education component that:
 - (a) defines physical, emotional, sexual, economic and verbal abuse and techniques for stopping those forms of abuse; and
 - (b) examines gender roles, socialization, the nature of violence, the dynamics of power and control and the effects of domestic violence on children;
 - (6) a requirement that a domestic violence offender not be under the influence of alcohol or drugs during a treatment session;
 - (7) a requirement that the program provide monthly written reports to the presiding judge or the domestic violence offender’s probation or parole officer regarding:
 - (a) proof of the domestic violence offender’s enrollment in the program;
 - (b) progress reports that address the domestic violence offender’s attendance, fee payments and compliance with other program requirements; and
 - (c) evaluations of progress made by the domestic violence offender and recommendations as to whether or not to require the offender’s further participation in the program; and
 - (8) A requirement that the term of the program be at least fifty-two weeks.
- E. Counseling for couples shall not be a component of a domestic violence offender treatment program.
- F. As used in this section, “ domestic violence offender” means:

- (1) a person convicted for an offense pursuant to the provision of the Crimes Against Household Members Act [30-3-10 NMSA 1978];
- (2) a person convicted for violating an order of protection granted by a court pursuant to the provisions of the Family Violence Protection Act [40-13-1 NMSA 1978].
- (3) referred to a domestic violence offender treatment or intervention program by a judge, a domestic violence special commissioner or the parole board; or
- (4) who voluntarily participates in a domestic violence offender treatment or intervention program

CLIENT REGISTRATION AND INTAKE

INSTRUCTIONS

An ARTES Domestic Violence Client Registration and Intake must be completed for all clients receiving services under CYFD contracts at the time of intake/assessment, admission, or referral.

- Registration/intake information must be entered into ARTES.
- The Domestic Violence Client Registration and Intake do not take the place of a Service Assessment or Advocacy Support Plan.
- Agencies must gather all registration information required for entry into ARTES. Agencies can add information to the registration/intake that captures information they require, but agencies cannot omit information required by ARTES.

Some agencies serve people who are referred to or ordered to participate in the program because of dual arrest in a domestic violence incident. Many of these people are actually survivors, not abusers. Each program must make a professional determination as to whether the person should be considered a survivor or an abuser, based on that individual's circumstances, and handle the individual's case and corresponding data accordingly. Do not count the individual as both a survivor and an abuser.

PROGRAM SUPPORT

Program Support is defined as provider support activities necessary to deliver direct services and outcome achievement for clients. Program Support activities and File Maintenance must be provided by all agencies, contractors, or sub-contractors to be reimbursed by a CYFD contract.

Program Support includes tasks such as collateral contacts and client-related administrative tasks. Contractors are required to engage in Program Support activities to ensure quality services are delivered and to meet documentation requirements. Program Support includes non-face-to-face activities such as note writing, scheduling/cancelling appointments with client, and case staffing. Program Support is only billable under the Fee-for-Service reimbursement method.

File Maintenance is the documentation required for client/provider interaction from initial referral and admittance to the program through discharge. Documentation in client files is required for all services.

The provider shall provide suitable storage, access, and disposal of client records for three years after the contract has terminated.

Reimbursement is based on percentage of the total CYFD contracted funding based on criteria developed by the Department. The percentage will be calculated and included on each monthly invoice for fee-for-service providers.

DOMESTIC VIOLENCE CRISIS INTERVENTION

DEFINITION AND PURPOSE

The purpose of Crisis Intervention is to provide immediate and short term (up to three (3) contacts) response and/or intervention to an emergency domestic violence situation in order to reduce or prevent the likelihood of danger or harm.

The contact may be either in person or by telephone on an emergency crisis line.

The provider must maintain an emergency crisis line on a 24-hour, seven-day per week basis.

The use of an answering machine, voice mail, or an answering service for the crisis line is not permitted under any circumstances.

The provider should have a written protocol that addresses:

1. The use of the switchboard, if applicable, in processing crisis calls. Switchboard crisis callers must be transferred immediately to a crisis line staff.
2. How calls are assessed for safety prior to hold/transfer. Advocates should avoid placing callers on hold prior to completing an initial assessment of immediate danger.
3. Provisions for after-business hours, weekends, & holidays, to ensure administrative and outreach phones are answered by an answering device that clearly directs caller to the crisis line.
4. A practice that each caller is informed of National Domestic Violence toll free crisis line number (1-800-799-7233) or the local shelter's crisis-line number to assure quick, free access.
5. That each caller is offered appropriate local and statewide information and referrals.
6. Provider maintains and uses a current list of local and statewide resources to meet the safety needs of callers.

FILE MAINTENANCE

Individual survivor file and/or Domestic Violence Provider Crisis Intervention Log including:

- Survivor identifying information including presenting problems (see crisis assessment below);
- Service plan to address the immediate domestic violence crisis;
- Notes for each encounter that document date, time, place, and action taken/referrals made.

CORE REQUIREMENTS

Domestic Violence Crisis Intervention Services

1. Provide 24-hour Crisis service.
A 24-hour crisis service must provide person-to-person consultation on the crisis situation. A 24-hour crisis line may be staffed at the facility, be home based or by cellular phone. Crisis intervention survivors must be able to reach a qualified staff person with one phone call. *Beepers or answering services with a call-back service will not be considered a 24 hour crisis line.* A call back service is acceptable to meet the needs of non-English speaking survivors.
2. Phone calls may be made by or on the behalf of a survivor of domestic violence to provide information and referral for obtaining knowledge of community resources to assist survivors in gaining access to services. These calls are usually the initial crisis contact with a survivor.

3. Provide in-person Crisis Intervention for emotional support and guidance contacts. This type of emergency response may occur at the crisis scene or immediately after the crisis. Meeting the survivor at the hospital or police station is also included.
4. Develop a crisis assessment that includes:
 - a. Identifying survivor information to include name, age, and gender;
 - b. Description of the presenting problems;
 - c. A service plan that;
 - 1) Focuses on the crisis,
 - 2) Describes action taken,
 - 3) Provides referrals to appropriate services.
5. Arrange for transportation, food, clothing, legal, or other related services.
6. Assist domestic violence survivors to complete a Family Protection Order (FPO), if requested and is in conjunction with the initial crisis contact with a survivor.
7. Formulation of an individualized safety plan for an adult survivor and child survivor/witness, if age appropriate. Safety plans must be signed and received by survivor with copy to survivor file. Safety planning is a working document that may need updating as the survivor's situation changes.

MINIMUM STAFF QUALIFICATIONS

High School Diploma/GED and 30 hours provider specific crisis intervention training. Must be 21 years of age or older. Twenty (20) hours minimum of ongoing training per year related to target population, crisis management, crisis intervention policies and procedures, and community resources is required. Individuals answering telephones must be trained to screen for domestic violence.

STAFF SUPERVISION

Must provide 24 hour back-up to staff on 24 hour crisis line.

1. Master's degree in human services related field with one (1) year experience providing services to the target population, or
2. Bachelor's degree in human services related field with two (2) years experience providing services to the target population.
3. Thirty (30) hours provider specific crisis intervention training.

All supervisors must have a minimum of 20 hours annual training related to the domestic violence target population, crisis management, crisis intervention policies and procedures, and community resources.

BILLABLE UNIT

A billable unit is defined as having actual client contact (face-to-face or by phone).

24-Hour Domestic Violence Crisis Intervention Services - @ \$45.00 per client hour

DOMESTIC VIOLENCE EMERGENCY SHELTER SERVICES

DEFINITION AND PURPOSE

The purpose of emergency residential care is to provide immediate short-term care and safety to adult survivors of domestic violence for up to ninety (90 days).

Shelter services are provided to reduce the likelihood of danger to residents or families. The Shelter must provide a safe, supportive, and structured environment and an opportunity for residents to identify and develop options that promote health and safety for themselves and their dependents.

Each provider must have developed policy and procedures to respond to the use of drugs and alcohol on the premises and to intoxicated and impaired residents/survivors to ensure the safety of all.

The shelter must be open and available twenty-four (24) hours per day seven (7) days a week and maintained according to the standards in this section.

Domestic Violence Shelters are required to

- Provide twenty-four hour (24) on-site supervision by staff who meet minimum staff qualifications;
- Make available provisions to meet the basic needs of residents in addition to shelter;
- Complete the CYFD ARTES Intake/Registration Information;

Additional service components included in the survivor's service plan may be provided in conjunction with Domestic Violence Shelter Care and billed separately.

In special circumstances, Shelter Services may be extended up to an additional thirty days (30) with prior written request to, and approval from, the CYFD Program Manager.

FILE MAINTENANCE

Individual resident files must contain:

- a. Intake/Registration including resident eligibility and referral information
- b. Rights and Responsibilities
- c. Grievance Procedures
- d. Release of Information and/or Consent Forms for the disclosure of any information for the adult and child shelter residents
- e. Confidentiality Policy and Procedure relating to adult and child shelter residents
- f. Non identifying demographic information as defined by CYFD
- g. Survivor Service Assessment and Plan and individualized safety plan
- h. Resident progress notes
- i. Resident discharge summary and plan for the adult and child shelter residents

CORE REQUIREMENTS

1. Completion of CYFD ARTES Registration and Intake forms. Providers have the option to add supplemental questions to the basic registration in order to ensure resident safety or to gather demographic data required by other funders.
2. Document that the following was discussed within the first 24 hours:
 - a. Presenting problems and/or needs
 - b. The assessment of risk of harm to resident and children, including danger to self or others
 - c. Services to be provided and time frames

- d. Referrals to recommended services
 - e. The coordination of services with other agencies and/or individuals
3. Twenty-four (24) hour on-site supervision provided by qualified staff to meet the basic needs and residential care requirements of residents in a safe and supportive environment. The staff-to-resident ratio must be sufficient to meet the safety and supervisory needs of residents.
 4. Basic needs requirements include, but are not limited to:
 - a. Preparation and provision of nutritious food (preparation by staff or residents). Each facility must provide a planned, nutritionally adequate diet for the residents.
 1. When a nutritionist/dietitian does not direct the food service of the facility, quarterly consultation with a nutritionist or dietitian or nutritional educator must be obtained by the facility.
 2. A copy of the current week's menu must be posted in the kitchen of the facility.
 3. Posted menus must be followed and any substitution must be of equivalent nutritional value and recorded on the posted menu.
 4. The facility must keep one week of menus as served on file.
 5. The facility must provide at least three meals a day served at regular times and post the regularly scheduled meal times.
 6. Residents should have access to nutritious snacks between meal times.
 7. Time allowed for meals must be sufficient to enable the residents to eat at a leisurely rate, encourage socialization, and to provide a pleasant mealtime experience.
 - b. Food Safety
 1. All shelters must receive annual training by the New Mexico Environment Department (Food Program) or tribal equivalent.
 2. Each shelter must meet the requirements of all state, local or tribal regulations governing food service.
 3. Each shelter must have a copy of the current applicable 7.6.2 NMAC Food Service and Food Processing Regulations as published by the New Mexico Environment Department, Environmental Improvement Board (October, 1995).
 4. Please note the following are requirements under the NM Environmental Improvement Board. Additional requirements apply:
 - a. Dry and evaporated milk may be reconstituted only if used for cooking purposes. All milk for drinking must be Grade A pasteurized and must be served directly from its original container or from a dispenser approved by the Environmental Improvement Division. Previously frozen milk may not be used for resident consumption.
 - b. Potentially hazardous food such as meat, milk, and custard shall be kept at 45 degrees F or below. Hot food must be kept at 140 degrees F or above during preparation and service.
 - c. Each refrigerator and freezer must have a thermometer accurate to within 2 degrees F, located in the warmest part of the appliance in which food is stored. The temperature of the refrigerator must be 45 degrees F or below.
 - d. Medications, biological agents, poisons, detergents, and cleaning supplies must not be kept in close proximity to foods in the same storage area.
 - e. Dishes and utensils must be washed, sanitized, and stored in accordance with food service regulations.
 - f. All garbage and rubbish must be stored in waterproof containers that are easily cleaned and have tight fitting lids.

- c. Provision of free clothing and personal supplies (toiletries, bedding, etc.) as needed.
- d. Medications
 - 1. All medications shall be kept in separate, locking cabinets or other containers for respective residents. Access to medication storage may only be available to authorized staff to assist residents in accessing their medication.
 - 2. Medications prescribed for one resident must not be provided to any other person.
 - 3. Staff shall receive training in appropriately addressing suspected overuse of medication. If overuse is suspected staff must consult with supervisors to determine the best course of action.
 - 4. All poisonous substances must be labeled, including detergents, bleaches, and cleaning items, and must not be accessible to children. These items must be kept separate from medications.
- e. Referrals for the provision of physical health and mental health services including but not limited to:
 - 1. Medical examination and follow-up (when necessary).
 - 2. Psychological and/or a Mental Health Diagnostic Evaluation (when necessary).
 - 3. Counseling services.
- 5. The provider should have protocols in place to address at a minimum:
 - a. Building security
 - b. Maintenance of the property
 - c. Vehicle safety
 - d. Regular facility and grounds inspections by designated staff persons.

