

CHILDREN'S BEHAVIORAL HEALTH SERVICE DEFINITION MANUAL

Family Services
Children's Behavioral Health & Community Services Bureau



**Mary-Dale Bolson, Ph.D.
Cabinet Secretary**

July 1, 2004

TABLE OF CONTENTS

DEFINITION OF TERMS.....	6
OVERVIEW AND PERFORMANCE OUTCOMES.....	8
BEHAVIORAL HEALTH SERVICES.....	9
SPECIALIZED SERVICE COMPONENTS.....	10
INTERFACE WITH MEDICAID BEHAVIORAL HEALTH SERVICES	11
UNIT RATES.....	12
BEHAVIORAL HEALTH SERVICES.....	13
PROGRAM SUPPORT AND FILE MAINTENANCE	14
TRAVEL	21
CLIENT INTAKE SUMMARY	22
SCREENING/EVALUATION OVERVIEW	23
BEHAVIORAL HEALTH SERVICES.....	25
MENTAL HEALTH SCREENING NARRATIVE GUIDELINES	25
MENTAL HEALTH SCREENING.....	28
ALCOHOL & DRUG SCREENING.....	30
MENTAL HEALTH DIAGNOSTIC EVALUATION.....	31
INTELLECTUAL AND COGNITIVE FUNCTIONING EVALUATION.....	33
COMPREHENSIVE PSYCHOLOGICAL EVALUATION	35
JUVENILE FORENSIC EVALUATION (or)	37
SAFEHOUSE INVESTIGATIVE INTERVIEW	39
EMERGENCY MENTAL HEALTH EVALUATION.....	43
TREATMENT PLAN (DEVELOP & REVIEW).....	45
COUNSELING.....	47
GROUP COUNSELING	50
FAMILY COUNSELING.....	53
SPECIALIZED CONSULTATION.....	55
INTENSIVE HOME-BASED TREATMENT/FAMILY PRESERVATION.....	57
SKILLS TRAINING AND DEVELOPMENT	60

CRISIS INTERVENTION/MOBILE.....	63
MENTORING.....	65
EXPERIENTIAL WILDERNESS.....	69
DAY EXPERIENTIAL WILDERNESS PROGRAMS (6 – 8 HOURS).....	72
RESPITE CARE.....	74
SHELTER CARE.....	77
CHILDREN’S/ADOLESCENT.....	84
FAMILY-BASED SHELTER CARE.....	84
INFANT MENTAL HEALTH SERVICES: 0-3 YEARS.....	88
INNOVATIVE SERVICES.....	90
APPENDIX A.....	91
EARLY INTERVENTION CORE DATA ELEMENTSEARLY INTERVENTION.....	91
EARLY INTERVENTION.....	92
CORE DATA ELEMENTS CHECKLIST.....	92
CORE DATA ELEMENTS.....	93
APPENDIX B.....	95
BEHAVIORAL HEALTH SERVICES FORMS.....	95
Client Registration Form.....	96
Client Family Detail.....	97
CBHS Client Intake Form.....	98
FORENSIC SERVICES PROGRAM SUPPORT.....	99
JUVENILE FORENSIC INTAKE FORM.....	101
SAFE HOUSE INVESTIGATIVE INTERVIEW.....	103
APPENDIX C.....	106
CYFD BACKGROUND CLEARANCE.....	106
SUMMARY OF BACKGROUND CLEARANCE PROCESS.....	107
PAYMENT REQUIREMENTS.....	107
FREQUENTLY ASKED QUESTIONS.....	107
FINGERPRINT CARD INSTRUCTIONS.....	108

INTRODUCTION

The Children's Behavioral Health Service Definition Manual is produced and disseminated by the Community Services Section of the Children's Behavioral Health and Community Services Bureau, Family Services of the Children, Youth and Families Department.

The Community Services Section utilizes state and federal funds to develop and maintain a statewide, coordinated, comprehensive service delivery system that is:

- Flexible and designed to meet the needs of clients at the local level
- Inclusive of and responsive to the ethnic, cultural, racial and socioeconomic diversity of the state
- Focused on results with clearly defined and measurable outcomes for the clients served

The goal of these services is to improve and enhance the emotional, mental and behavioral health of the children, youth and families in the targeted populations.

The present manual was developed with input from community-based service providers throughout the State of New Mexico and staff from the Family Services (FS) as well as staff from the Protective Services (PS), the Juvenile Justice Services (JJ) and the Administrative Services (AS) of the Children, Youth and Families Department (CYFD).

TARGET POPULATION

Target populations to be served through community-based children's behavioral health services are identified and defined by CYFD as follows in priority order:

1. Children (and their families) referred by, or involved with, CYFD Protective Services (PS) and/or Juvenile Justice Services (JJ) and/or Tribal Social Services. Children involved with PS, JJS or Tribal Social Services may receive services up to the age of twenty-one (21).
 - "Referred by" means children, youth and families who have been formally referred by the county Protective Services or the Juvenile Probation/Parole office or the Tribal Social Services. "Involved with" means individuals and families who have an open case with PS, JJS or Tribal Social Services.
2. Children up to age twenty-one (21) (and their families) at high-risk for services and at high risk for entry into CYFD's Protective Services, Juvenile Justice Systems and/or Tribal Social Services. The following are contributing factors that define the population:
 - Severe behavioral, emotional, neurobiological problems/disorders or at risk of developing severe emotional/behavioral/neurobiological problems/disorders;
 - Intention/plan to hurt self or other(s) as evidenced by written, verbal and/or behavioral indicators;
 - Child or parent suicide attempt during the past year;
 - Substance abusing behaviors by child or their parents;

- Multiple delinquent acts or law enforcement contacts by child;
- Multiple school problems, including suspension or expulsion from school during last year;
- Homeless/runaway;
- Child or parent with mental illness;
- Parents who are incarcerated, involved with the criminal justice system, on parole or probation;
- Physical, sexual, emotional abuse or neglect of the child (current or known history);
- Multi-generational history of familial maltreatment, neglect or abuse;
- Involvement in a teen pregnancy during past year (or) a teen parent;
- Child/youth experiencing cultural, sexual and/or gender identity issues;
- Witness (or participant) to violence in school or community;
- New or shifting family situations/environments that cause psychological distress, stressful family situations, individual/family challenges;
- Death of a family member or close friend during the past year.
- Families in Need of Services (FINS) as defined by New Mexico State Statute, Children's Code, Article 3, Family in Need of Services Act, Section 32A-3A-2.

FAMILY INVOLVEMENT

Historically, families have not been involved as full participants in the planning and service delivery for their children. Often parents are blamed for the problems of their children and given the “runaround” from agency to agency and provider to provider. It is still common in many places that a family must give up custody of their child to obtain necessary residential services.

The philosophy of Family Services within CYFD, is to view families as the solution. Families should be full collaborators in treatment planning and service delivery with a focus on the family as the change agent. Giving up on families or labeling them as unmotivated or resistant is not acceptable; it is up to the treatment provider to develop appropriate mechanisms for client and family engagement, retention, and satisfaction with services.

DEFINITION OF TERMS

<u>Term</u>	<u>Definition</u>
Battery of Tests	More than one recognized psychometric test.
CFARS	Children’s Functional Assessment Rating Scale, is an integrated tool for standardizing results obtained from psychosocial or other clinical assessments.
Clinical Supervision	Face-to-face, group or individual supervision of treatment staff by a supervisor who meets relevant licensing requirements. The supervisor promotes the development of skills and responsibility in the delivery of counseling or therapy services.
Collateral Contacts	Sources that provide additional information to support or reinforce the assessment/evaluation and the treatment of clients.
Consumer	Someone who has a vested interest in the results of services for a specific, identified client (i.e. a judge, a public defender or an attorney).
Core Requirements	Minimum activities required to be provided in any specific service component.
Early Intervention Core Data Elements	The Core Data Elements Checklist is a screening tool to determine eligibility for early intervention services.
Family	At least one parent, guardian, or custodian and the Identified Client.
Formalized Session	A structured, scheduled meeting with a client.
Group	The Interagency Definitions provides for at least three or more, but less than ten individuals as a group; however, for CYFD’s purpose, a group is defined as two or more clients, and no more than nine clients per facilitator.
Human Services Related Field	Degree(s) that include but are not limited to Social Work, Sociology, Counseling, Human Services, Criminology/Criminal Justice, Public Administration, Educational Counseling, Education, Nursing and Health.
Identified/Billable Client	A Child/Youth who meets the definition of one of the target populations identified by CYFD. The Identified Billable Client is under the age of 21.
MIS	Management Information System is an electronic tracking system for clients and service delivery.
NCFAS	North Carolina Family Assessment Scale.
Overnight Experiential Wilderness Day of Care	A billable unit applicable only to the overnight experiential wilderness components. For overnight experiential wilderness programs, a client must stay overnight in order for an agency to bill for day of care.

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 lifestyles primarily because he/she has undergone the experience for which he/she is providing support.
Performance Measure	A quantitative or qualitative indicator used to assess the outcome or result of a program/or service.
Performance Outcomes	Mandated client status indicators that must be recorded at intake and discharge.
Progress Note Format	<p>DAP <u>D = data</u>: observable, concrete; what was said by client. <u>A = assess</u>: the writer’s assessment of the situation, analysis of the data. <u>P = plan</u>: the intervention agreed upon by the counselor or treatment team and the client and parent(s) or legal guardian(s).</p> <p>SOAP <u>S = said/subjective</u>: what the client said or did. <u>O = observation/objective</u>: what the writer observed. <u>A = assess</u>: the writer’s assessment of the situation, analysis of the data. <u>P = plan</u>: the intervention agreed upon by the counselor and/or treatment and the client and parent(s) or legal guardian(s).</p>
Related Field	An allied mental health field or counseling related field including social work, guidance and counseling, mental health, psychology, family studies, marriage and family therapy, family sciences, rehabilitation counseling, counselor education, or social anthropology.
Relevant Experience	Significant and demonstrable experience in providing the service to the target population.
SART	Sexual Abuse Response Team.
Shelter Care Day of Care	A client must stay 24 consecutive hours in order for an agency to bill for a shelter day of care.
Shelter Care Partial Day of Care	A client must stay at least 4 consecutive hours, but less than 24 consecutive hours in order for an agency to bill for a partial day of care.
Stand Alone Component	A component that does not have to be provided in conjunction with any other component.
Therapeutic Environment	A safe environment in which qualified program staff are sensitive to and interact in a supportive manner with clients.

OVERVIEW AND PERFORMANCE OUTCOMES

The purpose of the Children’s Behavioral Health Service Definition Manual is to describe and define the standards and guidelines for the children’s behavioral health services funded through the Community and Behavioral Health Services Bureau (C&BHSB), Family Services of the Children, Youth and Families Department.

The Bureau is committed to funding services that produce positive, measurable results for the children, youth and families served. The Bureau is instituting methods to collect and analyze information on improvements in client functioning, client satisfaction with services and system-wide improvements, such as access to service. This revised manual lays the groundwork for these evaluation activities.

The manual is organized according to types of services. This manual has a set of defined service components. The array of service components is designed to result in specific impacts/benefits known as “performance outcomes” for specific subgroups of clients. In addition, specific performance measures are mandated as standard, uniform indicators that are used to assess the degree and/or quality of the performance outcomes achieved as a result of the services provided.

A Client Satisfaction Survey, approved by CYFD, is required at discharge for all clients receiving services under the Children’s Behavioral Health contracts.

The Program Support component is common to all services and is mandatory. Every agency/contractor must perform the activities described in this component. The purpose of the Program Support component is to describe agency/contractor support activities necessary to deliver direct services and achievement of performance outcomes for clients. This component is reimbursed at a negotiated rate based on criteria set annually by the Department.

Within the Program Support component, agencies/contractors are required to provide information on all clients at intake and discharge on a number of “Performance Outcomes”. This information is captured electronically through the Department’s Management Information System (MIS). Information from the MIS will assist the Department in assessing system wide impact of services, such as reduced involvement with Protective Services or Juvenile Justice.

BEHAVIORAL HEALTH SERVICES

A comprehensive set of service components designed to produce one or more of the following performance outcomes for the children, youth and their families meeting one or more of the target populations defined in this manual.

General Outcome Themes

- Safety
- Permanency/Stability
- Well-Being

General Performance Outcomes

Improve individual CFARS indexes in Relationship, Emotionality, and Safety.

Improve the functioning level of the family.

Improve client satisfaction with services.

Performance Measures

CFARS*

NCFAS**

Client Satisfaction Survey

* The CFARS, the Children’s Functional Assessment Rating Scale, is mandatory for agencies/contractors providing behavioral health services to one or more of the target populations defined in this manual. The CFARS is required for all identified clients (child/youth ages 5 through 18), and must be scored at intake, every (3) three months thereafter, and at discharge.

** The North Carolina Family Assessment Scale (NCFAS) (or other approved CYFD instrument) is required at intake, with updates every three months, and at discharge from the agency for those agencies/contractors Intensive Home Based Treatment/Family Preservation services.

SPECIALIZED SERVICE COMPONENTS

For agencies/contractors providing specialized behavioral health service components, the specific performance outcomes and performance measures are listed below:

Specialized Components	Performance Outcomes	Performance Measures
Children's/Adolescent Shelter Care & Family Based Shelter Care (for runaways, displaced youth; abused and neglected youth up to 18 years of age)	Secure a stable, safe living environment	Client Satisfaction Survey CFARS
Behavioral Health Respite Care (children up to 19 years of age diagnosed with a serious emotional, behavioral, or neurobiological disorder)	Prevent out of home placements; Provide a therapeutic break for families & caregivers	Track # of temporary and permanent out of home placements; Behavioral Respite Care Impact Questionnaire – every 6 months
Experiential Wilderness	Increase competencies in social, living, coping & thinking skills	Pre/post tests/assessments Completion of Treatment/Service Plan goals
Mentoring	Improve functioning level of child/youth	CFARS Client Satisfaction Survey
Juvenile/Victim Forensic Evaluations (Court-ordered juvenile up to age 21; or child victims of sex crimes)	To produce forensically defensible socio/legal evaluations related to adjudication and disposition of juvenile offenders or child victims of a sex crime	Customer Satisfaction Surveys (Judges, DAs, JPPOs, offenders up to 21 years, PS Social Workers)
Safehouse Investigative Interview (Victims of abuse, up to 21 years of age, involved in open investigations of sexual and/or physical abuse)	Maximize skillful child investigations to produce a quality, forensically defensible video-taped interview	Client/Customer Satisfaction Surveys (Judges, DAs, JPPOs, Family and PS Social Workers)

INTERFACE WITH MEDICAID BEHAVIORAL HEALTH SERVICES

The Community and Behavioral Health Services Bureau (CBHSB) expects provider agencies to maximize other available funding whenever possible.

Due to the high level of Medicaid eligibility in New Mexico (235% of Federal Poverty Level), it is expected that the large majority of children and adolescents served will be Medicaid enrolled or eligible. Therefore, providers should carefully project the need for funding of clinical services as it is the expectation of CBHSB that providers will be reimbursed for Medicaid covered services through the Medicaid program. **CBHSB strongly encourages providers to put additional emphasis on service components that are NOT part of the Medicaid benefit package which can be provided to any client.**

CBHSB providers that are not Medicaid providers and not credentialed by the Managed Care Organizations (MCOs) will be expected to become credentialed behavioral health providers in the Medicaid program. The CBHCSB can provide information about how to become enrolled as a Medicaid provider.

When a CBHSB provider is not a Medicaid provider, they should refer Medicaid enrolled clients to a Medicaid provider when the necessary services are covered by Medicaid. When a CBHSB contract provider receives a referral on a non-Medicaid enrolled youth, they may proceed with an intake and then refer the client for a Medicaid eligibility determination. Services provided during the Medicaid eligibility determination period may be billed to the contract. If the client is determined to be Medicaid eligible, then any Medicaid covered service thereafter should be billed to Medicaid. Non-Medicaid covered services listed in the CBHSB Service Definition Manual and contracted for by the provider may be billed to the CBHSB contract.

If Medicaid denies services because the client does not meet medical necessity for that level of care, the CBHSB contract provider may provide the services. There should be sufficient information in the file to clinically justify the need for services as well as documentation of the Medicaid denial.

Contract services that are equivalent to Medicaid covered services (but may be called by another name) include:

Screening/Evaluation

- Mental Health Diagnostic Evaluation
- Intellectual and Cognitive Functioning Evaluation
- Comprehensive Psychological Evaluation
- Emergency Mental Health Evaluation
- Drug and Alcohol Screening

Counseling – any setting

Specialized Consultation.

UNIT RATES

SERVICE COMPONENTS	UNIT	HOURLY/PRODUCT RATE	INCREMENTAL RATE 15 MINUTE MINIMUM
*** Program Support	6%		
** Travel	Per Staff Hour	\$20.00	\$5.00
Mental Health Screening	Product	\$80.00	
Specialized Mental Health Screening	Product	\$40.00	
Alcohol & Drug Screening	Product	\$35.00	
Mental Health Diagnostic Evaluation	Product	\$210.00	
Intellectual & Cognitive Functioning Evaluation	Product	\$275.00	
Comprehensive Psychological Evaluation	Product	\$400.00	
Emergency Mental Health Evaluation	Product	\$210.00	
Forensic or Victim Evaluation	Product	\$700.00	
Safehouse Investigative Interview	Product	\$300.00	
Safehouse Investigative Interview + Family Advocacy	Product	\$350.00	
Case Management	Per Client Hour	\$35.00	\$8.75
Treatment Plan (Development & Review)	Product	\$60.00	
Counseling – Individual	Per Client Hour	\$45.00/\$60/00	\$11.25/\$15.00
Counseling – Group	Per Client Hour	\$10.00/\$12.00	\$2.50/\$3.00
Counseling – Family	Per Client Hour	\$45.00/\$60/00	\$11.25/\$15.00
Specialized Consultation	Per Consult Hour	\$80.00	\$20.00
Intensive Home-Based Treatment/Family Preservation	Per Client Hour	\$50.00	\$12.50
Skills Training & Development – Individual	Per Client Hour	\$40.00	\$10.00
Skills Training & Development – Group	Per Client Hour	\$8.00	\$1.50
Crisis Intervention/Mobile Basic	Per Client Hour	\$35.00	\$8.75
Crisis Intervention/Mobile 24 Hour	Per Client Hour	\$45.00	\$11.25
Mentoring	Per Staff Hour	\$50.00	\$12.50
Experiential Wilderness 24 Hour	Day of Care per Client	\$100.00	
Experiential Wilderness 24 Hour Plus 1-6 Hours	Quarter Day of Care Per Client	\$22.50	
Experiential Wilderness 24 Hours Plus 7-12 Hours	Half Day of Care Per Client	\$45.00	
Experiential Wilderness 24 Hours Plus 13-23 Hours	¾ Day of Care Per Client	\$67.50	
Day Experiential Wilderness 6-8 Hours	Per Client Hour	\$10.00	\$2.50
Behavioral Health Respite Care	Per Client Hour	\$18.00	\$4.50
Children's/Adolescent Shelter Care	Day of Care	\$65.00	
Children's/Adolescent Shelter Care - Partial Day	4-12 Hours	\$32.50	
Children's/Adolescent Shelter Care - Partial Day	13-23 Hours	\$48.75	
Family Based Shelter Care	Day of Care	\$65.00	
Family Based Shelter Care – Partial Day	4-12 Hours	\$32.50	
Family Based Shelter Care – Partial Day	13-23 Hours	\$48.75	
Infant Mental Health Services	Per Client Hour	\$65.00/bundled	
Innovative	TBD		

** Travel may be billed for staff travel time to and/or from a client's location to provide a CYFD contracted service. The purpose of this component is to off-set the cost of vehicle use for providing CYFD contracted services to clients. **Non-client related travel by staff to satellite sites in another city, town or village is not allowable. Travel funds are not for transporting clients to or from services. Travel funds are not for transporting staff to meetings or conferences.** The total amount of travel funds for a specific agency will be negotiated and included in the LIMITED menu of the contract. Allowable staff travel time will be reimbursed at a rate of \$20.00 per vehicle for travel time. Travel may only be billed to one identified client per vehicle per trip.

