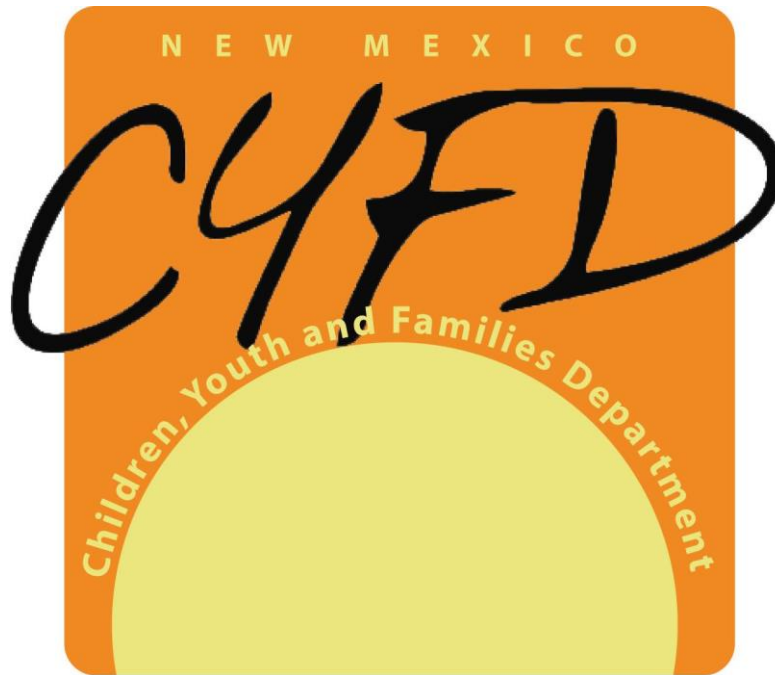


# DOMESTIC VIOLENCE SERVICE DEFINITION MANUAL



Domestic Violence Unit  
Protective Services

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## DEFINITION OF TERMS

<u>Term</u>	<u>Definition</u>
Advocacy	<p>In person or over-the-phone Community Navigation is provided by the program's qualified staff and volunteers to domestic violence clients.</p> <p>Collaboratively working with, and in support of, a participant that keeps with a participant-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 Community Navigation is the sole service to be provided.</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 participants 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 EPICS on a quarterly basis</p>
Confidentiality	<p>The responsibility of providers to protect personal identifying (privileged) information about domestic violence clients.</p> <p>Participants hold the privilege to disclose personally identifying information about them.</p> <p>Confidentiality is paramount to participant safety. Programs funded by CYFD shall establish policy and procedures regarding participant 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 maintaining the safety and confidentiality of the adult participant, 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</p>

<u>Term</u>	<u>Definition</u>
	identifiers of participant 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 participants, 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 participant at the hospital is also included.  Includes phone calls made to the program's crisis phone line by or on the behalf of a participant of domestic violence. These calls are usually the initial crisis phone contact with a participant.
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 participants, child witnesses, and offenders. Domestic violence counseling best practice does not include couple's/marriage counseling, mediation, or family counseling which involves the offender.

<u>Term</u>	<u>Definition</u>
Elderly	A female or male participant or offender of domestic violence who is 60 years of age or older.
EPICS	The web based database for tracking client service delivery. CYFD requires all contractors to enter their data and bill information utilizing this database.
Family Therapy	A counseling session with the adult participant and her/his child(ren) engaged. It never includes an offender in session with a participant or child participant/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	A "household member" is a spouse, former spouse, parent, present or former stepparent, present or former parent in-law, grandparent, grandparent-in-law, and a co-parent of a child, a person with whom a person has had a continuing personal relationship or a blood relative. Cohabitation is not necessary to be deemed a household member for our purposes. There must be an established pattern of power and control in the relationship.
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.

<u>Term</u>	<u>Definition</u>
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 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.
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 participant 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.
Participant	A female or male adult participant of domestic violence.
Participant Service Assessment and Plan	<p>A product including three components: a written narrative assessment and summary, safety plan, and support plan. A comprehensive assessment is the foundation for service delivery. It should be strengths-based and reflect the needs of the participant/child witness. It must also contain a safety plan.</p> <p>The support plan should include goals and objectives created in collaboration with the participant/child witness. The assessment should inform the plan.</p> <p>Plans guide service delivery. They should be strengths based and empower the participant. Empowerment is based upon the participant determining what information</p>

<u>Term</u>	<u>Definition</u>
	to provide and the identification and selection of goals and objectives.
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 s 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.
Risk Assessment	Identifying risk factors that can indicate a potential for re-assault by the offender.
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 participants.

Term

Definition

Safety Plan

A plan developed between an advocate/counselor and a participant that contains specific strategies for a participant to be safe from an offender.

Safety planning is an essential step to be completed with all adult participants/child witnesses of domestic violence. It allows individualized planning for situations the participant and children may encounter regardless of what the participant decides to do about the relationship with the abuser. Age appropriate safety planning is also important for child participants/witnesses of domestic violence.

Shelter Day of Care

For Domestic Violence Shelter Day of care, a participant 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 participant 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, Community Navigation, or Legal Advocacy.

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.



Term

Definition

Youth IPV

A victim/participant 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 participants and to holding offenders responsible/accountable for the violence they have committed.

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

We believe that participants 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 participant'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 participants, child participants and offenders. Agencies must inform clients of their privacy rights at the time of intake and at the provision of any service. Participants 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. The CYFD Unit would like to specifically express appreciation for the following people who participated on the DV Service Definition Manual Committee:

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## UNIT RATES

SERVICE COMPONENT	UNIT	HOURLY/PRODUCT RATE	INCREMENTAL RATE 15 MINUTE MINIMUM
<b>DOMESTIC VIOLENCE SERVICES</b>			
**Program Support	12%		
Participant Service Assessment and Plan	Product	\$100.00	
Offender Service Assessment and Plan	Product	\$100.00	
Reengagement Assessment and Plan	Product	\$50.00	
Drug and Alcohol Screening	Product	\$35.00	
Mental Health Diagnostic Evaluation	Product	\$210.00	
Community Navigation	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
Skills and Knowledge Services	Per Client Hour	\$40.00	\$10.00
Skills 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” and “cancellations” are not billable. Program Support includes non-face-to-face activities such as note writing, scheduling/cancelling appointments with client, and case staffing.**

## DOMESTIC VIOLENCE SERVICES

### PROGRAM REQUIREMENTS

#### **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.**

#### **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 by 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 participants of domestic violence.
  2. Child participants/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 make efforts to facilitate admission to promote the safety of the participant until alternative accommodations can be identified and accessed 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 participants
  - 6. Male Participants

### **3. 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 or actions to be taken in case of fire or other emergencies upon being accepted into the facility.

### **4. Client Files**

- A. The provider must maintain a file on each individual who received an intake.
- B. All client files, whether electronic or paper, must be maintained in either a locked filing cabinet, in a secure (locked) room, or in a room that is under constant supervision. Electronic files must be maintained in a manner that protects confidentiality.
- 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, Consent Forms and offender group contract.
  - 2. Appropriate assessment and service plans for adult participants, child participants/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



- D. Contractor shall maintain client and financial records of service rendered for the three (3) years after the end of the grant cycle to verify that contractual services were provided consistent with billing submitted by the contractor.

## **5. Safety Planning**

- A. The provider should have a protocol in place that documents safety planning with participants.
  - 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, Skills and Knowledge, Counseling, and Legal Advocacy.
- 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.

## **6. 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 participant 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.

## **7. 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 participant 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 participant may be released only with prior informed written consent of the participant.* Informed consent means reviewing possible risks of the disclosure of the information for the participant.
- 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 2015 and the New Mexico Victim Counselor Confidentiality Act (31-25-1 NMSA 1978).

## **8. 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 that adheres to VAWA 2015 and the New Mexico Victim Counselor Confidentiality Act (31-25-1 NMSA 1978).

## **9. 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 focus on the services provided by the advocate and consist of the following:
1. Clearly describes the service provided by the advocate that reflects the definition of the component billed. The service should relate directly to an identified goal in the service plan or treatment plan for Counseling. Next steps should be clearly stated. Who will do what and by when?
  2. If there are unusual or dangerous situations, provide more specifics in documentation.
  3. Notes shall be kept in the participant's file.

4. Notes shall not contain any diagnosis, clinical assessments, extraneous details, or advocates' personal opinions/judgments.
5. The progress note shall include date, start and end time, unit billed, type of billable 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.

## **10. 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.

## **11. 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 participant (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. Participant progress while under provider care and goals attained or not attained
4. Recommendations for referrals for additional supportive services
5. Review and revisions, as necessary, to the individualized safety plan for participants/child witnesses or a re-offense prevention plan for offenders

B. At discharge, the provider must offer the client the opportunity to complete a participant survey

C. The provider should have a written protocol regarding involuntarily discharge of a participant 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

## **12. 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

## **13. Quality Assurance**

- A. The provider should have a written procedure for ensuring quality assurance of services provided to a participant.
- 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 participant;
  - 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. This technical review can be completed through peer reviews.
- D. Quality assurance procedures should be documented in participant files to verify completion. This can include a checklist or notation stating documents and dates reviewed with signature of staff completing reviews.
- E. Clinical supervision or case staffing notes should not be included in client files.

## **14. 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.

## **15. Constituent Complaints**

A. When CYFD-DV Unit receives a constituent complaint the following process will take place:

1. CYFD-DV Program Manager will contact constituent to gather information.
2. CYFD DV-Program Manager will schedule a meeting in person or over the phone with parties involved.
3. CYFD-DV Program Manager will notify DV Program/Executive Director and Board of Directors.
4. CYFD- DV Unit will request that the Executive Director investigate the concerns/complaint. If the complaint is about the Executive Director, the Board of Directors will initiate an investigation.
5. Executive Director will submit a written report within 2-7 days explaining how they intend to address issue (depending on the nature of the concern/complaint).

B. Depending on the nature of the complaint, CYFD-DV Unit may be required to investigate, request redacted files, conduct interviews with related parties, and review agency's policy and procedures.

## **16. 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 and evaluations if appropriate for event, person performing the activities, and a description of the activity
5. If you are considering using "social media" as a community outreach tool, contact your assigned DV Program Manager for approval and it will be reviewed on a case-by-case basis.

## **17. 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 the Family Violence Prevention and Services Act (FVPSA). CYFD TANF indicators are still collected for potential future funding information.