The protocols may include:

- a. Guidelines regarding prevention of accidents
 - b. Which staff position is designated to be responsible for ensuring that the policy is implemented and corrective actions are taken.
- 6. Programmatic policies and procedures requirements:
 - a. All agencies shall have clear, written policies and procedures regarding denial of entry into the shelter.
 - b. All agencies shall have clear, written policies and procedures for the eviction of residents. These guidelines will be reviewed with/by each resident upon entry into the facility and the onset of services.
 - c. Agencies will not use aversive, degrading, dehumanizing, or culturally insensitive techniques in the treatment and care of residents.
 - d. Consequences for negative behavior shall be clear, consistent, and understandable to the resident, and shall be explained to the resident upon entry into the facility and at the time of any disciplinary action.
 - e. Substance use/abuse testing as a pre-requisite to determine admission to a shelter is prohibited.
 - 1. Substance abuse testing is permissible when it is directly related to a survivor's service plan.
 - 2. Minimally, in situations where substance abuse is recognized by staff or acknowledged by the resident, appropriate referrals for substance abuse intervention will be made.
 - 7. Safety
 - a. All providers must have crisis management policies and procedures that include:
 - 1. Prevention, preparation, and training for crisis.

2. The designation of persons in charge who are responsible for implementing a crisis procedure and the communication of relevant information to others within the organization.
 3. Maintenance of on-going services during the crisis
 4. Evacuation plans
 5. Facility staff must be instructed as part of their duties to constantly strive to detect and eliminate potential safety hazards, such as loose handrails, frayed electrical cords, blocked exits or exit ways, and any other condition which could cause burns, falls, or other personal injury to the residents or staff.
 6. Each new resident must be given an orientation tour of the facility to include, but not be limited to, the location of exits, fire extinguishers, and telephones and shall be instructed in accordance with their abilities on actions to be taken in case of fire or other emergencies upon being accepted into the facility.
8. All agencies shall develop policies and procedures regarding the safety of residents and staff for:
- a. A fire in the facility or in the immediate surrounding area
 - b. Suicide
 - c. Poison or chemical spills in the facility or in the immediate surrounding area
 - d. Violence and threats of violence within the facility or from outside the facility
 - e. A planned response for an attempted break-in
 - f. A planned response for other crises such as bomb threats, intruders, hostage situations, injury, or health related emergencies
 - g. Natural disasters and utility disruption, etc.
9. Fire Safety:
- a. All agencies must have annual inspections by the Fire Marshall or tribal equivalent.
 - b. Written documentation evidencing a facility's compliance with applicable fire prevention codes and Health Department's codes and/or tribal codes must be displayed at the facility
 - c. All providers are required to conduct and document quarterly fire drills. Documentation of fire drills shall include date, time, and timed evacuation of facility to designated safe area, observations, and safety action plans
 - d. All personnel of the facility must know the location of and be instructed in the proper use of fire extinguishers and other procedures to be observed in case of fire or other emergencies
 - e. The facility should request the fire authority having jurisdiction to give periodic instructions in fire prevention and techniques of evacuation
10. **CPR and First Aid Training and TB Testing.** Annual training in CPR and First Aid for all staff is recommended. However, one staff on each shift must be certified in CPR and First Aid. All staff must have a negative TB test or documentation of clearance from the doctor within 30 days of employment. A negative TB test may follow an employee from one job to another. However, any staff exposed to tuberculosis must be re-tested and test results must be negative to resume job-related duties. Results must be available for review.
11. **Transportation.** Must be provided and/or arranged for by the provider as required to meet the goals and objectives identified in the survivor service plan.
12. **Recreational and leisure activities.** Residents will be advised of recreational opportunities either on site or off-site for a minimum of one (1) hour three (3) times per week. Activities must consider the personal safety of the resident and be age appropriate. Recreational activities must use the resources and activities available in the community whenever possible.

13. **All agencies must have written policies and procedures covering the following areas:**
 - a. Resident screening and admission guidelines
 - b. Eligibility criteria
 - c. Confidentiality guidelines including a policy that staff is neither to confirm nor deny the presence of any current or former resident at the shelter or resident in the program
 - d. Actions to be taken in case of accidents or emergencies involving a resident
 - e. Reporting of suspected child abuse or neglect
 - f. Reporting of suspected abuse or neglect of elder/incapacitated adults
 - g. Admission and discharge of residents
 - h. Actions to be taken in case a resident is missing from facility
 - i. Handling medication including natural herbs
 - j. Handling of complaints and grievances received from residents, staff, or community
 - k. Confidentiality and exceptions to confidentiality
 - l. Releasing confidential information
 - m. Evictions and/or termination of services
 - n. Weapons
 - o. Illegal drugs and paraphernalia
 - p. Staff and volunteer professional code of ethics

14. **CYFD Background Checks.**
 - a. All shelter care staff and volunteers or personnel who have any contact or potential contact with children must have a CYFD Background Clearance prior to commencement of employment.
 - b. Personnel, including but not limited to administrative and support staff, which do not have contact with residents must have a CYFD Background Clearance within 60 days of employment.
 - c. Staff who has not yet received clearance must be in direct line-of-sight of cleared staff until full clearance has been secured. **Refer to Appendix for complete information.**

MINIMUM STAFF QUALIFICATIONS

1. High School Diploma/GED and any combination of education and training with the target population or two (2) years relevant experience in a human service related field
2. Must be 21 years of age or older
3. Must have the ability to communicate effectively verbally and in writing
4. Must have the ability to work in crisis situations
5. Must have initial forty hours (40) of domestic violence specific training at the outset of their jobs on topics essential to working with survivors of domestic violence, children who are survivors/witnesses of domestic violence, and crisis intervention. In addition, must have a minimum of twenty (20) hours of training within one (1) year of employment from among the areas listed below. Training must be documented in the personnel file.
 - i. Medication management policies and procedures
 - ii. Health practices and protocols
 - iii. Provider and client safety principles and protocols
 - iv. First aid
 - v. Child abuse and neglect laws and referral procedures, symptoms, dynamics
 - vi. Communication skills and techniques
 - vii. Conflict resolution
 - viii. Crisis management/crisis de-escalation
 - ix. Child development
 - x. Knowledge of abusive family dynamics

- xi. Cycle of violence dynamics
- xii. Strengths based therapeutic philosophy
- xiii. Ethics training
- xiv. Cultural diversity/awareness and sensitivity training
- xv. Substance abuse training
- xvi. Power and control principles
- xvii. Safety planning

6. Twenty (20) hours of domestic violence specific training annually

STAFF SUPERVISION

Master’s degree in a human services related field or Bachelor’s degree with one (1) year experience in a human services related field or High School/GED diploma with five (5) years relevant experience and appropriate training.

BILLABLE UNIT

1. A Domestic Violence Shelter Day of Care is equivalent to one (1) billable unit.
 Domestic Violence Shelter Day of Care unit rate per survivor (24 hour): \$100.00 per survivor
 Domestic Violence Partial Day of Care (13-23 hours): \$ 75.00 per survivor
 Domestic Violence Partial Day of Care (4-12 hours): \$ 50.00 per survivor
2. A provider may bill one (1) shelter day of care when a resident is absent from the shelter to receive medical care or treatment with prior approval of the program manager.
3. Only the adult resident of a family can be billed to this service component.
4. Preparing rooms, providing supplies and food, etc are services included in the billable unit and cannot be billed as Crisis Intervention, Advocacy and Support, or Skill and Knowledge.

DOMESTIC VIOLENCE EMERGENCY SHELTER CARE AND SUPPORT

DEFINITION AND PURPOSE

The purpose of Domestic Violence Emergency Shelter Care and Support is to provide room and board for children residing with a parent or legal guardian who presents as an adult survivor of domestic violence to a CYFD funded Domestic Violence Shelter.

Every effort shall be made to develop and expand services to child survivor witnesses of domestic violence including providing child-friendly, structured activities for children when their mothers are attending group or individual sessions. Children shall not be within ear range of adult sessions. It is imperative to create a safety plan with children who have the ability to reflect understanding of their individualized plan.

Domestic Violence Shelters are required to:

1. Provide basic needs and shelter under the supervision of the parent or guardian
2. Complete the CYFD ARTES Registration and Intake forms for children who will receive services in addition to care and support

Additional service components included in the child witness service plan may be provided in conjunction with Domestic Violence Care and Support and billed separately

FILE MAINTENANCE

1. Children's information may be contained within a parent's file if clearly identified as the child's section or the child may have a separate individual file.
2. Information/files must contain:
 - a) Completion of the Domestic Violence Registration and Intake forms for the child if receiving more than care and support
 - b) Parental consent to receive services
 - c) An individualized child resident safety plan for a child who has the ability to understand their plan
 - d) Progress notes for child receiving more than Emergency Shelter Care and Support

CORE REQUIREMENTS

1. Completion of the Domestic Violence Registration and Intake forms as per CYFD guidelines for a child receiving more than Emergency Shelter Care and Support. Providers have the option to add supplemental questions to the basic registration in order to ensure resident safety or to gather demographic data required by other funders.
2. The contractor can only bill for this service in conjunction with Shelter Day of Care or Partial Day of Care.
3. The contractor must meet the core requirements of the Domestic Violence Shelter Care component.
4. Children residing in domestic violence shelters are presumed to be in the care of the parent/guardian residing in the shelter. The children in domestic violence shelters must, **at all times**, be under the direct supervision of their parent/guardian or staff unless other formal written arrangements have been made with the provider. It is the responsibility of the parent/guardian to discipline their child(ren) and to ensure that their child(ren) follow all rules of the shelter facility.

5. Domestic violence and entering shelter creates a crisis for a child and the child may need additional services and support. Ask the parent if they are concerned that the child may harm him/herself or anyone else. Provide necessary services or refer out if there are concerns.
6. Suspected child abuse and/or neglect must be reported to CYFD Statewide Central Intake at 1-855-333-SAFE.
7. The parent/guardian must ensure that their child attends or receives an appropriate educational program in accordance with New Mexico State law or tribal law, with the exception of child endangerment or extreme short-term placement (less than three days) while in the shelter facility. If the parent reports that the child is “home schooled”, the parent must provide either a state or tribal approved curriculum and home schooled program.

MINIMUM STAFF QUALIFICATIONS

1. High School Diploma/GED and any combination of education and training with the target population or two (2) years relevant experience in a human service related field
2. Must be 21 years of age or older
3. Must have the ability to communicate effectively verbally and in writing
4. Must have the ability to work in crisis situations
5. Must have twenty (20) hours domestic violence specific training within the first year of employment as required in Emergency Shelter Care.
6. Must complete an initial 40-hour advocate training and receive a minimum of 20 hours of relevant DV training annually. Training must be documented in personnel files.

STAFF SUPERVISION

Master’s degree in a human services related field or Bachelor’s degree with one (1) year experience in a human services related field or High School/GED diploma with five (5) years relevant experience and appropriate training.

BILLABLE UNIT

Per child at a unit rate of \$15.00 per day. Only the child(ren) of an adult resident can be billed to this service component.

SURVIVOR SERVICE ASSESSMENT AND PLAN

DEFINITION AND PURPOSE

Assessments and plans serve to guide services provided based on information gathered from the survivor. It includes discussing the domestic violence experiences, with whom, what, when, for how long, intensity and severity over time, coping and survival skills, etc. One Survivor Service Assessment and Plan shall be conducted per person annually when required by a specific service component. A Survivor Service Assessment and Plan is informed by the individual and shall include narrative information supporting the selection of goals and objectives.

A separate Safety Plan shall be completed for each survivor, her children or others in potential danger from the offender. The Safety Plan should also identify and address any danger of self-harm/harm to others by the survivor and her/his children.

For survivors with children involved in multiple systems, i.e. receiving services from other agencies or involved with CYFD Protective Services, Juvenile Justice, or tribal services, the Survivor Service Assessment and Plan should recognize that involvement. When possible, coordination with other agencies should occur to ensure that children/families are not subjected to conflicting service goals or multiple assessments except when necessary or appropriate.

Survivor Service Assessment

A thorough service assessment is the foundation for building the service plan. The assessment shall be based upon the strengths and needs of the survivor and/or family as identified by the survivor and family. The survivor shall provide the information under the guidance and questioning of the interviewer and shall participate in the development of the goals and in the selection of services to be incorporated into the plan. When counseling is identified as a need, a referral should be made to a counselor for a mental health focused assessment.

All information provided by the survivor is to be treated in strict confidence, for without confidentiality there is no safety.

The assessment shall focus on the strengths of the survivor as much as possible. Strengths are vital to promoting positive change and self-empowerment. A strengths-based assessment provides a positive vehicle for engaging the survivor and/or family in services, for promoting creativity and innovation, and/or forming the basis of goal selection and reinforcement.

Following below are the guidelines to be used for completing and writing a service assessment. Each topic heading should be addressed.

Format for the Survivor Service Assessment

The information captured under each heading must be answered if applicable to the specific survivor.

1. Identifying Information

2. Referral Source and Reason for the Referral

If self-referred, why now?

Who accompanied the survivor to services and under what circumstances, if applicable?

What is the immediate current situation? Describe the precipitating factors.

Clients view: What does the survivor want to get from being here?

3. Strengths

- a. Interests and abilities
- b. Significant relationships in the survivor's life
- c. Family and social supports
- d. Positive responses to previous interventions, services or treatment
- e. Achievements or successes for the client and/or family
- f. Situation/settings where the survivor's and/or family's behavior is consistently appropriate

4. Presenting problems and current/past interventions including establishment of the presenting situation or domestic violence story: with whom, what, where, when, how long, intensity and severity over time, etc.