*** Program Support is set at 6% of the total CYFD Community-Based Services contract for the agency.

NOTE: "No Shows" are not billable with the exception of CYFD clients who are unable to attend their scheduled experiential wilderness programs. Experiential wilderness no shows will be negotiated and included in the LIMITED menu.

BEHAVIORAL HEALTH SERVICES

BEHAVIORAL HEALTH SERVICES PROGRAM SUPPORT AND FILE MAINTENANCE

CYFD's purpose for Program Support is defined as agency support activities necessary to deliver direct services and document achievement of outcomes for clients. Program Support activities must be provided by all agencies.

File maintenance is required for client/agency interaction from initial referral and admittance to the program through discharge. Documentation in client files (individual and/or group) is required for all services.

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

CORE REQUIREMENTS

Client Services

1. Documentation of Intake/Admission:

Client Screening/Eligibility. Determine if the client meets one of the target populations for Children's Behavioral Health Services (see pages i – iii of this manual), and is appropriate for services.

- a. Completion of a Client Intake. A CYFD approved Intake Form must be thoroughly completed.
- b. Completion of the following forms are required in each client file:
 1. Client Rights/Responsibilities
 2. Grievance Procedures forms
 3. Client Release of Information Forms (MIS must be included in the release or in separate consent form)
 4. Confidentiality Statement
 5. Consent Form (Documentation of consent or attempt to obtain consent of the client and/or parent/legal guardian for admission, treatment, evaluation, aftercare or research)
- c. All forms must be signed and dated by the client and/or parent/legal guardian and agency staff. A separate Release of Information Form must be used for each request.
- d. Client must also be informed of data collection methods utilized by the agency and to whom information will be reported including file reviewers. An MIS Consent or Release of Information Form must be signed and dated by the client and/or parent/legal guardian and agency staff.
- e. Completion of Performance Indicators and demographic information at intake in the format defined by the Department.

NOTE: The funded agency must ensure HIPAA compliance.

2. **Documentation of Performance Measures (Standardized Instruments).** Completion of required performance measurement tools and/or data collection (i.e. CFARS/NCFAS) as identified for the service or for the specific components, at the designated time required (intake, three month intervals, discharge).
3. **Documentation and inclusion of CYFD's Mental Health Screening.** The screening must be completed within 30 days of admission for services/treatment. (See the "Mental Health Screening" Component for requirements and billable unit).
4. **Documentation of Treatment Plan.** The initial treatment plan must be completed within the first 30 days of service.

5 Documentation of client progress through Progress Notes.

Documentation shall consist of the following:

- a. central issues encountered
- b. client response
- c. insights gained
- d. barriers to progress
- e. contacts with or from other agencies
- f. progress toward goals
- g. service provider's impressions

The progress notation for individual or group sessions must utilize the DAP or SOAP format (See Definitions of Terms). The progress notation shall also include date, time and duration of contract, type of service, and signature of individual completing the note.

6. Documentation of the completion of a performance measurement (i.e. CFARS/NCFAS, if applicable). A CFARS will be administered within 30 days of intake, every 90 days thereafter, and at discharge from services for children ages 5 through 18.

7. Documentation of Supervisory Reviews. Supervisors must review active client files every 90 days to include:

- a. Review of services or treatment offered to client
- b. Review of appropriateness and effectiveness of services or treatment provided
- c. Review of the intake, screening/evaluation, service or treatment plans, progress notation and other pertinent information in file
- d. Review progress towards goals and objectives
- e. Reports of case staffing with staff, supervisors and other involved professionals
- f. Written summary notations must include the date and signature of the supervisor, licensure (if applicable) and be placed in the client file

8. Documentation of Incident/Occurrence Reports. All Children's Behavioral Health agencies must report to the CYFD Program Manager within 24 hours any serious incident or unusual occurrence that has threatened or could threaten the health, safety or welfare of the clients or staff of the facility. Documentation of any significant disciplinary action, health and safety issue, rules violation, or action involving liability may include but is not limited to:

- a. Fire, flood or other natural disaster that creates structural damages to the facility or poses health hazards;
- b. An outbreak of contagious disease dangerous to public health, e.g. Tuberculosis, food poisoning, Hepatitis A;
- c. Any human act(s) by staff members of the facility that presents or poses possible physical and/or psychological impairment of a client;
- d. Any human act(s) by staff member(s) of the facility that results in serious illness, injury or physical and/or psychological impairment of a client;
- e. Any suicide or attempted suicide of a client;
- f. Death of client;
- g. Treatment complication;
- h. Accidents involving or injuries to the client;
- i. Any suspected client abuse, neglect or exploitation of a client;
- j. Activities that place client at risk of harm or cause unusual pain, (i.e. termination or removal from shelters);
- k. On-site incidents that include acts of physical harm to a client or staff by a client or staff;

- l. Any disruptive incident occurring on agency grounds or within the facility, including any situation or circumstance that results in the presence of law enforcement or the local news media to the facility.

Actions taken to verify or resolve the issue must be documented. Suspected abuse or neglect must be reported to the local Protective Services office.

9. Documentation of Service Discharge:

- a. Face to face contact with a client (when possible) to complete a discharge summary that addresses
 - reason for discharge.
 - summary of services provided.
 - client progress while under agency care and goals attained, or not attained, prognosis and recommendations for further care and treatment.
 - aftercare plan that provided reasonable assurances of continued care with the participation of the client and family or guardian (when indicated).
- b. Record Performance Outcomes at discharge.
- c. Completion of a Client Satisfaction Survey at discharge.

Management Information System (MIS)

MIS training will be provided by the Department as needed. It is the contract provider's responsibility to attend the scheduled trainings and to follow the MIS Business Document Manual.

1. MIS:
 - a. Enter MIS data on each client into the system (designated by the Department).
 - b. Update MIS information as needed.
 - c. Report electronically on information to the Department as required.

Outcome Evaluation & Training

1. The Department requires each contractor to measure and track:
 - a. client/family based outcomes.
 - b. agency based outcomes.
2. Develop a Performance Outcome Plan with methodology to track outcomes. Only agencies that are planning to serve children under five and over 18 years of age must propose an instrument/tool and/or methodology for measuring changes in client functioning. These agencies will be required to submit a Performance Outcome Plan for CYFD approval within thirty days after the effective date of the contract.
3. Staff Training:
 - a. Develop a staff training curriculum on agency outcome methodology.
 - b. Train staff on the agency outcome methodology.
 - c. Train staff on standardized instruments to be utilized by the agency.
 - d. Supervise staff utilizing standardized instruments.

Community Education and Development

Community Education and Development activities represent efforts made at the local, state and/or national levels to assure a match between the needs of the target client population and the services provided.

1. Activities may include:

- a. Public awareness activities to promote community knowledge of the agency's services and outreach to serve the target population.
 - b. Advocacy, education, policy development and networking on behalf of the target population through formal systems.
 - c. Consultation, education and training of other community service providers and the community to increase inter-agency collaboration and maximum service provisions to clients, including regular contact with PS and JJS.
2. Documentation shall include a log of activities, including dates, times, persons performing the activities and a description of these activities.

MINIMUM STAFF QUALIFICATIONS

Agency designated staff, volunteers and/or consumers.

STAFF SUPERVISION

All activities under Program Support must be supervised by the Executive Director, or a staff member as designated by the Executive Director.

BILLABLE UNIT

Six percent of the contracted dollar amount may be used for Program Support.

CASE MANAGEMENT

INTERAGENCY DEFINITION

Case Management is a set of functions that are intended to ensure that individuals receive the services they need in a timely, appropriate, effective, efficient and coordinated fashion. It is individual centered, family member-focused when appropriate, culturally competent and strength-based. Case Management is provided when necessary to serve individuals who require intensive intervention. The general purposes of case management are to coordinate and monitor services and to assess individuals' progress toward specific goals. Services typically include assessment; plan of care/service plan development and review; advocacy, referral and linkage to services; facilitation of natural helping resources; and coordination of physical health, behavioral health and social services.

For CYFD, the purpose of Case Management is to manage and coordinate the services a client needs or is receiving to achieve a successful outcome. Services are provided on behalf of, or in the best interest of, the client being served by the agency. Client Case Management is a set of interrelated activities based upon client need and delivered in a collaborative manner in order to access, coordinate, link and monitor appropriate services in the community.

ELIGIBILITY

Case Management is provided to clients meeting one of the target populations defined by the agency's CYFD contract, in conjunction with other CYFD contracted services provided by the agency.

This service allows clients to receive Case Management services prior to/or during the time a Mental Health Screening and Service or Treatment Plan are being completed.

Prerequisite:

1. A CYFD Intake must be completed prior to the implementation of Case Management services.
2. Develop an agency specific procedure to determine how to identify the non-Medicaid clients who may be eligible for Medicaid. Procedures must include a confidentiality statement as well as client or parental consent.
3. Meet with Human Services Department (HSD)/Income Support Division (ISD) local office and obtain all necessary information and applications to assist families in eligibility determination.

FILE MAINTENANCE

1. Case Management services/activities/goals must be documented in the Service/Treatment Plan, including date, length of time to achieve service/activity and staff completing the services.
2. Verification of Medicaid approval or denial (copy of notice).

CORE REQUIREMENTS

1. The delivery of Case Management services must be documented in progress notes, located in the client file and include:
 - a. Presenting problems and/or needs
 - b. Interventions, services and/or referrals to services to address identified needs and problems
 - c. Coordination of services with other agencies and/or individuals
 - d. Time frames for services
2. Client Discharge: (if applicable)
 - a. Summary of Services Provided
 - b. Accomplishment of the Service Plan or Treatment Plan goals
 - c. Client Satisfaction Survey

CASE MANAGEMENT SERVICES

Case Management services involve crisis stabilization, advocating, arranging, linking, coordinating, monitoring and/or securing services for the following client needs:

1. Health – physical and mental (i.e. meeting or taking client to the hospital, or a mental health, medical or other health care facility)
2. Personal (i.e. interpreter services for client, assistance with personal hygiene, etc.)
3. Educational (i.e. attending Individual Educational Plans, school or educational conferences, arranging for tutoring or for GED preparation, literacy and vocational training or educational testing, if needed).
4. Legal (i.e. accompanying client to a restraining order hearing, meetings with attorneys, obtaining legal counsel).
5. Housing (i.e. meetings with HUD, landlords, helping client secure rent, utilities, funds, etc.)
6. Employment (i.e. securing assistance in résumé development, interviews, job search, securing employment).
7. Financial (i.e. securing assistance with bookkeeping, budgeting, balancing the checkbook, bank reconciliation, taxes, applying for financial assistance).
8. Case Coordination (i.e. Treatment and/or Service Plan coordination with other agencies, such as PS, JJS and/or other service providers involved with mutual clients; attend initial staffings, such as placement review team, when requested by CYFD). Case coordination should occur at least once a month with JPPO or PS staff on mutual clients. These activities may include making referrals to achieve a treatment plan objective; phone advocacy on behalf of a client only when it involves a specific outcome identified in the service and/or treatment plan; writing reports or letters on behalf of clients requested by CYFD field staff and/or courts; follow-up on specific objectives identified in the Service and/or Treatment Plan.

NOTE: Travel is not reimbursable as a Case Management activity. Internal agency staffings are not billable as a Case Management activity.

MINIMUM STAFF QUALIFICATIONS

High School Diploma/GED plus two years relevant experience with target population, agency services and knowledge of community resources. Staff must receive 15 hours of relevant training/continuing education annually.

STAFF SUPERVISION

Bachelor's Degree in human services related field plus two (2) years relevant experience or High School Diploma/GED plus six (6) years relevant experience. Supervisors must receive 15 hours of relevant training/continuing education annually.

BILLABLE UNIT

One staff hour for direct Case Management services @ \$35.00 per staff hour.

BEHAVIORAL HEALTH SERVICES TRAVEL

CYFD's purpose for this component is to off-set the cost of vehicle use for providing CYFD contracted services to clients.

Travel/vehicle use reimbursement may be billed for staff travel to and/or from a client's location to provide a CYFD contracted service component.

- **Non-client service related travel by staff to satellite sites in another city, town or village is not billable.**
- **Travel funds are not for transporting clients to and from services.**
- **Travel funds are not for transporting staff to meetings or conferences.**

The total number of Travel units for a specific agency will be negotiated and included in the **LIMITED** menu of the contract.

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

BEHAVIORAL HEALTH SERVICES CLIENT INTAKE SUMMARY INSTRUCTIONS

- A Client Intake Summary form must be completed for all clients receiving services under CYFD CBHS contracts at the time of admission or referral, with the exception of those clients receiving Crisis Intervention services (refer to page 66, Crisis Intervention).
- Clients under the age of 12, identified as SED/NBD diagnosed or “at risk” of developing SED/NBD, must have the Early Intervention Core Data Elements Checklist (Appendix A) completed and included in the client file.
- MIS Intake information must be entered into the Management Information System (MIS).
- The Client Intake Summary does not take the place of a Mental Health Screening.
- Agencies may add information to the Intake form that captures any additional information they require, but agencies may not omit information on the Service Definition Manual Client Intake Summary (see Client Intake Summary – Appendix B).
- Agencies may use an Intake Form of their own design as long as it includes all the information required by CYFD.
- All sections of the Client Intake Summary must be completed by appropriate agency personnel.

BEHAVIORAL HEALTH SERVICES SCREENING/EVALUATION OVERVIEW

INTERAGENCY DEFINITION

A formal assessment and evaluation activity provided to children, adolescents or adults in order to define or delineate the individual's mental health/substance abuse diagnosis and related service needs. Assessment and evaluation services are used to document the nature and status of the individual's mental health status in terms of interpersonal, situational, social, familial, economic, psychological, and other related factors. This service includes at least two major categories of structured diagnostic and assessment services: 1) screening and evaluation (including medical, psychiatric and social history; home, family, and work environment assessment; and physical and laboratory studies/testing and psychological testing as appropriate); and 2) a documentation of the evaluation results to impart the evaluator's professional judgment as to the nature, causation, degree of severity, social-psychological functioning, and recommendations for treatment alternatives.

CYFD's purpose for this component is that a screening, assessment, or evaluation is the foundation upon which to build the services and treatment for a client and/or family, or to diagnose and to determine most appropriate clinical needs. At a minimum, a Mental Health Screening must be completed on the identified/billable client receiving treatment or identified services. CYFD requires that the Narrative Guidelines be followed.

Note: A specific request from CYFD or a Court order for any of the listed screenings/evaluations, or in the event that the referral and/or request is solely for one of the following services, a Mental Health Screening will not be required to be conducted in addition to the requested screening/evaluation or service:

- **Crisis Intervention;**
- **Respite;**
- **Forensic Evaluations, or**
- **Safe House**

Screenings/Assessments/Evaluations are conducted for the following reasons:

1. Treatment Planning

Provides information describing and assessing client strengths, needs and behaviors without requiring a diagnosis; determines eligibility and appropriateness for services, or prognosis; determines the course of treatment and what services are to be provided; and provides the focus for the service and/or treatment plan.

2. Diagnosis

In addition to the above, an assessment or evaluation can provide the basis for a DSM IV or V codes diagnosis, when appropriate, and subsequent need/referral for clinical services.

Eight (8) types of Evaluations are identified and defined within the next eight pages. Each has its own purpose statement, file maintenance, core requirements, minimum staff qualifications, staff supervision and billable units. Listed below are the types of screenings/evaluations:

TYPES OF EVALUATIONS

MENTAL HEALTH SCREENING

ALCOHOL & DRUG SCREENING

MENTAL HEALTH DIAGNOSTIC EVALUATION

INTELLECTUAL AND COGNITIVE FUNCTIONING EVALUATION

COMPREHENSIVE PSYCHOLOGICAL EVALUATION

JUVENILE FORENSIC OR VICTIM EVALUATION

SAFEHOUSE INVESTIGATIVE INTERVIEW

EMERGENCY MENTAL HEALTH EVALUATION

More than one type of assessment may be administered if determined appropriate in the client’s Mental Health Screening. CYFD will pay for the individual screenings/evaluations as long as the client’s file contains sufficient documentation clearly stating the reasons for the multiple assessments.

NOTE: Only one complete Evaluation will be allowed per client per one (1) year period (i.e., only one Comprehensive Psychological Evaluation will be allowed per client during a one year period, not multiple Comprehensive Psychological Evaluations during the same one year period).

NOTE: Mental Health Diagnostic Evaluations, Intellectual and Cognitive Functioning Evaluations, Comprehensive Psychological Evaluations, and Juvenile Forensic or Victim Evaluations have specific time limits for CYFD referrals. The specific time limits are described in the service description for each service.

Juvenile Justice Services/CBHS Crosswalk

JJD Levels	BHS Service
Level 1	Mental Health Screening
Level 2	Mental Health Diagnostic Evaluation
Level 3	Intellectual and Cognitive Functioning Evaluation
Level 4	Comprehensive Psychological Evaluation
Level 5	
Level 6	Juvenile Forensic or Victim Evaluation

BEHAVIORAL HEALTH SERVICES MENTAL HEALTH SCREENING NARRATIVE GUIDELINES

A thorough, comprehensive Mental Health Screening is the foundation upon which to build the service and/or treatment plan for a client and/or family. The screening itself shall be based upon the strengths and needs of the client and/or family and shall include input from the client and family. The client and/or family shall provide the information under the guidance and questioning of the interviewer and shall participate in the development of goals and in the selection of services to be incorporated into the client service plan and/or treatment plan.

The screening shall focus on the strengths of the client and/or family as much as possible. Strengths are frequently overlooked as important factors in the process of change when, in fact, they are the key to making successful changes. A strength based screening should provide a positive vehicle for engaging clients and/or families in treatments, for promoting creativity and innovation, and/or forming the basis of goal selection and reinforcement.

Following below are the guidelines to be used for completing and writing a Mental Health Screening. Each topic heading must be addressed. The information captured under each heading must be answered if applicable to the specific client.