## **18. 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 the following training:
  - 1. An initial 40-hour DV specific training through the two CYFD approved training entities which are the New Mexico Coalition Against Domestic Violence (NMCADV) and the Coalition to Stop Violence Against Native Women (CSVANW).
  - 2. 20 hours of ongoing DV specific training annually (for those providing DVOTI services, 8 of the 20 hours needs to be offender specific). Acceptable training includes in-house training, webinars, conferences and advanced training with NMCADV Associate Trainers.
  - 3. All staff hired after 2008 will need to have a certificate of completion of this 40-hour initial training as well as documentation of the 20-hour annual training requirement.
  - 4. Training must be documented in personnel files.
- 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

## **19. CPR and First Aid Training and TB Testing**

Current 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/cleared by a doctor to resume job-related duties. Results must be available for review.

## **20. Satellite Office Location**

Services must not be delivered at office locations other than those identified during the contract agreement process; unless written approval for another location is received from the CYFD Domestic Violence Unit. Services provided in community settings for the convenience of participants are not considered satellite offices.

## **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. 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 EPICS 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 EPICS.
- 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 EPICS. Agencies can add information to the registration/intake that captures information they require, but agencies cannot omit information required by EPICS.

**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 participants, not offenders. Each program must make a professional determination as to whether the person should be considered a participant or an offender, based on that individual's circumstances, and handle the individual's case and corresponding data accordingly. Do not count the individual as both a participant and an offender.**

## **PROGRAM SUPPORT**

Program Support is defined as provider support activities necessary to deliver direct services and outcome achievement for participants. 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 clients, 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 imminent danger or harm to participant or their children. Crises may occur when participants initiate services or at any time while engaged in services.

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

- Participant 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 participants 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 participants.
2. Phone calls may be made by or on the behalf of a participant of domestic violence to provide information and referral for obtaining knowledge of community resources to assist

participants in gaining access to services. These calls are usually the initial crisis contact with a participant.

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 participant at the hospital or police station is also included.
4. Documentation of an initial crisis contact shall include:
  - a. Identifying participant information to include name, age, and gender;
  - b. Description of the presenting problems;
  - c. What actions were taken that:
    1. Addresses crisis situation
    2. States referrals provided for appropriate services
    3. Indicates safety planning was completed. If not, document reasons why.
5. Arrange for transportation, food, clothing, legal, or other related services.
6. Assist domestic violence participants to complete an order of protection, if requested, and is in conjunction with the initial crisis contact with a participant.
7. Formulation of an individualized safety plan for an adult participant and child participant/witness, if age appropriate. Safety plans must be signed and received by participant with copy to participant file, if conducted in-person. Safety planning is a working document that may need updating as the participant's situation changes.

#### **MINIMUM STAFF QUALIFICATIONS**

High School Diploma/GED and provider-specific crisis intervention training. Must be 18 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 of experience providing services to the target population or
3. Individual with at least five (5) years' experience providing direct DV services.
4. 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 participants 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/participants 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 (24) hour on-site active 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 EPICS Intake/Registration Information;

Additional service components included in the participant'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. The Shelter Extension Request form should be completed and sent to DV Program Manager two (2) weeks prior to the resident's planned discharge date. In the case that an extension is being requested with less than two (2) weeks prior notice, please call your assigned DV Program Manager for discussion.

### **FILE MAINTENANCE**

Individual resident files must contain:

1. Intake/Registration including resident eligibility and referral information
2. Rights and Responsibilities
3. Grievance Procedures
4. Release of Information and/or Consent Forms for the disclosure of any information for the adult and child shelter residents
5. Confidentiality Policy and Procedure relating to adult and child shelter residents
6. Non identifying demographic information as defined by CYFD
7. Participant Service Assessment and Plan and individualized safety plan
8. Resident progress notes
9. Resident discharge summary and plan for the adult and child shelter residents

### **CORE REQUIREMENTS**

1. Completion of CYFD EPICS 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 or next business day:

- 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
  - F. Extenuating circumstances must be documented if unable to gather above information within 24 hours or the next business day
3. Twenty-four (24) hour on-site supervision provided by awake qualified staff to meet the basic needs and residential care requirements of residents in a safe and supportive environment. Shelter staff presence 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 made by the facility 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, if available.
    - 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 (August, 2000).
    - 4. Please note the following are requirements under the NM Environmental Improvement Board. Additional requirements apply:
      - a. Dry milk may be reconstituted in a food establishment if it has been manufactured from pasteurized milk or milk products at the milk processing plant. No raw milk or raw milk products shall be used in food preparation. Grade A raw milk products may be served only in sealed, individual, labeled containers as received from the milk plant.
      - b. Potentially hazardous food such as meat, milk, and custard shall be kept at 41 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 3 degrees F, located in the warmest part of the appliance in which food is stored. The temperature of the refrigerator must be 41 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 prescribed and over-the-counter medications including herbal medications/supplements shall be kept in individual locking cabinets or other secured locations for participants to access except for medications needed in life saving situations such as EpiPens, Nitroglycerin, etc.
  - 2. Agencies must have policies and procedures in place that outline how medications will be stored and accessed for the safety of all residents and their children.
- E. All poisonous substances must be labeled, including but not limited to detergents, bleaches, and cleaning items, and must not be accessible to children.
- F. 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. 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. 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, active shooters
  - G. Natural disasters and utility disruption, etc.
8. 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. Transportation
- A. Must be provided and/or arranged for by the provider as required to meet the goals and objectives identified in the participant service plan.
11. Community Participation
- A. 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.
  - B. Residents will be informed of available recreational, leisure, education, self-care, and other public opportunities for engagement in community activities. Safety planning will be discussed.
  - C. Residents will be informed of available internal activities conducted by agency



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 to include: 1) A policy that staff is neither to confirm nor deny the presence of any current or former resident at the shelter or participant in the program; 2) Confidentiality and exceptions to confidentiality; and 3) Releasing confidential information
  - 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. Actions to be taken when a resident identifies concerns for their personal safety or the safety of their children
  - H. Handling medication including natural herbs
  - I. Handling of complaints and grievances received from residents, staff, or community
  - J. Admission, voluntary and involuntary discharge of residents and/or termination of services
  - K. Weapons, illegal drugs, and paraphernalia
  - L. Staff and volunteer and board of director professional code of ethics

#### **MINIMUM STAFF QUALIFICATIONS**

1. Ability to work effectively in a multi-task, crisis-oriented environment
2. Ability to perform work activities requiring effective listening, negotiating, instruction and/or speaking with others
3. Ability to relate to coworkers, peers, residents and others in a positive and professional manner
4. Ability to communicate effectively verbally and in writing
5. Must be 18 years of age or older
6. High school diploma or GED
7. Must have agency-specific training regarding:
  - A. Medication management policies and procedures
  - B. Health practices and protocols
  - C. Provider and client safety principles and protocols
  - D. First aid
  - E. Child abuse and neglect laws and referral procedures, symptoms, dynamics, and confidentiality
  - F. Communication skills and techniques
  - G. Conflict resolution
  - H. Crisis management/crisis de-escalation
  - I. Child development
  - J. Domestic violence tactics and strategies
  - K. Knowledge of abusive family dynamics
  - L. Cycle of violence dynamics
  - M. Strengths based and trauma-informed perspective
  - N. Ethics
  - O. Cultural diversity/awareness and sensitivity
  - P. Substance abuse
  - Q. Power and control principles
  - R. Safety planning
8. Twenty (20) hours of domestic violence specific training annually

## **STAFF SUPERVISION**

Demonstrated work history with the target population; demonstrated ability to coach, mentor, and model positive work relationships for staff and participants; ability to effectively communicate verbally and in writing; demonstrate knowledge of and adherence to foundational principles of the agency including mission/philosophy/policies and procedures. 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 participant (24 hour): \$100.00 per participant  
Domestic Violence Partial Day of Care (13-23 hours): \$ 75.00 per participant  
Domestic Violence Partial Day of Care (4-12 hours): \$ 50.00 per participant
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, Community Navigation, or Skills 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 participant of domestic violence to a CYFD funded Domestic Violence Shelter.

Every effort shall be made to develop and expand services to child participant 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 EPICS 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 continue to be in the care of the parent/guardian residing in the shelter. Parents must provide effective supervision of their children while they are in shelter. The agency must have written policies and procedures in place that outline the agency's requirements for supervision of children to promote safety for

all residents and staff, and that address the process that will be used to intervene when the parent is not providing effective supervision of their children.

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 for the home school program.

### **MINIMUM STAFF QUALIFICATIONS**

1. Ability to work effectively in a multi-task, crisis-oriented environment
2. Ability to perform work activities requiring effective listening, negotiating, instruction and/or speaking with others
3. Ability to relate to coworkers, peers, residents and others in a positive and professional manner
4. Ability to communicate effectively verbally and in writing
5. Must be 18 years of age or older
6. 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
7. Must have the ability to work in crisis situations
8. Must have an initial 40-hour DV specific training through the two CYFD approved training entities which are the New Mexico Coalition Against Domestic Violence (NMCADV) and the Coalition to Stop Violence Against Native Women (CSVANW).
9. Must have twenty (20) hours domestic violence specific training within the first year of employment as required in Emergency Shelter Care.
10. Training must be documented in personnel files.

### **STAFF SUPERVISION**

Demonstrated work history with the target population; demonstrated ability to coach, mentor, and model positive work relationships for staff and participants; ability to effectively communicate verbally and in writing; demonstrate knowledge of and adherence to foundational principles of the agency including mission/philosophy/policies and procedures. 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.

## **PARTICIPANT SERVICE ASSESSMENT AND PLAN (PSAP)**

*\*This is still billed as “Survivor Assessment and Plan” in EPICS*

### **DEFINITION AND PURPOSE**

A thorough service assessment is the foundation for building the participant service plan. Assessments and plans serve to guide services provided based on information gathered from the participant. It includes discussing the domestic violence experiences including with whom, what, when, for how long, intensity and severity over time, coping and survival skills, etc. The assessment shall be based upon the strengths and needs of the participant and/or family as identified by the participant and family. The participant 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. The PSAP also includes a safety plan for the participant and their children. To bill the PSAP as a product, it must include a completed assessment, service plan, and safety plan.