- a. Description of the presenting problems
- b. Past and/or current services or interventions targeted to address problems
- c. Results of services or interventions
- d. Current involvement with other agencies
- e. Has partner ever threatened to take the children? Called or threatened to call Protective Services on you? Accused you of being an unfit parent? Hurt you in front of your children? Attempted to be sexual with you in front of your children? Have your children ever tried to stop the violence? Have your children ever been hurt? Ever hurt themselves?
- f. Domestic violence in past relationships? Explore, if applicable.

5. Family of Origin

- a. Cultural/religious factors
- b. Significant life events
- c. Placement history of children, if any
- d. History of violence/conflict within family
- e. Substance use
- f. Living environment
- g. Survivor's separation from the family or significant others
- h. Commitment to the survivor

6. Support System

Address the quality of the survivor's support system.

- a. Intimate partner or spouse
- b. Parents
- c. Siblings
- d. Extended Family
- e. Peers
- f. Friends
- g. Significant others
- h. Authority figures

7. Education/Employment

- a. Educational/employment strengths
- b. School attendance
- c. Special education status
- d. Specific educational/vocational needs
- e. Specific emotional, behavioral and learning problems noted at school

- f. Interventions in the school setting and results
- g. Current employment status
- h. History of employment over the last five (5) years
- i. Has partner ever prevented survivor from going to work, school, church, errands or ever shown up at work, etc.?

8. Health

- a. Any immediate injuries? Assess current physical and dental health status (also stress related illnesses, eating disorder, self-care, etc.)
- b. Special health needs and issues (disabilities)
- c. Current health services? Has partner every prevented survivor from seeking medical attention?
- d. Current medications
- e. Has the survivor and/or family members sought medical care or been hospitalized due to domestic violence? If so, describe.

9. Mental Health

- a. Description of mental health functioning (including depression, anxiety, thought process, trauma symptoms)
- b. Psychiatric/psychological evaluation results and interventions, if applicable
- c. Survivor's perceived threat of personal danger from others
- d. Survivor's perceived threat of danger to self or others
- e. Description of substance use or abuse, alcohol use or abuse
- f. Traumatic experiences
- g. Cognitive performance
- h. Developmental history/issues
- i. Suicidal thoughts or ideation or previous attempts

10. Socio/Legal Status

- a. Current legal status (pending charges, orders of protection), if applicable
- b. History of probation/incarceration and chronology of offenses
- c. Gang involvement
- d. Involvement of other family members in the criminal justice system
- e. Abuse/neglect history and involvement with Protective Services

11. Multi-provider involvement

- a. Agencies currently providing services
- b. History of services/attempted intervention

12. Collection of collateral contact information

Information that is necessary to obtain from other providers of service that are currently involved with survivor's treatment.

13. Tribal affiliation, if applicable

- a. Of parent or child, tribal concerns/safety issues
- b. Traditional service needs

14. Interviewer's impressions, conclusions, recommendations and referrals

- a. Based on the overall assessment, what method of service would best meet the needs of the survivor? (Individual or group sessions, referral for alternate services)

- b. Concerns raised in #9 should prompt the interviewer/evaluator to discuss the case with a licensed clinician

Survivor Service Plan

The plan is developed from information gathered in the assessment. It provides information describing, assessing, and identifying survivor strengths, coping skills, needs, and behaviors.

A thorough, comprehensive plan guides service delivery for the survivor. A strengths-based plan provides a positive vehicle for engaging survivors in services, for empowering the survivor, promoting creativity and innovation, and forming the basis of goal selection and reinforcement.

Survivor self-empowerment is vital. For the purpose of the plan, empowerment means that the survivor determines:

1. What information to provide or not to provide.
2. What information to include in the plan and what information to not include.
3. The identification and selection of goals.

Format for the Survivor Service Plan

The plan consists of:

1. Survivor's strengths and barriers related to the goal
2. Survivor's measurable goal(s) with reasonable timeframe to accomplish goal
3. Measurable objective(s) related to the goal(s) established
4. Methods of achieving the objectives (i.e. what services will be provided) and individual(s) responsible for providing the services;

Example:

Measurable Goal:

Enter the goal from narrative assessment here. Time frame to accomplish the goal must be stated.

Measurable Objective(s):

Objectives are the steps needed to attain the goal. An objective describes the countable or observable behavior that allows you to determine the objective has been met.

Methods and Individuals Responsible:

Describe what services are needed to meet the objectives. Describe who is responsible for providing the service or completing the needed action. Indicate by what date the action will completed or the service obtained.

Repeat for each goal area.

FILE MAINTENANCE:

The individual client file must include:

- Completed Domestic Violence Registration and Intake forms ;
- Rights and Responsibilities/Grievance Procedures;
- Consent and/or Release of Information Forms;
- Confidentiality Statement;

The completed Survivor Service Assessment and Plan must be signed and dated by the staff completing the assessment and by the supervisor and filed in the survivor's individual file.

CORE REQUIREMENTS:

1. The Survivor Service Assessment and Plan must be completed for all survivors of domestic violence within (4) four visits for non-residential services or within (14) fourteen days for shelter residents.
2. Development of an Individualized Safety Plan for an adult survivor. The safety plan must be signed and kept in the survivor's file.
3. The survivor must participate in the development and any revisions of the plan. Both survivor and staff must sign and date the Plan.
4. The plan must be kept in the survivor's file.
5. The plan must be reviewed with the survivor *at least* every thirty (30) days for a residential client and every ninety (90) days for a non-residential client; document necessary modifications.
6. The supervisor must review and sign the initial Survivor Service Assessment and Plan upon completion.

MINIMUM STAFF QUALIFICATIONS

A combination of relevant education, training, and experience totaling four (4) years or a Bachelor's degree in a human service related field. Must have training in conducting interviews and writing assessments. Must have cultural awareness and sensitivity training relevant to the populations being served.

STAFF SUPERVISION

Bachelor's degree in a human services related field plus one (1) year assessment experience or relevant education, training and experience totaling six (6) years with one (1) year experience in conducting interviews and writing assessments. Must have cultural awareness and sensitivity training relevant to the populations being served.

BILLABLE UNIT

- One completed Survivor Service Assessment which includes the service plan and safety plan may be billed @ \$100.00 per report per year while the client is engaged in services as appropriate.
- Time spent with the survivor in order to gather the information to complete the assessment and plan may be billed under Crisis Intervention, Skills and Knowledge, or Counseling depending on the nature of the time spent.
- The Survivor Service Assessment which includes the plan and safety plan shall be billed as the product only upon completion. A complete product includes a written narrative which follows the guidelines outlined above as well as a plan and documentation of an individualized safety plan.

DOMESTIC VIOLENCE OFFENDER SERVICE ASSESSMENT AND PLAN

DEFINITION AND PURPOSE

Domestic violence offender treatment/intervention (DVOTI) services address and seek to reduce the frequency and impact of domestic violence perpetration. The purpose of the Offender Service Assessment and Plan is to assess the offender for history of violence, evaluate offender's service needs, develop a plan for the prevention of future of violence, and to assess for potential risk/danger to others.

The assessment should be comprehensive and include all information necessary to develop an effective plan and assess patterns of relating and violence in relationships and also includes:

- A risk assessment to be completed for each offender at intake and reviewed periodically throughout service provision.
- A re-offense prevention plan to be developed at intake, reviewed periodically with the offender during service provision, and modified, as appropriate, at discharge.

Offender Service Assessment Guidelines

A thorough, comprehensive assessment is the foundation for building goals and objectives with an offender. It is based on the strengths and needs of the offender.

The offender should provide the information under the guidance and questioning of the interviewer and shall participate in the development of the plan.

The assessment should focus on the recent domestic violent incident, the offender's personal and family history of domestic violence, and issues known to be associated with domestic violence including exposure to domestic violence as a child, child abuse, and substance abuse.

Format for the Offender Service Assessment

Following is the format for completing and writing an offender assessment. The information captured under each heading must be answered if applicable to the specific offender.

1. Identifying information:
 - a. Person – Who is the offender?
 - b. Age – What is the offender's age?
 - c. Physical Description – overall appearance and manner?
 - d. Accompanied by – was the offender alone or with someone?
2. Referral source and reason for the referral:
 - a. Who referred the offender?
 - b. Under what circumstance is the offender being referred?
 - c. Is the offender self referred?
3. Presenting problems and interventions including establishment of the presenting situation or domestic violence story: with whom, what, where, when, how long, intensity and severity over time, etc.
 - a. Description of the presenting problems.
 - b. What is the immediate domestic violence incident? (What did the offender do?)
 - c. Past and/or current services or interventions targeted to address problems?
 - d. Results of prior services or interventions targeted to address problems.

- e. Current involvement with other agencies.
 - f. Is the offender taking any responsibility for the domestic violence incident?
4. Family of origin/Family history of violence:
- a. Describe past and current interpersonal relationships with the offender's family of origin.
 - i. Who was in the household?
 - ii. Describe the offender's relationship with parents? Siblings?
 - iii. What was it like for the offender being in the household of the family of origin?
 - iv. When did the offender leave?
 - v. Why did the offender leave?
 - b. Was there any domestic violence in the offender's family of origin? If so,
 - i. Describe the violence (who, what, when, frequency etc.)
 - ii. Was there domestic violence in earlier generations (grandparents)?
 - c. Was the offender exposed to any neglect, or abuse in the family of origin?
 - i. Was the offender involved with protective services, tribal social services, foster care in the family of origin? If so please describe.
 - ii. How was discipline managed in the family of origin?
 - iii. Is there any history of substance abuse in the family of origin?
 - iv. Was the offender cared for by extended family?
5. Intimate relationships/Review of patterns of violence with current relationship and then ask the same areas of questioning for earlier intimate relationships.
- a. Is the offender still in a relationship with the survivor - What is the offender's description of the survivor?
 - b. How old is the survivor?
 - c. How and when did they meet?
 - d. How long did the relationship last?
 - e. Why did the offender enter into a relationship with the survivor?
 - f. How long did the offender and survivor date? How did they settle differences?
 - g. How were/are decisions made?
 - h. Does the survivor work?
 - i. How are decisions about children, money and major purchases made?
 - j. Has an intimate partner sought medical care or been hospitalized due to physical violence from the offender? If so, describe.
 - k. What is the relationship with the survivor?
 - i. Has the offender ever threatened to take the children from the survivor?
 - ii. Called or threatened to call Protective Services on the survivor?
 - iii. Accused the survivor of being an unfit parent?
 - iv. Has the offender ever hurt the survivor in front of the children?
 - v. Has the offender ever attempted to be sexual with the survivor in front of children?
 - vi. Has the children ever tried to stop the violence?
 - vii. Have the children ever been hurt or hurt themselves?
 - viii. Has the offender been abusive in previous intimate relationships?
6. Education/Employment/Military experience:
- a. Educational/employment strengths
 - b. School attendance
 - c. Special education status
 - d. Specific educational/vocational needs

- e. Specific emotional, behavioral and learning problems noted at school
 - f. Interventions in the school setting and results
 - g. Current employment status
 - h. History of employment over the last five (5) years.
 - i. Military service/experience:
 - i. Which branch of the military?
 - ii. Dates of military service.
 - iii. Was there combat experience?
 - iv. What was the offender's job function (MOS) in the military?
7. Health:
- a. Any immediate injuries?
 - b. Assess current physical and dental health status.
 - c. Assess related illnesses, eating disorder, self-care, etc.
 - d. Special health needs and issues (disabilities)
 - e. Receiving any current health services?
 - f. Currently prescribed any medications or other treatments?
8. Offenders description of mental health:
- a. Offender's description of mental health functioning (including depression, anxiety, thought process, trauma symptoms)
 - b. Psychiatric/psychological evaluation results and interventions, if applicable.
 - c. Perception of danger to self or others
 - d. Description of substance use or abuse, alcohol use, or abuse
 - e. Has the offender ever had "blind rage" with another – a physical fight from which the offender "could not disengage"?
 - f. Traumatic experiences
 - g. Suicidal thoughts or ideation or previous attempts
9. Socio/Legal Status:
- a. Current criminal status (pending charges, orders of protection), if applicable.
 - b. History of probation/incarceration and chronology of offenses
 - c. Gang involvement
 - d. Involvement of other family members in the criminal justice system
 - e. Involvement with Protective Services
10. Multi-provider involvement:
- a. Agencies currently providing services
 - b. History of services/attempted intervention, particularly if involved with DVOTI services previously
11. Collection of collateral contact information. Information that is necessary to obtain from other providers of service that are currently involved with offender's treatment.
12. Offender's view: What does the offender want to get from attending this program? (Does the offender think he can benefit from domestic violence intervention?)
13. Interviewer's impressions, conclusions, recommendations and referrals.

- a. Based on the overall assessment of the offender, what method of service would best meet the needs of the offender? (Individual or group sessions, referral for alternate services).
- b. Identify potential safety concerns from the risk assessment.
- c. Concerns raised in #8 should prompt the interviewer/evaluator to discuss the case with a licensed clinician.

Offender Service Plan

The plan is developed from information gathered in the assessment. It provides information describing, assessing, and identifying offender strengths, coping skills, needs, and behaviors. It includes telling the domestic violence story (with whom, what, when, for how long, intensity and severity over time, etc.)

A thorough, comprehensive plan guides service delivery for the offender. A strengths-based plan provides a positive vehicle for engaging offenders in services and forming the basis of goals/objectives selection and reinforcement of non-abusive behaviors.