GUIDELINES

1. **Identifying Information**
2. **Referral Source and Reason for Referral**
3. **Strengths**
 - a. Interests and abilities
 - b. Significant relationships in the client's and/or family's life
 - c. Family and social supports
 - d. Positive responses to previous treatment interventions
 - e. Achievements or successes for the client/family
 - f. Situations/settings where the client's and/or family's behavior is consistently appropriate
4. **Presenting Problems and Interventions**
 - a. Statement of presenting problems
 - b. Past and/or current interventions targeted to address problems
 - c. Results of interventions
 - d. Current involvement with other agencies
 - e. Note any known physical or mental conditions that substantially interfere with normal or usual activities of daily living.
5. **Interpersonal Relationships**
 - a. Address quality of social skills, conflict, interpersonal relationships and behavior in the home setting with:
 - 1) Parents
 - 2) Siblings

- 3) Extended Family
- 4) Peers
- 5) Friends
- 6) Significant Others
- 7) Authority Figures

b. Family

- 1) Commitment to the client
- 2) Client's separation from family or significant others
- 3) Cultural factors/religion
- 4) Significant life events
- 5) Recreational activities
- 6) Financial status/living environment
- 7) Supervision of youth
- 8) Placement history, if any, of children

6. **Work/School**

- a. Educational strengths – grades, involvement with school activities, and/or sports
- 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

7. **Medical/Physical**

- a. Current physical and dental health status (stress related illness, eating disorder, self-care, etc.)
- b. Special health needs and issues (disabilities)
- c. Health services currently receiving
- d. Medications currently taking

8. **Mental Health**

- a. Current assessment of mental health functioning (including depression, anxiety, thought process, hyperactivity)
- b. Psychiatric/psychological evaluation results and interventions, if applicable
- c. Current assessment of danger to self or others
- d. Traumatic stress
- e. Cognitive performance
- f. Developmental history/issues

9. **Substance Use**

- a. Current assessment and past history of substance/alcohol use
- b. Types of drugs being used and frequency of use
- c. Impact of drug use in relationship with presenting problem

- d. Past and present treatment plans (detox/rehabilitation centers/group programs/alternative programs)

10. **Socio/legal**

- a. Current legal status
- b. History of probation/incarceration and chronology of offenses
- c. Gang involvement
- d. Involvement of other family members in the criminal justice system
- e. Abuse/neglect history and involvement with Protective Services

11. **Danger to self or others**

- a. Suicidal ideation
- b. "Risk taking" behavior
- c. Violent temper
- d. Physically aggressive
- e. Other violent behavior towards others

12. **Multi-agency Involvement**

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

13. **Collection of collateral contact information** (Teacher, counselor, social worker, JPPO, doctors, etc.)

14. **Note or attach scores from all instruments/tools/scales utilized** (i.e. CFARS, NCFAS, etc.)

15. **Interviewer's Impressions, Conclusions and Recommendations**

BEHAVIORAL HEALTH SERVICES MENTAL HEALTH SCREENING

INTERAGENCY DEFINITION

Mental Health Screening is a preliminary evaluation procedure, limited in nature (purpose), and intended to indicate the presence or probability of a mental health issue or problem. This screening is appropriate for all children, adolescents or adults presenting at any point of entry into the behavioral health system and is appropriately done in both mental health and substance treatment settings.

CYFD intends that Mental Health Screenings shall be conducted annually, and these screenings are to be comprehensive. For children and families involved in multiple systems, i.e., receiving services from other agencies or involved with CYFD, the Mental Health Screening is to be coordinated with all involved entities to assure that children/families do not receive multiple screenings. The Mental Health Screening is to determine whether or not other evaluations are necessary.

NOTE: For Intensive Home-Based/Family Preservation, a Family Assessment in addition to the “identified client” Mental Health Screening is required.

FILE MAINTENANCE

The completed Screening must be signed, dated and filed in the client’s file.

CORE REQUIREMENTS

1. A thorough and comprehensive written Mental Health Screening report must be completed in accordance with CYFD Mental Health Screening Narrative Guidelines. This report must be completed within 30 days of admission to allow the agency time to gather information from the client, family members and collateral sources.
2. The completed Screening must be signed and dated by staff completing the assessment and by the supervisor.
3. Completion of the Children’s Functional Assessment Rating Scale (CFARS) in hard copy and electronic form, or other approved instrument is required.

MINIMUM STAFF QUALIFICATIONS

Bachelor’s Degree in a human services related field or a combination of relevant education, training and experience totaling four years. Must have documented training in interviewing techniques and writing assessments. Staff must receive 15 hours of relevant training annually

STAFF SUPERVISION

Bachelor’s Degree in a human services related field plus one year of assessment experience or relevant education, training and experience totaling six (6) years with one year experience in conducting and writing assessments. Supervisors must receive 15 hours of relevant training annually.

BILLABLE UNIT

One (1) complete Mental Health Screening per client and one (1) per family @ \$80.00 per report in a one year period.

NOTE: A Specialized Mental Health Screening may be conducted when a case has been closed for at least six (6) months and then re-opened within the same year in the same agency. Specialized Mental Health Screenings will be reimbursed at \$40.00 per report.

BEHAVIORAL HEALTH SERVICES ALCOHOL & DRUG SCREENING

INTERAGENCY DEFINITION

Alcohol and Drug Screening: A screening is a single, preliminary evaluation procedure, limited in nature, and intended to merely indicate whether there is a probability that a substance abuse/addiction problem is present.

CYFD requires that the agency must be qualified to provide drug and/or alcohol screening (e.g. SASSI) when substance abuse is a presenting problem for a specific client.

FILE MAINTENANCE

1. Individual client file including:
 - a. Client Intake/referral must include reason for the screening
 - b. Consent and/or Release of Information Forms
 - c. Confidentiality Statements
2. Copy of completed Alcohol Drug Screen, signed and dated by staff completing the assessment and supervisor.

CORE REQUIREMENTS

1. A thorough and comprehensive written report must be completed incorporating the following:
 - a. A face to face interview with client/family members gathering information specific to the information needed to provide services and/or assessment or evaluation
 - b. Collateral contact information
 - c. Testing, screening documentation (if applicable)
2. The report must be signed and dated by staff completing the assessment, and signed by the supervisor.

MINIMUM STAFF QUALIFICATIONS

Staff administering and interpreting drug and alcohol testing must be licensed (LAAC, LDAC, LADAC) or credentialed as determined by the New Mexico Counseling and Therapy Practice Board, and/or must have documented training in drug or alcohol screening. Annual training and continuing education must be in accordance with the respective licensing act/board requirements.

STAFF SUPERVISION

Bachelor's Degree in a human services related field plus one (1) year assessment experience or relevant education, training and experience totaling six (6) years with one (1) year experience in conducting and writing assessments. Supervisors must receive 15 hours of relevant training annually.

BILLABLE UNIT

One completed Alcohol and Drug Screening per client @ \$35.00 per product.

BEHAVIORAL HEALTH SERVICES MENTAL HEALTH DIAGNOSTIC EVALUATION

For CYFD's purposes, a Mental Health Diagnostic Evaluation assesses a client for mental disorders and/or psychosocial stressors as defined by DSM IV. This evaluation is appropriate for clients who have clinically significant behavioral or psychological syndromes or patterns.

FILE MAINTENANCE

Individual client file to include:

1. Client Intake (if not previously completed). Must include client eligibility, the reason the evaluation was requested and the justification for the need for service.
In addition:
 - a. Rights/Responsibilities/Grievance Procedures Forms (Signed acknowledgment)
 - b. Consent Forms and/or Release of Information Forms
 - c. Confidentiality Statement
2. Completed Evaluation, signed and dated by the person completing the evaluation, with any supervisory signatures required by the person's licensing act/board regulations.
3. Completed assessment instrument(s).

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 (refer to CYFD Screening guidelines)
 - e. Results of a Mental Status Exam
 - f. Clinical observations and impressions
 - g. Collateral contact information
 - h. DSM IV Diagnosis and/or V-Codes and supporting information for providing the diagnosis
 - i. Recommendations for treatment
2. The 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. Completion of an appropriate assessment instrument or other collateral information used to conduct the assessment, as approved by CYFD. (Complete a CFARS if Mental Health Diagnostic Evaluation is provided in lieu of a Mental Health Screening).
4. For CYFD Protective Services or Juvenile Justice Services referred clients, the completed evaluation will be returned to the referral source within thirty (30) calendar days from the date of the referral. In the event that the client is in a Juvenile Detention Center pending the results of the evaluation, the completed evaluation will be returned to the referral source within fifteen (15) calendar days from the date of the referral.

STAFF QUALIFICATIONS

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

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

***With appropriate supervision**

Annual training and continuing education must be in accordance with the respective licensing act/board requirements.

STAFF SUPERVISION

Licensed in New Mexico, as a LPCC, LMFT, LISW, Psychologist or Psychiatrist, with a minimum of two (2) years experience in conducting mental health evaluations. Annual training and continuing education must be in accordance with the respective licensing act/board requirements.

BILLABLE UNIT

One completed Evaluation (report) per client per one (1) year period @ \$210.00 per product.

BEHAVIORAL HEALTH SERVICES INTELLECTUAL AND COGNITIVE FUNCTIONING EVALUATION

For CYFD purposes, an Intellectual and Cognitive Functioning Evaluation may be administered when the need exists to establish or rule out mental retardation, Attention Deficit Disorder, Attention Deficit Hyperactive Disorder, learning disability or organic brain syndrome. The need for this type of evaluation must be documented in the client file.

FILE MAINTENANCE

Individual Client file to include:

1. Client Intake (if not previously completed). Must include client eligibility, the reason the evaluation is requested and the justification for the need for service.
In addition:
 - a. Rights/Responsibilities/Grievance Forms (signed acknowledgment)
 - b. Consent Forms and/or Release of Information Forms
 - c. Confidentiality Statement
2. Completed evaluation, signed and dated by the person completing the evaluation, with any supervisory signatures required by the person's licensing act/board regulations.

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 (refer to CYFD Mental Health Screening guidelines)
 - e. Documentation of testing instruments used to determine cognitive and intellectual functioning, results and interpretation of tests
 - f. Clinical observations and impressions
 - g. Collateral contact information
 - h. Recommendations for treatment
2. The Intellectual and Cognitive Functioning Evaluation must be clearly identified as such, and must be signed and dated by the staff completing the evaluation.
3. For CYFD Protective Services or Juvenile Justice Services referred clients, the completed evaluation will be returned to the referral source within thirty (30) calendar days from the date of the referral. In the event that the client is in a Juvenile Detention Center pending the results of the evaluation, the completed evaluation will be returned to the referral source within fifteen (15) calendar days from the date of the referral.

MINIMUM STAFF QUALIFICATIONS

Licensed in New Mexico, Master's Degree in a mental health or social services field with experience and training in administering intellectual and cognitive functioning tests and allowable within the scope of practice of each

respective license. Annual training and continuing education must be in accordance with the respective licensing act/board requirements.

STAFF SUPERVISION

A Doctoral level Psychologist licensed in New Mexico. Annual training and continuing education must be in accordance with the respective licensing act/board requirements.

Note: The evaluation must be signed by the supervisor.

BILLABLE UNIT

One completed Intellectual and Cognitive Functioning Evaluation per client per one (1) year period @ \$275.00 per product.

BEHAVIORAL HEALTH SERVICES COMPREHENSIVE PSYCHOLOGICAL EVALUATION

INTERAGENCY DEFINITION

Evaluation and testing services provided by a psychologist to assess and diagnose an individual's mental health and substance abuse issues. The testing and evaluation services supplement the overall evaluation, assessment and treatment planning process.

For CYFD purposes, a Comprehensive Psychological Evaluation may be administered when there is a diagnostic uncertainty, impaired reality testing, or when the client behaviors do not correspond with clinical presentation. The justification for this type of evaluation must be documented in the client file.

The Comprehensive Psychological Evaluation must address a specific clinical question that cannot be answered without testing or when other sources of information are insufficient to make a differential diagnosis.

FILE MAINTENANCE

Individual client file to include:

1. Client Intake (if not previously completed). Must include client eligibility, the reason the evaluation is requested and the justification for the need for service.
In addition:
 - a. Rights/Responsibilities/Grievance Forms (signed acknowledgment)
 - b. Consent Forms and/or Release of Information Forms
 - c. Confidentiality Statement
2. Completed evaluation, signed and dated by the person completing the evaluation, with any supervisory signatures required by the person's licensing act/board regulations.

CORE REQUIREMENTS

1. A thorough and comprehensive written assessment report must be completed, and must incorporate the following information:
 - a. Identifying information
 - b. Referral reason
 - c. Presenting problem(s)
 - d. DSM diagnosis
 - e. Background information and client/family history
 - f. Results of a Mental Status Exam
 - g. Clinical observations and impressions
 - h. Collateral contact information
 - i. Documentation of testing instruments used to determine cognitive and intellectual functioning and results if applicable
 - j. Identification of psychometric instruments used, and the results and interpretations of tests
 - k. Recommendations for treatment.
2. The Comprehensive Psychological Evaluation must be clearly identified as such, and must be signed and dated by the staff completing the evaluation.

3. For CYFD Protective Services or Juvenile Justice Services referred clients, the completed evaluation will be returned to the referral source within thirty (30) calendar days from the date of the referral. In the event that the client is in a Juvenile Detention Center pending the results of the evaluation, the completed evaluation will be returned to the referral source within fifteen (15) calendar days from the date of the referral.

MINIMUM STAFF QUALIFICATIONS

Licensed in New Mexico, Master's Degree in a mental health field, with relevant experience and training in the administration and interpretation of psychological tests and allowable within the scope of practice of each respective license. Annual training and continuing education must be in accordance with the respective licensing act/board requirements.

STAFF SUPERVISION

A Doctoral level Psychologist licensed in New Mexico. Annual training and continuing education must be in accordance with the respective licensing act/board requirements.

Note: The evaluation must be signed and dated by the supervisor.

BILLABLE UNIT

One complete Comprehensive Psychological Evaluation per client per one (1) year period @ \$400.00 per product.

BEHAVIORAL HEALTH SERVICES JUVENILE FORENSIC EVALUATION (or) VICTIM FORENSIC EVALUATION

Juvenile Forensic or Victim Evaluations are appropriate for juveniles where there is an issue of the child's competency, or for any other juvenile where there is concern regarding diminished cognitive abilities or severe learning disabilities that may adversely affect the child's comprehension of their legal situation. Competency is defined as "the ability of the child to work with their attorney in a rational and factual manner in their own defense." It is also appropriate for juveniles who may be exhibiting psychotic symptoms who may require treatment to see if they can obtain competency.

Juvenile Forensic Evaluation:

An evaluation of a juvenile conducted to help the juvenile court with decision making about one of the following psycho-legal issues:

1. Mental state at the time of the offense
2. Competency to proceed through adjudication
3. Amenability to treatment or rehabilitation as a child in available facilities, as defined in the NM Children's Code under the Youthful Offender statute
4. Treatment as an alternative to incarceration (risk of safety to self and/or community).

The juvenile forensic evaluation shall be done by court order and shall address only those issues outlined above. It is intended to provide enough data on the legal issues to limit the necessity of testifying in court, although if called to testify, Expert Witness testimony is included in the unit rate.

Victim Forensic Evaluation:

An evaluation performed to determine the competency and/or additional trauma of an alleged minor victim of a sex crime, up to the age thirteen (13), to testify in a court of law. Evaluator should complete a written report as outlined under Core Requirements.

FILE MAINTENANCE

Individual client file containing:

1. Client Intake. (SEE JUVENILE FORENSIC EVALUATION FORM, Appendix B) Must include client eligibility and reason for referral.
2. Rights and Responsibilities/Grievance Procedures Forms (signed acknowledgement)-if applicable
3. Release of Information/Confidentiality Statement/Consent Forms (if applicable).
4. Completed evaluation report, labeled by type of evaluation, signed and dated by staff completing the report, and signed by supervisor (if applicable).
5. Customer Satisfaction Survey (Judges, JPPOs, PS workers, etc.).

CORE REQUIREMENTS

Evaluations should be conducted in accordance with the ethical and professional standards contained in the American Psychological Association specialty guidelines for Forensic Psychologists.

1. Conduct an intake (receive a Court Order and collect identifying information from a referral source).

2. Conduct an interview with juvenile and, when possible, family members.
3. Collect collateral information.
4. Administer psychometric tests as relevant to the referral question(s), including measures of adjudicatory competency.
5. Complete a psychological evaluation report containing information sufficient to respond to the referral question(s), and addressing the following areas:
 - a. Data pertaining to the identification and demographics of the client
 - b. Statement outlining the reason for referral and clarifying the referral issue(s)
 - c. Mental status examination description
 - d. As relevant: family information, developmental information, medical, educational, social, emotional, behavioral information; history of interventions, and legal history
 - e. Results and interpretation of assessment measures
 - f. Clear and reasoned response to the referral question(s)
 - g. As appropriate, intervention recommendations
6. Court testimony, if required.
7. For CYFD Protective Services or Juvenile Justice Services referred clients, the completed evaluation will be returned to the referral source within thirty (30) calendar days from the date of the referral. In the event that the client is in a Juvenile Detention Center pending the results of the evaluation, the completed evaluation will be returned to the referral source within fifteen (15) calendar days from the date of the referral.

MINIMUM STAFF QUALIFICATIONS

A New Mexico licensed psychologist or licensed psychiatrist with one year documented specialized experience in performing forensic evaluations, or:

An individual holding a Master's Degree who is a doctoral candidate in Guidance and Counseling, Social Work or Psychology and meets the following criteria:

- Relevant, documented training/experience in the utilization of the specific instrument being administered
- Training in interviewing techniques, including techniques directly related to forensic interviewing; and
- Under direct supervision by a New Mexico licensed psychologist or psychiatrist.
- Annual training and continuing education must be in accordance with the respective licensing act/board requirements.

STAFF SUPERVISION

New Mexico licensed psychologist or psychiatrist, with one (1) year specialized experience performing Forensic Evaluations. Annual training and continuing education must be in accordance with the respective licensing act/board requirements.

NOTE: The evaluation report must be signed and dated by the supervisor, if completed by a doctoral candidate.

BILLABLE UNIT

One completed Forensic Evaluation or Victim Evaluation per client, per year @ \$700.00 per product.

BEHAVIORAL HEALTH SERVICES SAFEHOUSE INVESTIGATIVE INTERVIEW

An Investigative Interview is an interview performed at the request of Law Enforcement or Child Protective Services as part of a child abuse investigation. A trained child interview specialist performs the interview in a neutral, child-friendly setting to optimize the accuracy and comprehensiveness of the child's account. The goal of the interview is to produce sufficient quality and quantity of information to enhance the investigation for both law enforcement and Child Protective Services (CPS), and to minimize the traumatic effect on the child. The interview is observed by members of the investigative team who communicate and coordinate approaches to produce a complete understanding of case issues and the most effective system response possible.

An Investigative Interview is one that must be conducted in cases of child sexual abuse, and/or physical abuse, and cases of sexual assault. The intent of the interview is to produce one that is of evidence quality, and videotaped.

The investigative interview must be guided by a multi-disciplinary team, which shall consist of at least one of the following but is not limited to: Law enforcement (i.e. local/County Police, FBI, BIA, etc.); District Attorney's Office; a Social Worker from Children, Youth and Families Department or Tribal Social Services. Additional team members may include: physicians, therapists, the Guardian ad Litem, etc. The interview should generate information that is forensically defensible.

