

DOMESTIC VIOLENCE SERVICE DEFINITION MANUAL



Family Services
Domestic Violence Unit

Dorian Dodson
Cabinet Secretary

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CYFD Family Services, P.O. Drawer 5160, PERA Room 209, Santa Fe, NM 87502, 505-827-8018

DV SDM
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DEFINITION OF TERMS

<u>Term</u>	<u>Definition</u>
Advocacy	<p>In person or phone advocacy and support provided by the program's qualified staff and volunteers to domestic violence clients.</p> <p>Collaboratively working with, and in support of, a survivor that keeps with a survivor-centered, empowerment based, and self-determined approach.</p>
Batterer's Intervention	<p>A program consisting of individual and group intervention for domestic violence offenders.</p>
Advocacy Support Plan	<p>A plan, when advocacy and support is a sole service, to be provided. The plan outlines goals and actions taken toward goals, including date, length of time, and staff completing the services.</p>
CYFD Children's Program Progress Form	<p>The CYFD Children's Program Progress Form is the measurement tool required for child survivors/witnesses of domestic violence to be administered by program staff at Intake or Service Assessment and Discharge. Resulting data is entered into the MIS</p>
Child	<p>A female or male dependent survivor/witness of domestic violence who is 0 through 17 years of age.</p>
Client	<p>Term used in the Service Definition Manual where standards relate to survivors and offenders of domestic violence. A recipient of domestic violence intervention services</p>
Confidentiality	<p>The responsibility of providers to protect personal identifying (privileged) information about domestic violence clients.</p> <p>Survivors hold the privilege to disclose personally identifying information about them.</p> <p>Confidentiality is paramount to survivor safety. Programs funded by CYFD shall establish policy and procedures regarding survivor confidentiality, location of the Shelter, etc. By definition, programs funded under the federal Family Violence Prevention and Services Act must establish or implement policies and protocols for maintaining the safety and confidentiality of the adult survivor, and their children of domestic violence, sexual assault and stalking. It is essential that the confidentiality of individuals receiving domestic violence</p>

<u>Term</u>	<u>Definition</u>
	services be protected. Consequently, when providing statistical data on program activities, individual identifiers of survivor records will not be used per the Family Violence Prevention & Services Act (section 303(a) (2) (E)).
Community Education	Presentations made by the program's staff or volunteers to community groups.
Core Requirements	Minimum service delivery activities to be performed for any specific service component
Crisis Intervention	In-person crisis intervention, emotional support and guidance contacts provided by the program's staff or volunteer advocates. This type of emergency response may occur at the crisis scene or immediately after the crisis. Meeting the survivor at the hospital is also included. Includes phone calls made to the program's crisis phone line by or on the behalf of a survivor of domestic violence. These calls are usually the initial crisis phone contact with a survivor.
Domestic Abuse	Any incident by a household member against another household member resulting in: physical harm, severe emotional distress, bodily injury or assault, a threat causing imminent fear of bodily injury by any household member, criminal trespass, criminal damage to property, repeatedly driving by a residence or work place, telephone harassment, or stalking. (Also see Intimate Partner Violence)
Domestic Violence Assessment Tool (DVAT)	The DVAT, an evolving CYFD pre/post assessment tool for an adult survivor of domestic violence, administered at the time of intake and Discharge, that focuses on key areas related to the impact of coping with domestic violence. Resulting data is reported through the MIS.
Domestic Violence Abuse Counseling	One-on-one in-person or phone assistance provided by the program's qualified staff to domestic abuse survivors. Domestic Violence counseling best practice does not include couple's/marriage counseling, mediation, family counseling which involves any of the survivors/child witnesses in confronting the offender or which includes the offender.
Elderly	A female or male survivor or offender of domestic

<u>Term</u>	<u>Definition</u>
Family Therapy	violence who is 60 years of age or older.
Family Violence	A counseling session with the adult survivor and her/his child(ren) engaged. It never includes an offender in session with a survivor or child survivor/witness.
Family Violence	Section 320 of the federal Family Violence Prevention and Service Act defines Family Violence as “Any act or threatened act of violence, including any forceful detention of an individual, which (a) results or threatens to result in physical injury and (b) is committed by a person against another individual (including an elderly person) to whom such person is or was related by blood or marriage or otherwise legally related or with whom such a person is or was lawfully residing.”
Group	For CYFD Domestic Violence Services a group is two or more clients with a recommendation of no more than nine participants to one facilitator. Programs are advised to use two facilitators in counseling groups for offenders.
Human Services Related Field	Experience in an allied mental health field or counseling related field such as social work, guidance and counseling, mental health, psychology, family studies, marriage and family therapy, family sciences, rehabilitation counseling, counselor education, substance abuse counseling or social anthropology. Degree/s may include but are not limited to: Social Work, Sociology, Psychology, Counseling, Human Services, Criminology/Criminal Justice, Public Administration, Educational Counseling, Education, Nursing, and Health.
Innovative Service	This component, bid under a request for proposal, allows a provider the opportunity to be creative in developing a unique component, i.e., outside of the CYFD menu of domestic violence services, to meet the needs of the target population to be served.
Intimate Partner Violence	Intimate partner violence is an escalating pattern of abuse in which one partner in an intimate relationship intends to control the other and the relationship through the use of fear, threats, intimidation, coercion and/or physical violence. Partners may be married or not married, in a heterosexual or same sex relationship, living together, separated, no longer together or dating.