The plan shall consist of:

1. Listing offender's strengths and barriers
2. Measurable and observable goals and objectives related specifically to offender strengths and needs. Objectives should include the methods of achieving goals and include a reasonable time frame for achievement.
3. Documentation of all reviews and modifications of goals and objectives

Supervision shall be documented as required when the plan is modified.

Re-offense Prevention Plan

A re-offense prevention plan allows individualized planning for situations the offender may encounter regardless of his/her relationship status. Prevention planning teaches offenders to identify chains of risk factors, thinking patterns, and behavioral sequences in order to identify and disrupt abusive patterns.

Elements of a written re-offense prevention plan include:

1. Identification of signs of escalation of abuse
2. Identification of alternative actions/behaviors to utilize when a situation is escalating
3. Identification of resources an offender can use for support

A re-offense prevention plan must be completed at intake and reviewed periodically while the offender is in the 52 week program; offenders should have easy access to their copy of the plan, and a copy of the plan is kept in the offender's file. The plan should be reviewed and modified when the offender completes the 52-week program.

FILE MAINTENANCE:

- Completed Domestic Violence Registration and Intake forms;
- Rights and Responsibilities/Grievance Procedures;
- Consent and/or Release of Information Forms;
- Confidentiality Statement;
- Demographic information in the format designated by CYFD.

The completed Offender Service Assessment and Plan must be signed and dated by the staff completing the assessment and by the supervisor and filed in the offender's individual file.

CORE REQUIREMENTS:

1. These reports must be completed within four (4) face-to-face visits between the offender and program staff and can be conducted as Skill and Knowledge or Counseling individual sessions.
2. One assessment shall be conducted per offender annually.
3. The offender must be involved in the assessment and involved in the development of the plan and any changes to the plan.
4. The Offender Service Assessment and Plan must include a risk assessment and reoffense prevention plan.
5. Supervision shall be documented as required when the Service Plan is updated.

MINIMUM STAFF QUALIFICATIONS:

Must meet the minimum training requirements outlined in 8.8.7 NMAC. A combination of relevant domestic violence education, training, and experience totaling four (4) years or a Bachelor's degree in a human service related field. Must have documented training in conducting interviews and writing assessments and cultural awareness and sensitivity training relevant to the populations being served.

STAFF SUPERVISION:

Must meet the minimum training requirements outlined in 8.8.7 NMAC. Relevant domestic violence education, training and experience totaling six (6) years experience in conducting interviews and writing assessments or a Bachelor's degree in a human services related field plus one (1) year assessment experience. Must have cultural awareness and sensitivity training relevant to the populations being served.

BILLABLE UNIT:

One completed product includes: the offender service assessment, service plan, and the risk assessment, per offender in a one (1) year period @ \$100.00 per report.

The Domestic Violence Offender Service Assessment and Plan shall be billed as a product only upon completion.

SPECIALIZED ASSESSMENT AND PLAN

A Specialized Assessment and Plan must be completed when a domestic violence services case has been closed for at least six (6) months and then re-opened within the same year with the same provider; this is a modified Service Assessment designed to gather updated/additional information since the individual was last in services.

FILE MAINTENANCE

The individual client file must include:

- Completed Domestic Violence Registration and Intake forms and must include reason for the Specialized Assessment and Plan;
- Rights and Responsibilities/Grievance Procedures;
- Consent and/or Release of Information Forms;
- Confidentiality Statement;
- Demographic information in the format designated by CYFD.

REQUIRED CORE ACTIVITIES

A thorough and comprehensive written report must be completed incorporating the following:

- Development of a service plan and an update to the safety/re-offense prevention plan
- The report must be signed and dated by staff completing the Specialized Assessment and signed by the supervisor upon completion.

MINIMUM STAFF QUALIFICATIONS

A combination of relevant education, training, and experience totaling four (4) years or a Bachelor's degree in a human service related field. Must have documented training in conducting interviews and writing assessments and cultural awareness and sensitivity training relevant to the population being served.

STAFF SUPERVISION

Relevant education, training and experience totaling six (6) years with one (1) year experience in conducting interviews and writing assessments or a Bachelor's degree in a human services related field plus one (1) year assessment experience. Must have cultural awareness and sensitivity training relevant to the populations being served.

BILLABLE UNIT

One completed Specialized Assessment and Support Plan per client/family per agency per one year period @ \$50.00 per report.

DOMESTIC VIOLENCE COUNSELING

DEFINITION AND PURPOSE

Through the integration of theory, research, and practice, domestic violence counseling encompasses a broad range of best practice psychological principles, methods, and modalities that are designed to help people live a life free of domestic violence.

The purpose of domestic violence counseling for survivors of domestic violence is to:

1. Increase safety
2. Promote the recovery of the adult survivor from the immediate and long-term effects of trauma from experiencing domestic violence
3. Support the adult survivor to identify and achieve personal/emotional outcomes based on the needs and strengths of the survivor
4. Address the client's emotional, social, vocational, educational, health-related, developmental, and organizational/system concerns
5. Develop, repair, or improve healthy family functioning for the non-offending parent and his/her children

The purpose of counseling for an offender of domestic violence is to:

1. Prevent the immediate reoccurrence of abusive behaviors
2. Hold offenders accountable for immediate and past incidents of domestic violence
3. Support offenders to cease using violence in all its forms in their relationship with their intimate partner by building on their strengths
4. Deal with present domestic violence/abuse issues and the reduction of barriers to change
5. Provide offenders with information about the dynamics of power and control, alternate patterns of behavior that do not include either the use of domestic violence or power and control, and the effects of domestic violence on children
6. Address the offenders' emotional, social, vocational, educational, health-related, developmental, and organizational or system needs

The purpose of counseling with child survivor/witnesses is to:

1. Increase safety
2. Promote the recovery of the adult survivor from the immediate and long-term effects of trauma from experiencing domestic violence
3. Identify alternate behaviors for the child to adopt that do not include violence
4. Prevent the intergenerational effects of domestic violence
5. Use art therapy, play therapy, or other combinations of modalities appropriate to meet the needs of the client as identified by the custodial parent, the child, and the counselor

The purpose of family counseling with the survivor and her/his child survivor/witness is to:

1. Increase safety
2. To support recovery from the effects of domestic violence
3. To assist the family in identifying and using non-violent problem solving and conflict resolution techniques
4. To improve the communication among family members
5. To develop or enhance age appropriate roles in the family

Including the offender of domestic violence in family/couples counseling or therapy is NOT considered a best practice and prohibited under the terms of the CYFD contract.

Prerequisites:

1. Clear documentation must exist establishing the need for domestic violence services.
2. An identified need on the service plan for the survivor or an offender.
3. A treatment plan must be developed based on the client's identified issues and needs for counseling.
4. Individual and/or family-specific (non-offending parent and children) service or treatment goals and measurable, time-limited objectives must be documented in the treatment plan.
5. Treatment planning must be strengths-based and include full client participation that shall be documented.
6. Interventions to be used, including frequency and staff responsible, must be clearly indicated.
7. Domestic violence counseling may be provided on an individual basis with a client, in group counseling or a combination of individual, group, or family counseling based on the needs of the client.
8. The assignment of a client to a group is generally based on the similarity of needs and goals of the individual to that of the group.
9. A group is two or more clients. Every effort shall be made to have no more than nine clients in a counseling group.
10. Group progress notes must be documented in each client's file and relate to the client's individual treatment plan. Each client note should include a general group synopsis and an individualized statement of progress. Confidentiality must be maintained.
11. Individual and family counseling notes shall address goals and objectives included in the treatment plan and be documented in progress notes.
12. Providers are encouraged to use a group curriculum that is specific to group counseling with survivors or offenders of domestic violence. The group counseling curriculum must be careful not to include any content that may be construed as survivor blaming.
13. It is strongly recommended that providers use co-counselors for group counseling with offenders of domestic violence.

FILE MAINTENANCE

File maintenance shall follow the File Maintenance and Documentation requirements as outlined in the Program Requirements.

CORE REQUIREMENTS

1. The treatment plan must be reviewed at least every ninety days (90), evaluated, revised, and documented as necessary.
2. Progress and/or barriers to safety and change are documented in the client record.
3. In a unique situation or isolated crisis, telephone counseling of at least ½ hour in duration may be utilized and billed. The incident, intervention, and outcome of the telephone counseling must be documented in the client file and/or telephone log.
4. The level of counseling administered should be appropriate to the license level of the individual providing the services. If a counselor is unable to provide treatment needed or requested by the client, client must be referred to other treatment providers.

MINIMUM STAFF REQUIREMENTS

Providers must ensure that provider staff providing Domestic Violence Counseling Services:

1. Are duly licensed and abide by accepted and professional best practice and ethical standards (see Minimum Staff Qualifications)
2. Obtain continuing education, consultation, and supervision to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, and mental or physical disability
3. Have a knowledge base of their clients' cultures, be able to demonstrate cultural competence / sensitivity, and demonstrate respect for the differences among people and cultural groups
4. Be familiar with accepted clinical conditions in order to conduct an assessment, support the client to develop goals and objectives and / or refer the client to providers of traditional psychotherapeutic treatment if indicated by need of or requested by the client.
5. Promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals

MINIMUM STAFF QUALIFICATIONS

1. Staff providing domestic violence counseling are required to possess:
 - a. **Non-Independent** licensure in New Mexico, with a Bachelor or Master's degree (LBSW, RMHC, RIMHC, LPC, **LPAT**, LMSW) under staff supervision and training required by the New Mexico Counseling and Therapy Practice Act or the New Mexico Board of Social Work Examiners Practice Act, with required staff supervision and training; or
 - b. **Independent** licensure in New Mexico, Master's degree Clinician (LISW, LPCC, LMFT), licensed doctoral level psychologist or psychiatrist in accordance with requirements of the New Mexico Board of Social Work Examiners or the New Mexico Counseling and Therapy Practice Act.
2. Master's level students or interns in an accredited counseling, social work, or therapist training program and rendering services under direct supervision may also provide this service.
3. All counseling must be provided in accordance with the State licensing provisions governing each licensed staff. If the focus of this service is on substance abuse, the staff must be appropriately certified or licensed and trained to provide substance abuse services in accordance with the New Mexico Counseling and Therapy Practice Act and Board or have the appropriate training with the appropriate licensure as set forth by that Act.
4. Annual training and continuing education for all Counseling staff must be in accordance with the respective licensing act/board requirements and documented in the each personnel file.

STAFF SUPERVISION

1. Licensure in New Mexico to practice independently, Master's degree clinician (LISW, LPCC, or LMFT), or New Mexico licensed doctoral level psychologist or psychiatrist, with a minimum of one-year experience in domestic violence counseling, or an individual with equal licensure, plus at least one-year additional experience serving the target population. Annual training and continuing education must be in accordance with the respective licensing act/board requirements.
2. Supervision of staff must be documented and must include: the date, brief themes, length of time of supervision and signatures of those staff participating in the supervision.

BILLABLE UNIT

1. For **Non-Independent** licensed clinicians in New Mexico (LBSW, RIMHC, **RMHC, LPC, LMSW, LPAT**) in accordance with requirements of the New Mexico Social Work Practice Act or the New Mexico Counseling and Therapy Practice Act with required staff supervision and training) the reimbursement rate will be \$45.00 per client hour for individual or family; \$11.25 per client hour for group.

2. Independent licensure in New Mexico, Master's degree Clinician (LISW, LPCC, or LMFT), licensed doctoral level psychologist or psychiatrist in accordance with requirements of the New Mexico Social Work Examiners Board Practice Act or the New Mexico Counseling and Therapy Practice Act, with required agency staff supervision and training, the reimbursement rate will be \$60.00 per client hour for individual or family session; \$15.00 per client hour for group.
3. Master's level students or interns in an accredited counseling, social work or therapist training program, and receiving clinical supervision may provide this service, the reimbursement rate will be \$45.00 per client hour for individual or family session; \$11.25 per client hour for group. Each and every case shall be actively supervised with supporting documentation.
4. If the delivered service does not fit the definition of counseling it cannot be billed under this component, regardless of the licensure of the individual providing the service.

DRUG and ALCOHOL SCREENING

A screening is a single, preliminary evaluation procedure and is limited in nature. It is intended to merely indicate whether there is a probability that a substance abuse/addiction/dependency problem is present and the client would benefit from substance abuse services or referral. Drug and Alcohol Screening cannot be used to deny services to a survivor.

If the screening indicates the presence of a substance abuse/addiction/dependency problem, the client will be offered/referred to appropriate services.

Drug and Alcohol Screening is permissible when it is directly related to a client's plan and if it is agreed to by the survivor and program staff. Drug and Alcohol Screening may be a condition of an offender's participation in the program. If the provider conducts drug and alcohol screening, staff administering the screens must be qualified to conduct drug and/or alcohol screening (e.g., SASSI or other standardized evaluative measure). It is permissible to sub-contract with other agencies to conduct the screening.

Drug and Alcohol Screening is not a urine analysis or blood analysis. CYFD does not reimburse for this expense. Requiring a urine or blood analysis to determine eligibility for survivor services is prohibited.

FILE MAINTENANCE

1. The individual client file must include:
 - a. Completed Domestic Violence Registration and Intake forms and must include reason for the screening.
 - b. Rights and Responsibilities/Grievance Procedures;
 - c. Consent and/or Release of Information Forms;
2. Copy of completed Drug and Alcohol Screening in the client file, signed and dated by staff completing the assessment, signed and dated by the supervisor.