FILE MAINTENANCE

Individual client file to include:

1. Client Intake. Must include client eligibility and reason for referral (SEE SAFEHOUSE INVESTIGATION INTERVIEW FORM, Appendix B)
In addition:
 - Rights/Responsibilities/Grievance Procedures Forms (signed acknowledgment);
 - Informed consent to interview and videotape;
 - Release of Information/Confidentiality Statement;
 - Performance Outcomes and demographic information (in a format designated by CYFD)
2. Progress Notes and Client/Collateral Contacts
3. Discharge Information
 - Summary of services received
 - Performance Outcomes
4. Client Satisfaction Survey
5. Customer Satisfaction Survey

CORE REQUIREMENTS

1. Intake
This requires a prompt response to:
 - the request for an interview; and

- the scheduling needs of all necessary agencies.
- a. Accept referrals from law enforcement agency or Child Protective Services (CPS), including Children, Youth and Families Department (CYFD) or Tribal Social Services
 - b. Schedule interview with child and notify individuals from various coordinating agencies
 - c. Assist in planning for children and families with bilingual, multi-cultural or special needs
 - d. Accommodate Guardian ad Litem for those children in State custody
 - e. Interview parent or guardian, if appropriate.
2. Pre-Interview Staffing
(Pre-interview briefing may include family members and police)
- a. The *interviewer* will meet with investigating team to establish a mutual understanding of the necessary information to be covered during the interview and the general interview approach to be considered.
 - b. The *interview* will be conducted in coordination and cooperation with all involved agencies to prevent the need to re-interview the child.
In order to ensure privacy for the child and minimize the number of witnesses involved in a case, observing the interview should be limited to those directly involved in the investigation.
Under no circumstances is the family permitted to observe the interview.
 - c. The investigation process will be conducted in such a manner as to be free from any claims of impropriety or the appearance of impropriety.
3. Interview
- a. The *interviewer* will possess sufficient skills in child interviewing techniques to establish rapport, promote narrative and elicit information in a manner free from coercion or enticements. All techniques used should be reflective of best practices in the field. The information produced will attempt to meet the needs of all involved agencies and minimize the need to re-interview the child.
 - b. The *interview* will be videotaped. The visual image will be free of distortion and provide a clear picture of the child's behavior, expressions and interactions with the interviewer. The sound track will have sufficient volume and clarity for transcription and legal review.
4. Post Interview Staffing and Family Conference
- a. The *interviewer* will conduct a brief post-interview conference with the investigation team to discuss results, review hypotheses and psychosocial aspects that relate to the service needs of the child. The team may discuss and coordinate any additional activity each agency will conduct as part of the investigation, as well as the information to be conveyed to the caretaker regarding the interview.
5. Case Tracking, Case Review and Follow-up
- a. Coordinate and track investigative, prosecutorial and treatment efforts.
 - b. Provide the family (caretaker) involved with a consistent contact person responsible for information.
 - c. On a routine basis, share information among agencies involved regarding the investigation, case status, and services needed by the child and family.
 - d. Provide the tape and supporting information to law enforcement upon completion.
 - e. Follow-up on the investigation.

FAMILY ADVOCACY SERVICES (OPTIONAL SERVICE & BILLABLE AT A DIFFERENT RATE)

According to national trends and best practices established by the National Children's Alliance, victim advocacy and support, when made available to the child and family, as part of the team response, either at the Safehouse or through coordination with other providers, lessen the trauma and emotional distress to the family and child.

Services to be provided by Family Advocate include, but are not limited to:

- Crisis services to family
- Education of the family about the investigative process in order to enhance cooperation with the investigation
- Referrals made for the family for needed services, and assistance with the referrals
- Support to the family throughout the investigation and subsequent legal proceedings.

MINIMUM STAFF QUALIFICATIONS

1. Master's Degree related to social work, education, criminal justice, nursing, psychology, (or)
2. Bachelor's Degree with two (2) years experience related to social work, education, criminal justice, nursing, psychology, (or)
3. Six (6) years of relevant experience in a field related to social services, plus the qualifications outlined below.

In addition, the staff person must possess:

- Continuing education through annual participation in national and regional conferences or training and peer reviews. Annual training and continuing education must be in accordance with the respective licensing act/board requirements.
- Demonstrated professional experience with children (which can be related to internships, or as practitioners)
- Demonstrated knowledge of child abuse and neglect (through course work, professional training, or higher education)
- Demonstrated ability to conduct satisfactory clinical interviews, or child-abuse investigations
- Ability to communicate with a wide range of children from cultures relevant to the specific community
- Knowledge of child protection, police, the specific community and the court systems.

STAFF SUPERVISION

1. Master's Degree with two (2) years experience related to social work, education, criminal justice, nursing, psychology, sociology or counseling; or
2. Bachelor's Degree with three (3) years experience, including one (1) as a supervisor, related to social work, education, criminal justice, nursing psychology, as well as two (2) years of experience in child sexual abuse investigations, and interviewing children who have been abused or have witnessed homicide (forensic or investigative).

In addition, the supervisor must possess:

- Demonstrated professional experience with children (which can be related to internships, or as practitioners);
- Demonstrated knowledge of child abuse and neglect (through course work, professional training, or higher education);

- Demonstrated ability to conduct satisfactory clinical interviews, or child-abuse investigations;
- Knowledge of child protection, police, the specific community and the court systems.
- Continuing education through annual participation in national and regional conferences or training and peer reviews is recommended. Annual training and continuing education must be in accordance with the respective licensing act/board requirements.

NOTE: Supervision of staff must be documented.

BILLABLE UNIT

One (1) completed investigative interview per client for a one year period @ \$300.00 per product. Additional investigative interviews may be conducted in the event that a new allegation of abuse arises in the same year.

One (1) completed investigative interview per client plus Family Advocacy services @ \$350.00 per product/child. Additional investigative interviews may be conducted in the event that a new allegation of abuse arises in the same year.

BEHAVIORAL HEALTH SERVICES EMERGENCY MENTAL HEALTH EVALUATION

For CYFD purposes, an Emergency Mental Health Evaluation is conducted to evaluate the client's danger to self and/or others, and the need for emergency intervention. The justification for this type of evaluation must be documented in the client file.

FILE MAINTENANCE

Individual client file to include:

1. Client Intake (if not previously completed). Must include client eligibility, the reason the evaluation is requested and the justification for the need for service.
In addition:
 - Rights/Responsibilities/Grievance Forms (signed acknowledgment) if applicable
 - Consent Forms and/or Release of Information Forms (if applicable)
 - Confidentiality Statement.
2. Complete evaluation report, with signature and date of staff completing report and supervisor as indicated as a best practice.

CORE REQUIREMENTS

1. Evaluation should be conducted in the client's immediate environment.
2. A thorough and comprehensive written report must be completed and must incorporate the following information:
 - a. Identifying information
 - b. Referral reason
 - c. Evaluation of danger to self and/others
 - d. Background information and client/family history
 - e. Clinical observation and impression
 - f. Identification, results and interpretation of any tests administered
 - g. Recommendation for placement, hospitalization, secure placement and/or any other emergency interventions
 - h. Recommendations for treatment.
3. The Emergency Mental Health Evaluation report must be signed and dated by the staff completing the report and must be signed by the supervisor.

MINIMUM STAFF QUALIFICATIONS

Licensed in New Mexico, Master's Degree in related field with related experience and training in crisis situations and evaluation of danger to self and others. Annual training and continuing education must be in accordance with the respective licensing act/board requirements.

STAFF SUPERVISION

A doctoral level Psychologist or Medical Doctor licensed in New Mexico. Annual training and continuing education must be in accordance with the respective licensing act/board requirements.

BILLABLE UNIT

One (1) complete Emergency Mental Health Evaluation per client @ \$210.00 per product.

BEHAVIORAL HEALTH SERVICES TREATMENT PLAN (DEVELOP & REVIEW)

INTERAGENCY DEFINITION

Services are designed to develop or review an individual's treatment plan. The Treatment Plan should be based on assessment and evaluation information and contain specific treatment and recovery goals and services directed towards addressing symptoms. The Treatment Plan should specifically address the scope, amount and duration of services. The Treatment Plan is updated as necessary, but typically following each 90-day reassessment.

FILE MAINTENANCE

The completed Treatment Plan must be signed, dated and filed in the client's file.

CORE REQUIREMENTS

1. A thorough and comprehensive written Treatment Plan must be completed in conjunction with CYFD Mental Health Screening Narrative. This report must be completed within 30 days of intake to allow the agency time to gather information from the client, family members and collateral sources.
2. The client must be involved in the development of the Treatment Plan and changes to the Plan. The client, as well as the parent/guardian, and all parties involved, must sign and date the Plan and all subsequent changes.
3. In conjunction with the administering of a CFARS or NCFAS (as appropriate), the Treatment Plan must be reviewed and updated a minimum of every 90 days. The Treatment Plan documentation shall consist of:
 - a. Listing of client strengths and needs
 - b. Measurable goals and objectives related specifically to client strengths and needs
 - c. Method of achieving service and/or treatment plan (i.e. who will provide the service, how will services be provided, and what services will be provided)
 - d. Time frames to accomplish goals and objectives
 - e. Review of goals and objectives and progress or lack of progress noted
 - f. Documentation of supervisory reviews of the Treatment Plan.
4. The completed Treatment Plan must be signed and dated by staff completing the Plan and by the supervisor.
5. Completion of the Children's Functional Assessment Rating Scale (CFARS) in hard copy and electronic form, or other approved instrument is required within 30 days of intake, every 90 days thereafter and at discharge from services.

MINIMUM STAFF QUALIFICATIONS

Bachelor's Degree in a human services related field or a combination of relevant education, training and experience totaling four years. Must meet all relevant licensing requirements established by the New Mexico Counseling and Therapy Practice Board and NM Social Examiners Board. Must have documented training in

interviewing techniques, writing assessments and treatment plans. Staff must receive 15 hours of relevant training annually.

STAFF SUPERVISION

Bachelor's Degree in a human services related field plus one year assessment experience or relevant education, training and experience totaling six (6) years with one year experience in conducting and writing assessments. Must meet all relevant licensing requirements established by the New Mexico Counseling and Therapy Practice Board and New Mexico Board of Social Work Examiners. Supervisors must receive 15 hours of relevant training annually.

BILLABLE UNIT

One (1) complete Treatment Plan per client and one (1) complete Treatment Plan per family @ \$60.00 per report in a one year period. Required 90 day Treatment Plan reviews/updates are not billable.

BEHAVIORAL HEALTH SERVICES COUNSELING

INTERAGENCY DEFINITION

Counseling consists of various therapeutic interventions and is used to address an individual's alcohol or drug abuse and/or emotional, behavioral or cognitive problems. These problems may be causative/exacerbating the primary alcohol/drug abuse or mental disorder or have been triggered by the stress related to coping with mental and physical illness and psychosocial dysfunction. Personal trauma, family conflicts, self-concept, responses to medication, and other life adjustments reflect a few of the many issues that may be addressed. Services may be provided in various settings including schools.

CYFD's purpose for Counseling is a practice of professional service designed to promote the social and emotional health and well-being of individuals and families while helping them to identify their strengths and needs. This process involves utilizing recognized psychological principles and methods that will result in positive behavior change and enhanced client functioning. The activities should restore a client's capacity for social and emotional functioning including meeting one's own basic needs and those of one's dependents and increased individual emotional functioning. This intervention will focus on the environmental and social forces that influence the client and the client's environment, and will assist clients in developing more effective coping skills and adaptive strategies to successfully remediate stressful life transitions. Interventions may include individual counseling and/or family counseling.

Prerequisites:

1. A Mental Health Screening must be conducted. Alternative evaluations such as a Mental Health Diagnostic Evaluation may be administered as required.
2. Depending on the level of intervention being provided, a clinical diagnosis may or may not be required to provide this service. The determination whether or not a diagnosis is required depends on the results of the Mental Health Screening and other evaluations conducted.
3. Individual, specific treatment goals and measurable, time-limited objectives must be documented in a Treatment Plan.
4. Treatment planning is strengths-based and includes full client participation that is documented. Interventions to be used, including frequency and staff responsible, must be clearly indicated.
5. In a unique situation or isolated crisis, telephone counseling of at least ½ hour in duration may be utilized and billed. The incident, intervention and outline of the telephone counseling must be documented in the client file and/or telephone log.

NOTE: The level of Counseling administered should reflect the licensing level of the individual providing the service

FILE MAINTENANCE

File maintenance shall follow the File Maintenance and Documentation designed for the Behavioral Health Services.

CORE REQUIREMENTS

1. The Treatment Plan must be reviewed at least every ninety (90) days, and revised as necessary.
2. Progress, determined predominantly by success in making behavioral changes, or barriers to progress, are documented in the client record.
3. Counseling notes shall address goals and objectives on the client's Treatment Plan and be documented in the client file.

STAFF QUALIFICATIONS FOR COUNSELING

Licensure in New Mexico (LBSW, LPC, LMSW, RMHC) in accordance with requirements of the New Mexico Board of Social Work Examiners or the New Mexico Counseling and Therapy Practice Act with required staff supervision and training. Annual training and continuing education must be in accordance with the respective licensing act/board requirements.

Licensure in New Mexico, Master's Degree Clinician (LMSW, LISW, LPC, LPCC, or 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, with required staff supervision and training.

Counseling must be provided in accordance with each licensing act/board that governs the licensed staff. If the focus of the session/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 the Act.

Master's level students or interns in an accredited counseling, social work or therapist training program and rendering services under supervision may provide this service.

STAFF SUPERVISION FOR COUNSELING

Licensure in New Mexico to practice independently, (LISW, LPCC, LPAT or LMFT) with a minimum of two years experience in counseling, by an individual with equal or higher licensure than the supervised staff. In addition, the supervisor must have at least one year of additional experience serving the target population than the supervised individual. Annual training and continuing education must be in accordance with the respective licensing act/board requirements.

Supervision must be documented in a supervisor's log, which includes the theme, date, length of time of supervision and signature of the supervisor and supervised individual.

BILLABLE UNIT

Licensure in New Mexico (LBSW) in accordance with requirements of the New Mexico Board of Social Work Examiners 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**.

Licensure in New Mexico, Master's Degree Clinician (LMSW, LISW, LPC, LPCC, LPAT or 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, with required staff supervision and training, the reimbursement rate will be **\$60.00 per client hour**.

Master's level students or interns in an accredited counseling, social work or therapist training program, rendering services under direct supervision may provide this service, the reimbursement rate will be **\$45.00 per client hour**.

BEHAVIORAL HEALTH SERVICES GROUP COUNSELING

INTERAGENCY DEFINITION

Therapeutic interventions provided to a group of children, adolescents or adults to address emotional, behavioral or cognitive problems which may be causative/exacerbating mental disorders or have been triggered by the stress related to coping with mental and physical illness, alcohol and drug abuse, and psychosocial dysfunction. Personal trauma, family conflicts, self-concept, responses to medication, and other life adjustments reflect a few of the many issues that may be addressed. Services may be provided in various settings including schools. Group size should be at least three or more, but less than ten individuals.

CYFD's purpose for Group Counseling is a practice of professional service designed to promote the social and emotional health and well-being of individuals while helping them to identify their strengths and needs. This process involves utilizing recognized psychological principles and methods that will result in positive behavior change and enhanced client functioning. The activities should restore a client's capacity for social and emotional functioning including meeting one's own basic needs and those of one's dependents and increased individual emotional functioning. This intervention will focus on the environmental and social forces that influence the client and the client's environment, and will assist clients in developing more effective coping skills and adaptive strategies to successfully remediate stressful life transitions.

NOTE: The Interagency Definitions provides for at least three or more, but less than ten individuals as a group, however, for CYFD's purpose, a group is defined as two or more clients, and no more than nine clients per facilitator.

Prerequisites:

1. A Mental Health Screening must be conducted. Alternative evaluations such as a Mental Health Diagnostic Evaluation may be administered as required.
2. Depending on the level of intervention being provided, a clinical diagnosis may or may not be required to provide this service. The determination whether or not a diagnosis is required depends on the results of the Mental Health Screening and other evaluations conducted.
3. Individual, specific treatment goals and measurable, time-limited objectives must be documented in a Treatment Plan.
4. Treatment planning is strengths-based and includes full client participation that is documented. Interventions to be used, including frequency and staff responsible, must be clearly indicated.

NOTE: The level of Counseling administered should reflect the licensing level of the individual providing the service

FILE MAINTENANCE

File maintenance shall follow the File Maintenance and Documentation designed for the Behavioral Health Services.

CORE REQUIREMENTS

1. The Treatment Plan must be reviewed at least every ninety (90) days, and revised as necessary.
2. Progress, determined predominantly by success in making behavioral changes, or barriers to progress, are documented in the client record.
3. A group is defined as two or more clients, and no more than nine clients per facilitator. Group progress and processes must be noted and documented in each client's files. Group notes are acceptable, however, confidentiality must be maintained.

STAFF QUALIFICATIONS FOR COUNSELING

Licensure in New Mexico (LBSW, LPC, LMSW, RMHC) in accordance with requirements of the New Mexico Board of Social Work Examiners or the New Mexico Counseling and Therapy Practice Act with required staff supervision and training. Annual training and continuing education must be in accordance with the respective licensing act/board requirements.

Licensure in New Mexico, Master's Degree Clinician (LISW, LPCC or LMFT), licensed doctoral level psychologist or psychiatrist in accordance with requirements of the New Mexico Board of Social Work Examiners or the New Mexico Counseling and Therapy Practice Act, with required staff supervision and training.

Counseling must be provided in accordance with each licensing act that governs the licensed staff. If the focus of the session/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 the Act.

Master's level students or interns in an accredited counseling, social work or therapist training program and rendering services under supervision may provide this service.

STAFF SUPERVISION FOR COUNSELING

Licensure in New Mexico to practice independently, (LISW, LPCC, LPAT or LMFT) with a minimum of two years experience in counseling, by an individual with equal or higher licensure than the supervised staff. In addition, the supervisor must have at least one year of additional experience serving the target population than the supervised individual. Annual training and continuing education must be in accordance with the respective licensing act/board requirements.

Supervision must be documented in a supervisor's log, which includes the theme, date, length of time of supervision and signature of the supervisor and supervised individual.

BILLABLE UNIT

Licensure in New Mexico (LBSW) in accordance with requirements of the New Mexico Board of Social Work Examiners or the New Mexico Counseling and Therapy Practice Act with required staff supervision and training, the reimbursement rate will be **\$10.00 per client hour**.

Licensure in New Mexico, Master's Degree Clinician (LMSW, LISW, LPC, LPCC, RMHC, LPAT or 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, with required staff supervision and training, the reimbursement rate will be **\$12.00 per client hour**.

Master's level students or interns in an accredited counseling, social work or therapist training program, rendering services under direct supervision may provide this service, the reimbursement rate will be **\$45.00 per client hour.**

BEHAVIORAL HEALTH SERVICES FAMILY COUNSELING

INTERAGENCY DEFINITION

Family Counseling consists of therapeutic interventions directed toward an individual and family to address emotional, behavioral or cognitive problems which may be causative/exacerbating the primary mental disorder or problem, or have been triggered by the stress related to coping with mental and physical illness, alcohol and drug abuse, and psychosocial dysfunction. Personal trauma, family conflicts, family dysfunction, self-concept, responses to medication, and other life adjustments reflect a few of the many issues that may be addressed.

CYFD's purpose for Family Counseling is a practice of professional service designed to promote the social and emotional health and well-being of families while helping them to identify their strengths and needs. This process involves utilizing recognized psychological principles and methods that will result in positive behavior change and enhanced family and family member's functioning. The activities should restore a family's capacity for social and emotional functioning including meeting the family's basic needs and those of the individual family members emotional functioning. This intervention will focus on the environmental and social forces that influence the family and the family's environment, and will assist the family in developing more effective coping skills and adaptive strategies to successfully remediate stressful life transitions.

NOTE: Services are intended to be group services provided primarily to the family unit, not individuals within a family.

Prerequisites:

1. A Family Mental Health Screening and a NCFAS must be conducted. Alternative evaluations such as a Mental Health Diagnostic Evaluation may be administered.
2. Depending on the level of intervention being provided, a clinical diagnosis may or may not be required to provide this service. The determination whether or not a diagnosis is required depends on the results of the Mental Health Screening and other evaluations conducted.
3. Individual, specific treatment goals and measurable, time-limited objectives must be documented in a family Treatment Plan.
4. Treatment planning is strengths-based and includes full client participation that is documented. Interventions to be used, including frequency and staff responsible, must be clearly indicated.

FILE MAINTENANCE

File maintenance shall follow the File Maintenance and Documentation designed for the Children's Behavioral Health Services.

CORE REQUIREMENTS

1. The Treatment Plan must be reviewed at least every ninety (90) days, and revised as necessary.
2. Progress, determined predominantly by success in making behavioral changes, or barriers to progress, are documented in the client record.