\*Note: A completed child participant Service Assessment is required if a child will be receiving Skills and Knowledge and/or Counseling services in addition to Care and Support for residential programs. This is also applicable to non-residential children receiving the services previously mentioned.

### **Participant Service Assessment and Plan Guidelines**

1. All information provided by the participant is to be treated in strict confidence, for without confidentiality there is no safety.
2. A Participant Service Assessment and Plan is guided by the individual and shall include narrative information supporting the selection of goals and objectives.
3. The assessment and plan shall focus on the strengths of the participant 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 participant and/or family in services, for promoting creativity and innovation, and/or forming the basis of goal selection and reinforcement.
4. For participants 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 Participant 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.
5. When counseling is identified as a need, a referral should be made to a counselor for a mental health focused assessment.
6. A separate Safety Plan shall be completed for each participant, his or 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 participant and her/his children.

### **Format for the Participant/Child Service Assessment (13 Domains)**

Following below are the guidelines to be used for completing and writing a service for both adult participants and child assessments. A completed child participant Service Assessment is required if a child will be receiving Skills and Knowledge and/or Counseling services in addition to Care and Support for residential programs or these services in non-residential programs. Similar to an adult Participant Service Assessment, information gathered for a child assessment should guide the service plan. This child participant shall be entered into EPICS on their own and not billed as a Family

Member under the parent/guardian. The format for a child service assessment and plan should mirror the adult Participant Service Assessment and Plan.

A child service assessment shall be age appropriate and created and delivered in a manner that reflects the developmental level [and/or age?] of the child/teen. Child service assessments shall also include information gathered from the parent/guardian who is bringing the child into services. Note: Some domains may already be covered in the adult Participant Service Assessment completed for the parent/guardian and may not need to be revisited with the child. Each topic heading should be addressed as appropriate.

**\*Child assessments should be billed as a Participant Service Assessment and Plan in EPICS\***

The information captured under each heading must be answered, if applicable, to the specific adult or child participant. Topics that are only specific to the adult or child assessment and plan are specified in brackets.

**1. Identifying Information**

- A. Person – Who is the participant?
- B. Age – What is the participant’s age?
- C. Physical Description – overall appearance and manner?
- D. Accompanied by – was the participant alone or with someone?
- E. Does the participant have children? If so, list age(s) and gender(s)
- F. Parent/Guardian name, if applicable [for child assessment]
- G. School name, if applicable [for child assessment]

**2. Reason for seeking services**

What is the immediate current situation? Describe the precipitating factors.  
Clients view: What does the participant want to get from being here?

**3. Strengths**

**What do you do well? What are you good at? Why?**

**4. Reason for seeking services 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. Who have you asked for help in the past? Did it help? Why or why not?
- C. What other agencies are you seeking services from currently?
- D. Participant’s perceived threat of danger to self and from others

**5. DV Relationship History Past/Current**

- A. 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? Has partner ever prevented participant from going to work,

school, church, errands or ever shown up at work, etc.? Has partner ever prevented participant from seeking medical attention?

- B. Has the participant and/or family members sought medical care or been hospitalized due to domestic violence? If so, describe.
- C. Domestic violence in past relationships? Explore, if applicable.
- D. How much domestic violence was seen or heard (witnessed) in the household by the child/ren? [This should be asked to both parent/guardian and child as age appropriate]

## **6. Family of Origin**

- A. Cultural/religious factors**
- B. Significant life events (deaths, loss, suicides, moves, etc.)**
- C. Placement history of children, if any**
- D. History of violence/conflict within family**
- E. History of child abuse and/or neglect [both participant and child assessment]**
- F. Child witness to domestic violence [Participant assessment only]**
- G. Who raised the child(ren); describe living environment [child assessment]**
- H. History of moves/school changes [child assessment]**
- I. Exposure to adult use of substances [child assessment]**
- J. Any other relevant information**

## **7. Support System**

Address the quality of the participant's support system. Identify significant relationships in participant's life

- A. Intimate partner or spouse
- B. Parents/Caregivers
- C. Siblings
- D. Extended Family and Friends
- E. Important people in participant's life

## **8. Education/Employment/Military**

- A. Educational/employment history
- B. Do you need assistance reading and writing?
- C. History of employment over the last five (5) years
- D. Military service/experience

## **9. 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)
  - a. Do you need assistance with seeing, moving or hearing?
- C. Current health services?
- D. Developmental History [child assessment]
  - a. Pregnancy/delivery complications, if any
  - b. Substance use during pregnancy
  - c. Any delays in achieving developmental milestones
  - d. Injuries
  - e. Hospitalizations
  - f. Medications

## **10. Mental Health/Substance Abuse History/Child Behavioral Information**

- A. Description of mental health functioning
- B. Description of substance use or abuse, alcohol use or abuse for both adult participant and child(ren)
- C. Traumatic experiences
- D. Suicidal thoughts or ideation or previous attempts
- E. Observable changes in child (ren) behavior or attendance (truancy)? (aggression, withdrawal, hypersensitivity, bedwetting, etc.) [child assessment]
- F. Changes in child(ren) academic performance [child assessment]
- G. Any concerns regarding child (ren)'s exposure to domestic violence? Or to direct abuse/neglect? [child assessment]
- H. Has child (ren) participated in any type of behavioral health treatment services? If so, what types of services and how did they do?

### **11. Socio/Legal Status**

- A. Current legal issues/concerns (pending charges, orders of protection), if applicable
- B. History of probation/incarceration and chronology of offenses
- C. Involvement with Protective Services

### **12. Collection of collateral contact information**

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

### **13. Tribal affiliation, if applicable**

- A. Of parent or child, tribal concerns/safety issues
- B. Traditional service needs

### **Interviewer's impressions, conclusions, recommendations and referrals**

- A. Based on the overall assessment, what method of service would best meet the needs of the participant? (Individual or group sessions, referral for alternate services)
- B. Concerns raised in #10 should prompt the interviewer/evaluator to discuss the case with a licensed clinician

### **Participant/Child Service Plan**

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

A thorough, comprehensive plan guides service delivery for the participant. A strength based plan engages participants in service, empowers the participant and forms the basis of goal selection.

Participant self-empowerment is vital. For the purpose of the plan, empowerment means that the participant 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 Participant/Child Service Plan**

The plan consists of:

1. Participant's strengths and barriers to accomplishing the goal
2. Participant's measurable goal(s) with reasonable timeframe to accomplish goals



3. Describe what activities are needed to attain identified goals. Identify steps to be taken by participant and support/services needed from agency.
4. Documentation of all reviews and modifications of goals and objectives.

Any modifications to the plan shall be reviewed by the supervisor with documentation in the participant file.

### **Safety Plan**

A safety plan allows individualized planning for situations the participant and children may encounter regardless of what the participant decides to do about the relationship with the abuser. Safety planning is an essential step to be completed with all adult participants/child witnesses of domestic violence. Age appropriate safety planning is also important for child participants/witnesses of domestic violence.

A safety plan must be completed at intake and reviewed periodically while the participant is receiving services; participants should have easy access to their copy of the plan, and a copy of the plan is kept in the participant's file. The plan should be reviewed and modified with the participant when necessary and at discharge.

### **FILE MAINTENANCE:**

The individual client file must include:

1. Completed Domestic Violence Registration and Intake forms;
2. Rights and Responsibilities/Grievance Procedures;
3. Consent and/or Release of Information Forms;
4. Confidentiality Statement;
5. The completed Participant Service Assessment and Plan must be signed and dated by the staff completing the assessment and by the supervisor and filed in the participant's individual file.

### **CORE REQUIREMENTS:**

1. The Participant Service Assessment and Plan must be completed for all participants of domestic violence within (4) four visits for non-residential services or within (14) fourteen days for shelter residents and can be conducted as Skills and Knowledge, Crisis Intervention or Counseling individual sessions.
2. Development of an Individualized Safety Plan for an adult participant. The safety plan must be signed and kept in the participant's file. The participant should have easy access to a copy of their plan and a copy of the plan must be kept in the participant's file.
3. The participant must participate in the development and any revisions of the plan. Both participant and staff must sign and date the Plan.
4. The plan must be kept in the participant's file.
5. The plan must be reviewed with the participant *at least* every thirty (30) days for a residential client and every ninety (90) days for a non-residential client; document necessary modifications. The supervisor must review and sign the initial Participant Service Assessment and Plan upon completion and any time the plan is modified. Updates must be kept in the participant file.

### **MINIMUM STAFF QUALIFICATIONS**

1. Ability to work effectively in a multi-task, crisis-oriented environment

2. Ability to perform work activities requiring effective listening, negotiating, instruction and/or speaking with others
3. Ability to relate to coworkers, peers, residents and others in a positive and professional manner
4. Ability to communicate effectively verbally and in writing
5. Training in conducting interviews and writing assessments
6. Must have training regarding cultural awareness relevant to populations being served
7. Must be 18 years of age or older
8. High school diploma/GED

## **STAFF SUPERVISION**

Demonstrated work history with the target population; demonstrated ability to coach, mentor, and model positive work relationships for staff and participants; ability to effectively communicate verbally and in writing; demonstrate knowledge of and adherence to foundational principles of the agency including mission/philosophy/policies and procedures. 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 and have 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**

1. The PSAP is only billable when completed and contains the following elements: 1) Assessment, 2) Service plan, and 3) Safety Plan. An PSAP may only be billed one time per calendar year at \$100.00.
2. Time spent with the participant 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.

## **DOMESTIC VIOLENCE OFFENDER SERVICE ASSESSMENT AND PLAN (OSAP) \***

### **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. To bill the OSAP as a product, it must include a completed assessment, service plan, and risk assessment.

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:

1. A risk assessment to be completed for each offender at intake and reviewed at least every 90 days throughout service provision.
2. A re-offense prevention plan to be developed at intake, reviewed at least every 90 days with the offender during service provision, and modified, as appropriate, at discharge.

### **Offender Service Assessment Guidelines**

1. A thorough, comprehensive assessment is the foundation for building goals and activities to achieve goals with an offender. It is based on the strengths and needs of the offender.
2. The offender should provide the information under the guidance and questioning of the interviewer and shall participate in the development of the plan.
3. 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.
4. An Offender Service Assessment and Plan is guided by the individual and shall include narrative information supporting the selection of goals and activities to achieve goals.

### **Format for the Offender Service Assessment (14 Domains)**

Below 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?
- E. Who do you live with?