CORE REQUIREMENTS

1. The program must determine that the client is eligible for domestic violence services and is a member of one of the CYFD target populations.
2. A thorough and comprehensive written report must be completed incorporating the following:
 - a. Collateral contact information;
 - b. Screening documentation (if applicable).
3. Goal and objective included in the service plan.
4. The report must be signed and dated by staff completing the Drug and Alcohol Screening, and signed by the Supervisor.

MINIMUM STAFF QUALIFICATIONS

A combination of relevant education, training and experience totaling four (4) years or Bachelor's degree in a human services related field. Must have documented training in conducting interviews and writing assessments.

Note: Staff administering the screening must have documented training in drug or alcohol screening and/or be certified. Annual training and continuing education must be in accordance with required certifications.

Staff interpreting the screening testing must be licensed (LAAC, LDAC, LADAC) or credentialed as determined by the New Mexico Counseling and Therapy Practice Board or New Mexico Board of Social

Work Examiners. Annual training and continuing education must be in accordance with the respective licensing act/board requirements and currently be on file in the personnel record.

STAFF SUPERVISION

Supervision by appropriate licensure or Bachelor's degree in a human services related field plus one (1) year assessment experience or relevant education, training and experience totaling six (6) years with one (1) year experience in conducting and writing assessments.

BILLABLE UNIT

One completed Drug and Alcohol Screening per client per one year period @ \$35.00 per report.

MENTAL HEALTH DIAGNOSTIC EVALUATION

This evaluation is appropriate for clients who have clinically significant behavioral or psychological problems. If clients are determined to have mental health needs the program must offer/refer them for appropriate services and interventions.

A Mental Health Diagnostic Evaluation is permissible when it is directly related to a client's plan and agreed to by the client and program staff.

FILE MAINTENANCE

1. Individual client files must include:
 - a. Completion of CYFD Registration and Intake forms
 - b. Service Assessment and Plan that identifies the need for the evaluation;
 - c. Rights/Responsibilities/Grievance Procedures;
 - d. Consent and/or Release of Information Forms;
2. Completed evaluation report, signed and dated by staff completing the report including any supervisory signatures required by the person's licensing act or board regulation.

CORE REQUIREMENTS

1. A thorough and comprehensive written report must be completed and must incorporate the following information:
 - a. Identifying information;
 - b. Referral reason;
 - c. Presenting problem(s);
 - d. Background information and history;
 - e. Results of a Mental Status Exam;
 - f. Clinical observations and impressions;
 - g. Collateral contact information;
 - h. DSM IV TR Diagnosis and/or V-codes and supporting information for providing the diagnosis;
 - i. Recommendations for treatment.
2. The Mental Health Diagnostic Evaluation must be clearly identified as such, and must be signed and dated by the staff completing the evaluation. The supervisor's signature must appear on the evaluation once reviewed.
3. Must assist the client in obtaining services or interventions recommended by the mental health diagnostic evaluation.

STAFF QUALIFICATIONS

Licensed in New Mexico and allowable within the scope of practice of each respective license:

LPC, LMSW, RMHC, LMHC, LPCC*, LMFT*, LISW*
Clinical Nurse Specialist in Child Psychiatric Nursing*
Registered Nurse with a Master's degree in Psychiatric Nursing;
Psychologist Associate; or Psychologist* or Psychiatrist*

Masters level clinicians must receive direct supervision in accordance with State provisions governing each licensed staff.

ADVOCACY AND SUPPORT

DEFINITION AND PURPOSE

The purpose of this service is to advocate for and support the client and their children to receive the range of services necessary for the client to achieve successful outcomes. The type and duration of services is based on the needs and choices of the client.

This service may be offered through direct face-to-face contact with the client or through contact with an outside resource on behalf of and with the approval of the client. Advocacy and Support is a set of strengths-based, interrelated activities delivered in a collaborative manner in order to access, coordinate, link, and monitor appropriate services that the client receives from the community.

If Advocacy and Support is identified as the sole service being provided to a client, the agency is only required to develop a service plan that is specific to the advocacy and support that will be provided.

FILE MAINTENANCE

1. Completed Domestic Violence Registration and Intake forms should be kept in the client file.
2. The file must contain goal(s) and objective(s) on the appropriate plans that address advocacy and support.
3. The file must contain progress notes that record client progress toward accessing and receiving provider and community services that include required elements outlined in the Program Support Standards.

CORE REQUIREMENTS

1. Completion of CYFD ARTES Registration and Intake forms prior to the implementation of Advocacy and Support services.
2. Develop an appropriate service plan with specific goals and objectives
3. The provider must develop an initial goal and objective that addresses Advocacy and Support services with the survivor upon entry in the emergency crisis shelter.
4. Consultation or supervision between staff within the provider agency may not be billed under this component.
5. Providers must inform eligible clients of the Human Services (HSD)/Income Support Division (ISD) or tribal services assistance to families in eligibility determination for Medicaid and other services provided through HSD or tribal services.

ADVOCACY AND SUPPORT SERVICES

Advocacy and Support involves crisis stabilization, advocating, and arranging, linking, coordinating, monitoring, and/or securing services with outside agencies for the following client needs:

1. Health - Services may include identifying the need and referring the client for physical and mental health care. Examples of this include meeting or taking client to the hospital or to a mental health, medical, other health care facility, or traditional consultation services.
2. Personal Care – Services may include assistance with securing additional personal clothing, household, and self-care items from a community resource and not provided as part of shelter care. Services may also include identifying a need and referring the client for language or special needs interpreter services.
3. Educational - Services may include attendance at an Individual Educational Plan, school, or educational conferences for child witnesses; identifying a need for and referring the client for literacy or vocational training, or educational testing if warranted and arranging for tutoring or GED classes.

4. Housing - Service may include identifying a need for alternate housing and scheduling/attending meetings with HUD and landlords, helping survivor secure rent, utilities, funds, etc.
5. Employment - Service may include identifying employment needs and obtaining assistance in resume development, interviews, job search, and securing employment.
6. Financial - Service may include securing assistance with income support, bookkeeping, budgeting, and balancing the checkbook, bank reconciliation, taxes, applying for financial assistance.
7. Referrals to other services.

MINIMUM STAFF QUALIFICATIONS

High School Diploma/GED plus one (1) year relevant experience with target population, provider services and knowledge of community resources and/or 20 hours of relevant training annually, may include NMCADV, CSVANW, VOCA, or VAWA training.

STAFF SUPERVISION

High School Diploma/GED plus six (6) years relevant experience or Bachelor's degree in human services related field plus two (2) years relevant experience.

BILLABLE UNIT

\$35.00 per staff hour

LEGAL ADVOCACY

DEFINITION AND PURPOSE

For CYFD Domestic Violence Services, the purpose of Legal Advocacy is to provide survivors with information/referral, assistance, and support through the civil and criminal courts.

Legal Advocacy can be billed as a sole service if appropriate to the client's needs.

FILE MAINTENANCE

1. Completed CYFD Domestic Violence Registration and Intake forms should be kept in the survivor/offender file.
2. Documentation in a progress note in the survivor/offender file of legal advocacy services being performed that includes required elements outlined in Program Standards.
3. The file may contain copies of pertinent legal documents necessary to assist survivor/offender, such as: protection orders, police reports, court settings, etc.
4. Documentation of any offender compliance monitoring with the tribal or traditional courts, attorneys, law enforcement, and/or probation and parole.

CORE REQUIREMENTS

1. CYFD Domestic Violence Registration and Intake forms must be completed prior to the implementation of Legal Advocacy services.
2. Formulation of goals and objectives in appropriate plans.
3. Direct Legal Services that only an attorney can provide may not be billed under this component.

LEGAL ADVOCACY SERVICES

Legal Advocacy services may involve stabilization, advocating, and arranging, linking, coordinating, monitoring and/or securing services for the following client needs:

1. Providing guidance to survivors seeking a family protection order.
2. Accompanying survivors to court proceedings for family protection orders, survivors of pending criminal cases, child custody, monitoring of domestic violence offenders.
3. Accompanying survivors to meetings with attorneys or approved tribal advocates.
4. Reporting program compliance of offenders for the tribal or traditional courts and/or probation parole. **(Does not include any monitoring of survivor's participation in the program).**
5. Obtaining legal counsel or approved tribal advocates for survivors.
6. Referrals to other services including legal tribal services.

MINIMUM STAFF QUALIFICATIONS

High School Diploma/GED plus one (1) year relevant experience with target population, provider services and knowledge of community resources and/or 20 hours of relevant training, may include NMCADV, CSVANW, VOCA, or VAWA training.

STAFF SUPERVISION

Bachelor's degree in human services related field plus two (2) years relevant experience or High School Diploma/GED plus six (6) years relevant experience.

BILLABLE UNIT

\$35.00 per staff hour.

SKILL AND KNOWLEDGE SERVICES

DEFINITION AND PURPOSE

Skill and Knowledge services are intended to support clients to increase self-reliance, self-confidence, independence, and accountability by acquiring or enhancing skills necessary to live free from violence.

This service involves modeling, instruction/teaching, or coaching the client on various topics of everyday living while building on the strengths and resources of the client.

Skill and Knowledge services should emphasize the empowerment and ability of the survivor to successfully live in a community in the context of the person's safety, competency, and recovery from the effects of domestic violence.

Skills and Knowledge services may be offered through scheduled individual or group sessions or by guiding or working with the client using teaching, coaching, and modeling.

FILE MAINTENANCE

1. Completed CYFD Registration and Intake forms should be kept in the client file.
2. The file must contain goal(s) and objective(s) on the appropriate plans that address client skill and knowledge development.
3. The file must contain progress notes that record client progress toward accessing and receiving provider and community services that include the elements outlined in Program Requirements.
4. Attendance sheet (participant sign in sheet) for group activities.

CORE REQUIREMENTS

1. Activities must be conducted on a face-to-face basis with the person on an individual or group basis or a combination of both.
2. Formulation of goals and objectives in appropriate service plans or an amendment to plan.
3. A provider may use a co-trainer or traditional teacher (external to the provider) to assist staff with facilitating a group topic(s).
4. The appropriate plan should address:
 - a. If the session(s) is to occur inside or outside the provider agency.
 - b. If the service is to occur on an individual or group basis.
 - c. The name and credential of the individual providing the service.
5. A group is 2 or more people in the same session. The size of the group may vary based on the content of the class.
6. This service can be provided on an ongoing or one-time basis.
7. Develop an individualized safety plan for an adult survivor and child witness, if age appropriate.
8. A roster of participants for a group session.

Group:

1. Group Design: The program must develop or follow a written, structured plan for each skill and knowledge group. Each plan must include:
 - a. Identification of the group topic;
 - b. An overall purpose and goal of group;
 - c. A description of intended participants;

- d. A method and process for evaluation;
- e. An established curriculum that includes:
 - i. Number and schedule (topics and dates) of sessions;
 - ii. Resources to implement program (personnel, materials, facilities);
 - iii. Staff to participant ratios;
 - iv. Presenter(s) and their qualifications

Individual:

- 1. Individual Design: The session is developed based on a client's individual need as outlined in the appropriate individual support plans. Each plan must include:
 - a. Identification of the need and intended outcomes.
 - b. Number and schedule (topics and dates) of sessions;
 - c. Resources to implement program (personnel, materials, facilities);
 - d. Staff responsible for providing services.

Topics:

Group topics may include, but are not limited to:

- 1. Domestic violence education.
- 2. Offender intervention.
- 3. Parenting/adult education:
 - Child development (age appropriate social and emotional);
 - Communication;
 - Stress management;
 - Nurturing;
 - Positive discipline;
 - Nutrition/feeding techniques;
 - Empathy;
 - Conflict resolution skills;
- 4. Safety.
- 5. Personal care/grooming and appropriate dress.
- 6. Decision making skills.
- 7. Wellness and physical fitness
 - Routine, regular health care of self and children
 - Nutrition, exercise
 - Medication management
 - Reading and understanding labels.
 - Sexuality
 - Safe sex
- 8. Education in life management skills.
- 9. Household management;
 - Budgeting, money management/banking;
 - Basic maintenance of the home;
 - Menu planning;
 - Shopping skills, reading labels, and comparing prices;
 - Cooking.
- 10. Relationships:
 - Healthy relationships;
 - Social and communication skills;
- 11. Employment:

- Job search skills;
 - Job seeking;
 - Interviewing;
 - Resume writing;
 - Problem solving on the job.
12. Consumer skills;
 13. Stress management;
 14. Goal development;
 15. Resource identification and utilization skills;
 16. Special topics:
 - HIV/AIDS/Safe Sex;
 - Substance Abuse;
 - Legal Issues;
 - Self-Defense;
 - Gang related issues;
 - Community violence prevention;
 - Substance Abuse;
 17. Tribal Traditional Teachings

MINIMUM STAFF QUALIFICATIONS

High School diploma/GED plus one (1) year experience working with Domestic Violence population or a BA in a Human Services Related field. Staff must receive 20 hours of relevant training annually.

STAFF SUPERVISION

Bachelor’s degree with two (2) years relevant experience with Domestic Violence population or High School/GED with six (6) years experience with the target population. Supervisor must receive 20 hours of relevant training annually.