STAFF QUALIFICATIONS FOR COUNSELING

Licensure in New Mexico (LBSW, LPC, LMSW, RMHC) in accordance with requirements of the New Mexico Board of Social Work Examiners or the New Mexico Counseling and Therapy Practice Act with required staff supervision and training. Annual training and continuing education must be in accordance with the respective licensing act/board requirements.

Licensure in New Mexico, Master's Degree Clinician (LISW, LPCC or LMFT), licensed doctoral level psychologist or psychiatrist in accordance with requirements of the New Mexico Board of Social Work Examiners or the New Mexico Counseling and Therapy Practice Act, with required staff supervision and training.

Counseling must be provided in accordance with each licensing act that governs the licensed staff. If the focus of the session/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 the Act.

Master's level students or interns in an accredited counseling, social work or therapist training program and rendering services under supervision may provide this service.

STAFF SUPERVISION FOR COUNSELING

Licensure in New Mexico to practice independently, (LISW, LPCC, LPAT or LMFT) with a minimum of two years experience in counseling, by an individual with equal or higher licensure than the supervised staff. In addition, the supervisor must have at least one year of additional experience serving the target population than the supervised individual. Annual training and continuing education must be in accordance with the respective licensing act/board requirements.

Supervision must be documented in a supervisor's log, which includes the theme, date, length of time of supervision and signature of the supervisor and supervised individual.

BILLABLE UNIT

Licensure in New Mexico (LBSW) in accordance with requirements of the New Mexico Board of Social Work Examiners 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**.

Licensure in New Mexico, Master's Degree Clinician (LMSW, LISW, LPC, LPCC, RMHC, LPAT or 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, with required staff supervision and training, the reimbursement rate will be **\$60.00 per client hour**.

Master's level students or interns in an accredited counseling, social work or therapist training program, rendering services under direct supervision may provide this service, the reimbursement rate will be **\$45.00 per client hour**.

BEHAVIORAL HEALTH SERVICES SPECIALIZED CONSULTATION

INTERAGENCY DEFINITION

The purpose of this service is to provide specialized expertise to properly complete the assessment or consult on the master treatment plan, provide tests, interpret reports, or other required skills and abilities to enhance the decisions related to the care and treatment of the individual. Services may be provided in various settings – facility based or “in vivo.”

For CYFD, the purpose of Specialized Consultation is to access clinical consultation services from outside the agency, on a specific case or for a specialized service where internal agency interventions or staff expertise are not achieving the results expected. This service is provided only for clients receiving Counseling services from the agency.

FILE MAINTENANCE

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

CORE REQUIREMENTS

1. Specialized Consultation
 - a. The need for Specialized Consultation must be client specific, determined by clinical necessity, with clear justification for the consultation. Routine consultation and staffing on cases is not included in this service.
 - b. Clinical recommendations shall be incorporated into the client’s Treatment Plan, OR
2. Infant Mental Health Consultation
 - a. Infant Mental Health Consultation is a problem-solving capacity-building intervention implemented within a collaborative relationship between a professional consultant and a provider. Two types of Infant Mental Health Consultation are:
 - Child or Family–Centered Consultation
 - Programmatic Mental Health Consultation**Consultation should be provided by a qualified individual not a part of the agency staff and should be directly related to a specific identified client receiving Infant Mental Health services.**

Note: Specialized Consultation is not to be used for medication management/monitoring services.

MINIMUM QUALIFICATIONS

New Mexico Licensed Psychologist or Psychiatrist, or New Mexico Licensed Independent Social Worker (LISW) or New Mexico Licensed Professional Clinical Mental Health Counselor (LPCC), New Mexico Licensed Marriage and Family Therapist (LMFT) or Clinical Nurse Specialist (CNS). For Infant Mental Health Consultation, a minimum of 2 years experience in Infant Mental Health Services is required.

BILLABLE UNIT

One client hour of Consultation @ \$80.00 per hour. This service may be billed only for non-Medicaid covered clients. This is a Medicaid reimbursable service.

BEHAVIORAL HEALTH SERVICES INTENSIVE HOME-BASED TREATMENT/FAMILY PRESERVATION

INTERAGENCY DEFINITION

Time-limited intensive therapeutic and supportive interventions delivered in the home to children and adolescents under the age of 21 and their families intended to prevent the utilization of an out-of-home therapeutic resource by the child or adolescent. These services are available twenty-four hours a day, seven days a week. Services are multi-faceted in nature and include: situation management, environmental assessment interventions to improve individual and family interactions, skills training, self and family management, and coordination and linkage with other services and supports in order to prevent the utilization of more restrictive residential treatment.

For CYFD’s purpose, Intensive Home-based Treatment services are designed to strengthen and preserve families by providing a needs driven, comprehensive, integrated approach to services. Intensive Home-based Treatment provides a structured program of services designed to serve families with severe emotional and behavioral problems requiring therapeutic interventions of a high frequency and duration to prevent removal of children from the home. Services should be provided primarily in the home or in another location that is a natural setting for family interactions (local park, recreation center, or other public place).

FILE MAINTENANCE

File maintenance shall follow the File Maintenance and Documentation designed for the Behavioral Health Services.

Documentation of family progress and interventions and strategies utilized must occur for each staff interaction with the family. Family files must be kept up to date, and must document screenings/evaluations, treatment plan development, reviews, and updates, and all services provided.

Prerequisites:

1. A child/youth in one of the target populations must be the Identified (billable) Client. The child/youth must have a completed Mental Health Screening, including a completed CFARS.
2. Eligibility – Families eligible for this service must be at risk for out of home placement of one or more of the children. The agency shall assess the family’s capacity to benefit from services.
 - a. The needs and stability of the family must be assessed using an approved CYFD instrument, such as the North Carolina Family Assessment Scale.
 - b. A Family Mental Health screening must be completed, along with the assessment instrument, prior to enrolling a family in this service. A Family Treatment Plan must be developed. (Mental Health Screening/Treatment Plan may be billed separately under that component). Mental Health screening(s) may also be conducted on the child(ren) who is/are the primary reason for providing the services.

NOTE: For Intensive Home-Based Treatment/Family Preservation, a family Mental Health Screening is billable in addition to an assessment of the “Identified billable Client”.

CORE REQUIREMENTS

1. Intensive Home-based Treatment/Family Preservation Services are based on assessed needs identified in the Family Treatment Plan, and must include but are not limited to:
 - a. Multi-faceted approach – Providing family oriented services within the family’s own system and living environment, primarily in the home, but can be delivered in the community, neighborhood center, school, provider agency or any other cultural and familial appropriate setting with CYFD authorization. The frequency, duration and intensity of services are based on the family’s assessed needs and documented in the Family Treatment Plan. Flexibility in staff working hours shall be provided to the family, as well as availability of agency staff on a 24 hour basis to meet the crisis needs of the family.
 - b. Parent skills building and support – Training and practice in effective parenting methods, parenting principles, interactive role playing; charting and monitoring of parents and children’s behaviors; education on infant, child and adolescent development; how to deal with substance use and abuse issues; stress reduction methods; problem solving and communication techniques, and decision making skills.
 - c. Children’s social and life skills building – Skill building in identification of feelings, anger and emotional management. How to give and receive feedback, criticism and praise, problem-solving, decision making, assertive behavior, peer resistance and communication skills, how to optimize developmental potential (physical, emotional and cognitive), substance abuse and use issues, building and promoting positive coping skills, developing positive interaction skills with peers and adults, therapeutic/positive play with or without parents/guardians.
 - d. Family relationship enhancement – Developing skills in building supportive parent-child relationships, monitoring and supervision techniques, advocacy skills, developing community support networks, activities to improve parent-child interactions and relationships, therapeutic/positive play, communications skills training and practice sessions, education on substance abuse and use issues.
3. The Family Treatment Plan must be reviewed with the supervisor every 30 days, and updated as needed.
4. At six months, the family’s need for continuation of this service must be re-assessed to justify the continuation of services. This justification for the continuation as well as the planned intensity and duration of this service must be fully documented in the client file.
5. Discharge Planning: When the family is stabilized and deemed able to function at an improved level or is maintaining at an improved level, as measured using a CYFD approved family assessment instrument, a planned, graduated reduction in intensity, frequency and duration of services should be conducted and documented. Discharge to a less intense level of services should be documented, and follow up activities detailed and documented.
6. Additional service components of Case Management Services and/or Counseling services may be provided to an individual family member in conjunction with this component, as needed for each family, and as defined in the Service Definition Manual. These additional services are billable separately under their own component, and requirements, qualifications and supervision must be followed for each component.

NOTE: The average caseload is 8 to 10 families per therapist/case worker. Family caseload may fluctuate based on an agency’s team approach and upon the intensity of services warranted.

MINIMUM STAFF QUALIFICATIONS

BA in a human services related field or high school diploma/GED with four (4) years experience in a human services related field with target populations. Staff must receive 15 hours of relevant training annually.

All services must be provided in accordance with each licensing act that governs the licensed staff. If the focus of the session/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 the act/board.

STAFF SUPERVISION

Master's degree in a human services related field or BA with eight (8) years experience in a human services related field. Supervisors must receive 15 hours of relevant training annually.

Supervision shall occur weekly and be documented to include the theme, date, length of time of supervision and signature of all staff participating.

BILLABLE UNIT

One client hour @ \$50.00 per hour **(The services must be provided to the family unit and billed through the identified billable client. The client hour relates to the entire family not an individual. Individual services that are not related to the Family Treatment Plan must be billed as individual services.)**

BEHAVIORAL HEALTH SERVICES SKILLS TRAINING AND DEVELOPMENT

INTERAGENCY DEFINITION

Services specified in individualized treatment plans which are designed to improve the recipient's performance in targeted behaviors, reduce emotional and behavioral excess, increase social skills and enhance behavioral skills through a regimen of positive interventions and reinforcement.

For CYFD's purpose, Skills Training and Development groups are designed to enhance client functioning and life and social skills, strengthen self esteem, prevent or reduce substance use/abuse, increase client competencies and promote client strengths by developing skills that result in positive outcomes. This component may be provided in individual or group sessions. Activities are to be conducted face-to-face with the client.

FILE MAINTENANCE

The following documentation needs to be completed for all clients receiving this service either individual or group. This documentation may be done as individual or a group file.

- CFARS at intake, every three months, and at discharge
- Mental Health Screening
- Treatment Plan
- Progress notes for individualized client sessions
- Group Program Design (for group programs)
- Attendance Sign In Sheets for group programs
- Evaluation (e.g. client evaluation of sessions and program)
- Client Satisfaction Survey.

Prerequisites:

Each client must have an intake which includes all the information on the CYFD Intake Summary form, including the supplemental information needed to complete a CFARS, (or the form itself); rights and responsibilities/grievances forms (signed acknowledgment); confidentiality and release of information forms.

The Intake must identify:

1. That the client meets one of the contracted CYFD target or special populations
2. The client's need for this service
3. The goals and objectives for the client that will be achieved through this service.

CORE REQUIREMENTS

1. The need for Skills Training and Development services must be documented in the client's Treatment Plan.

2. Individualized client services:

A planned program of individual sessions must be outlined in the client file that details the goals/topic/focus of each session. All individual client sessions must be documented in the client's file, and progress toward reaching goals and objectives noted. **The need for Skills Training and Development services must be documented in the client's Treatment Plan.**

3. Group Program Design:

Group programs must be completed in formal group sessions and meet a staff to client ratio guideline of 1:2 minimum, 1:9 maximum.

For Group Program Design purposes, a "program" is a series of structured sessions on related topics and a "structured session" is the specific instructional unit of time. The agency must develop a written structured program design for all group programs that must be submitted to CYFD and approved by program manager. This outline must include:

- a. Description of the target populations for the specific program
- b. Recruitment methods, including outreach and referral procedures
- c. Purpose, goals and objectives of the program
- d. Description of program activities, including the number and schedule (topics and dates) of sessions
- e. Lesson plans for each session. The lesson plan must include the topic for the session, the time, duration and hours of the session, the objectives for the session, the presenter(s) and their qualifications, and an outline of information, activities, and materials for the session.
- f. Description of staff/presenter qualifications
- g. Resources available to implement the component, i.e. financial and personnel
- h. A method and process for evaluation. the evaluation method for each session should include overall group progress as well as individual progress and participation. Pre/post tests of changes in knowledge, attitudes or behaviors are required
- i. Anticipated outcomes of program related to one or more of the CYFD Performance Outcomes
- j. Policies and procedures governing these program(s) (e.g., closed or open group, number of clients allowed in group, attendance policies).

4. Topics for group or individual sessions may include but are not limited to the categories listed below:

- a. **Parenting/Adult Education:**
 1. Child development (age appropriate social and emotional)
 2. Communication and assertiveness training
 3. Anger and stress management
 4. Nurturing
 5. Positive discipline
 6. Nutrition/feeding techniques
 7. Empathy
 8. Conflict resolution skills
 9. Safety
 10. Decision making skills
 11. Effective parenting methods

b. **Education in Life Management Skills:**

1. Budgeting
2. Household management
3. Job search skills
4. Social skills
5. Consumer skills
6. Anger and stress management
7. Goal development
8. Resource identification and utilization skills
9. Community support network development.

c. **Special Topics:**

1. Health – nutrition, exercise, immunization
2. AIDS
3. Substance abuse
4. Legal issues
5. Sexuality
6. Self defense
7. Peer/social pressure
8. Gang related issues
9. Domestic Violence
10. Violence Prevention.

MINIMUM STAFF QUALIFICATIONS

High School diploma/GED plus (2) years relevant experience with the target population, or a BA in relevant field. Staff must receive 15 hours of relevant training annually.

All sessions must be provided in accordance with each licensing act that governs the licensed staff. If the focus of the session/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 the Act.

STAFF SUPERVISION

High School diploma/GED plus (6) years relevant experience with the target population or a BA in a relevant field with two (2) years experience with the target population. Supervisor must receive 15 hours of relevant training annually.

BILLABLE UNIT

@ \$40.00 per client hour for individual sessions.

@ \$8.00 per client hour for group sessions.

BEHAVIORAL HEALTH SERVICES CRISIS INTERVENTION/MOBILE

INTERAGENCY DEFINITION

Crisis intervention services are immediate, crisis-oriented services designed to ameliorate or minimize an acute crisis episode and to prevent inpatient psychiatric hospitalization or medical detoxification. Services are provided to adults, adolescents and their families or support systems who have suffered a breakdown of their normal strategies or resources and who exhibit acute problems or disturbed thoughts, behaviors or moods. The services are characterized by the need for highly coordinated services across a range of service systems. Crisis intervention services should be available on a 24-hour, seven-day per week basis. Services can be provided by a mobile team or by a crisis program in a facility or clinic. Crisis intervention services include: crisis prevention, primary assessment, secondary evaluation, acute crisis services and support services.

For CYFD purposes, this service is designed to provide an immediate and short term (up to three contacts) response and/or intervention to an emergency situation in order to reduce or prevent the likelihood of danger to self or others, or out-of-home placement of non-registered clients.

FILE MAINTENANCE

1. Individual Client File and/or Agency Crisis Intervention Log including:
 - Client Identifying Information (See Crisis Assessment) including presenting problems
 - Crisis Service Plan
 - Notes for each encounter including documented date, time, place and action taken/referrals made.

CORE REQUIREMENTS

24 Hour Crisis Intervention Services

1. Provide 24 hour Crisis Intervention 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 clients 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 clients.
2. Provide information and referral. Obtain knowledge of community resources to assist clients in gaining access to services.
3. Provide immediate Crisis Intervention by telephone or face-to-face to stabilize client in crisis.
4. Develop a Crisis Assessment that includes:
 - a. Identifying Client Information to include name, age and gender
 - b. Description of the presenting problems
 - c. Crisis Service Plan that:
 1. Focuses on the crisis
 2. Describes action taken

3. Provides referrals to appropriate services
5. Arrange for transportation, food, clothing, legal or other related services.

CORE REQUIREMENTS

Basic Crisis Intervention Services

The requirements for the Basic Crisis Intervention Services are the same as the 24 Hour Intervention Services excluding the requirement to maintain staff on a 24 hour basis.

MINIMUM STAFF QUALIFICATIONS

High School diploma/GED and thirty (30) hours agency specific crisis intervention training. Must be 21 years of age or older. Fifteen (15) hours minimum of ongoing training per year related to target population, crisis management, crisis intervention policies and procedures, and community resources is required.

STAFF SUPERVISION

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

1. Master's degree in human services related field with one (1) year experience providing services to the target population, or
2. Bachelor's degree in human services related field with two (2) years experience providing services to the target population.

All supervisors must have 15 hours of ongoing training each year related to 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 Crisis Intervention Services – One (1) client hour @ \$45.00.

Basic Crisis Intervention Services – One (1) client hour @ \$35.00.

BEHAVIORAL HEALTH SERVICES MENTORING

INTERAGENCY DEFINITION

Trained persons work one-on-one to assist individuals to address their specific needs and to develop other support systems.

CYFD'S purpose for mentoring is to recruit, screen, and train volunteers to work one-on-one with identified clients (as defined in the target populations) in a variety of ways to address their specific needs and reduce the risk of CYFD involvement or out-of-home placement.

Prerequisites:

1. The agency must develop a written, structured program design for the training, screening and recruitment of volunteers that must include:
 - a. Description of target population and recruitment procedures
 - b. Purpose, goals and objectives of component
 - c. Schedule of activities
 - d. Description of staff qualifications
 - e. Resources to support program design
 - f. Referral and intake process
 - g. Policies and procedures governing this component
 - h. Staff to client ratio (for volunteers)
 - i. Method and process for evaluation (of volunteers)
 - j. Clearly defined outcomes.

2. Develop policies and procedures regarding recruitment, utilization, and retention of volunteers, to include:
 - a. Public relations activities and speaking engagements aimed at recruiting volunteers
 - b. Media contacts
 - c. Special events
 - d. Development and distribution of recruitment materials
 - e. On-going support
 - f. Supervision
 - g. Volunteer recognition

FILE MAINTENANCE

Individual client files (i.e. billable client) funded for a match must contain:

1. Client Intake/Admission
 - a. Rights/Responsibilities/Grievance forms
 - b. Release Forms/Consent Forms/Medical Forms (if applicable)
 - c. Confidentiality Statement
 - d. Performance Outcomes and Demographic Information

- e. Performance Measurement instrument (Children's Functional Assessment Rating Scale – CFARS)
2. Child Interview and Profile
3. Child/Volunteer goals
4. File notes on training provided, match preparation and match supervision; including progress toward goals set for the match
5. Discharge:
 - Goals achieved (performance measures)
 - Performance Outcomes
6. Performance measurements and data collection completed.
7. Client Satisfaction Survey

Volunteer files must contain:

1. Volunteer Intake:
 - Rights and Responsibilities/Grievance Procedures Forms (signed acknowledgement)
 - Release Forms/Consent Forms (if applicable)
 - Confidentiality Statement
2. Criminal Records Check results
3. Interview Summary
4. Home Visit Summary
5. Personality Profile (if applicable)
6. Reference Information
7. Discharge Summary
8. Client Satisfaction Survey

CORE REQUIREMENTS (for volunteers)

1. Screening, Interviewing and Acceptance of Volunteer:
 - a. Conduct a face-to-face orientation (information dissemination) with a potential volunteer
 - b. Complete a CYFD Criminal Record Check on potential volunteer
 - c. Contact a minimum of three references provided by potential volunteer
 - d. Conduct a face-to-face interview with potential volunteer and write up a summary that includes:
 - Family history
 - Lifestyle/values
 - Experience with or knowledge of target population

- Expectations
- e. Administer a personality profile test to the potential volunteer (optional)
 - f. Conduct a home visit to the potential volunteer
 - g. Staff review of volunteer acceptability
 - h. Interview with volunteer if not accepted (if warranted)
2. Training and Development: (for volunteers)
 - a. Provide formalized training sessions that prepare volunteers for all aspects of the services they will be providing
 - b. Provide ongoing training, skills, development and supervision of volunteers and children relevant to identified needs
 3. Match Preparation: (for volunteers and child)
 - a. Screen children for eligibility
 - b. Conduct an interview with child and/or parent, write up a summary , and develop a child profile including client’s strengths and needs
 - c. Provide training for children and parents
 - d. Conduct separate interviews with volunteers, child and parent to prepare for match
 - e. Conduct match meeting to introduce volunteer, child and parent
 - f. Set goals for the child and volunteer match
 4. Match Supervision:
 - a. Provide regularly scheduled contacts with volunteer, child and parent – monthly for volunteers
 - b. Monitor goals and set new goals as needed
 - c. Provide match counseling and/or guidance as needed with volunteer, child and parent
 - d. Consult with other agencies or professionals involved with child or parent
 - e. Coordinate referrals to other services
 - f. Provide group educational and recreational activities for matches as well as children on a waiting list for a volunteer mentor
 - g. Complete performance measurement tool (Children’s Functional Assessment Rating Scale- CFARS) every three months

MINIMUM QUALIFICATIONS FOR VOLUNTEER MENTORS

Volunteers will successfully complete the training program as evidenced by attending all sessions and demonstration of competence in training areas. All volunteers will receive an interview at the end of the training sessions and a competency assessment.