#### **2. Referral source and reason for the referral:**

- A. Who referred the offender?
- B. Under what circumstance is the offender being referred? Describe the precipitating factors.
- C. Is the offender self-referred?

#### **3. Strengths**

- A. Interests and abilities
- B. Significant relationships in the offender'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 offender's and/or family's behavior is consistently appropriate

**4. Presenting problems and interventions and past DV relationship history**

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?
- G. Domestic violence in past relationships? Explore, if applicable.

**5. Family of Origin/Child Witness to Domestic Violence**

A. Describe past and current interpersonal relationships with the offender's family of origin.

- 1. Who was in the household?
- 2. Describe the offender's relationship with parents? Siblings?
- 3. What was it like for the offender being in the household of the family of origin?
- 4. When did the offender leave?
- 5. Why did the offender leave?

B. Was there any domestic violence in the offender's family of origin? If so,

- 1. Describe the violence- child witness to domestic violence (who, what, when, frequency etc.)
- 2. Was there domestic violence in earlier generations (grandparents)?

C. Was the offender exposed to any neglect or abuse in the family of origin as a child?

- 1. Was the offender involved with protective services, tribal social services, and foster care in the family of origin? If so please describe.
- 2. How was discipline managed in the family of origin?
- 3. Is there any history of substance abuse in the family of origin?
- 4. Was the offender cared for by extended family?

**6. Intimate Relationships/Review of Patterns of Violence with Current Relationship**

Ask the same areas of questioning for earlier intimate relationships

- A. Is the offender still in a relationship with the participant - What is the offender's description of the participant?
- B. What children live in the household? Describe relationship to children and how you get along?
- C. How old is the participant?
- D. How and when did they meet?
- D. How long did the relationship last?
- E. Why did the offender enter into a relationship with the participant?
- F. How long did the offender and participant date? How did they settle differences?

- G. How were/are decisions made?
- H. Does the participant 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 participant?
  - 1. Has the offender ever threatened to take the children from the participant?
  - 2. Called or threatened to call Protective Services on the participant?
  - 3. Accused the participant of being an unfit parent?
  - 4. Has the offender ever hurt the participant in front of the children?
  - 5. Has the offender ever attempted to be sexual with the participant in front of children?
  - 6. Has the children ever tried to stop the violence?
  - 7. Have the children ever been hurt or hurt themselves?
  - 8. Has the offender been abusive in previous intimate relationships?

**7. 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:
  - 1. Was there combat experience?
  - 2. Honorable or Dishonorable Discharge?
  - 3. Any injuries during service?

**8. Health:**

- A. Any immediate injuries?
- B. Current physical and dental health status
- C. 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?

**9. Mental Health/Substance Abuse History**

- 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

**10. 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

**11. Multi-provider involvement**

- A. Agencies currently providing services
- B. History of services/attempted intervention, particularly if involved with DVOTI services previously

**12. Collection of collateral contact information**

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

**13. 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?)

**14. Tribal affiliation, if applicable**

- A. Of parent or child, tribal concerns/safety issues
- B. Traditional service needs

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

1. 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).
2. Identify potential safety concerns from the risk assessment.
3. Concerns raised in #9 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.

A thorough, comprehensive plan guides service delivery for the offender that promotes accountability for abusive behaviors. 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 related to achieving the goal
2. Offender's measurable goals with reasonable timeframe to accomplish goals
3. Describe what activities are needed to attain identified goal. Identify steps to be taken by offender and services that will be provided by agency
4. Documentation of all reviews and modifications of goals and objectives.

Any modifications to the plan shall be reviewed by the supervisor with documentation in the offender file.

**Example:****Measurable Goal:**

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

**Measurable Activities:**

Activities are the steps needed to attain the goal. Activities should highlight observable behaviors that allow you to determine the goal 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 be completed or the service obtained.

**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 at least every 90 days and modified when the offender completes the 52-week program.

**FILE MAINTENANCE**

The individual client file must include:

1. Completed Domestic Violence Registration and Intake forms;
2. Rights and Responsibilities/Grievance Procedures;
3. Consent and/or Release of Information Forms;
4. Confidentiality Statement;
5. Demographic information in the format designated by CYFD.
6. The completed OSAP and the risk assessment must be signed and dated by staff who completed them and by the supervisor. The documents shall be filed in the offender's individual file.

**CORE REQUIREMENTS:**

1. The Offender Service Assessment and Plan must be completed within four (4) face-to-face visits between the offender and program staff and can be conducted as Skills and Knowledge or Counseling individual sessions.
2. The OSAP is only billable when completed and contains the following elements: 1) Assessment, 2) Service plan, and 3) Risk Assessment. An OSAP may only be billed one time per calendar year at \$100.00.

3. Re-offense prevention plans shall be completed at intake and at least every 90 days while in services. The Offender should have easy access to their copy of the plan and a copy of their plan must be kept in the offender's file. Re-offense prevention plans shall be modified, as appropriate, at discharge.
4. The initial Offender Service Assessment and Plan must be signed and dated by the offender and supervisor upon completion and any time the plan is modified. Updates must be kept in offender's file.
5. The offender must participate in the development and revisions of the service plan. Both offender and supervisor must sign and date any revision to the plan. Updates must be documented in the offender's file.
6. The plan must be reviewed with the offender *at least* every ninety (90) days; document necessary modifications. The supervisor must review and sign the initial Offender Service Assessment and Plan upon completion and any time the plan is modified. Updates must be kept in the offender's file.

**MINIMUM STAFF QUALIFICATIONS:**

1. Must meet the minimum training requirements outlined in 8.8.7 NMAC.
2. Ability to work effectively in a multi-task, crisis-oriented environment
3. Ability to perform work activities requiring effective listening, negotiating, instruction and/or speaking with others
4. Ability to relate to coworkers, peers, residents and others in a positive and professional manner
5. Ability to communicate effectively verbally and in writing
6. Training in conducting interviews and writing assessments
7. Must have training regarding cultural awareness relevant to populations being served
8. Must be 18 years of age or older
9. High school diploma/GED

**STAFF SUPERVISION:**

Must meet the minimum training requirements outlined in 8.8.7 NMAC. Demonstrated work history with the target population; demonstrated ability to coach, mentor, and model positive work relationships for staff and participants; ability to effectively communicate verbally and in writing; demonstrate knowledge of and adherence to foundational principles of the agency including mission/philosophy/policies and procedures. 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 and have 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:**

1. The OSAP is only billable when completed and contains the following elements: 1) Assessment, 2) Service plan, and 3) Risk Assessment. An OSAP may only be billed one time per calendar year at \$100.00.
2. Time spent with the offender in order to gather the information to complete the assessment and plan may be billed under Skills and Knowledge Services or Counseling depending on the nature of the time spent.



## **RE-ENGAGEMENT ASSESSMENT AND PLAN (RAP) \***

**\*This is still billed as “Specialized Assessment and Plan” in EPICS**

A Re-Engagement Assessment and Plan (RAP) must be completed when a participant/offender has been out of services for at least six (6) months and returns to receive services within the same year at the same agency. This is a modified PSAP/OSAP designed to gather updated and/or additional information since the participant/offender was last in services. To bill the RAP as a product, it must include a completed assessment, service plan, and safety plan for participant participants OR a risk assessment for offenders.

The previous most current PSAP/OSAP must be reviewed prior to completing a RAP to ensure staff interviewing participant/offender are knowledgeable about the information that was shared the last time participant participant/offender was in services. Please note that any information previously shared may change; it is the staff’s responsibility to elicit this information from the participant participant/offender and modify the RAP.

The following domains to be covered for the RAP include but are not limited to:

### **1. Identifying Information**

- A. Person – Who is the participant?
- B. Age – What is the participant’s age?
- C. Physical Description – overall appearance and manner?
- D. Accompanied by – was the participant alone or with someone?
- E. Does the participant have children? If so, list age(s) and gender(s)

### **2. Reason for seeking services**

What is the immediate current situation? Describe the precipitating factors.  
Clients view: What does the participant want to get from being here?

### **3. Strengths**

**What do you do well? What are you good at? Why?**

### **4. Reason for seeking services 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; who have you asked for help in the past? Did it help? Why or why not?
- C. What other agencies are you seeking services from currently?
- D. Participant’s perceived threat of danger to self and from others

### **5. DV Relationship History Past/Current**

- 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? Has partner ever prevented participant from going to

work, school, church, errands or ever shown up at work, etc.? Has partner ever prevented participant from seeking medical attention?

- Has the participant and/or family members sought medical care or been hospitalized due to domestic violence? If so, describe.
- Domestic violence in past relationships? Explore, if applicable.

## **6. Support System**

Address the quality of the participant's support system. Identify current significant relationships in participant's life and any changes that have occurred since last time receiving services.

- A. Intimate partner or spouse
- B. Parents/Caregivers
- C. Siblings
- D. Extended Family and Friends
- E. Important people in participant's life

## **7. Education/Employment/Military (Any changes since the last PSAP/OSAP)**

- A. Educational/employment history
- B. Do you need assistance reading and writing?
- C. History of employment over the last five (5) years
- D. Military service/experience:

## **8. Health (Any changes since the last PSAP/OSAP)**

- 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)
  - 1. Do you need assistance with seeing, moving or hearing?
- C. Current health services?

## **9. Mental Health/Substance Abuse History (Any changes since the last PSAP/OSAP)**

- A. Description of mental health functioning
- B. Description of substance use or abuse, alcohol use or abuse
- C. Traumatic experiences
- D. Suicidal thoughts or ideation or previous attempts

## **10. Socio/Legal Status (Any changes since the last PSAP/OSAP)**

- A. Current legal issues/concerns (pending charges, orders of protection), if applicable
- B. History of probation/incarceration and chronology of offenses
- C. Involvement with Protective Services

## **FILE MAINTENANCE**

The individual client file must include:

1. Completed Domestic Violence Registration and Intake forms
2. Documentation of reason for the Re-Engagement Assessment and Plan;
3. Rights and Responsibilities/Grievance Procedures;
4. Consent and/or Release of Information Forms;
5. Confidentiality Statement;

6. The completed RAP must be signed and dated by the staff completing the assessment and by the supervisor and filed in the participant participant's/offender's individual file.