BILLABLE UNIT

\$40.00 per client hour for an individual session.

\$10.00 per client per hour for group sessions regardless of the number of facilitators conducting the session

COMMUNITY OUTREACH

DEFINITION AND PURPOSE

Community Outreach is defined as increasing the awareness and knowledge of the agency's purpose, programs, functions, and target population by utilizing social marketing strategies and non-specific client related consultation. Non-specific client related consultation is defined as meetings with outside service providers where the DV agency is providing DV education/expertise to inform services with DV survivors, child witnesses, and offenders who are not registered clients of the DV agency.

The target population served by this program is the community at large, health and human service providers, law enforcement, first responders, schools, the faith-based community, childcare programs, and others who may interact with those impacted by domestic violence.

The purpose of Community Outreach is:

1. To help local providers, other social service agencies, and community members understand how to access domestic violence services.
2. To increase awareness and understanding of the dynamics of domestic violence for professionals and the community.
3. To increase recognition and improve response of emergency responders and law enforcement to domestic violence-related incidents.
4. To improve community and system responses to domestic violence.
5. To offer information and referrals to domestic violence services.

FILE MAINTENANCE

1. Documentation of the event should be kept in an event file and should include audience, date, time, and duration of the event.
2. Attendance sheet (participant sign-in sheet)
3. Tabulated results of the evaluations (except for tabling events and non-specific client related consultations with other service providers).

CORE REQUIREMENTS

1. Qualified staff or volunteers must provide the outreach.
2. The program must develop or follow a written, structured plan for each event (except for tabling events and non-specific client related consultations with other service providers). Presentations should be designed to fit each target audience. Each plan must include:
 - a. Identification of the event topic;
 - b. An overall purpose and goal of the event;
 - c. A description of intended participants;
3. Sign-in sheet.
4. A simple evaluation form completed by each participant following the presentation (except for tabling events and non-specific client related consultations with other service providers).

MINIMUM STAFF QUALIFICATIONS

Minimum qualifications for presenters are a High School Diploma/GED with two (2) years experience with domestic violence population. Training and knowledge of the issue of domestic violence and exemplary presentation skills as determined by observation and supervision. Must receive 20 hours of relevant training annually.

STAFF SUPERVISION

Minimum qualifications for the supervisor is a High School diploma/GED with four (4) years experience with the domestic violence population or a Bachelor's degree in a Human Services related field with (2) years relevant experience with the domestic violence population and at least one (1) year experience in supervision/administration.. Must receive 20 hours of relevant training annually.

BILLABLE UNIT

Community Outreach @ \$35.00 per event hour, not to exceed 8 hours per event.

COMMUNITY TRAINING

DEFINITION AND PURPOSE

To provide domestic violence training to adults and youth in the community, state and tribal agencies, schools, colleges/universities, law enforcement, and other members of the judicial system.

The purpose of Community Training is:

1. To educate on the effects of domestic violence on adults, children and the community.
2. To reach out and educate underserved populations on domestic violence issues pertaining to their specific culture.

FILE MAINTENANCE

1. Documentation of the training should be kept in a training file and should include audience, date, time, and duration of the training.
2. Attendance Sheet (Participant Sign in Sheet).
3. Tabulated evaluation results

CORE REQUIREMENTS

1. Qualified staff must provide the training and volunteers may assist.
2. The use of a structured curriculum that may include domestic violence training for specific groups. The curriculum must be culturally responsive and appropriate to each targeted group. The program must develop and follow an established curriculum that includes:
 - d. Topics;
 - e. Lesson plans;
 - f. Resources to implement the training (personnel, materials, facilities);
 - g. Staff to participant ratios
 - h. Presenter and their qualifications
3. Sign-in sheet.
4. A method and process for evaluation such as pre/post tests (related to changes in knowledge, skills, attitudes, behaviors).

MINIMUM STAFF QUALIFICATIONS

Minimum qualifications for trainers are a high school diploma/GED with four (4) years experience with the domestic violence population and two (2) years experience in training and group facilitation or a Bachelor's degree in a Human Services related field with (2) years experience with the domestic violence field and two (2) years experience in training and group facilitation. Must receive 20 hours of relevant training annually.

STAFF SUPERVISION

Minimum qualifications for supervisors are a high school diploma/GED with six (6) years experience with the domestic violence population and (2) years experience in training and group facilitation or a Bachelor's degree in a Human Services field with two (2) years experience with the domestic violence population and two (2) years experience in training and group facilitation and at least one (1) year experience in supervision/administration. Must receive 20 hours of relevant training annually.

BILLABLE UNIT

Community Training @ \$50.00 per training hour

TRAVEL/TRANSPORTATION

DEFINITION AND PURPOSE

The CYFD purpose for this component is to offset the cost of vehicle use for providing CYFD contracted services to clients.

Travel/Transportation may be billed for staff travel time to and from a client's location to provide a CYFD contracted service component or to transport a client to receive a CYFD service component from another provider.

CORE REQUIREMENTS

The service may be provided under the following circumstances:

- Travel to another city, town, village, or tribal community or nation to provide a CYFD contracted service to clients is allowable.
- Transportation of clients to and from a CYFD identified service component.

The service may not be provided under the following circumstances:

- Non-client service related staff travel to satellite sites in another city, town, village, or tribal community or nation is not billable.
- Travel funds are not for transporting staff to meetings or conferences.
- For clients: running errands, transportation for non-contracted recreational activities, or to and from work or school unless these are activities related to goals and objectives outlined in service plan.

In Addition:

Any non-client related travel by staff for a CYFD Contracted Innovative Component must be negotiated and agreed to in writing with your CYFD Program Manager.

The use of the Travel/Transportation component will be closely monitored by Program Managers to ensure sufficient funds remain available for other essential services to clients.

The provider must have a written protocol to promote safe travel and transportation for residents and staff, which include provisions for travel to the shelter for admission that is not solely reliant on law enforcement, unless other forms of travel would pose safety hazards.

FILE MAINTENANCE

Documentation by way of note created by the individual providing the transportation will be maintained in the individual client file.

BILLABLE UNIT

Allowable travel/transportation time will be reimbursed at a rate of \$20.00 per hour. Travel may only be billed to **one** identified client **per vehicle** per trip.

SPECIALIZED CONSULTATION (PROFESSIONAL CLINICAL CONSULTATION)

DEFINITION AND PURPOSE

To provide for a Specialized Consultation from external provider on a specific case or for a specialized service where provider interventions or staff expertise are not achieving the results expected.

FILE MAINTENANCE

1. The need for a Specialized Consultation must be documented in the client's file.
2. The Consultation must include a written assessment or evaluation and written recommendations, including recommended changes to the Domestic Violence Service Plan or Treatment Plan. The written recommendations must be signed by the consultant and documented in the client file.
3. Recommendations provided by the consultant should be discussed with the client, and incorporated into the client's intervention plan.

CORE REQUIREMENTS

1. Consultation
 - a. The need for Specialized Consultation must be client specific, determined by clinical necessity, with clear justification for the consultation. Routine consultation and case staffing are not included in, or covered under, this service.
 - b. Clinical recommendations shall be incorporated into the client's intervention plan.

MINIMUM QUALIFICATIONS

New Mexico Licensed Psychologist or Psychiatrist; or New Mexico Licensed Independent Social Worker (LISW) or New Mexico Licensed Professional Clinical Mental Health Counselor (LPCC); or New Mexico Licensed Marriage and Family Therapist (LMFT).

BILLABLE UNIT

One hour of Specialized Consultation @ \$80.00 per hour.

DIRECT CIVIL LEGAL SERVICES

DEFINITION AND PURPOSE

The purpose of Direct Civil Legal Services is to provide formal legal representation by staff attorneys or court recognized tribal advocate to survivors of domestic violence to assure their rights are preserved and that issues are decided with the survivor's best interest and safety, especially when the perpetrator has secured legal counsel. The goal of this service is to improve the survivor's functioning in the areas of safety and permanency through formal legal representation in as many cases as possible.

The provision of in-house civil legal services may include:

- DV Order of Protection
- Divorce
- Custody
- Time-sharing
- Child support
- Paternity
- Landlord/tenant
- Public benefits
- Assistance with negotiations
- Letters
- Advice

In addition agencies providing this service must agree to accept a negotiated number of conflict case referrals from the Department.

CORE REQUIREMENTS

1. Completed CYFD Domestic Violence Registration and Intake forms must be completed prior to the implementation of services.
2. Formulation and documentation of goals and objectives in Survivor Service Assessment plans.

Priority for services should be given to survivor's who demonstrate lack of financial resources sufficient to obtain private counsel.

FILE MAINTENANCE

1. Documentation of the Domestic Violence Intake/Registration should be kept in the survivor file.
2. Documentation in the survivor file of identified legal problem, the legal service being provided, as outlined in the Program Standards.
3. The file may contain copies of pertinent legal documents necessary to assist survivor, including but not limited to: protection orders, police reports etc.

REPORTING REQUIREMENTS

Monthly case data shall be provided from an agency designed data collection system in order to meet the report format outlined below.

Case Definition:

- Repeated instances of assistance, with the exception of orders of protection, to the client shall be reported as a single case when a program provides assistance more than once within the same calendar year for essentially the same legal problem.
- Legal assistance provided to a survivor on related legal issues simultaneously or within a brief time frame should also be reported as a single case.
- Related legal problems shall be reported as a single case when the related legal problems are resolved simultaneously through a single legal process i.e. if the legal problems are resolved under one Civil Action Number, only one case is reported. If there are multiple Civil Action Numbers, then multiple cases are counted.
- Assistance that does not involve direct legal advice or legal representation of a client shall not be counted as a case.

Monthly Report Format:

Case Number

Case Type: DVOP, Divorce, Custody, Child Support, Benefits, Landlord/Tenant, Advice, etc.

Case Status: Opened, Continuing, Closed

of Consultation Hours

Legal Representation Hours

Case Closure Outcome: Court Decision, Settlement, Client Withdrawal, Document Preparation, etc. If representation is terminated prior to resolution of the legal issue, please indicate the reason for termination.

of cases advised to go pro-se

of cases with opposing counsel

These reports shall accompany the monthly reimbursement request.

MINIMUM STAFF QUALIFICATIONS

A minimum of a Doctor of Law from an accredited law school and licensed to practice law in New Mexico or provisions deemed appropriate by the Supreme Court of New Mexico plus 20 hours of domestic violence training within three months of hire. Malpractice insurance coverage.

Tribal Court Advocates must meet the requirements of the court in which they are appearing.

Continuing Legal Education credits in areas of law that will improve client services and ongoing domestic violence education.

STAFF SUPERVISION

To be determined by the agency and approved by CYFD. Staff supervision qualifications should be appropriate for the core activity and meet licensure requirements, if applicable.

BILLABLE UNIT

As proposed by the agency and approved by CYFD. Activities such as leaving voicemails, time spent waiting for hearings, or faxing/ mailing letters are not billable under this component.

NATIVE AMERICAN TRADITIONAL AND CULTURAL SERVICES

DEFINITION AND PURPOSE

Supportive interventions for Native peoples provided through referrals to traditional and/or cultural service practitioners within the various Native communities utilizing methods or teachings to provide education and awareness of where individuals come from as a Native people. These methods include:

Talking Circle	Group activity that is structured to restore communication, relationships, and to address issues, restore wellness, well-being and clear mind
Sweatlodge	Group or individual activity conducted in an appropriate setting (Inipi or tachei or similar cultural activity) to cleanse through song and prayers to restore wellness
Cultural Mentorship	Individual or group activity that is topic-specific to readjust, heal, re-establish relationship, restore wellness, includes preparation for specific traditional interventions (ceremony), wood and herb gathering.
Spiritual Coordination Activities	Individual activity that includes traditional diagnostic services and ceremonial procedures conducted by a recognized traditional provider or practitioner (does not include preparation for specific traditional interventions or ceremony)

The practitioner will determine the nature and/or cause of illness affecting the client and the appropriate intervention.

FILE MAINTENANCE

1. Documentation of the Domestic Violence Intake/Registration should be kept in the client file.
2. Documentation of Domestic Violence Assessment and support plan that contains goal(s) and objective(s) that address client services.
3. Verification that the client received the service. The file must contain a note that records the date and type of ceremony from the above general description.

CORE REQUIREMENTS

1. Activities must be conducted on face-to-face basis with the person on an individual or group basis or a combination of both. A group is two or more clients.
2. Service can be provided on an ongoing or one-time basis.
3. Development of an individualized safety plan for an adult survivor and/or child witness.

MINIMUM STAFF QUALIFICATIONS

Individual recognized as a practitioner by the tribe/nation of the client's request.

STAFF SUPERVISION

Agency must obtain written verification from an individual authorized or recognized by the tribe/nation that the individual providing the service is a recognized practitioner from the tribe/nation.

BILLABLE UNIT

\$50.00 per event hour

INNOVATIVE SERVICE

DEFINITION AND PURPOSE

Innovative Services allow an agency the opportunity to be creative in developing a unique component to meet the needs of the target population to be served. The Innovative Service must meet the service goals described in this manual, must establish performance outcomes and measures in conjunction with CYFD outcomes and measures, and must be approved by CYFD.

In developing and defining the component, the agency must address the five sections identified below. In order to bid for an Innovative Service, an agency must clearly state and describe each section as it applies to the new component, and include it in the RFP response. The approval by CYFD occurs after the RFP process.