MINIMUM STAFF QUALIFICATIONS

High School Diploma/GED plus two (2) years relevant experience with the target population in the areas of social work or related field; or Bachelor’s Degree in human services or social services related field. Staff must receive 15 hours of relevant training/continuing education annually.

STAFF SUPERVISION

Master’s Degree plus one (1) year experience in social work or a related field relevant to the target population; or Bachelor’s Degree plus two (2) years of experience in social work or a related field relevant to the target population. Supervisors must receive 15 hours of relevant training/continuing education annually.

BILLABLE UNIT

One (1) staff hour @ \$50.00 per hour. **These units of service are billable only after a match is completed.** Billable units may include those documented agency activities directly related to preparing both the volunteer and child for the completed match. Agencies may bill for agency supervision and follow up after a match is completed, only with a CYFD pre-approved schedule. **Volunteer mentor hours are not billable.**

BEHAVIORAL HEALTH SERVICES EXPERIENTIAL WILDERNESS

CYFD's purpose for this services is to provide clients with an experience of success, personal empowerment and growth through an action-centered, therapeutic/experiential wilderness program.

OVERNIGHT EXPERIENTIAL WILDERNESS PROGRAM

FILE MAINTENANCE

For programs that are a total of five (5) days or less, the following documentation must be maintained:

1. Individual Client Intake (approved by CYFD). Must include reason for referral and expected outcomes for the client.
 - Rights and Responsibilities/ Grievance Procedures Forms
 - Release of Information Forms
 - Consent Forms/ Medical Releases
 - Confidentiality Statement
2. Group Files:
 - Attendance Sheets for each Wilderness Experience
 - Activity Report
 - Summary including group purpose and goals, services/activities provided
 - Goals/outcomes achieved
3. Client Satisfaction Survey.

For programs between six (6) to twenty-one (21) days in duration, the following documentation must be maintained:

1. Individual Client Intake (approved by CYFD)
 - Rights and Responsibilities/Grievance Procedures Forms
 - Release of Information Forms
 - Consent Forms/Medical Releases (if necessary)
 - Confidentiality Statement
2. Client Evaluation (approved by CYFD)
3. Client Specific Plan (individual goals):
 - Progress Notes.
4. Closure Summary including goals achieved.
5. Client Satisfaction Survey.

CORE REQUIREMENTS

An overnight Wilderness Experience Program (WEP) must be a minimum of 24 hours to a maximum of 21 days duration consisting of any combination of the following activities:

1. Curriculum that includes a safety course.
2. Group and/or individual processing.
3. Experiential activities such as:
 - Ropes course/Alpine course
 - Camp craft skills
 - Recreational activities including but not limited to rock climbing, caving, cross country skiing, backpacking
 - A solo wilderness experience
4. Orienteering
5. Community Service
6. Peer leadership
7. Team building

MINIMUM STAFF QUALIFICATIONS

Bachelor's degree in a human service related field, or High School Diploma/GED plus two (2) years experience in adventure and/or experiential based skills and wilderness safety/survival skills. This staff member cannot have responsibility for leading a group.

Group Leader Qualifications

Bachelor's degree in a human service related field with one (1) year of adventure and/or experiential-based skills and wilderness safety/survival skills. In addition, before participating in an overnight Wilderness Experiential Program (WEP), the staff person must be certified in:

- a. Emergency Medicine or First Aid
- b. Cardiopulmonary Resuscitation.

Specific training for all staff is required in the following areas:

- a. Outdoor Leadership
- b. Knowledge and experience in all core activities
- c. Therapeutic Intervention
- d. Crisis Management
- e. Multi-Cultural Training.

EACH STAFF MEMBER MUST HAVE OBTAINED CLEARANCE ON A STATE (NEW MEXICO) AND FEDERAL CRIMINAL RECORDS CHECK BEFORE PARTICIPATING IN A WEP

Staff to client ratio must be a least one (1) staff to four (4) clients to provide for client safety. At least one staff member must be certified as a Wilderness First Responder and in CPR.

STAFF SUPERVISION

Master’s degree in a human service related field with one (1) year of adventure-based skills and wilderness safety/survival skills.

BILLABLE UNIT

A twenty-four (24) hour day of care @ \$100.00 per client.

NOTE: A partial day of care may be billed at the end of a 24-hour period in the following pro-rated increments:

1 - 6 hours (one-quarter day) @\$22.50

7 - 12 hours (one-half day) @ \$45.00

13 – 18 hours (three-quarter day) @ \$67.50

19 – 24 hours (full day) @ \$90.00

No shows are not billable.

EXCEPTION: Agency may bill for clients that are scheduled by CYFD to participate but are unable to attend the program. No show reimbursement will be limited to a negotiated amount.

DAY EXPERIENTIAL WILDERNESS PROGRAMS (6 – 8 HOURS)

FILE MAINTENANCE

1. Individual Intake (approved by CYFD)
 - Right and Responsibilities/Grievance Procedures Forms
 - Release of Information Forms
 - Consent Forms/Medical Releases (if necessary)
 - Confidentiality Statement
2. Group Files:
 - Attendance Sheets for each Day Experiential Wilderness Program
 - Activity Report
 - Summary including group purpose and goals, services/activities provided
 - Goals/outcomes achieved
3. Client Satisfaction Survey

CORE REQUIREMENTS

A Day Wilderness Experience Program (WEP) must be a minimum of six (6) to eight (8) hours duration consisting of any combination of the following activities:

1. Curriculum that includes a safety course
2. Group and/or individual processing
3. Experiential activities such as:
 - Ropes course/Alpine course
 - Camp craft skills
 - Recreational activities including but not limited to rock climbing, caving, cross country skiing, and backpacking
4. Orienteering
5. Community Service
6. Peer Leadership
7. Team building

MINIMUM STAFF QUALIFICATIONS

Bachelor's degree in a human service related field; or High School Diploma/GED plus two (2) years experience in adventure and/or experiential based skills and wilderness safety/survival skills. This staff member cannot have responsibility for leading a group.

Group Leader Qualifications

Bachelor's degree in a human service related field with one year of adventure and/or experiential-based skills and wilderness safety/survival skills. In addition, before participating in a Day Experiential Program, a minimum of one staff person must be certified in:

- a. Emergency Medicine or First Aid
- b. Cardiopulmonary Resuscitation.

Specific training for all staff is required in the following areas:

- a. Outdoor Leadership
- b. Knowledge and experience in all core activities
- c. Therapeutic Intervention
- d. Crisis Management; and
- e. Multi-Cultural Training

Each staff member must have obtained clearance on a state (New Mexico) and federal Criminal Records Check before participating in a WEP.

Staff to client ratio must be at least one (1) staff to four (4) clients to provide for client safety.

NOTE: An Intern may provide services under direct supervision of a qualified staff. An Intern is defined as: A person who has a High School Diploma or GED, lacks the two years of experience required, but has an interest in providing experiential wilderness services, or who may be enrolled in an educational practicum program. The Intern shall be provided training by the Contractor before participating in any direct services, and may only render services under the direct supervision of a qualified staff.

STAFF SUPERVISION

Master's degree in a human service related field with one year of adventure-based skills and wilderness safety/survival skills.

BILLABLE UNIT

A 6 – 8 hour program @ \$10.00 Per Client Hour. **CYFD no shows are not billable.**

BEHAVIORAL HEALTH SERVICES

RESPITE CARE

INTERAGENCY DEFINITION

The purpose of respite care is to sustain the family, foster care parents or other primary caregivers by providing those individuals with time limited temporary relief from the ongoing responsibility of care. Respite is provided by approved caregivers, in a supervised setting, for children, adolescents or adults. Respite may be provided on either a planned or an emergency basis and may be provided in a variety of settings such as in the family or caregiver's home, in an organization's facilities, in the respite worker's home, etc. The program of care should be flexible to ensure that the individual's daily routine is maintained.

For CYFD's purpose, Respite Care provides **therapeutic** relief, rest or break for families and caregivers of children and youth up to twenty-one (21) years of age diagnosed with a serious emotional, behavioral or neurobiological disorder as defined by the DSM IV. The condition must be persistent and have existed for at least one year or is likely to endure for one year or longer. The family cannot be eligible for respite services under any other service delivery systems. This service involves periodic, planned, scheduled time away from the on-going responsibility of caring for the child/youth.

Respite Care is based on the philosophy that by providing periods of rest and relief to families with children and adolescents with neurobiological, emotional or behavioral disorders, these families are strengthened, and these children can be maintained in their homes and communities. Respite Care works in partnership with the family/caregiver to provide an individualized, family focused, culturally competent, community-based and integrated service for the child/youth. The child/youth and family needs are assessed, a respite plan is developed with the family, and every effort is made to ensure an appropriate and successful match among child/youth, family and a qualified and trained respite care provider. Although Respite Care is periodic and planned in advance, provisions may be incorporated into the family's respite care plan to allow for unscheduled Respite Care.

Respite Care Services must follow the "Respiro" manual, and can be made agency specific with prior CYFD approval.

FILE MAINTENANCE

1. Individual Client files must include:
 - Intake – utilize the Respiro referral, application and training summary; must include client eligibility for behavioral health respite care.
 - Rights and Responsibilities/Grievance Procedures Forms (Signed Acknowledgment)
 - Consent and/or Release of Information including CYFD/MIS
 - Confidentiality Statement
 - Out-of-home placement outcome and Demographic Information (in the format designed by CFYD)
 - Performance measurement instruments/tools – Behavioral Respite Care Impact Questionnaire.

2. Behavioral Health Respite Care Plan:
 - Identify preferred respite schedule and type of respite service (may include overnight if need is demonstrated and approved by the Program Manager in advance).
 - Identify family rules and structure to determine appropriate respite activities
 - Develop an individualized behavioral respite care plan with the family/care givers

3. Activity notes – including date, time, duration of service, provider of services, and notes.
4. Discharge:
 - Summary of services provided
 - Performance Outcomes
 - Performance measurement instrument/results
 - Client Satisfaction Survey

Prerequisites:

1. Health and safety requirements:
 - a. All agencies/providers shall have policies and procedures for appropriate behavior management techniques. Agencies/providers will not use aversive, degrading or dehumanizing techniques with client.
 - b. All agencies/providers shall have emergency safety policy and procedures. Agencies shall develop policies and procedures regarding fire, suicide, poison, violence, threats of violence, and unavailable parent when respite care is over.
 - c. All agencies/providers must have written policies and procedures covering the following areas:
 1. Eligibility criteria
 2. Actions to be taken in care of accidents or emergencies involving the child/youth
 3. Report suspected child abuse/neglect
 4. Handling and dispensing medication
 5. Complaint and grievance procedures
 6. Confidentiality of client records
 7. Staff/Client ratio of 1 : 3 clients maximum

CORE REQUIREMENTS

1. Implement Respite Care Plan.
 - a. Assume responsibility for the care of the child/youth in the absence of the parent, legal guardian or caregiver.
 - b. Provide basic child/youth care and supervision during the respite period.
 - c. Provide behavioral health respite care services that are community-based, in home, facility-based and/or provider home-based as well as through planned community activities.
 - d. Support the child/youth during respite activities that include but are not limited to:
 1. Transportation to scheduled activities
 2. Participation in social/recreational activities
 3. Managing behavior during respite period
2. Completion of the Respite Care-Impact Questionnaire every six months by parent/caregiver.

MINIMUM PROVIDER QUALIFICATIONS

- 3 years experience working with the target population
- Pass all criminal records background checks as stipulated by CYFD
- Possess a valid driver’s license and vehicle registration and insurance

- Complete the behavioral health respite care pre-service core training curriculum (“Respiro” Model) approved by CYFD prior to giving care to children.
- Current certification in CPR and First Aid
- Documentation of negative TB test within 30 days of employment.
- 15 hours of relevant training/continuing education per year.

STAFF SUPERVISION

Bachelor’s degree with three (3) years experience working with the target population.

Supervision hours include Respite Care coordinators and Providers:

Minimum of two (2) hours per month individual supervision covering administrative and case specific issues.

15 hours of continuing education in behavioral health respite care issues or Respite provider training per year.

BILLABLE UNIT

@ \$18.00 per client hour. One (1) staff to 3 clients is the maximum number of billable clients per hour.

BEHAVIORAL HEALTH SERVICES SHELTER CARE

INTERAGENCY DEFINITION

Immediate short term overnight care for children and adolescents up to the age of twenty-one (21) and provides a safe, nurturing and structured environment and the opportunity for individuals to achieve the goals set forth in the individual's Shelter Care Plan. Services are provided in a 24-hour supervised facility with trained staff.

For CYFD's purpose, this service is designed to provide immediate short term residential overnight care up to ninety (90) days, for children and/or adolescents, or adults up through the age of eighteen (18), who meet a contracted CYFD target population. Shelter services may be extended up to an additional thirty (30) days with prior written approval from the CYFD Program Manager. Shelter services provide a safe, nurturing and structured environment and the opportunity for clients to achieve individualized Shelter Care Plan goals.

To ensure shelter care clients receive the full spectrum of necessary behavioral health and related services, all appropriate services, including but not limited to, Human Services Department (Medicaid) – funded services or programs, Department of Health – funded services or programs, and others, are explored and utilized for each client as needed. Documentation of service coordination by each agency for each client shall be maintained in client files.

Shelter Care requires:

- CYFD client intake
- Client Shelter Care Plan
- 24 hour on-site supervision of residents
- Basic needs and residential care

Additional service components may be utilized from the Children's Behavioral Health Services and may be provided in conjunction with Shelter Care. These additional service components must be documented in the client file and billed separately. Minimum staff qualifications and supervisor requirements must be followed when providing these additional service components.

FILE MAINTENANCE

1. Individual Client File must contain the following:
 - Client Intake/Admission including client eligibility and referral information
 - Rights and Responsibilities/Grievance Procedures
 - Release and/or Consent Forms
 - Confidentiality Statement
 - Performance Outcomes
 - Demographic Information as defined by CYFD
 - Client Shelter Care Plan
 - Performance Measures (a CFARS must be administered at admission, unless it is determined the client will be in shelter care for less than seven (7) days)
 - Client Discharge (with discharge CFARS)
 - Client Satisfaction Survey.

CORE REQUIREMENTS

1. **Intake/Admission** (as approved by CYFD).
2. **Client Shelter Care Plan** (completed within the first 24 hours) that includes:
 - a. Presenting problems and/or needs
 - b. Services to be provided addressing the presenting problems/needs and corresponding time-frames
 - c. Referrals to recommended services
 - d. Crisis plan follow-up
 - e. Coordination of services with other agencies and/or individuals
 - f. Progress Notes documenting services to/activities with client
3. **Residential:** Twenty-four (24) hour on-site supervision provided by qualified staff (as defined under Minimum Staff Qualifications) to meet the basic needs and residential care requirements of clients in a safe and stable environment.
4. **Children's/Adolescent Shelter Care** facilities must have a current New Mexico residential facility license and be in compliance with all city, county, State and federal requirements regarding shelter care services.
5. Children's Adolescent Shelter Care facilities must provide the following:
 - a. **Basic needs requirements include, but are not limited to:**
 1. **Preparation and provision of nutritious food;** each facility must provide for the clients a planned, nutritionally adequate diet.
 - When the food service of the facility is not directed by a nutritionist or dietitian, quarterly consultation with a nutritionist or dietitian must be obtained by the facility.
 - A copy of the current week's menu must be posted in the kitchen of the facility.
 - Posted menus must be followed and any substitution must be of equivalent nutritional value and recorded on the posted menu.
 - The facility must keep two weeks of menus as served on file.
 - The facility must provide at least three meals a day served at regular times, as follows:
 - a. Normally not more than a fourteen (14) hour span between the evening meal and breakfast the following day.
 - b. Normally not less than ten (10) hours between breakfast and the evening meal of the same day.
 - c. The same main dishes must not be served within a one (1) week period. Identical menus must not be served on a one (1) week cycle basis.
 - Time allowed for meals must be sufficient to enable the clients to eat at a leisurely rate, encourage socialization and to provide a pleasant mealtime experience.
 - Clients should have access to food and nutritious snacks between meal times.
 2. **Food Management:** Each facility must meet the requirements of all state and local regulations governing food service. Each facility must have a copy of the current

applicable Food Service Regulations as published by the Environmental Improvement Division.

- Dry and evaporated milk may be reconstituted only if used for cooking purposes. All milk for drinking must be Grade A pasteurized and must be served directly from its original container or from a dispenser approved by the Environmental Improvement Division. Previously frozen milk may not be used for client consumption.
- Potentially hazardous food such as meat, milk and custard shall be kept at 45° F or below. Hot food must be kept at 140° F or above during preparation and service.
- Each refrigerator and freezer must have a thermometer accurate to within 2° F, located in the warmest part of the appliance in which food is stored. The temperature of the refrigerator must be 45° F or below.
- Drugs, biologicals, poisons, detergents, and cleaning supplies must not be kept in close proximity of foods in the same storage area.
- Dishes and utensils must be properly washed, sanitized, and stored in accordance with food service regulations.
- All garbage and rubbish must be stored in containers which are waterproof, easily cleaned, and have tight fitting lids.

3. **Provision of free clothing**, if needed.

4. **Provision of free personal supplies** (toiletries, bedding, etc).

5. **Education:** Each facility must ensure that every child in residence attends an appropriate educational program in accordance with New Mexico State law, with the exception of child endangerment or extreme short term placement (less than three days). If unable to enroll child in public education, the agency must provide age appropriate tutoring and educational service on site. Other educational services may include:

- Surrogate/advocate with school
- Educational testing (when appropriate)
- Study time
- Educational materials/opportunities

6. **Provision or arrangement for health and mental health services** to include but not limited to:

- Medical examination and follow up (when necessary).
- Health services.
- Psychological and/or psychiatric evaluations (when necessary).
- Counseling services.
- Behavior Management services.