## **REQUIRED CORE ACTIVITIES-SEE ALSO PSAP/OSAP COMPONENTS**

1. The RAP must be completed for all participants of domestic violence within (4) four visits for non-residential services or within (14) fourteen days for shelter residents and can be conducted as Skills and Knowledge, Crisis Intervention or Counseling individual sessions.
2. Development of an Individualized Safety Plan for an adult/child participant OR a risk assessment for an offender. The safety plan/risk assessment must be signed and kept in the file. The participant should have easy access to a copy of their safety plan and a copy of the plan must be kept in the participant's file.
3. For offenders, re-offense prevention plans shall be completed at intake and at least every 90 days while in services. The Offender should have easy access to their copy of the plan and a copy of their plan must be kept in the offender's file. Re-offense prevention plans shall be modified, as appropriate, at discharge.
4. The participant participant/offender must participate in the development and any revisions of the plan. Both participant participant/offender and staff must sign and date the Plan.
5. The plan must be reviewed with the participant/offender *at least* every thirty (30) days for a residential client and every ninety (90) days for a non-residential client including offenders; document necessary modifications. The supervisor must review and sign the initial RAP upon completion and any time the plan is modified. Updates must be kept in the participant file.

## **MINIMUM STAFF QUALIFICATIONS**

The same staff qualifications will apply for the PSAP and OSAP components. Please refer to the appropriate section for completion for either a participant or offender.

Note: Staff completing a RAP for an offender has different qualifications based on NM 8.8.7 Rule requirements.

## **STAFF SUPERVISION**

Demonstrated work history with the target population; demonstrated ability to coach, mentor, and model positive work relationships for staff and participants; ability to effectively communicate verbally and in writing; demonstrate knowledge of and adherence to foundational principles of the agency including mission/philosophy/policies and procedures. 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 and have one (1) year experience in conducting interviews and writing assessments. Must have cultural awareness and sensitivity training relevant to the populations being served. For RAP conducted with offenders, must meet the minimum training requirements outlined in 8.8.7 NMAC

## **BILLABLE UNIT**

1. The RAP is only billable when completed and contains the following elements: 1) Assessment, 2) Service plan, and 3) Safety Plan OR Risk Assessment. A PSAP may only be billed one time per calendar year at \$50.00.
2. Time spent to gather the information to complete the RAP may be billed under Crisis Intervention, Skills and Knowledge, or Counseling depending on the nature of the time spent.

## DOMESTIC VIOLENCE COUNSELING

### DEFINITION AND PURPOSE

Through the integration of theory, research, and practice, domestic violence counseling encompasses a broad range of best practice behavioral health principles, methods, and modalities. The focus of counseling are intended to support healing, assist people to live a life free of domestic violence, and to prevent as well as reduce the effects of intergenerational domestic violence. Domestic violence must be a primary issue for ongoing counseling.

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

1. Increase safety
2. Promote the healing of the adult and child participants from the immediate and long-term effects of trauma from experiencing domestic violence
3. Support the adult participant to identify and achieve personal and emotional outcomes based on the needs participants' identify through strength-based activities
4. 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 participant is to:

1. Increase safety
2. Promote the recovery of the child participant 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. Reduce the impact of 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 participant and her/his child participant/witness is to:

1. Increase safety
2. To support healing from the effects of domestic violence
3. To assist the family in identifying and using non-abusive 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 counseling services as identified on Participant Assessment and Service Plan or Offender Assessment and Service Plan.
2. A treatment plan must be developed within 4 face-to-face sessions based on the client's identified issues and needs for counseling.
3. Individual and/or family-specific (non-offending parent and children) service or treatment goals and measurable, time-limited interventions to reach goals must be documented in the treatment plan.
4. Treatment planning must be strengths-based and include full client participation that shall be documented.
5. Interventions to be used, including frequency and staff responsible, must be clearly indicated.
6. 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.
7. 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.
8. A group is two or more clients. Every effort shall be made to have no more than nine clients in a counseling group.
9. 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.
10. Individual and family counseling notes shall address goals and interventions included in the treatment plan and be documented in progress notes.
11. Providers are encouraged to use a group curriculum that is specific to group counseling with participants or offenders of domestic violence. The group counseling curriculum must be careful not to include any content that may be construed as participant blaming.
12. 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 by therapist and client.
2. Progress and/or barriers to safety and change are documented in the client record.
3. In a unique situation or isolated mental health 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 and notify DV Program Manager when incidence is re-occurring.
4. The level of counseling provided 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. Obtain continuing education, consultation, and supervision regarding direct job duties
4. Have a knowledge base of their clients' cultures and community being served by the agency, be able to demonstrate cultural knowledge /sensitivity, and demonstrate respect for the differences among people and cultural groups the agency serves
5. Demonstrate ability to conduct therapeutic assessments; support the client to develop therapeutic goals and objectives and /or refer the client to other behavioral health providers.
6. 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, LMHC, LMSW or Provisional License ) 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/LCSW, 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/LCSW, LPCC, or LMFT), or New Mexico licensed doctoral level psychologist or psychiatrist, with a minimum of one-year experience in domestic violence counseling. Annual training and continuing education must be in accordance with the respective licensing act/board requirements.
2. Demonstrated work history with the target population; demonstrated ability to coach, mentor, and model positive work relationships for staff and participants
3. Ability to effectively communicate verbally and in writing; demonstrate knowledge of and adherence to foundational principles of the agency including mission/philosophy/policies and procedures.
4. 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.

5. Must have cultural awareness and sensitivity training relevant to the populations being served. For counseling conducted with offenders, must meet the minimum training requirements outlined in 8.8.7 NMAC

#### **BILLABLE UNIT**

1. For Non-Independent licensed clinicians in New Mexico (LBSW, RIMHC, RMHC, LPC, LMHC, LMSW, LPAT or Provisional License) 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/LCSW, 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 participant.

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 participant 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 or Breathalyzer test. CYFD does not reimburse for this expense. Requiring a urine or blood analysis or Breathalyzer test to determine eligibility for participant 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. Service Assessment and Plan that identifies the need for the screening
3. Copy of completed Drug and Alcohol Screening in the client file, signed and dated by staff completing the assessment, and 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 comprehensive written report must be completed incorporating the following:
  - A. Collateral contact information;
  - B. Screening documents
  - C. Service plan (if applicable)
3. The report must be signed and dated by staff completing the Drug and Alcohol Screening, and signed by the Supervisor.

### **MINIMUM STAFF QUALIFICATIONS**

Minimum high school diploma/GED; must have documented training in conducting drug and alcohol screening and 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 or certified to implement screening instrument utilized. 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.

Demonstrated work history with the target population; demonstrated ability to coach, mentor, and model positive work relationships for staff and participants; ability to effectively communicate verbally and in writing; demonstrate knowledge of and adherence to foundational principles of the agency including mission/philosophy/policies and procedures. 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 and have at least one (1) year experience in conducting drug and alcohol screening. Must have cultural awareness and sensitivity training relevant to the populations being served.

### **BILLABLE UNIT**

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

## **MENTAL HEALTH EVALUATION\***

*\*To be billed as Mental Health Diagnostic Evaluation in EPICS*

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 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. Most current DSM 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 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/LCSW  
Clinical Nurse Specialist in Child Psychiatric Nursing  
Registered Nurse with a Master's degree in Psychiatric Nursing;  
Psychologist Associate; or Psychologist or Psychiatrist

Non- Independent licensed therapist must receive direct supervision by an independently licensed clinician in accordance with State provisions governing each licensed staff.

**BILLABLE UNIT**

- One completed Mental Health Evaluation may be billed @ \$210.00 per report per year while the client is engaged in services as appropriate.
- Time spent with the participant in order to gather the information to complete the Mental Health Diagnostic Evaluation may be billed under Crisis Intervention, Skills and Knowledge, or Counseling depending on the nature of the time spent.
- The Mental Health Diagnostic Evaluation shall be billed as the product only upon completion. A complete product includes a written narrative which follows the guidelines outlined above.

## **COMMUNITY NAVIGATION\***

*\*To be billed as Advocacy and Support in EPICS*

### **DEFINITION AND PURPOSE**

The purpose of this service is to assist participants and their children to navigate and link to a 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. Community Navigation 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 Community Navigation is identified as a stand-alone service being provided to a client, the agency is only required to develop a service plan that is specific to Community Navigation 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 Community Navigation.
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 EPICS Registration and Intake forms
2. Develop an appropriate service plan with specific goals and objectives
3. The provider must develop an initial goal and objective that addresses community navigation services with the participant 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.

### **COMMUNITY NAVIGATION SERVICES**

Community Navigation involves crisis stabilization, advocating, and arranging, linking, coordinating, monitoring, and/or securing services with outside agencies that includes, but is not limited to 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 participant 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**

1. Ability to work effectively in a multi-task, crisis-oriented environment
2. Ability to perform work activities requiring effective listening, negotiating, instruction and/or speaking with others
3. Ability to relate to coworkers, peers, residents and others in a positive and professional manner
4. Ability to communicate effectively verbally and in writing
5. Knowledge of community resources
6. Must have training regarding cultural awareness relevant to populations being served
7. Must be 18 years of age or older
8. High school diploma/GED

## **STAFF SUPERVISION**

Demonstrated work history with the target population; demonstrated ability to coach, mentor, and model positive work relationships for staff and participants; ability to effectively communicate verbally and in writing; demonstrate knowledge of and adherence to foundational principles of the agency including mission/philosophy/policies and procedures. 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 and have 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**

\$35.00 per staff hour

## LEGAL ADVOCACY

### DEFINITION AND PURPOSE

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

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

### 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 legal advocacy needs.
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.
4. The file may contain copies of pertinent legal documents necessary to assist participant/offender, such as: protection orders, police reports, court settings, etc.
5. Documentation of any offender compliance monitoring with the tribal or traditional courts, attorneys, law enforcement, and/or probation and parole.

### CORE REQUIREMENTS

1. Completion of CYFD EPICS Registration and Intake forms
2. Develop an appropriate service plan with specific goals and objectives
3. The provider must develop an initial goal and objective that addresses legal advocacy services with the participant 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. Direct Legal Services that only an attorney can provide may be billed under this component **with prior approval by program manager.**
6. 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.

### 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 participants seeking a family protection order.
2. Accompanying participants to court proceedings for family protection orders, participants of pending criminal cases, child custody, monitoring of domestic violence offenders.
3. Accompanying participants 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 participant's participation in the program).**
5. Obtaining legal counsel or approved tribal advocates for participants.
6. Referrals to other services including legal tribal services.