MIS 3.0	A CYFD electronic tracking system for client service delivery. CYFD requires that all contractors enter their data and bill via the Management Information System 3.0, or above.
Offender	A male or female perpetrator of domestic violence who either receives batterer intervention services from the domestic abuse program or is the current or former batterer of a survivor who receives services from the program.
Offender Assessment	A comprehensive assessment is the foundation for service delivery. It should be strengths based and reflect the needs of the offender. It must also contain an evaluation of the offender's lethality/danger to others.
Peer Counselor	An individual who can provide the skills of listening and understanding; and who can communicate and provide encouragement in the process required to achieve improvement in life skills primarily because she has undergone the experience for which she is providing support. May sometimes also be referred to as an advocate. Peer counselors are recognized in the field of domestic violence.
Performance Measure	A quantitative or qualitative indicator used to assess the outcome or result of a program. CYFD requires that certain uniform performance measures be used by all domestic violence service providers at Intake and Discharge
Performance Outcome	Impact or benefit of a program.
Program Outcome Measure for Batterers (POMB)	The Program Outcome Measure for Batterers (POMB) is the current required tool to be used when working with domestic violence offenders. An evolving CYFD pre/post measurement scale, to be administered at intake and discharge. Must be recorded into the MIS.
Progress note format	DAP
	D = data: observable, concrete; what was said by client; A = assess: conclusions, the writer's assessment of the situation; P = plan: the intervention agreed upon by the staff, advocate, counselor, case manager, service team or treatment team and the client (and parent/guardian, if

applicable). Who will do what, when?

Relevant Experience	Significant and demonstrable experience in providing the service to the target population.
Session	A structured, scheduled meeting with a client. Billing is for face-to-face time.
Safe and Supportive Environment	A safe environment in which qualified program staff and trained staff and volunteers are sensitive to and interact in a supportive manner with survivors.
Safety Plan	<p>A plan developed between an advocate/counselor and a survivor that contains specific activities for a survivor to be safe from an offender.</p> <p>Safety planning is an essential step to be completed with all adult survivors of domestic violence. It allows individualized planning for situations the survivor and children or family may encounter regardless of what the survivor decides to do about the relationship with the abuser. Age appropriate Safety Planning is also important for child survivors/witnesses of domestic violence.</p>
Shelter Day of Care	For Domestic Violence Shelter Day of care, a survivor must stay 24 consecutive hours in order for a provider to bill for a full shelter day. The billable unit rate is determined by the number of hours in shelter
Shelter Care Partial Day	For Domestic Violence Partial Day Shelter Care, a survivor must stay a minimum of 4 hours for a provider to bill for partial day. Rates are based on time spent in Shelter by 4-12 hours or 13 through 23 hours
Stand Alone Component	A component that does not have to be provided in conjunction with any other component. For example, Crisis Intervention.
Survivor	A female or male adult survivor of domestic violence and her/his dependent child(ren) and teenager(s) who receive domestic violence intervention services directly from a provider.
Survivor Support Plan	<p>Support plans serve various purposes depending upon individual needs. A support plan is informed by the survivor and must contain narrative information supporting the selection of goals.</p> <p>Plans guide service delivery. They should be strengths</p>

based and empower the survivor. Empowerment is based upon the survivor determining what information to provide, what information to include in the plan and the identification and selection of goals.

Supervision

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

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

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

Teenager

A female or male survivor of domestic violence who is 13 to 18 years of age.

INTRODUCTION

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

The Community-based Domestic Violence Service Definition Manual is a set of standards. It governs service delivery to all service providers contracted by the Domestic Violence Unit of Family Services, in the Children, Youth and Families Department, State of New Mexico.