7. **Medication:**

- A facility must have written procedures approved by a consulting physician or pharmacist in giving over the counter medications by the staff to clients in care.
- All medications must be kept in a locked cabinet or other container inaccessible to the clients. The key to the medication storage must only be available to the authorized staff.
- Poisonous substances and medications labeled for “external use only” must not be accessible to children and must be kept separate from other medications.
- Medications prescribed for one client must not be provided to any other client.

- All prescribed medications must be kept in their original prescription container.
- Only medications that can be self-administered by the client (or the client assisted and supervised in self administration unless they will be administered by a physician, dentist or nurse in accordance with their Pharmacy Board regulations) shall be kept by a facility.
- All medications given to a client must be entered in the client's record with date, time and dosage.
- Medications that require refrigeration must be kept in a separate locked box within a refrigerator, a locked refrigerator or a refrigerator in a locked room.
- If the facilities require regular use of controlled or prescription medication in their care of clients, they must:
 - a. Contact the State Board of Pharmacy to apply for the appropriate drug permit
 - b. Contact the State Board of Pharmacy for their advice and guidance regarding questions or concerns on medication
 - c. Dispose of all outdated medications in a manner approved by the State Board of Pharmacy.
- Store and dispense medication in accordance with New Mexico State law.

b. Facility requirements include but are not limited to:

1. **Crisis Management** policy and procedures and implementation. Develop policies and procedures regarding fire, suicide, poison, violence and threats of violence, natural disasters and utility disruption.
2. **Behavior Management** policy and procedures and implementation. Discipline used by a facility will be such that it teaches the client to develop self-control and orderly conduct in relationship to peers and adults. Discipline shall be clear and understandable to the client, consistent and explained to the client before and at the time of any disciplinary action. Discipline shall include positive guidance, redirection and the setting of clear limits that foster the client's own ability to become self-disciplined. Disciplinary practices established by the facility shall be designed to encourage the client to be fair, to respect property, and to assume personal responsibility and responsibility for others. Facilities are prohibited for using cruel, severe, unusual or unnecessary punishments including, but not limited to:
 - Physical exercises such as running laps or performing push-ups, when used solely as a means of punishment
 - Requiring or forcing the client to take an uncomfortable position, such as squatting or bending, or requiring or forcing the client to repeat physical movement when used solely as a means of punishment
 - Excessive denial of on-grounds program services or denial of any essential program services solely for disciplinary purposes
 - Excessive use of chores and use of chores for disciplinary purposes
 - Depriving a client of necessary food, water, rest or opportunity for toileting
 - Denial of visiting or communication privileges solely as a means of punishment
 - Denial of shelter, clothing or bedding (i.e. termination policies and procedures must have clear guidelines and not be used as a form of punishment)
 - Extensive withholding of emotional response or stimulation
 - Use of restraints as punishment
 - Exclusion of a client from entry to the facility

- Verbal abuse such as shouting, screaming, swearing, name calling or any other verbal activity that is damaging to a client's self respect
 - Any form of discipline or punishment which is intended to frighten or humiliate the client
 - Spanking, hitting, shaking or otherwise engaging in aggressive physical contact with a client
 - Seclusion or isolation of a client in a locked room, and
 - A **Termination of Care Policy** must identify the behaviors or circumstances that result in termination of services and discharge, including but not limited to behavior that may endanger the health and safety of other residents, excessive violence, and active persistent substance abuse.
3. **Licensure** as a Child Crisis Shelter (CCS) by the Child Care Bureau of CYFD's Family Services. The current license issued by CYFD must be displayed in a commonly used area.
 4. **Health and safety inspection certification.** All current applicable requirements of State and local codes for fire prevention and safety must be met by the facility. Written documentation from the State Fire Marshall's office or Fire Authority having jurisdiction evidencing a facility's compliance with applicable fire prevention codes must be displayed at the facility. Each facility must request an annual fire inspection from the fire authority having jurisdiction. The facility must be equipped with a manually operated alarm system or other continuously sounding alarm approved in writing by the fire authority having jurisdiction. Approved smoke detectors powered by house electrical service with battery back up must be installed to provide, when activated, an alarm that is audible in all sleeping areas. Smoke detectors must be installed in corridors at no more than thirty feet spacing. Areas of assembly, such as the dining and living room, must be provided with smoke detectors. The facility must have a heat or smoke detector in the kitchen powered by the electrical system of the facility, and which has battery back up. Fire extinguishers as approved by the State Fire Marshall or fire prevention authority having jurisdiction must be located in the facility. Facilities must have a minimum have two (2) 2A10BC fire extinguishers, one (1) located in the kitchen or food preparation area, and one (1) centrally located in the facility. Fire extinguishers, alarm systems, automatic detection equipment and other fire fighting equipment must be properly maintained and inspected as recommended by the manufacturer, State Fire Marshall or fire authority having jurisdiction. All fire extinguishers must be inspected yearly and recharged as specified by the manufacturer, State Fire Marshall or fire authority having jurisdiction. All fire extinguishers must be tagged, noting the date of inspection. Fire drills must be conducted at least once a month.
 5. **CPR and First Aid.** One staff person per shift must be CPR and First Aid certified. Annual training in CPR and First Aid for all staff is encouraged.
 6. **TB Tests.** All staff must have a negative TB test 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 immediately re-tested and the test results must be negative to resume job-related duties.
 7. **Health and Safety needs of clients and staff.** The Facility must maintain policies or certifications and procedures to ensure health and safety needs of clients and staff are met. 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. The facility should request the fire authority having jurisdiction to give periodic instructions in fire prevention and techniques of evacuation. 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 clients or staff. Each new client must, upon being accepted into the facility, be given an orientation tour of the facility to include, but not be limited to, the location of exits, fire extinguishers, and telephones, and shall be instructed in accordance with their abilities on actions to be taken in care of fire or other emergencies.

8. **Transportation** must be provided and/or arranged for by the agency to access core activities.
9. **Recreation** must be provided through a structured recreation plan either on site or off site for a minimum duration of one (1) hour, three (3) times a week. Activities must be consistent with the ages of clients. Recreational activities must, whenever possible, use the resources of the community and involvement in community activities such, as but not limited to:
 - School activities
 - Excursions to zoos, museums, or other points of interest
 - Age appropriate movies
 - Library services; and
 - Organized games
10. **All agencies must have written policies and procedures** covering the following areas:
 - Actions to be taken in case of accidents, emergencies involving a client
 - Disciplinary methods used by the facility
 - Reporting of suspected child abuse or neglect
 - Admission and discharge of clients
 - Actions to be taken in case of a client found missing from a facility
 - Handling medication
 - Handling of complaints received from parents, guardians, staff or any other person
 - Confidentiality of client records
 - Termination of Service
 - Weapons; and
 - Illegal drugs and paraphernalia.
11. **CYFD Background Clearances.** All personnel (agency employed, contractual or volunteer) who have any contact with clients, must have a CYFD Background Clearance prior to the commencement of employment. Personnel, including but not limited to administrative, support and facilities staff, who do not have contact with clients must have a CYFD Background Clearance within 60 days of employment. (See CYFD Background Clearance, Appendix C).

MINIMUM STAFF QUALIFICATIONS

High School Diploma/GED and any combination of two (2) years education and training with the target population or two (2) years relevant experience in a human services related field.

In addition, the staff person must possess:

- The ability to communicate effectively verbally and in writing;

- The ability to work in crisis situations.
1. New Employee Core Training (within the first month of employment). Initial training is a minimum of eight (8) hours
 - Crisis Management/Crisis De-escalation and Emergency Safety Procedures
 - Medication Management Policies and Procedures
 - Child Development
 - Child Abuse and Neglect Laws, Referral Procedures, Symptoms and Dynamics
 - Documentation and Incident Reporting
 - Behavior Management/Positive Discipline
 2. Professional Development of staff and continuing education. A minimum of sixteen (16) hours per year of additional training is required, and may include, but is not limited to:
 - Conflict Resolution
 - Working with Sexually Abused/Reactive Populations
 - Protection Skills for Children
 - Rape and Sexual Assault
 - Communication Skills and Techniques
 - Conflict Resolution
 - Social Problems (e.g. impact of poverty, effects of racism, effect of violence)
 - Domestic Violence/Cycle of Violence
 - Children/Teens from Alcoholic Systems
 - Semi-independent Living/Adult Living
 - Staff/Client Power Dynamics
 - Partnering with Youth/Program Planning
 - Training related to the specific needs and issues of the population served.

STAFF SUPERVISION

Master's degree in human services related field or Bachelor's degree with one (1) year experience in a human services related field or High School Diploma/GED with five (5) years relevant experience. A minimum of sixteen (16) hours per year of relevant training is required.

BILLABLE UNIT

A Day of Care is equivalent to one billable unit. A client must stay 24 consecutive hours and the shelter must meet the basic needs and residential care requirements of clients as defined in the Required Core Activities in order for an agency to bill for a shelter day of care.

A Partial Day of Care may be billed providing that **ALL** of the following criteria are met:

- Client received a minimum of four (4) consecutive hours of on-site supervision by shelter staff
- The agency met the basic needs and residential care requirements of the client as defined in the Required Core Activities
- Completion of CYFD client intake and discharge requirements
- Completion of client shelter care plan and/or progress notes
- Completion of client specific demographic and performance outcomes as defined by CYFD

Day of Care unit rate @ \$65.00 per client.

Partial Day of Care (4-12 hours) @ \$32.50 per client

Partial Day of Care (13-23 hours) @ \$48.75 per client

BEHAVIORAL HEALTH SERVICES CHILDREN'S/ADOLESCENT FAMILY-BASED SHELTER CARE

For CYFD's purpose, this service is designed to provide immediate short term residential overnight care in a family setting up to ninety (90) days, for children and/or adolescents, or adults up through the age of eighteen (18), who meet a contracted CYFD target population. Shelter services may be extended up to an additional thirty (30) days with prior written approval from the CYFD Program Manager. Family-based shelter services provide a safe, nurturing and structured environment and the opportunity for clients to achieve individualized Shelter Care Plan goals.

To ensure family-based shelter care clients receive the full spectrum of necessary behavioral health and related services, all appropriate services, including but not limited to, Human Services Department (Medicaid) – funded services or programs, Department of Health – funded services or programs, and others, are explored and utilized for each client as needed. Documentation of service coordination by each agency for each client shall be maintained in client files.

Family-based Shelter Care requires:

- CYFD client intake
- Client Family-based Shelter Care Plan
- 24 hour on-site supervision of residents
- Basic needs and residential care

Additional service components may be utilized from the Children's Behavioral Health Services and may be provided in conjunction with Shelter Care. These additional service components must be documented in the client file and billed separately. Minimum staff qualifications and supervisor requirements must be followed when providing these additional service components.

FILE MAINTENANCE

1. Individual Client File must contain the following:
 - Client Intake/Admission, must include client eligibility and referral information
 - Rights and Responsibilities/Grievance Procedures
 - Release and/or Consent Forms
 - Confidentiality Statement
 - Performance Outcomes
 - Demographic Information as defined by CYFD
 - Client Shelter Care Plan
 - Performance Measures, (a CFARS must be administered at admission unless the client will be in the shelter care for less than seven (7) days).
 - Client Discharge (with discharge CFARS)
 - Client Satisfaction Survey

CORE REQUIREMENTS

1. **Intake/Admission** (as approved by CYFD)

2. **Client Family-Based Shelter Care Plan** (Completed within the first 24 hours) that includes:
 - a. Presenting problems and/or needs
 - b. Services to be provided addressing the presenting problems/needs and corresponding time-frames
 - c. Referrals to recommended services
 - d. Crisis plan follow-up
 - e. Coordination of services with other agencies and/or individuals

3. **FAMILY-BASED SHELTER CARE:** CYFD will contract with agencies who are a New Mexico Licensed Child Placement Agency to provide Family-Based Shelter Care. The agency will recruit, screen and utilize licensed foster care or treatment foster care homes. The agency will oversee and provide twenty-four (24) hour supervision and support to the Family-Based Shelter Care homes through a Family-Based Shelter Care Coordinator. Agency staff overseeing the Family-Based Shelter program must meet the minimum staff and training requirements of residential shelter care staff. The Family-Based Shelter Care coordinator must meet the minimum supervisory staff and training requirements of residential shelter care staff.

Twenty-four (24) hour home-based supervision will be provided to shelter care clients by licensed foster care or treatment foster care parents. Basic needs and residential care requirements of clients must be provided in a safe and stable environment. Each family-based home must be licensed as a foster care home by CYFD, or a New Mexico Licensed Child Placement Agency. Each home must comply with the foster care regulations and policies in reference to basic needs and requirements.

4. Family-Based Shelter Care homes must provide the following:
 - a. Basic needs requirements include, but are not limited to:
 1. Preparation and provision of nutritious food
 2. Food Management
 3. Provision of clothing, if needed
 4. Provision of personal supplies (toiletries, bedding, etc.)

 - b. Family-Based Shelter Care home requirements include but are not limited to:
 1. Crisis Management policy and procedures and implementation
 2. Behavior Management policy and procedures and implementation
 3. Licensure
 4. Health and safety inspection certification
 5. CPR and First Aid certification
 6. Health and Safety needs of clients
 7. Transportation must be provided and/or arranged for by the agency to access services
 8. Recreation

5. The Licensed Child Placement Agency must ensure that there are:
 - a. Written policies and procedures developed for the Family-Based Shelter Care homes covering the following areas:
 - Actions to be taken in case of accidents, emergencies involving a client
 - Disciplinary methods
 - Reporting of suspected child abuse or neglect
 - Admission and discharge of clients
 - Actions to be taken in case of a client found missing
 - Handling medication
 - Handling of complaints received from parents, guardians, or any other person
 - Confidentiality of client records
 - Termination of Service

- Weapons; and
 - Illegal drugs and paraphernalia
6. The Child Placement agency is responsible to ensure:
- a. **The provision of Educational services.** Every child in residence shall attend an appropriate educational program in accordance with New Mexico State law, with the exception of child endangerment or extreme short-term placement (less than three days). If unable to enroll child in public education, then the agency must provide age appropriate tutoring and educational services on site.
Other educational services may include:
 - Surrogate/advocate with school
 - Educational testing (when appropriate)
 - Study time
 - Educational materials/opportunities.
 - b. **The provision or arrangement for health and mental health services** to include but are not limited to:
 - Medical examination and follow up (when necessary).
 - Health services.
 - Psychological and/or psychiatric evaluations (when necessary).
 - Counseling services.
 - Behavior Management services.
 - c. **CYFD Background Clearances.** All personnel (agency employed, contractual or volunteer) who have any contact with clients, must have a CYFD Background Clearance prior to the commencement of employment. Personnel, including but not limited to administrative, support and facilities staff, who do not have contact with clients must have a CYFD Background Clearance within 60 days of employment. (See CYFD Background Clearance, Appendix C).

MINIMUM STAFF QUALIFICATIONS

Agency staff overseeing the Family-Based Shelter Program must meet the minimum staff and training requirements of residential shelter care staff.

High School Diploma/GED and any combination of two (2) years education and training with the target population or two (2) year relevant experience in the human services related field.

In addition, the staff person must possess:

- The ability to communicate effectively verbally and in writing
- The ability to work in crisis situations

1. Core Training for employees and for FAMILY-BASED FOSTER CARE OR TREATMENT FOSTER CARE PARENTS (Within the first month of employment or licensure)

Initial training is a minimum of eight (8) hours.

- a. Crisis Management/Crisis De-escalation and Emergency Safety Procedures
- b. Medication Management Policies and Procedures
- c. Child Development
- d. Child Abuse and Neglect Laws, Referral Procedures, Symptoms and Dynamics
- e. Documentation and Incident Reporting
- f. Behavior Management/Positive Discipline.

2. Professional Development/Continuing Education of Family-based Shelter care staff and foster care or treatment foster care parents. A minimum of sixteen (16) hours per year of additional training is required, and may include, but is not limited to:
- a. Conflict Resolution
 - b. Working with Sexually Abused/Reactive Populations
 - c. Protection Skills for Children
 - d. Rape and Sexual Assault
 - e. Communication Skills and Techniques
 - f. Social Problems (e.g. impact of poverty, effects of racism, effect of violence)
 - g. Domestic Violence/Cycle of Violence
 - h. Children/Teens from Alcoholic Systems
 - i. Semi-independent Living/Adult Living
 - j. Staff/Client Power Dynamics
 - k. Partnering with Youth/Program Planning
 - l. Training relating to the specific needs and issues of the population served

STAFF SUPERVISION

Master's degree in human services related field or Bachelor's degree with one (1) year experience in a human services related field or High School Diploma/GED with five (5) years relevant experience. A minimum of sixteen (16) hours per year of relevant training is required.

BILLABLE UNIT

A Day of Care is equivalent to one billable unit. A client must stay 24 consecutive hours and the shelter must meet the basic needs and residential care requirements of clients as defined in the Required Core Activities in order for an agency to bill for a shelter day of care.

A Partial Day of Care may be billed providing that **ALL** of the following criteria are met:

- Client received a minimum of four (4) consecutive hours of on-site supervision by shelter staff
- The agency met the basic needs and residential care requirements of the client as defined in the Required Core Activities
- Completion of CYFD client intake and discharge requirements
- Completion of client shelter care plan and/or progress notes
- Completion of client specific demographic and performance outcomes as defined by CYFD

Day of Care unit rate @ \$65.00 per client.

Partial Day of Care (4-12 hours) @ \$32.50 per client

Partial Day of Care (13-23 hours) @ \$48.75 per client

BEHAVIORAL HEALTH SERVICES

INFANT MENTAL HEALTH SERVICES: 0-3 YEARS

Infant Mental Health (IMH) is the psychological, social and emotional well-being of infants and toddlers in relationship with their caregivers, environment and culture, and with respect for each child's uniqueness.

For CYFD's purposes, Infant Mental Health services and supports are designed to enhance the emotional and behavioral well-being of infants and toddlers and support the family by providing a strength-based, culturally competent, comprehensive, coordinated and integrated array of services to meet the developmental needs of children from birth to three, and their families. These supports and services are meant to provide for the needs of the family/caregiver(s) to enhance the child's development. Services and supports are grounded in developmental knowledge; promote healthy relationships; are family supportive; are responsive to the community and cultural context; are outcomes based; and encompass emotional, social and cognitive development, communication, adaptive behavior and respite care for the caregiver(s).

GOALS:

The goals of Infant Mental Health Services are to: enhance the psychological, social, emotional and behavioral well-being of infants and toddlers; help parents to be more effective nurturers; provide the skills that parents need to attend to their children's developmental needs; expand the competencies of caregiver(s) to prevent and address problems; ensure the more seriously troubled young children get appropriate intervention; and prevent child abuse/neglect.

Recipients of Infant Mental Health Services and supports are children at risk of emotional and/or developmental disabilities/delays that may be due to the presence of one or more psychological, biological and/or environmental risk factors. Common risk factors include: newborn failure to thrive; fetal alcohol syndrome/effect; intrauterine exposure to drugs; presence of one or more developmental/cognitive delays; living with parents/caregiver(s) who are chronically impoverished, mentally ill, developmentally disabled, substance abusing, involved with the juvenile/criminal justice system; and/or have a history of domestic violence, child abuse or neglect.

POPULATION SERVED:

Children eligible for this service/support are ages birth to three years of age and who meet the following criteria:

1. Children with, or at risk of, emotional/behavioral/developmental disabilities/delays as indicated by an assessment; or
2. Children diagnosed with, or at risk of developing, a neurobiological disorder (NBD)/Diagnostic Classification (DC 0-3) diagnosis; or
3. Children experiencing difficulty developing secure attachment and bonding with parent(s) and/or caregiver(s); or
4. Children at risk of having difficulties developing adaptive coping skills or social competence; or
5. Families with environmental risks that include: a history of abuse/neglect; domestic or other violence; criminality; substance abuse; and/or present or past involvement with the protective services or juvenile justice systems in the Children, Youth and Families Department.