### MINIMUM STAFF QUALIFICATIONS

1. Ability to work effectively in a multi-task, crisis-oriented environment

2. Ability to perform work activities requiring effective listening, negotiating, instruction and/or speaking with others
3. Ability to relate to coworkers, peers, residents and others in a positive and professional manner
4. Ability to communicate effectively verbally and in writing
5. Knowledge of community resources
6. Must have training regarding cultural awareness relevant to populations being served
7. Must be 18 years of age or older
8. High school diploma/GED

### **STAFF SUPERVISION**

Demonstrated work history with the target population; demonstrated ability to coach, mentor, and model positive work relationships for staff and participants; ability to effectively communicate verbally and in writing; demonstrate knowledge of and adherence to foundational principles of the agency including mission/philosophy/policies and procedures. 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 and have 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**

\$35.00 per staff hour.

## **SKILLS AND KNOWLEDGE SERVICES**

### **DEFINITION AND PURPOSE**

Skills 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.

Skills and Knowledge services should emphasize the empowerment and ability of the participant 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 Skills 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 participant 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 Skills 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:
  - 1. Number and schedule (topics and dates) of sessions;
  - 2. Resources to implement program (personnel, materials, facilities);
  - 3. Staff to participant ratios;
  - 4. 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:
  - A. Child development (age appropriate social and emotional);
  - B. Communication;
  - C. Stress management;
  - D. Nurturing;
  - E. Positive discipline;
  - F. Nutrition/feeding techniques;
  - G. Empathy;
  - H. Conflict resolution skills;
4. Safety.
5. Personal care/grooming and appropriate dress.
6. Decision making skills.
7. Wellness and physical fitness
  - A. Routine, regular health care of self and children
  - B. Nutrition, exercise
  - C. Medication management
  - D. Reading and understanding labels.
  - E. Sexuality
  - F. Safe sex
8. Education in life management skills.
9. Household management;
  - A. Budgeting, money management/banking;
  - B. Basic maintenance of the home;
  - C. Menu planning;
  - D. Shopping skills, reading labels, and comparing prices;
  - E. Cooking.
10. Relationships:
  - A. Healthy relationships;
  - B. Social and communication skills;
11. Employment:

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

**MINIMUM STAFF QUALIFICATIONS**

1. Ability to work effectively in a multi-task, crisis-oriented environment
2. Ability to perform work activities requiring effective listening, negotiating, instruction and/or speaking with others
3. Ability to relate to coworkers, peers, residents and others in a positive and professional manner
4. Ability to communicate effectively verbally and in writing
5. Knowledge of community resources
6. Must have training regarding cultural awareness relevant to populations being served
7. Must be 18 years of age or older
8. High school diploma/GED

**STAFF SUPERVISION**

Bachelor’s degree with two (2) years relevant experience with Domestic Violence population or High School/GED with six (6) years of 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 participants, 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 of 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 of 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:
  - A. Topics;
  - B. Lesson plans;
  - C. Resources to implement the training (personnel, materials, facilities);
  - D. Staff to participant ratios
  - E. Presenter and their qualifications
3. Sign-in sheet.
4. A method and process for evaluation such as pre/posttests (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 of 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 of experience with the domestic violence field and two (2) years of 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 of experience with the domestic violence population and (2) years of experience in training and group facilitation or a Bachelor's degree in a Human Services field with two (2) years of experience with the domestic violence population and two (2) years of 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.

If staff travel to provide a CYFD contracted service component, Travel/Transportation may be billed for that time. An example may include providing a Skills and Knowledge group at a community location for the convenience of participants.

Travel/Transportation may be billed to transport a client to receive services your agency does not provide. Examples may include: court hearings for victim/participants; medical/dental, ISD, TANF, employment, or housing appointments.

### **CORE REQUIREMENTS**

The service may be provided under the following circumstances:

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

The service may not be provided under the following circumstances:

1. Non-client service related staff travel to satellite sites in another city, town, village, or tribal community or nation is not billable. Examples include but are not limited to: meetings, trainings, or conferences
2. 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:**

1. 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.
2. 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.
3. 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.

## **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 participants of domestic violence to assure their rights are preserved and that issues are decided with the participant's best interest and safety, especially when the perpetrator has secured legal counsel. The goal of this service is to improve the participant's functioning in the areas of safety and permanency through formal legal representation in as many cases as possible.

1. The provision of in-house civil legal services may include:
  - A. DV Order of Protection
  - B. Divorce
  - C. Custody
  - D. Time-sharing
  - E. Child support
  - F. Paternity
  - G. Landlord/tenant
  - H. Public benefits
  - I. Assistance with negotiations
  - J. Letters
  - K. 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 Participant Service Assessment plans.

Priority for services should be given to participant'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 participant file.
2. Documentation in the participant 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 participant, 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:

1. 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.
2. Legal assistance provided to a participant on related legal issues simultaneously or within a brief time frame should also be reported as a single case.
3. 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.
4. Assistance that does not involve direct legal advice or legal representation of a client shall not be counted as a case.

### **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 is required.

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
Sweat lodge	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 participant 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. This verification must be kept on file.

### **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

### CHILDREN, YOUTH AND FAMILIES DEPARTMENT'S ADMINISTRATIVE AND

### FISCAL STANDARDS

For Sole Proprietors,

For Non-Profit Organizations, Local Bodies of Government, And  
For-Profit Incorporated Entities

*Revised September 3, 2013*

***Note: All contractors are required to adhere to all local, state and federal regulations as applicable to their operations. All contractors are required to follow audit and reporting requirements set forth in this document. In the event of a contradiction between these standards and contract requirements the contract agreement supersedes the Administrative and Fiscal Standards.***

## **ADMINISTRATIVE STANDARDS**

### **For Non-Profit Organizations (with the exception of New Mexico higher education institutions)**

1. The Board shall ensure that the agency has current articles of incorporation that meet all of the legal requirements of the governmental jurisdiction in which the contractor is located.
2. The Board shall ensure that the agency has current by laws that are filed with the appropriate local, state, or federal body. At a minimum, the agency by-laws should include:
  - a. Membership (types, qualification, rights, duties);
  - b. Size of Board of Directors;
  - c. Method of selection and removal;
  - d. Duties and responsibilities of officers;
  - e. Committees;
  - f. Quorums;
  - g. Recording of minutes;
  - h. Method for amending by-laws.
3. The Board shall ensure that the agency complies with applicable legal requirements and regulations of all governmental and legally authorized agencies under whose authorities it operates. These include, but are not limited to those regarding equal employment opportunity, workers compensation, unemployment insurance, affirmative action, safety, licensing, etc.
4. Board members shall be residents of the area served by the organization and representative of the social, economic, linguistic, ethnic, and racial target population. The agency shall not employ a person related to a Board member by consanguinity or affinity within the third degree. This includes, but is not limited to, spouse, mother, father, brother, sister, grandparents, aunt, uncle, niece, nephew, first cousins, mother-in-law, father-in-law, brother-in-law or sister-in-law.
5. A permanent record shall be kept of all meetings of the Board. Minutes of the meetings of the agency's Board are required in order to accurately record the decisions made and actions taken. These minutes shall include, but not be limited to, meeting date, names of members attending, topic discussed, decisions reached, actions taken, and attachment of any documents referenced. Board minutes shall be signed and approved by an officer of the Board.

### **For All Contractors**

#### **Personnel**

1. The contractor shall have a current and dated organization chart that accurately reflects the staff structure of authority, responsibility and accountability within the organization. The organizational chart must illustrate the relationship of each position or department to all other positions or departments within the organization.
2. The contractor shall have written personnel policies and procedures. All policies and procedures shall be reviewed annually, and any changes, additions, deletions, etc., shall be

dated. Procedures must be in place that allows employees to provide input into changes in agency and personnel policies and procedures.

3. The contractor shall maintain current, written job descriptions and job qualifications for all positions (staff, consultants and direct service volunteers) in the agency. Each job description shall include, at a minimum:
  - a. Job title;
  - b. Salary range;
  - c. Duties;
  - d. Responsibilities of the positions;
  - e. Required minimum experience;
  - f. Required minimum training;
  - g. Required minimum education.
  
4. The contractor shall maintain a current, accurate and confidential personnel record for each paid and direct service volunteer employee. A personnel record on each employee shall contain, at a minimum;
  - a. Job description;
  - b. Initial application/resume;
  - c. Documentation of reference letters;
  - d. Result of employment investigation;
  - e. Background checks;
    1. CYFD contractors that have or could have primary custody of children for at least twenty hours per week are required to comply with NMAC 8.8.3 et. seq. requiring 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 to CYFD Background Check Unit fingerprint cards and the appropriate fee for such employees, volunteers or staff required having background checks. CYFD Background Check Unit will conduct nationwide, state and abuse and neglect background checks on required staff or volunteers in accordance with NMAC 8.8.3 standards. A CYFD eligibility letter must be in the employee, volunteer or staff member's personnel file prior to that individual having any unsupervised direct contact or unsupervised potential access to clients.
  - f. Education/experience required;
  - g. Wage and salary information;
  - h. Job performance evaluation;
  - i. Documentation/verification of all previous and ongoing training (including all component specific training and education);
  - j. Incident reports;
  - k. Commendations or disciplinary actions (if any).

This information must be reliable, accurate and current. All employee records must be kept in a locked file to ensure confidentiality.

5. The contractor shall be headed by a director. The director shall be responsible for the daily operation of the agency through decision-making, authorization of expenditures, and the implementation of policies and procedures.

Physical Facilities

The physical facilities must meet all licensing requirements per classification and should be located, constructed, equipped and operated to promote the efficient and effective conduct of the contractor's programs, to protect the health and safety of the persons serviced and the staff to promote the integration of those served into the community, to be accessible to persons served, staff and the community, meet the American's with Disabilities Act (ADA) and the Drug-Free Workplace Act of 1988.

## **FISCAL STANDARDS**

### **For All Contractors**

#### **Compliance**

1. The contractor shall comply with all federal and state statutes, rules and regulations. Cost principles, administrative requirements and audit requirements, applicable to federal grants shall apply to state funds. See attached Source Sheet.
2. The contractor shall comply with all aspects of the provision of the contact, including all insurance, bonding and audit and financial reporting requirements.