PURPOSE AND TARGET POPULATION

To be developed by the agency and approved by CYFD. Must meet one of the three domestic violence service target populations.

CORE REQUIREMENTS

To be developed by the agency and approved by CYFD. The agency must establish performance outcomes and measures for this component and complete all previously defined Intake/Discharge requirements. Must outline file maintenance requirements.

MINIMUM STAFF QUALIFICATIONS

To be determined by the agency and approved by CYFD. Staff qualifications should be appropriate for the core activities and meet licensure requirements, if applicable.

STAFF SUPERVISION

To be determined by the agency and approved by CYFD. Staff supervision qualifications should be appropriate for the core activity and meet licensure requirements, if applicable.

BILLABLE UNIT

To be determined by the agency and approved by CYFD

APPENDIX

PROGRAM SURVEYS

Program Survey (Revised 9-08)

THANK YOU for your help by answering this survey now.

- This survey is voluntary and anonymous.
- Your answers are very important to us and will help improve our programs and services.
- Please fill this out right away and put it in the survey collection box or envelope provided.

Please check the programs you have attended.

- Shelter
- Support Services and Advocacy
- Support Groups
- Counseling

Please estimate the number of times you have met with a staff within the past twelve months.

- 1 – 5 times
- 6 – 10 times
- 11 – 15 times
- 16 – 20 times
- 20 or more

Please circle the answer below each question to best reflect your own beliefs.

1. From this program I learned more about domestic violence and how it affects my life.

Strongly Agree Agree Not Sure Disagree Strongly Disagree

2. I got information from this program that helps me to be safer.

Strongly Agree Agree Not Sure Disagree Strongly Disagree

3. Because of the services I received from this program, I know more about the community resources and how to use them.

Strongly Agree Agree Not Sure Disagree Strongly Disagree

Comments? Please give us your opinions – It is helpful to know the things we are doing well and the things we need to improve. _____

Thank you very much!!!

Program Survey

(Revised 9-08)

THANK YOU for your help by answering this survey now.

- This survey is voluntary and anonymous.
- Your answers are very important to us and will help improve our programs and services.
- Please fill this out right away and put it in the survey collection box or envelope provided.

Please check the services or programs you have received from this agency within the past 12 months.

- Intake / Assessment / Orientation Sessions
- Individual / Group Sessions
- Counseling

Please estimate the number of weeks you have been receiving services.

- 1 – 8 weeks **Please circle the answer below each question to best reflect your own beliefs.**

1. My behavior has affected my partner, my children and other family members and my community.

Agree

Not Sure

Disagree

2. I take responsibility for my behavior and actions.

Strongly Agree

Agree

Not Sure

Disagree

Strongly Disagree

3. I have the skills, information, and knowledge to avoid being abusive in the future.

Strongly Agree

Agree

Not Sure

Disagree

Strongly Disagree

Comments? _____

Thank you.

CYFD Domestic Violence Services

The following is a sample intake form for young children. It must be adapted for age appropriateness. The intention is to guide and direct individualized attention to a child who has witnessed domestic violence. It may serve as preliminary part of a child's Domestic Violence Service Assessment.

CHILDREN'S INTAKE

Hi. My name is _____ and I work here at _____ especially for and with kids. I'm glad you are here and I would like to talk with you a little while. I talk with kids to find out how we can best help while you are here. While we talk we will keep the door open so you can see Mommy across the hall...

Do you go to school?

What grade are you in?

Who is your favorite teacher?

What is your favorite subject?

Color?

Book?

Snack?

Do you have any pets? What are their names?

Why do you think you are here today?

What have you heard about this place?

What did you get to bring with you today? Leave behind? Favorite toy?

Sometimes mommies get hurt and that's not o.k. We want people to be safe and that's why we have this place.

Do you ever get hurt when Mommy and Daddy/boyfriend/partner fight?

What do you do when they fight? Where do you go?

How do you feel when they fight?

Why do you think your mom & dad fight?

Do your brothers and sisters ever get hurt? Where are they when your mommy and daddy fight? What are they doing?

When you break something at home or don't do what your mom or dad tells you to do, what happens?

Who all lives at home with you?

Who do you talk to when you feel worried, sad or scared?

Do you remember my name? I'm Miss _____ or Mr. _____
and you can talk to me while you are here. There are other kids to meet too.
Do you want to look around some more? We have lots of toys in here...

**FEDERAL FAMILY VIOLENCE PREVENTION AND SERVICES ADMINISTRATION (FVPSA)
Performance Progress Report**

Family Violence Prevention and Services Program
Family and Youth Services Bureau/Administration for Children and Families
U.S. Department of Health and Human Services
Subgrantee Information

		Page	of Pages
1. Federal Agency and Organization Element to Which Report is Submitted FVPSP/FYSB/ACYF/ACF/HHS	2a. Total Domestic Violence Budget	3a. # of Shelter Programs with Residential Facilities	
	2b. FVPSA Grant Amount	3b. # of Non-Residential Domestic Violence Programs	
4. Recipient Organization (Name and complete address including zip code)			
5. Project/Grant Period Start Date: <i>(Month, Day, Year)</i> October 1		6. Number of Volunteers	
End Date: <i>(Month, Day, Year)</i> September 30		7. Number of Volunteer Hours	
8. Performance Narrative <i>(attach performance narrative as instructed by the awarding Federal Agency)</i> <ul style="list-style-type: none"> a) For services supported in whole or in part by your FVPSA grant, share a story about a client, service or community initiative. b) What does the FVPSA grant allow you to do that you wouldn't be able to do without this funding? c) Describe, if applicable, any efforts supported in whole or in part by your FVPSA grant in meeting the needs of underserved populations in your community, including populations underserved because of ethnic, racial, cultural or language diversity or geographic isolation. Describe any ongoing challenges. d) Describe significant prevention and outreach activities, supported in whole or in part by your FVPSA grant, during the program year. e) (Optional) Provide any additional information that you would like us to know about your FVPSA-supported domestic violence program and its effectiveness, the unmet needs of victims in your community and what would be required to meet them, or service trends that are emerging in your community. 			
9. Other Attachments <i>(attach other documents as needed or as instructed by the awarding Federal Agency)</i>			
10. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.			
11a. Typed or Printed Name and Title of Authorized Certifying Official		11c. Telephone <i>(area code, number and extension)</i>	
		11d. Email Address	
11b. Signature of Authorized Certifying Official		11e. Date Report Submitted <i>(Month, Day, Year)</i>	
12. Agency Use Only			

**SF-PPR-D
Table of Activity Results**

1. Federal Agency and Organization Element to Which Report is Submitted FVPSP/FYSB/ACYF/ACF/HHS	2. Name of Recipient Organization	3a. DUNS 3b. EIN	Page	of	Pages	4. Reporting Period End Date <i>(Month, Day, Year)</i> September 30			
Section A—People Served (Unduplicated)									
Indicate the number of all clients served by gender, ethnicity, and age. Do not include clients served <i>only</i> in Batterers Intervention Services; count them in Section E.									
	Residential	Women	Men	Children	Youth IPV Victim				
FV-A-100	Unduplicated Count of Clients Served								
	Non-Residential	Women	Men	Children	Youth IPV Victim				
FV-A-200	Unduplicated Count of Clients Served								
	Race	Black or African American	American Indian/ Alaska Native	Asian	Hispanic or Latino	Native Hawaiian/ Other Pacific Islander	White	Unknown/ Other	
FV-A-300	Clients								
	Gender	Female	Male	Not Specified					
FV-A-400	Clients								
	Age	0-17	18-24	25-59	60+	Unknown			
FV-A-500	Clients								
Section B—Residential Services									
Indicate the number of shelter nights for each person that arrives and is provided a shelter bed. Count the # of people housed X the number of nights.									
FV-B-100	Shelter Nights								
FV-B-200	Unmet Requests for Shelter								

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Section C—Related Services and Assistance for Adults

Indicate the number of service contacts and/or hours provided regardless of length. For states using time increments, report total hours in “Number of Hours” column provided.

	Crisis/Hotline Calls	Total Calls		
FV-C-100	Crisis/Hotline Calls			
	Supportive Counseling & Advocacy	Number of Service Contacts	Number of Hours	
FV-C-200	Individual Supportive Counseling & Advocacy			
FV-C-201	Group Supportive Counseling & Advocacy			

Section D—Related Services and Assistance for Children

Indicate the number of service contacts and/or hours provided regardless of length. For states using time increments, report total hours in “Number of Hours” column provided.

	Supportive Counseling & Advocacy	Number of Hours	Number of Service Contacts	
FV-D-100	Individual			
FV-D-101	Group			
	Activities for Children & Youth	Number of Hours	Number of Service Contacts	
FV-D-200	Individual Activities			
FV-D-201	Group Activities			

Section E—Batterer Intervention Services

Indicate the number of service contacts and/or hours provided. Report only if these services are funded by FVPSA.

	Intervention/Counseling Services	Number of Clients	Number of Service Contacts	Number of Hours	
FV-E-100	Individual Counseling				
FV-E-101	Group Counseling				

Section F—Community Education and Public Awareness

Indicate the total number of training and community education presentations. Indicate the total number of individuals attending.

	Community Education	Number of Presentations	Number of Participants	
FV-F-100	Adults/General Population			
FV-F-101	Youth Targeted			
	Community Awareness Activities	Number of Activities		
FV-F-200	Awareness Activities			

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Section G—Service Outcome DATA

For each program area from which you collected outcome data, indicate how many surveys were completed and how many YES responses you received to each of the outcome questions (resources and safety).

	Survey Type	Number of Surveys Completed	Number of Yes Responses to Resource Outcome	Number of Yes Responses to Safety Outcome	
FV-G-101	Shelter Survey				
FV-G-102	Support Services and Advocacy Survey				
FV-G-103	Counseling Survey				
FV-G-104	Support Group Survey				
FV-G-105	TOTAL				

TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF) REPORTING REQUIREMENTS

Contractors must determine TANF eligibility for non-TANF cash recipients. Eligibility must be determined at intake and entered in the CYFD ARTES.

Contractors who are providing services to TANF eligible and TANF cash recipient clients must coordinate with local Income Support Division (ISD) field offices and New Mexico Works programs, including referrals to ISD, as well as case coordination and direct client case management.

Contractors should ensure that at a minimum, the TANF population receives services related to:

1. Evaluation of TANF cash assistance recipient's Individual Responsibility Plans (IRP) and Work Participation Agreements (WPA) to ensure that the required work program expectations are appropriate for the individual's circumstances relative to domestic violence.
2. Requests to the Incapacity Review Unit (IRU) for approval of a Family Violence Option (FVO) waiver of the NMW work requirement; eligibility for TANF cash assistance beyond the sixty (60) month lifetime limit (hardship extension); and domestic violence good cause exemption from the work requirement, as appropriate based on the client's circumstances.

SUMMARY OF BACKGROUND CHECKS PROCESS

Self-certification of Background Check Requirements

The New Mexico Children's and Juvenile Facility and Program Criminal Records Screening Act (§32A-15-3(A), NMSA 1978) reads:

32A-15-3. Criminal history records check; background checks.

A. CYFD contractors that have or could have primary custody of children for at least twenty (20) hours per week are required to comply with NMAC 8.8.3 et. seq. mandating background checks on any employee, staff, volunteer or student intern, that has **direct care responsibilities or potential unsupervised physical access to clients**. The contractor must submit fingerprint cards and the appropriate fee to CYFD Background Check Unit (BCU) for such employees, volunteers, or student interns as required. CYFD BCU will conduct a nationwide, state, and abuse and neglect background check in accordance with NMAC 8.8.3 standards. An original CYFD BCU clearance letter must be in the staff, employee, volunteer, or student intern's personnel file prior to that individual having any unsupervised direct contact or unsupervised potential access to client. Until receiving clearance, the employee/volunteer/student intern shall be under direct physical supervision of a cleared staff person at all times. The objective of conducting the record checks is to protect the children involved and promote the children's safety and welfare while receiving service from the facilities and programs.

The background check application must be completed and submitted by the next day following of commencement of employment to the Background Checks Unit for all new hires and as of July 1, 2009, the Employer Certification form must be submitted as part of the application packet.

The cost for a background check to include a nationwide criminal review is \$33.00.

To receive instructions on "How to Obtain a Background Check" and fingerprint cards, please contact:

Children, Youth, and Families Department
Background Check Unit
P.O. Drawer 5160
Santa Fe, New Mexico 87502-5160
Phone: (888) 317-7326 or (505) 827-7326

TITLE 8 SOCIAL SERVICES
CHAPTER 8 CHILDREN, YOUTH AND FAMILIES GENERAL PROVISIONS
PART 7 COURT ORDERED DOMESTIC VIOLENCE OFFENDER TREATMENT OR INTERVENTION PROGRAMS

8.8.7.1 ISSUING AGENCY: New Mexico Children, Youth and Families Department.
[8.8.7.1 NMAC - Rp, 8.8.7.1 NMAC, 05/29/09]

8.8.7.2 SCOPE: General public, providers of domestic violence offender treatment or intervention programs, persons convicted of domestic violence, courts, and attorneys.
[8.8.7.2 NMAC - Rp, 8.8.7.2 NMAC, 05/29/09]

8.8.7.3 STATUTORY AUTHORITY: NMSA 1978 Sections 30-3-15 and 30-3-16 (2007).
[8.8.7.3 NMAC - Rp, 8.8.7.3 NMAC, 05/29/09]

8.8.7.4 DURATION: Permanent.
[8.8.7.4 NMAC - Rp, 8.8.7.4 NMAC, 05/29/09]

8.8.7.5 EFFECTIVE DATE: May 29, 2009, unless a later date is cited at the end of a section.
[8.8.7.5 NMAC - Rp, 8.8.7.5 NMAC, 05/29/09]

8.8.7.6 OBJECTIVE: The objective of Chapter 8, Part 7 is to establish the manner in which the department will approve programs to provide court-ordered domestic violence offender treatment or intervention, and will identify approved programs to court personnel.
[8.8.7.6 NMAC - Rp, 8.8.7.6 NMAC, 05/29/09]

8.8.7.7 DEFINITIONS:

A. "Approved DVOTI program list" means the list compiled by the department consisting of approved DVOTI programs for use by New Mexico courts in ordering domestic violence offenders to complete domestic violence offender treatment or intervention pursuant to NMSA 1978 Sections 30-3-15 and 30-3-16 (2008).