VALUES STATEMENT

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

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

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

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

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

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

CONFIDENTIALITY

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

COLLABORATIVE DEVELOPMENT

This manual was developed with input from community-based domestic violence service providers throughout the State of New Mexico and staff of the CYFD Domestic Violence Unit. The following programs and their representatives are recognized for their effort and time dedicated to the creation of this manual:

CYFD Domestic Violence Unit, Carla Romero
CYFD Domestic Violence Unit, Richard Rodriguez

Community Against Violence, Malinda Dunnam
Esperanza Shelter, Greg Bundrick – Co-chair
Morning Star, Ann Hendricks
S.A.F.E. House, Michele Fuller – Co-chair
Sandoval County, Kaye Sinclair

This group recognizes the leadership demonstrated by Cabinet Secretary Dorian Dodson in supporting the revision and incorporation of best practices into this manual.

UNIT RATES

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

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

NOTE: "No Shows" are not billable.

DOMESTIC VIOLENCE SERVICES

PROGRAM SUPPORT STANDARDS

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

File Maintenance is the documentation required for client/provider 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 provider shall provide suitable storage, access, and disposal of client records for three years after the contract has terminated.

Program Support Consists of:

1. Eligibility/Intake

- A. Individuals who are eligible for domestic violence services consist of:
 - a. Adult survivors of domestic violence.
 - b. Child survivors/witnesses of domestic violence. The provider may serve legally emancipated minors, or minors granted permission by a parent, guardian, or a judge's order.
 - c. Adult offenders/perpetrators of domestic violence.
 - d. Individuals abused, or in fear of being abused, by a household member.
 - e. In the Family Violence Protection Act of New Mexico, Domestic Abuse can only be committed by a household member. CYFD recognizes the definition of household member as:
 - Spouse
 - Former Spouse
 - Family Member
 - Relative
 - Parent
 - Present or Former Stepparent
 - Present or Former In-law
 - Co-parent of a child
 - Continuing Personal RelationshipRemember that cohabitation is not required.

Under the definition of household member CYFD prioritizes service delivery to intimate partner violence.

- B. The provider must provide clear documentation of the survivor's Domestic Violence situation in writing.
- C. All providers must complete a CYFD intake/registration for all individuals receiving domestic violence services. Providers may add supplemental questions to their intakes to provide services or meet reporting requirements of other funders.

- D. A provider may not place restrictions on the number of times an individual may enter shelter nor require a time limit before an individual may re-enter shelter.
- E. The provider may maintain a “no re-admit” list for shelter services for health and safety purposes only. The provider must maintain a written protocol for someone being placed on the list and a written protocol to ensure that each no re-admit situation is assessed on an individual basis.
- F. The provider should have a written protocol to facilitate admission to safe alternate accommodations for individuals when the shelter is full. The written protocol may include, but are not limited to, hotels/motels, other DV service providers’ shelters, homeless shelters, or other facilities that can provide safe refuge.

2. Accommodation

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

3. Client Files

- A. The provider must maintain a file on each individual who received an intake.
- B. Client files must be maintained in either a locked filing cabinet, in a secure (locked) room or in a room that is under constant supervision.
- C. Individual client files must contain the following:
 - a. CYFD Intake / Registration Client Intake/Admission including Client Eligibility, Rights and Responsibilities/ Grievance Procedures, Confidentiality Statement, Release of information and/or Consent Forms;
 - b. Appropriate Assessment and Intervention Plans for adult survivors, child survivors/witnesses and offenders;
 - c. Required outcome measures.
 - d. Client Progress Notes (individual and/or group) with service delivery dates.
 - e. Program evaluation measures;
 - f. Client Discharge Summary;
 - g. Client Satisfaction Survey.
 - h. Client support plan after 14 shelter days or after 4 advocacy support sessions and
 - i. Applicable signed releases, **AND**
 - j. Safety plans.

4. Safety Planning

- A. The provider should have a protocol in place that documents safety planning with survivors.

- a. Phones logs (crisis call notes) can indicate that safety planning was offered during crisis line calls.
 - b. Progress notes or a standardized form can indicate that safety planning was explained and discussed during initial residential and non-residential intake.
 - c. Progress notes or a standardized form shall indicate safety planning was discussed, or an attempt was made to discuss safety planning, when the individual's plans changed or an event occurred that indicated a need to modify the plan to address the event.
 - d. A safety plan should also be completed at discharge.
- B. Safety planning may be billed under life skills.
- C. Providers must develop policy and procedures to respond to the use of drug and alcohol on the premises and to intoxicated and impaired clients to ensure the safety of all.