#### **Insurance**

1. The contractor, with the exception of New Mexico higher education institutions, shall obtain and maintain at all times during the term of this contract an Employee Dishonesty Policy covering the activities of the contractor in the amount of no less than 25% of the total (cumulative) dollar amount of the current CYFD contract(s).
2. The contractor shall obtain and maintain at all times during the term of this contract a general and professional liability insurance policy issued by an insurance company licensed to do business in the State of New Mexico. The policy shall include liability insurance coverage provided in the amount of at least \$100,000 for damage to or destruction of property arising out of a single occurrence; \$300,000 to any person for any number of claims arising out of a single occurrence for all damages other than property damage; or \$500,000 for all claims arising out of a single occurrence. The policy shall be secured by the contractor within thirty (30) days of the effective date of the current contract.
3. The contractor, with the exception of New Mexico higher education institutions if insured by General Services Department's Risk Management Division, shall secure and maintain sufficient fire and extended hazard insurance on all property in the custody of the contractor, which is furnished or owned by the Department or in which the Department has a financial interest, within thirty (30) days of the effective date of the current agreement. Sufficient insurance, for the purposes of this paragraph, means enough to cover CYFD's loss, if any to such property, in the event of fire or other hazard.
4. The contractor, with the exception of New Mexico higher education institutions if insured by General Services Department's Risk Management Division, shall name Children, Youth and Families Department as an "Additional Insured" with the insurance carrier of the contractor's liability insurance. A copy of the contractor's "Certificate of Liability Insurance" proving compliance with all the above insurance requirements must be available upon request.

## **Fiscal Books of Records**

The contractor must maintain the following books of record:

1. Chart of Accounts
2. General Ledger
3. Cash receipts and Cash Disbursements Journals
4. General Journal of adjusting entries, correcting entries, accrual entries, and cost allocation entries if not provided for in cash journals.
5. Subsidiary ledgers, if applicable to the organization.
6. Any Capital Outlay Inventory purchased with CYFD funding includes at a minimum:
  - a. Description of property;
  - b. Serial number or other ID number;
  - c. Date of purchase;
  - d. Acquisition cost by funding source(s);
  - e. Location and use of property;
  - f. Disposition data including date and price, if any.
7. Payroll journals and employee earnings records.
8. Fiscal Policy and Procedures that must include:
  - a. Handling of cash/checks;
  - b. Handling of voided checks;
  - c. Authorized check signatures;
  - d. Bank reconciliations;
  - e. Separation of duties;
  - f. Accounting system;
  - g. Travel;
  - h. Cost allocation method;
  - i. Accounting policies for donations.

## **Reports**

1. The contractor shall complete in full the State and Federal payroll tax forms in accordance with required time period and shall insure payroll taxes are paid within the required time frame.
2. The contractor shall complete in full and submit the required forms of the State Department of Labor.
3. The contractor shall submit timely program and financial reports to the funding agencies as specified in the contracts.

## **Retention of Records**

The following are the requirements for the retention of financial records:

1. The contractor shall maintain for three (3) years, (in addition to current year records) detailed accounting and billing records which indicate the date, time, and nature of services rendered, records relating to contract services, and all operating financial documentation which shall be subject to inspection by the Department and if applicable, the State Auditor or their designee.
2. The Department shall have a right to audit billings and related documents both before and after payment. Payments made under a contract between the contractor and the Department shall not foreclose the right of the Department to recover excessive, illegal payments, and/or payments which are not in accordance with the contract.
3. The contractor shall maintain the funds from the CYFD contract **separately** in accurate financial records, books, files, and reports in accordance with generally accepted accounting principles, state and federal laws and regulation, and the requirements of the Departments as described in this Administrative and Fiscal Standards Guidance.
4. The financial management systems established by the contractor shall ensure it provides fiscal and budgetary controls as well as sound accounting procedures. A Schedule of Revenues & Expenditures Budget to Actual Comparison for each contract must be prepared and submitted to the Department at the same time as the annual financial audit or financial statement. The Schedule must include the approved original budget for the fiscal year, revised budget, actual revenue and expenditures and a variance column.

### **Audits**

*NOTE: Audit and financial reporting requirements are applicable to all contractors of Children, Youth and Families Department.*

1. Sole proprietor contractors receiving Department funds under \$100,000.00 must submit to the Department the Sole Proprietor Business Reporting Form "Schedule C". Sole Proprietor billings are subject to review by the CYFD contract and program site reviewers and must be available upon request. A Sole Proprietorship is a type of business entity that is owned and run by one individual and in which there is no legal distinction between the owner and the business.
2. Audits for a contractor receiving under \$150,000.00 per year in cumulative Department funds (a total of all CYFD contracts awarded to the contractor within a fiscal year) whose Board has elected to not conduct an audit must comply with the following:
  - a) The contractor shall prepare financial statements that include a Revenue and Expenditure – Budget to Actual Comparison, Balance Sheet or Statement of New Assets and Income Statement or Statement of Activities. The contractor shall disclose the method of accounting used (cash or accrual) to prepare such statements. The Revenues and Expenditures – Budget to Actual Comparison statement must include the original budget for the fiscal year as approved by the Board, revised budget, actual revenue and expenditures and variance column. A cash disbursement and cash receipt journal cannot take the place of the Balance Sheet and Income Statement. These financial statements shall be available upon request to the Department's Contract/Audit Unit within three (3) months of the contractor's fiscal year end.



- b) This section (Section 2) does not apply to sole proprietor contracts covered under Audits section 1.
3. Audits for a contractor receiving \$150,000.00 to \$300,000.00 per year in cumulative Department funds (a total of all CYFD contracts awarded to the contractor with in a fiscal year) whose Board has elected to not conduct an audit must comply with the following:
- a) The contractor shall have an Independent Auditor's Report of Agreed-Upon Procedures (AUP) to ensure compliance with contract requirements in accordance with General Accepted Accounting Practice (GAAP). The AUP report shall be available upon request to the Department's Contract/Audit Unit within nine (9) months of the contractor's fiscal year end.
  - b) The contractor shall ensure that the selected accounting firm performing the AUP report is rotated every six (6) years (or less if mandated by the State Auditor) with a minimum two-year break. The selected accounting firm shall not have provided non-auditing services within the year being reviewed.
4. Audits for a contractor receiving \$300,000.00 or greater per year in cumulative Department funds (a total of all CYFD contracts awarded to the contractor with in a fiscal year):
- a) The contractor shall have an Independent Audit Report that conforms to the General Accounting Standards (Yellow Book) as recommended by GAO. This Independent Audit Report shall be available upon request to the Department's Contract/Audit Unit within nine (9) months of the contractor's fiscal year end. The contractor must also submit a copy of any Management Letter Comments issued by the Independent Auditor in a separate report.
  - b) The contractor shall ensure that the auditor or auditing firm performing the audit report is rotated every six (6) years (or less if mandated by the State Auditor) with a minimum two year break. The selected auditor shall not have provided non- auditing services within the year being audited.
5. Audit for an contractor receiving over \$500,000.00 per year in cumulative Federal funds (a total of all contracts awarded to the contractor with in a fiscal year) the contractor must receive an audit as required by the U.S. Office of Management and Budget, Circular A- 133 Audits of States, Local Governments and Non-Profit Organizations, and U.S. Office of Management and Budget, Circular A-21, Cost Principles for Educational Institutions. The contractor must have available upon request a copy of any Management Letter Comments issued by the Independent Auditor in a separate report.
- a) The Contractor must have available upon request their audited financial statements within nine (9) months of their fiscal year end to the Agency's Contract/Audit Unit. The Contractor must also have available upon request the Management Letter Comments issued by the Independent Auditor in a separate report.
  - b) The contractor shall ensure that the auditor or auditing firm performing the audit report is rotated every six (6) years (or less if mandated by the State Auditor) with a minimum two-year break. The selected auditor shall not have provided non- auditing services within the year being audited.

6. Financial Statements, AUP and Audits must be mailed to:  
Children, Youth and Families Department  
Contract/Audit Unit  
P.O. Box 5160  
Santa Fe, NM 87502

## SOURCE SHEET

### ADMINISTRATIVE REQUIREMENTS

Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments; also known as the Common Rule.

OMB Circular A-110, Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations.

### COST PRINCIPLES

OMB Circular A-21, Cost Principles for Educational Institutions

OMB Circular A-87, Cost Principles for State and Local Governments. OMB Circular A-122, Cost Principles for Non-Profit Organizations.

FASB and AICPA Statements and Professional Pronouncements.

### AUDITS

OMB Circular A-133 Audits of States, Local Governments and Non-Profit Organizations.

OMB Compliance Supplement for Audits of States, Local Governments and Non-Profit Organizations.

U.S. General Accounting Office, Government Auditing Standards, (The Yellow Book, current revision).

FASB and AICPA Statements and Professional Pronouncements.

## ADULT PARTICIPANT SURVEY

**THANK YOU** for your help by answering this short survey. This survey is **ANONYMOUS** – meaning we cannot trace your answers back to you. Management staff reviews results of surveys and uses this information to help improve programs and services. Results are shared with funders for evaluation purposes only.

Please fill out this survey now and put it in the confidential survey collection box or envelope provided.

**Please check the services you have received:**

- Support and Advocacy (legal support, housing help, help finding a job, other resources)
- Shelter
- Personal Assistance (food, clothing, household items)
- Individual/Group Counseling
- Support Groups
- Help with supporting my children through this time

**Please estimate the number of times you have met with a staff person in this program in the past 12 months:**

- Once     2-5 times     6-10 times     11-20 times     20+ times

<b>Because of services I received from this program:</b> <i>(please indicate with an X)</i>	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
I learned more about how domestic violence affects my life.					
I know more ways to plan for my safety.					
I know more about community services.					
I am more confident in my decision-making.					
I know more about my options.					
I am more hopeful about the future.					

**Any other comments:**

## ENCUESTA DEL PROGRAMA

**GRACIAS** por su ayuda al responder esta pequeña encuesta. Esta encuesta es **ANÓNIMA** – lo que significa que sus respuestas se mantendrán confidenciales. El personal administrativo revisa los resultados de las encuestas y usa la información para mejorar los programas y servicios. Los resultados solamente son compartidos con los financiadores con el propósito de valorar los servicios que usted recibe.

Por favor complete esta encuesta y póngala adentro de la caja de colección de encuestas confidenciales o dentro del sobre que se le provee.