B. "Approved DVOTI program" means a domestic violence offender treatment or intervention program that has been approved by the department to provide domestic violence offender treatment or intervention pursuant to the NMSA 1978 Sections 30-3-15 and 30-3-16 (2008).

C. "Court-ordered domestic violence offender treatment or intervention" means domestic violence offender treatment or intervention ordered by a court pursuant to NMSA 1978 Sections 30-3-15 or 30-3-16 (2007).

D. "Department" means the children, youth and families department.

E. "Domestic violence offender" means a person convicted under NMSA 1978 Section 30-3-15 or 30-3-16 (2008) regardless of whether or not the person received a suspended sentence, a deferred sentence, or a conditional discharge.

F. "Domestic violence offender treatment or intervention (DVOTI)" means services, approved by the department, that address and seek to ameliorate domestic violence perpetration. Such services may, but need not, be provided by licensed therapists.

[8.8.7.7 NMAC - Rp, 8.8.7.7 NMAC, 05/29/09]

8.8.7.8 APPROVAL OF DVOTI PROGRAMS TO PROVIDE DVOTI SERVICES

A. Approval is based upon the provider's submission of a formal application to the department, demonstrating the operation of a functioning program that uses evidence-based techniques and effectively serve the target population.

B. In granting approval for the list, the department may rely in part upon its knowledge of services the provider has supplied whether pursuant to contract with the department, or otherwise.

C. The department shall distribute the approved DVOTI program list to New Mexico tribunals. The department shall notify courts of any additions or deletions to the approved DVOTI program list.

[8.8.7.8 NMAC - Rp, 8.8.7.8 NMAC, 05/29/09]

8.8.7.9 LIST OF APPROVED DVOTI PROGRAMS TO BE COMPILED ANNUALLY

A. The department shall compile a list of approved DVOTI programs to be distributed to sentencing tribunals annually on or about January 1.

B. DVOTI providers that wish to be included in the approved DVOTI program list must comply with the application and renewal procedures set forth in this regulation.

[8.8.7.9 NMAC - Rp, 8.8.7.9 NMAC, 05/29/09]

8.8.7.10 CRITERIA FOR APPROVED DVOTI PROGRAMS: The department shall approve DVOTI programs that include the following criteria and features:

A. an initial assessment to determine if the domestic violence offender will benefit from participation in the program and a policy in place for notification to the court if a determination is made that an offender will not benefit from the program; the program will provide recommendations for alternative offender treatment to the court pursuant to section 15;

B. a written contract, which must be signed by the domestic violence offender, that sets forth:

- (1) attendance and participation requirements;
- (2) consequences for failure to attend or participate in the program;
- (3) consequences of reoffending while enrolled in the program;
- (4) a requirement that a domestic violence offender not be under the influence of alcohol or drugs during a session;

C. strategies to hold domestic violence offenders accountable for their violent behavior;

D. a requirement for group discussions that the participants be limited to members of the same gender;

E. a requirement that offenders under the age of 18 may be enrolled in intervention groups so long as they are separate from adult groups;

F. goals that focus on the cessation of abuse or violence, whether physical or non-physical, and that is mindful of the safety of the victim, current partner and children;

G. ongoing process of assessing for danger during the time the offender is enrolled in the program;

H. a written policy requiring a duty to warn potential victims of threats of imminent harm and other mandatory reporting requirements designed to protect victim, potential victims and children;

I. an education component for treatment that:

(1) defines physical, emotional, sexual, economic and verbal abuse and techniques for stopping those forms of abuse; and

(2) examines gender roles, socialization, the nature of violence, the dynamics of power and control and the effects of domestic violence on children;

(3) facilitates the offender acknowledging responsibility for abusive actions and consequences of actions;

(a) identifies and offers alternatives to the offender's belief system that facilitate abusive behaviors;

(b) increases the offender's empathic skills to enhance ability to empathize with the survivor/victim;

(c) assures that the offender history of trauma never takes precedence over his/her responsibility to be accountable for violent behavior and potential offense, or be used as an excuse, rationalization, or distraction from being held accountable;

(d) educates the offender on the potential for re-offending and signs of abuse escalation;

(e) assists the offender in developing a written re-offense prevention plan;

(f) increases the offender's understanding of the impact violence on adult intimate victims and children;

(g) educates the offender on the legal ramifications of his/her violence; and

(h) teaches the offender self-management techniques to avoid abusive behavior.

J. a requirement that the program provide monthly written reports to the presiding judge or the domestic violence offender's probation or parole officer regarding:

(1) proof of the domestic violence offender's enrollment in the program;

(2) progress reports that address the domestic violence offender's attendance, fee payments and compliance with other program requirements; and

(3) evaluations of progress made by the domestic violence offender and recommendations as to whether or not to require the offender's further participation in the program;

K. a requirement that all approved domestic violence offender treatment or intervention programs must consist of at least 52 weeks of group sessions lasting no less than ninety minutes each; individual sessions to address crisis management or case management issues will not replace group sessions; and

L. a requirement that all approved domestic violence offender treatment or intervention programs must maintain a staff to client ratio of 1:12 with the group size limited to no more than 20; and

M. Marriage counseling, family therapy and counseling for couples shall not be a component of an approved domestic violence offender treatment or intervention program.

N. a requirement that DVOTI staff working with offenders receive the following training:

(1) a requirement that prior to facilitating, all group facilitators demonstrate that they have received at least 40 hours of training which includes the dynamics of domestic violence, tactics of abuse, the effects of domestic violence on victims and their children, the relationship between domestic violence and substance abuse, best practices in performing ongoing danger assessments, state and federal laws against domestic violence, cultural diversity, group facilitation skills, and best practices for working with offenders;

(2) a requirement that prior to facilitating, facilitators observe a group by a seasoned facilitator with five or more years of experience.

(3) a requirement that all group facilitators receive a minimum of 8 hours of CYFD approved annual retraining on advanced issues related to offender treatment;

(4) a requirement that the DVOTI maintain documentation that personnel have received the required training.

O. the DVOTI shall make a good faith effort to establish a cooperative working relationship with a local domestic violence victim services provider and that the DVOTI participate to the extent possible in the local coordinated community response team working to reduce domestic violence.

P. a requirement that the group be strictly limited to domestic violence offenders and cannot include other classes of offenders.

[8.8.7.10 NMAC - Rp, 8.8.7.10 NMAC, 05/29/09]

8.8.7.11 APPLICATION PROCEDURES FOR INCLUSION IN THE APPROVED DVOTI PROGRAM LIST

A. Application packets for inclusion in the annual approved DVOTI program list will be available from the department. Providers must submit a completed application packet for inclusion in the approved DVOTI program list.

B. The application process for inclusion in the annual approved DVOTI list shall be separate from, and shall not be influenced by, any requests for proposals or contractual awards issued by the department.

[8.8.7.11 NMAC - Rp, 8.8.7.11 NMAC, 05/29/09]

8.8.7.12 EVALUATION OF APPLICATIONS FOR INCLUSION IN THE APPROVED DVOTI PROGRAM LIST

A. Applications shall be evaluated for approval by the department.

B. The evaluation process may include a component based upon prior years' performance, and whether or not concerns from prior years have been satisfactorily addressed and corrected.

C. The evaluation process may include a component based upon feedback from local courts and DVOTI program participants.

D. Geographic coverage areas. The department shall seek to identify providers who can provide approved DVOTI treatment at locations within a reasonable commute for all geographic areas within the state. However all approved DVOTI programs must satisfy the minimum criteria.

E. The evaluation shall not include any preference based on the provider's current or prior contractual agreements with the department, nor absence thereof.

[8.8.7.12 NMAC - Rp, 8.8.7.12 NMAC, 05/29/09]

8.8.7.13 NOTIFICATION TO PROGRAMS OF EVALUATION RESULTS

A. DVOTI program applicants shall be notified by the department whether they have been selected for inclusion on the annual approved DVOTI program list. If the provider is not selected, the notification shall state the reasons for non-selection.

B. A DVOTI program whose application was not selected for inclusion on the annual approved DVOTI program list may re-apply for inclusion after correcting the deficiencies identified by the department. The program must establish that the reasons for non-selection have been satisfactorily corrected.

C. The department will evaluate re-submitted applications as promptly as possible; however, staffing priority will be given to the evaluation and maintenance of programs already identified on the current approved DVOTI provider list.

[8.8.7.13 NMAC - Rp, 8.8.7.13 NMAC, 05/29/09]

8.8.7.14 DISTRIBUTION OF APPROVED DVOTI PROVIDER LIST

A. The department shall distribute the approved DVOTI program list annually on or about January 1, to sentencing courts, public defenders, district attorneys, DVOTI providers, and other interested parties.

B. The department shall promptly update the approved DVOTI program list to identify newly-approved providers and providers who have been removed from the list.

C. The approved DVOTI provider list, as updated, shall be available on the department's website: www.cyfd.org.

[8.8.7.14 NMAC - Rp, 8.8.7.14 NMAC, 05/29/09]

8.8.7.15 SERVICES PURSUANT TO COURT ORDER

A. Approved DVOTI programs are to provide domestic violence offender treatment or intervention in accordance with the rule. Court orders should specify that the domestic violence offender complete the approved DVOTI program.

B. If the approved DVOTI program assesses that alternative services are appropriate for an offender, the program shall notify the court so that the court order may be amended. The recommended alternative services shall be deemed to constitute the approved DVOTI program for that offender.

C. In the event a program is de-listed, domestic violence offenders should be re-directed to complete treatment or intervention with another approved DVOTI program.

[8.8.7.15 NMAC - Rp, 8.8.7.15 NMAC, 05/29/09]

8.8.7.16 MONITORING OF APPROVED DVOTI PROGRAMS

A. The department shall conduct ongoing monitoring of approved DVOTI programs.

B. Approved DVOTI programs must allow the department to conduct site visits during regular business hours, to determine compliance with approved criteria.

C. The department shall establish a schedule by which it will conduct site visits. In no event shall site visits be conducted less than one time during any two-year period.

D. Approved providers will be required to report and verify recommendations for alternative offender treatment or intervention.

E. Approved DVOTI providers must maintain data and records as required by the department.

F. Judges, district attorneys, public defenders, other court personnel, domestic violence offenders, their attorneys and families, victim advocates and domestic violence service providers will be encouraged to provide feedback regarding the efficacy of approved DVOTI programs, to the programs and to the department.

G. The department will investigate complaints as promptly as possible.

H. The department may require approved DVOTI providers to take corrective action in response to the department's ongoing monitoring and evaluation of feedback and complaints. Failure to implement corrective action may result in de-listing of the DVOTI program.

[8.8.7.16 NMAC - Rp, 8.8.7.16 NMAC, 05/29/09]

8.8.7.17 DE-LISTING OF PROGRAMS; APPEAL RIGHTS

A. Programs may be removed from the approved DVOTI provider list upon a determination by the department that:

(1) the program is not providing the services substantially as described in its approved application for inclusion in the annual approved DVOTI provider list;

(2) the program has requested to be removed from the list;

(3) failure to update information; or

(4) failure to implement corrective action required by the department.

B. A program that is involuntarily removed from the annually-approved DVOTI provider list, and which wishes to appeal its removal, must request an administrative hearing within 10 business days of receipt of the notice of removal. An appeal hearing shall be conducted by an administrative hearing officer appointed by the department secretary in the manner prescribed by, 8.8.4 NMAC.

[8.8.7.17 NMAC - Rp, 8.8.7.17 NMAC, 05/29/09]

8.8.7.18 ANNUAL RENEWAL: Renewal shall not be automatic from year to year. Each approved DVOTI program must submit an annual application packet and data report, which may be obtained from the department.

[8.8.7.18 NMAC - Rp, 8.8.7.18 NMAC, 05/29/09]

HISTORY OF 8.8.7 NMAC:

History of Repealed Material:

8.8.7 NMAC, Court Ordered Domestic Violence Offender Treatment Programs, filed 7/18/2007 - Repealed effective 05/29/09.

DV UNIT CONTACT INFORMATION

Domestic Violence Unit
CYFD Protective Services
P. O. Drawer 5160
Santa Fe, NM 87502-5160

Front desk: 505-827-8400 Fax 505-827-8480

Domestic Violence Unit:

Shauna Fujimoto, DV Unit Supervisor
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505-827-4493

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