5. Informed Consent

- A. Providers should have a protocol for
- a. Completion of Client Rights/Responsibilities and Grievance Procedures forms.
 - b. Forms must be signed and dated by the client and/or parent/legal guardian and provider staff.
 - c. Completion of Client Release of Information Forms as applicable.
 - d. Confidentiality Statement.
 - e. Completion of Consent Form. Documentation of consent or attempt to obtain consent of the survivor and/or parent/legal guardian for admission, services, treatment, evaluation, aftercare or research.
 - f. Client must also be informed of data collection methods utilized by the provider and to whom information will be reported, including file reviewers.
 - g. Completion of MIS Consent form.
- B. Completion of data elements and demographic information in the format defined by CYFD

6. Confidentiality of Personal Identifying Information/Release of Information

- A. The provider should have a protocol for:
- a. The report of aggregate statistics as required by contract in such a way that does not disclose any survivor identifying information and allow for programmatic evaluation by authorized CYFD Domestic Violence Unit personnel.
 - b. Requiring that client identifying information is disclosed within the provider agency on a need to know basis.
 - c. Requiring that all employees, volunteers, contractors, interns, and visitors are to maintain complete client confidentiality.
 - d. That states that disclosure of confidential information pertaining to employees, program participants, volunteers, or a private funding source is a violation for which disciplinary action will be taken.
- B. The provider should have a protocol for exceptions to confidentiality and advising clients of these exceptions. Exceptions to confidentiality may include but not be limited to:
- a. Reporting child abuse
 - b. Incapacitated Adults- Adult Protective Services Act. 27-7-30- Any person, including financial institutions, having reasonable cause to believe that an incapacitated adult is being abused, neglected or exploited shall immediately report that information to Adult Protective Services Department.
 - c. Protecting against danger to self or others on provider premises
 - d. Summoning emergency services, such as fire or law enforcement, emergency health services.
- C. The provider must have a protocol pertaining to the release of personal identifying information about a client. *At a minimum, the protocol must state that personal identifying information about a survivor*

may be released only with the prior informed written consent of the survivor. Informed consent means reviewing possible risks for the disclosure of the information for the survivor.

- D. All release of information must be recorded on the provider's standard form and placed in the client file. The release of information form must include the following:
 - a. Individual's name
 - b. Specific information to be released (a new form is executed for each new piece of information to be released).
 - c. To whom the information is to be given.
 - d. *Releases of information should be written for as brief a period of time as necessary to provide the service with a specific expiration date.*
 - e. Individual's signature
 - f. Revocation statement (refer to Minimum Standards for an example).
- E. Compliance to confidentiality standards that adhere to Violence Against Women Act (VAWA) 2005 and the New Mexico Victim Counselor Confidentiality Act (see SDM addendum).

7. Response to Subpoenas or Other Client Information

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

8. Progress Notes

- A. The provider should have protocol for the completion of progress notes to record all provider activity with or on behalf of a client. Documentation shall address/consist of the following:
 - a. The format should follow an accepted structure (DAP, SOAP, NAP).
 - b. Notes shall not contain any diagnosis, clinical assessments, or advocates' personal opinions
 - c. The progress notation shall also include date, time and duration of contact, name or type of Service Component/Activity, and signature of individual completing the note.
- B. Correction fluid shall not be used. Errors shall be corrected by drawing one line through it, writing "error" and initialing this change; then continuing with note.

9. Discharge

- A. The provider should have protocol for the discharge of clients from service that includes a face-to-face contact with a client (when possible) to complete a discharge summary. Documentation of a discharge summary shall include:
 - a. Reason for completion/termination;
 - b. Summary of services provided;
 - c. Client progress while under provider care and goals attained, or not attained;
 - d. Prognosis and recommendations for further care and treatment;
 - e. For offenders, demonstrated improvement in a minimum of 2 of 4 outcome measures on Program Outcome Measure for Batterers (POMB).
 - f. Aftercare plan that includes an individualized safety plan and reasonable assurances of continued care with the participation of the client and family, or guardian when indicated.
- B. At discharge, the provider must complete:
 - a. Domestic Violence Assessment Tool for Adult Survivors, the Children's Program Progress Form for Child witnesses to domestic violence, or the POMB.
 - b. Client Satisfaction Survey.
- C. The provider should have a written protocol regarding involuntarily discharge of an individual from shelter. The written protocol contains the following elements:
 - a. Reasonable effort has been made to inform the resident of the problem/conduct, and

- b. The resident is informed that, if the problem/ conduct is not corrected, this may result in involuntary discharge, and
- c. The resident is provided with an opportunity to correct the problem/conduct, and
- d. Clients have been informed in advance of actions that would lead to immediate discharge.