CORE REQUIREMENTS:

These services and supports are based on the individual needs of the infant, toddler and family, and will include:

- Intake/Admission

- Perform and coordinate screenings, assessments, and/or evaluations of the child and family as well as perform an assessment and/or evaluation of the child and family's relationships as described in the Behavioral Health Services Mental Health Screening requirements
- Develop an infant and family treatment plan as described in the Behavioral Health Services Treatment Planning requirements
- Case management which includes a set of functions that are intended to insure that the children and families receive the services and supports they need in a timely, appropriate, effective, efficient, culturally competent and coordinated manner as described in the Behavioral Health Services Case Management requirements

In addition to the core requirements, the following services may be included:

1. Family Counseling (for environmental stressors such as marital, emotional, social, economic, substance abuse and/or domestic violence issues); parent skill building and support; children's social and life skills building; and family relationship enhancement;
2. Infant Mental Health Respite Care Program that provides center-based, home-based and/or school-based respite care services to families/caregiver(s) of this target population. The focus will be to provide a positive socialization process. Other related services may include parent's support group, parent consultation and education, counseling and other mental health/substance abuse services.

NOTE: For Infant Mental Health Consultation, refer to Specialized Consultation page 57.

MINIMUM STAFF QUALIFICATIONS:

Minimum of a GED with 2 years experience in the field of Infant Mental Health and working with parent/child relationships. Staff must receive 15 hours of relevant training/continuing education annually.

Counseling must be provided in accordance with each licensing act that governs the licensed staff. If the focus of the session/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 Board of Social Work Examiners or the New Mexico Counseling and Therapy Practice Act and Board or have the appropriate training with the appropriate licensure as set forth by the Act.

STAFF SUPERVISION:

Bachelor's degree in Social Work, Counseling, Psychology, Nursing, Special Education, Early Childhood Education, or 4 years experience in the field of infant mental health or early child care. Supervisors must receive 15 hours of relevant training/continuing education annually.

BILLABLE UNIT:

IMH Core Requirements must be completed for the identified client, and at least one or more of the following additional services provided to receive the bundled unit rate:

1. IMH Family Counseling
2. IMH Respite Care

Infant Mental Health Services @\$65.00 (bundled rate) per client hour, billed to the identified client.

NOTE: If the provider is only providing IMH Core Requirements, the standard Children's Behavioral Health rates for those services will apply.

BEHAVIORAL HEALTH SERVICES INNOVATIVE SERVICES

The Innovative component allows an agency the opportunity to be creative in developing a unique component to meet the needs of the target population to be served. The component must meet the goals of the Community-Based Services Model as described in the introduction of this Service Definition Manual (SDM), must establish performance outcomes and performance measures in conjunction with the CYFD outcomes and measures, and must be approved by CYFD.

In developing and defining this component, the agency must address the five (5) sections identified below.

PURPOSE AND TARGET POPULATION

To be developed by the agency and approved by CYFD.

CORE REQUIREMENTS

To be developed by the agency and approved by CYFD.
The agency must establish performance outcomes and measures for this component.

MINIMUM STAFF QUALIFICATIONS

To be determined by the agency and approved by CYFD.
Staff qualifications should be appropriate for the core activity 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 A

EARLY INTERVENTION CORE DATA ELEMENTS

EARLY INTERVENTION CORE DATA ELEMENTS CHECKLIST

Early Intervention Mental Health services are designed to target children, (and their families) age birth to 12 years who are diagnosed with or who are at risk of developing a serious emotional, behavioral or neurobiological disorder.

The CORE DATA ELEMENTS CHECKLIST is used for this special population as a preliminary screening tool in determining which children require referral for a more detailed assessment. It is not a diagnostic device. The checklist is divided into 2 sections. The first section asks whether the child has been exposed to any “Major Risk Factor” associated with the etiology and development of SED. A response to any listed Major Risk Factor automatically qualifies the child as Environmentally At-Risk for SED.

The second section addresses “Other Environmental Risk Factors” also associated with SED. The second section is subdivided into general headings which each focus upon a specific type of environment or context with associated SED risk factors. A response to two or more of the Other Environmental Risk Factors from differing general headings also qualifies the child as Environmentally At-Risk for SED.

This checklist must be maintained in the client file as documentation of the client’s eligibility for services.

CORE DATA ELEMENTS
EARLY INTERVENTION MENTAL HEALTH SERVICES
CORE DATA ELEMENTS

To be placed in Identified Client file

DEMOGRAPHICS For child identified as at-risk of SED/NBD:					
Identified Client ID	Staff ID	Intake date	Gender	Age	Race/Ethnicity
			M F	Yrs.	

Major risk factors (only one is needed for the child to be at risk of SED or see following page for environmental risk factors).

	Caregiver or			Describe others:
	Child	Parent 1	Parent 2	
History of neglect		NA	NA	
Physically abused		NA	NA	
Sexually abused		NA	NA	
Sexually acting out		NA	NA	
Emotionally abused		NA	NA	
Suicide ideation/attempt				
Intentional self harm				
Violent or chronic aggression or hostility				
Delusions or hallucinations				
Substance/alcohol abuse				
Prenatal drug exposure				
Intentional delinquent acts				
Psychiatric illness				
History of boarding school				
Felony convictions				

Other Environmental Risk Factors: At least one item from two or more groups (I. To V.) is needed for the child to be environmentally at risk of SED.

I. HEALTH INDICATORS	Height or weight below 50 th percentile	
	Significant developmental delay	
	History of chronic illness	
	Frequent accidents	
	Poor prenatal or pediatric health care	

II. EDUCATIONAL INDICATORS	Suspended/expelled from school	
	Poor school performance/retained	
	Difficulty in focusing attention	
	Difficulty in delay of gratification	

III. BEHAVIORAL INDICATORS	History of chronic somatization	
	Runaway	
	Self-isolation/withdrawn	
	Intense anxiety at separation	

IV. SOCIAL INDICATORS	Difficulty in collaborative tasks/play	
	Lack of supportive or spiritual connections/relationships	
	Constant need for attention	
	Indiscriminate social attachment	

V. HOME ENVIRONMENTAL INDICATORS	Major change in home within last year	
	Child is adopted/history of foster placement in family	
	Custodial parent is unemployed	
	Custodial residence is single parent below poverty level	
	Parent(s) job is unskilled labor and educational level is HS or less	
	Homeless	

APPENDIX B

BEHAVIORAL HEALTH SERVICES FORMS

Client Id (MIS) _____

Agency Client Number _____

CBHS Client Intake Form

(All fields must be completed for MIS data entry)

Intake Date: _____

Target Population: (Choose one target population)

- At High Risk of Entry Into PS/JJS
- CYFD Referred by/involved with PS
- CYFD Referred by/involved with JJS
- Referred by/involved with Tribal Social Services

Justification for Target Population Determination: _____

Target Population Characteristics: (Choose one or more characteristics)

- Families In Needs of Services (FINS) SED/NBD Diagnosed SED/NBD at Risk
- Substance Abuse N/A

Justification/Documentation for Target Population Characteristics: _____

Referral Source Type: (Choose one referral source type)

- Parent/Legal Guardian Public Defender/GAL JJS JPPO/Social Worker Self
- School PS Social Worker Other Agency Juvenile Correctional Facility

Referral Source: _____

Phone Number: _____

OUTCOMES:

JJS Involvement List

- None/Not Applicable Status Pending Informal Supervision
- Supervised Probation Commitment Parole
- Discharged

PS Involvement List

- None/Not Applicable Referred/Open Case Confirmed Case/Not in Custody
- In Custody

Living Status List

- Living at Home/on Own Congregate Residential Care
- Living with Friend or Relative Child/Adolescent Shelter
- Out-of-Home Placement by PS Correctional Facility Transitional Living (Age>14years)
- On Street/Homeless Whereabouts Unknown/Runaway

FORENSIC SERVICES PROGRAM SUPPORT

Program Support is defined as agency support activities necessary to deliver direct services and outcome achievement for clients. Program Support activities must be provided by all agencies.

CORE REQUIREMENTS

Client Services

1. Intake/Admission:
Client Screening/Eligibility. Determine if the client meets the target populations for community based contacted services, and is appropriate for services.
 - a. Completion of a Client Intake. A CYFD approved Intake form must be thoroughly completed.
 - b. Completion of Client Rights/Responsibilities and Grievance Procedures Forms. Forms must be signed and dated by the client and/or parent/legal guardian and agency staff.
 - c. Completion of Client Release of Information Forms. Release of Information when necessary, including Confidentiality Statement.
 - d. Completion of Consent Form. Documentation of consent or attempt to obtain consent of the client and/or parent/legal guardian for admission, treatment, evaluation, aftercare or research. Client must also be informed of data collection methods utilized by the agency and to whom information will be reported.
 - e. Completion of Performance Outcomes and demographic information at intake in the format defined by CYFD.
2. Performance Outcomes
 - a. To produce forensically defensible socio/legal evaluations related to adjudication and disposition of juvenile offenders or child victims of a sex crime.
3. Performance Measures
 - a. Customer Satisfaction Surveys (Judges, DAs, JPPOs for offenders up to 19 years of age, Protective Services Social Workers).
4. Service Requirements:
 - a. Face-to-face contact with a client (when possible) to complete the evaluation protocols and interview.
 - b. Completion of a Client Satisfaction Survey.

Management Information System (MIS)

1. MIS:
 - a. Enter MIS required data on each referred client
 - b. Update MIS information as needed
 - c. Report electronically on information to CYFD as required by the 10th of each month.

Outcome Evaluation & Training

1. The Department requires each contractor to measure and track:
 - a. Customer satisfaction
2. Staff Training:

- a. Develop a staff training curriculum on agency outcome methodology
- b. Train staff on the agency outcome methodology
- c. Train staff on standardized instruments to be utilized by the agency
- d. Supervise staff utilizing standardized instruments

MINIMUM STAFF QUALIFICATIONS

Agency designated staff, interns and/or volunteers.

STAFF SUPERVISION

All activities under Program Support must be supervised by the Executive Director or a staff member as designated by the Executive Director.

BILLABLE UNIT

Program Support is set at 6% of the total CYFD Community-Based Services contract for the agency.

**FORENSIC SERVICES
JUVENILE FORENSIC INTAKE FORM**

Child's Name: _____

Address: _____ Telephone Number: _____

Referral Source:

_____ Judge _____ Juvenile's Attorney _____ CCA _____ JPPO

_____ Other (Name and Telephone #): _____

Juvenile's Attorney (Name & Telephone #): _____

CCA (Name & Telephone #): _____

JPPO (Name & Telephone #): _____

Other (Name & Telephone #): _____

Date of Referral: _____ Type of Hearing: _____ Upcoming Court Date: _____

Incarcerated? Yes _____ No _____ Location: _____

Current Charges: _____

_____ Misdemeanor _____ 1st Degree Felony _____ 2nd Degree Felony

_____ 3rd Degree Felony _____ 4th Degree Felony

Date of Birth: _____ Age: _____

Social Security Number: _____ Medicaid? ___ Yes ___ No (Attach copy of Card)

Gender: (Circle) M F

Language, Ethnic and/or Cultural Information: _____

Name of parent or responsible adult: _____

Address (if different from above): _____

Telephone (if different from above): Home: _____ Work: _____

REFERRAL QUESTION(S)

- 1. Mental state at the time of offense?
- 2. Competency to proceed through adjudication?
- 3. Amenability to treatment or rehabilitation as a child in available facilities, as defined in the New Mexico Children’s Code under the Youthful Offender statute?
- 4. Treatment as an alternative to incarceration (risk of safety to self and/or community)?

Narrative describing other questions/concerns about this youth?

TYPE OF EVALUATION:

(For those agencies contracted to provide different types of evaluations.)

- Mental Health Evaluation
- Cognitive/Intellectual Evaluation
- Comprehensive Psychological Evaluation
- Forensic Evaluation (Court ordered) check all that apply:
 - Mental State
 - Competency
 - Amenability to Treatment
 - Treatment as an alternative to incarceration

SUMMARY OF LEGAL HISTORY: _____

TREATMENT HISTORY: _____

SIGNATURE/TITLE OF STAFF COMPLETING FORM _____ **DATE** _____

**FORENSIC SERVICES
SAFE HOUSE INVESTIGATIVE INTERVIEW
INTAKE**

Tracking (Case) Number: _____ Referral Source: _____

Child's Name: _____ Reporting Individual: _____

Date of Birth: _____ Age: _____ Investigating Agency: _____

Social Security Number : _____ Investigating Individual: _____

Gender: (Circle) M F Referral Reason _____

Ethnic/Cultural/Language Information: _____

Individual Agencies Connected with a Case: _____

D.A. Staff: _____ Special Needs: Law Enforcement: _____

Language Preference: _____ Child Protective Services: _____

School/Daycare: _____ Church: _____

Other: _____

Child's Custody: Name/Relationship: _____

Address: _____

Telephone: _____

BIOLOGICAL PARENTS

Mother's Name: _____ Father's Name: _____

Mother's Address: _____ Father's Address: _____

Mother's Telephone: _____ Father's Telephone: _____

Siblings: (Name/DOB/Gender): _____

Jurisdiction in which alleged Abuse Occurred: _____

City: _____ **County:** _____ **Military:** _____ **Out of State:** _____

NATURE OF ABUSE

_____ **Sexual** _____ **Physical** _____ **Witness to Serious Crime**

_____ **Other:** _____

Who Reported Allegations to Authorities? _____

Who will transport child and sign forms? _____

Has child been interviewed? (Circle) YES NO By Whom? _____

Has child disclosed information to anyone? (Circle) YES NO To Whom? _____

ALLEGED PERPETRATOR INFORMATION

Name: _____

Address: _____

Date of Birth: _____ **Age:** _____ **Cultural/Ethnicity Information:** _____

Relationship to child: _____ **Allegations:** _____

Date alleged abuse occurred: _____

Location of alleged abuse: _____

Previously named? _____ **By Whom?** _____

APPENDIX C
CYFD BACKGROUND CLEARANCE

SUMMARY OF BACKGROUND CLEARANCE PROCESS

The Background Checks Unit of Family Services is responsible for ensuring children are in safe, responsible and morally positive settings. Background clearances are conducted in order to identify those adults who have relevant felony and/or misdemeanor convictions and/or arrests that operate as a disqualification to provide services. In addition, the Unit conducts abuse and neglect screens, utilizing Protective Services data, in order to identify those persons who pose a continuing threat of abuse and/or neglect to minors or adults in their care.

PAYMENT REQUIREMENTS

The cost is \$34.00 for each set of fingerprint cards. The fee is used to pay the Federal Bureau of Investigation (\$24.00), the NM Department of Public Safety (\$7.00) and the internet provider (\$3.00). The Children, Youth and Families Department does not charge a fee for its services at this time.

The fingerprint cards, along with the \$34.00 fee (money order or cashier's check only made payable to the NM Department of Public Safety) must be sent to:

Children, Youth and Families Department
Family Services
Background Checks Unit
P.O. Drawer 5160
Santa Fe, NM 87502-5160

FREQUENTLY ASKED QUESTIONS

Q: Where do I get fingerprint cards?

A: You can obtain blank fingerprint cards from the Child Care Licensing District Office in your area by calling (505) 841-4820.

Q: Where do I get fingerprinted?

A: Your local law enforcement agency can perform these services or can refer you to another source.

Q: How soon do I need to submit my fingerprints?

A: Two fingerprint cards must be submitted prior to commencement of employment, whether agency employed, contractual or volunteer.

Q: How soon can I begin work once the fingerprints have been submitted?

A: All personnel (agency employed, contractual or volunteer) who have any contact with clients, must have a CYFD Background Clearance prior to the commencement of employment. Personnel, including but not limited to administrative, support and facilities staff, who do not have contact with clients must have a CYFD Background Clearance within 60 days of employment.

Q: Why do I need to submit two fingerprint cards?

A: The Children, Youth and Families Department submits criminal history inquiries to the Federal Bureau of Investigation (FBI) by scanning the fingerprint card into a computer software program. The fingerprint care image is then forwarded to the FBI electronically. In the event the computer system is unable to read the first fingerprint card, we are able to use the second fingerprint card you submitted, in an effort to avoid delays.

Q: Is there a cost?
A: Yes. The cost is \$34.00 for each set of fingerprint cards. The fee is used to pay the Federal Bureau of Investigation (\$24.00), the NM Department of Public Safety (\$7.00) and the internet provider (\$3.00). The Children, Youth and Families Department does not charge a fee for its services at this time.

Q: Where do I send my fingerprint cards and payment?
A: Mail your fingerprint cards along with the \$34.00 fee (money order or cashier's check only made payable to the NM Department of Public Safety) to:

Children, Youth and Families Department
Family Services
Background Checks Unit
P.O. Drawer 5160
Santa Fe, NM 87502-5160

Q: I was arrested but not convicted of the crime. Will that prevent me from receiving a Background Clearance?
A: No. The Children, Youth and Families Department will only deny Background Clearances when relevant convictions exist.

Q: I know of someone who was denied clearance, although they had never been arrested or convicted of a crime. How did that happen?
A: In addition to the criminal history, the Children, Youth and Families Department conducts a Protective Services screen for child/adult abuse and/or neglect. A denial of clearance is required if a fingerprint applicant is the perpetrator of certain substantiated abuse and/or neglect referrals.

Q: How long does it take to get a Clearance?
A: The Children, Youth and Families Department is committed to providing an answer within two to four weeks of receiving the fingerprint cards. Obtaining a Clearance is not automatic. There are a number of important factors taken into consideration, such as criminal and Protective Services histories.

FINGERPRINT CARD INSTRUCTIONS

State and Federal regulations prohibit the verbal and written disclosure of information obtained through a background clearance and requires proper security or records containing criminal information.

Completed fingerprint cards and accompanying information are legal documents and should be treated as such. All documents submitted to the Children, Youth and Families Department become the sole property of the Department.

Two complete sets of fingerprint cards must be submitted to the Background Checks Unit in legible black print or typed in black ink. The following information is required on the fingerprint cards (**Note: All numbered items in this section correlate to the information required on each fingerprint card**).

1. Last Name of Applicant
2. First Name of Applicant
3. Middle Name of Applicant (**complete name, not initial, "NMN" for no middle name and "__" for Initial only**)
4. Signature of Applicant in black ink (**The applicant must sign the fingerprint cards after all information on the fingerprint card is correct and complete**)
5. Mailing address of Applicant (**street, rural route number, P.O. Box, city, state and zip code**)

6. Aliases used by Applicant (**AKA –include maiden name or previous married names and any other names used**)
7. Citizenship of Applicant (**identify by country, i.e., United States or US, Mexico or MX**)
8. Date of fingerprinting
9. Signature of Official taking fingerprints
10. Originating Case Agency –**Leave Blank**
11. Employer complete name, address, city, state and zip code
12. FBI no. FBI– **Leave Blank**
13. Armed Forces Number of Applicant MNU (**if applicant has a current or previous armed forces number, enter the number. Otherwise leave blank**)
14. Social Security Number of Applicant
15. Miscellaneous Number of Applicant (**if applicant has another identification number, enter the number. Otherwise, leave blank**)
16. Sex of Applicant (Gender)
17. Race of Applicant
18. Height of Applicant
19. Weight of Applicant
20. Eye color of Applicant
21. Hair color of Applicant
22. Date of Birth of Applicant
23. Place of Birth of Applicant (enter state and/or country)
24. Reason Fingerprinted
25. Fingerprints