**Por favor marque los servicios que usted ha recibido:**

- Apoyo y Abogacía (apoyo legal, ayuda para vivienda, ayuda para buscar empleo, otros recursos)
- Albergue
- Asistencia Personal (alimentos, ropa, artículos para el hogar)
- Consejería Individual o de Grupo
- Grupos de Apoyo
- Apoyo para poder ayudar a mis hijos durante este tiempo

**Por favor estime el número de veces que usted se ha reunido con un empleado de este programa en los últimos 12 meses:**

- Una vez
- 2-5 veces
- 6-10 veces
- 11-20 veces
- 20+ veces

**Por haber recibido servicios en este programa:**

*(por favor señale con una X)*

	Muy de Acuerdo	De Acuerdo	No No Estoy Seguro/a	En Desacuerdo	Totalmente Desacuerdo
Aprendí más sobre como la violencia domestica afecta mi vida.					
Tengo más maneras de planear mi seguridad.					
Se mas sobre los servicios en la comunidad.					
Me siento más confiado/a al tomar decisiones.					
Sé más sobre mis opciones.					
Soy más optimista sobre el futuro.					

**Algún Otro Comentario:**

# Children's Program Survey

(Revised 9-08)

Thank you for helping answer these questions. Your answers will help us work with children. Do not write your name on the paper and please ask if you need help.

**Please check the programs you have attended.**

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

**About how many times have you met with a staff person within the past twelve months? Please circle O the best answer for you.**

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

**Please circle "True" or "False" for these questions:**

- |   |      |       |
|---|------|-------|
| 1. I believe the fighting in my family is my fault. | True | False |
| 2. I know where to go when I don't feel safe.       | True | False |
| 3. I know who to talk to when I don't feel safe.    | True | False |
| 4. I know what to do when I don't feel safe.        | True | False |
| 5. Somebody listened to me and I got help.          | True | False |

**Please tell us if there anything else you want us to know.** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Thank you very much!!!**

## Encuesta para los Niños

(Revisada 9-08)

Gracias por ayudarnos a contestar estas preguntas. Sus respuestas nos ayudaran a trabajar con los niños. No escriba su nombre en el papel y pida ayuda si lo necesita.

### Favor de marcar los servicios a los que has obtenido.

- Refugio
- Venir con una Trabajadora de Caso
- Grupos de Apoyo
- Consejería

¿Cuantas veces has venido a [INSERT AGENCY NAME HERE] o cuantas citas has tenido en los últimos 12 meses? Favor de marcar la respuesta.

1– 5 veces    6– 10 veces    11 – 15 veces    16 – 20 veces    20 o más

### Favor de marcar “Verdad” o “Falsa” a las siguientes frases:

- |  |        |       |
|--|--------|-------|
| 6. Yo creo que soy la causa de las peleas en mi casa.          | Verdad | Falsa |
| 7. Yo se donde irme cuando no me siento segura (seguro).       | Verdad | Falsa |
| 8. Yo se con quien hablar cuando no me siento segura (seguro). | Verdad | Falsa |
| 9. Yo se que hacer cuando no me siento segura (seguro).        | Verdad | Falsa |
| 10. Alguien me escucho y me ayudo.                             | Verdad | Falsa |

¿Hay alguna otra cosa que quieres que nosotros sepamos? \_\_\_\_\_

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¡Muchas Gracias!

**DVOTI Program Survey**  
(Revised 6-09-2014)

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 – 20 weeks
- 21-40 weeks
- 41-52 weeks
- 52 plus 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.**

**Encuesta de Programas**  
(Revisada 06-09-2014)

GRACIAS por su ayuda en contestar esta encuesta ahora mismo.

- Esta encuesta es voluntaria y anónima.
- Sus respuestas son muy importantes para nosotros y nos ayudarán para mejorar nuestros servicios y programas.
- Favor de llenarlo ahora mismo y ponerlo en la caja o en el sobre.

**Favor de marcar los servicios a los que Ud. ha obtenido en esta agencia en los últimos 12 meses.**

- Encuesta/ Evaluación/ Sesión de Orientación
- Sesiones Individual o de Grupos
- Consejería

**Favor de marcar más o menos cuantas semanas usted ha estado recibiendo servicios.**

- 1 – 20 semanas
- 21-40 semanas
- 41-52 semanas
- Más de 52 semanas

**Favor de marcar la respuesta bajo cada pregunta que mejor refleje lo que Ud. cree.**

1. Mi comportamiento ha afectado a mi pareja, mis niños, y otros miembros de mi familia y comunidad.

De Acuerdo                  No estoy segura                  No estoy de Acuerdo

2. Acepto responsabilidad por mis acciones y comportamientos.

Muy de Acuerdo    De Acuerdo    No Estoy Seguro/a    En Desacuerdo    Totalmente Desacuerdo

3. Yo ya tengo las habilidades, información y conocimiento para evitar ser abusivo en el futuro.

Muy de Acuerdo    De Acuerdo    No Estoy Seguro/a    En Desacuerdo    Totalmente Desacuerdo

**¿Comentarios?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Gracias por su ayuda.**



## EPICS External User Request Form

*The form below must be submitted electronically- scanned copies cannot be processed.*

<b>CYFD Web Services</b> <b>External User Request Form for EPICS CCS – JCC and DV Providers:</b>			
Upon completion, this form is to be sent to <a href="mailto:cyfdepics.ccsdv@state.nm.us">cyfdepics.ccsdv@state.nm.us</a> for Domestic Violence services or <a href="mailto:cyfdepics.ccsjcc@state.nm.us">cyfdepics.ccsjcc@state.nm.us</a> for Juvenile Community Corrections services <b>*All fields must be completed for processing.</b>			
<b>Request Information</b> (completed by Provider)			
Date Request Submitted:			
Type of Request:	<input type="checkbox"/> EPICS CCS access <input type="checkbox"/> Remove EPICS CCS access <input type="checkbox"/> Modify account info		
If modifications, explain:			
First Name:	Middle Initial:	Last Name:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	
Home Physical Address:			
City:	State:	Zip:	
Phone:	Email Address:		
Provider's Name:		Provider's EPICS ID:	
Provider's Employee Submitting Request:			
Provider's Phone:		Provider's Email:	
Approved user role(s): (Check all that apply. See descriptions below.)	<input type="checkbox"/> External DV Data Unit <input type="checkbox"/> External DV Director <input type="checkbox"/> External JCC Data Unit <input type="checkbox"/> External JCC Director		
<b>***Approval***</b> (completed by CYFD Program Manager) <b>CYFD Program Manager:</b> Upon approval, e-mail to <a href="mailto:SystemAccess@state.nm.us">SystemAccess@state.nm.us</a>			
Approved By:		Date Approved:	
<b>***Information Technology Services Use Only***</b>			
Date Received:			
Processed By:		Date Processed:	
Completed:	<input type="checkbox"/> 389 Directory setup <input type="checkbox"/> EPICS CCS setup <input type="checkbox"/> Update EPICS CCS email group		
User Login ID:			
Date login instructions was sent to Requestor:			

The Request Information section of this form is to be completed by the provider of the individual requesting access to EPICS CCS – DV and JCC. The individual requesting access must have a unique e-mail address (not shared), as this is used to send login information to that person and outage notifications. Upon completion, this form is to be sent to [cyfdepics.ccsdv@state.nm.us](mailto:cyfdepics.ccsdv@state.nm.us) for Domestic Violence services or [cyfdepics.ccsjcc@state.nm.us](mailto:cyfdepics.ccsjcc@state.nm.us) for Juvenile Community Corrections services, for review and approval by the CYFD Program Manager.

## **EPICS CCS User Roles – Descriptions Domestic**

### **Violence:**

#### **EXTERNAL DV DATA UNIT:**

- a) Read access to all DV Content but limited their provider content.
- b) Create/Update: Clients, Locations, Intakes, Services, Staff, Group Services, Surveys and DV FVPSA, Referral Source.
- c) Generate Bill

#### **EXTERNAL DV DIRECTOR:**

- a) Read access to all DV Content but limited their provider content.
- b) Create/Update: Data Unit, Generate Bill and User Management.

### **Juvenile Community Corrections: EXTERNAL JCC DATA UNIT:**

- a) Read access to all JCC Content but limited their provider content.
- b) Create/Update: Clients, Intakes, Services, Staff, Group Services, Surveys and DV FVPSA, Referral Source.
- c) Generate Bill

#### **EXTERNAL JCC DIRECTOR:**

- a) Read access to all JCC Content but limited their provider content.
- b) Create/Update: Data Unit, Generate Bill and User Management.

## REQUEST FOR SHELTER EXTENSION

Agency Name		Client EPICS ID (no name)	
Date of Request		Shelter Entry Date	
Length of Extension		Proposed Discharge Date	
Advocate Name		Supervisor Name	

Please describe resident's treatment/goal plan while residing in the shelter.

Please indicate the reason for and the nature of the request for an extension. Include additional number of days needed. (The Department is only able to approve 30-days or less)

What plan is being put in place to transition the client safely back into the community?

How would it impact **the safety** and wellbeing of the client if the extension were not granted?

Could same support be given client as a non- resident?

Revised July 2016

## **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 EPICS.

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 \$44.00.

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**



## *Background Check Procedure*

### **Registration:**

To begin the application process, every new applicant will need to register either online at [www.cogentid.com](http://www.cogentid.com) or by phone at 877-996-6277.

1. At the time of registration the applicant will be asked to provide an ORI and reason for fingerprinting. Our ORI is **NM920120Z** and the reason for fingerprinting is **Child Care Licensing. If this information is entered incorrectly you will be required to re-register and pay an additional fee.**
2. The applicant may pay online by credit card or at the time of fingerprinting with a money order or Cashier's check made payable to 3M Cogent. The fee is **\$44.00**.

**Once the individual has been fingerprinted it is important to remember to submit the Registration Receipt, Applicant Written Statement, and Employer Statement to the Background Check Unit. These items may be submitted by mail, email, or fax to:**

**CYFD/BCU  
PO DRAWER 5160  
SANTA FE, NM 87502  
Fax: (505) 827-7422  
Email: [cyfd.bcu@state.nm.us](mailto:cyfd.bcu@state.nm.us)**

It is recommended that the applicant submit any court dispositions or explanations regarding arrests and/or protective service referrals with the application packet. It may prevent delay in the background check process.

If you or your facility have not received a clearance or denial letter within 4-6 weeks you may request an extension in writing via mail, email or fax.

**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 participant/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](http://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

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