10. Grievance

- A. The provider should have a written grievance protocol that is distributed to each individual upon acceptance into the program and its services.
- B. In compliance with CYFD contractual obligations, the written protocol contains but isn't limited to the following elements:
 - a. Procedures to follow if an individual believes she/he has been wrongfully denied access to the provider's services.
 - b. Procedures to follow if an individual chooses to express dissatisfaction about her/his experience with services received through the provider.

11. Documentation of Supervisory Reviews

- A. The provider should have a protocol for the supervisory review of services provided to a client.
- B. At a minimum, supervisors must review active client files every 90 days to include:
 - a. Review services or treatment offered to client;
 - b. Review appropriateness and effectiveness of services or treatment provided;
 - c. Review of the Intake, Assessment, Intervention Plan, Treatment Plan, or Case Management Plan. 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;
- C. Supervisors must provide written summary notations that include the date and signature of the supervisor, licensure (if applicable) and be placed in the client file.

12 Documentation of Incident/Occurrence Reports

- A. The provider should have a protocol for the documentation of any significant disciplinary action, health and safety issue, rules violation, or action involving liability including:
 - a. Treatment complication
 - b. Accidents or injuries to the client
 - c. Any suicide or attempted suicide of a client
 - d. Morbidity (disease or illness)
 - e. Death of client
 - f. Activities that place client at risk of harm or cause unusual pain.
 - g. Actions taken to verify or resolve the issue must be documented.
 - h. Suspected abuse or neglect shall be reported to the Children, Youth and Families Department's Protective Services State Central Intake (SCI) at 1-800-797-3260 or to your local CYFD office.
- B. The provider should have a written protocol to ensure that serious incidents are properly addressed, recorded, and submitted within 24 hours to CYFD Domestic Violence Unit.

13. Reporting of Serious Incidents

- A. All domestic violence shelters and non-residential programs must report to their CYFD Program Manager within 24 hours, any serious incident or unusual occurrence which has, or could threaten, the health, safety, or welfare of the clients or staff of the facility.
- B. Reports may be made by telephone with documentation following by fax or e-mail. Documentation of any significant disciplinary action, health and safety issue, rules violation, or action involving liability may include but is not limited to:

- a. Fire, flood, or other natural disaster which creates structural damages to the facility or poses health hazards;
 - b. An outbreak of contagious disease dangerous to public health; for example, Tuberculosis (TB), food poisoning, Hepatitis A;
 - c. Any human act(s) by staff members of the facility which presents or poses possible physical and/or psychological impairment of a client;
 - d. Any human act(s) by staff member(s) of the facility which results in serious illness, injury, or physical and/or psychological impairment of a client;
 - e. Any suspected client abuse, neglect or exploitation of a client;
 - f. On-site incidents that include acts of physical harm to a client or staff by a client or staff or by an offender;
 - g. Any disruptive incident occurring on provider 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.
- C. Actions taken to verify or resolve the issue must be documented.
- D. Suspected abuse or neglect must be reported to State Central Intake (SCI) at 1-800-797-3260 or to the local CYFD Protective Services office.

14. Outreach and Education

- A. 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.
- B. Activities may include:
- a. Public awareness activities to promote community knowledge of the provider'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-provider collaboration and maximum service provision to clients.
 - d. Documentation shall include a log of activities, including dates, times, sign-in sheets, person performing the activities and a description of the activity.

15. Outcome Evaluation & Training

- CYFD continues to institute methods to collect and analyze information on improvements in client safety and increased knowledge of resources, client satisfaction with services and system-wide improvements.
- a. The Department requires each contractor to measure and track client-based outcomes through the use of the DVAT for domestic violence survivors, POMB for domestic violence offenders, and CPPF for child survivors/witnesses to domestic violence.
 - b. The Department requires each contractor to collect and report information necessary to meet the reporting obligations under federal requirements for Temporary Assistance to Needy Families (TANF) and Family Violence Prevention and Services Act (FVPSA).

16. Staff Training

Providers should:

- a. Develop a staff-training curriculum to meet the staff requirements in this manual.
- b. Routinely train staff on standardized instruments to be utilized by the provider;
- c. Supervise staff utilizing standardized instruments.

17 Service Delivery Location

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

MINIMUM STAFF QUALIFICATIONS

Each service component to be performed has a description of qualification requirements for provider-designated staff and/or volunteers.

STAFF SUPERVISION

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

BILLABLE UNIT

Twelve percent (12) of the contracted dollar amount may be used for Program Support (Billable only under the fee-for-service reimbursement method.)

CLIENT INTAKE SUMMARY INSTRUCTIONS

A CYFD Domestic Violence Services Client Intake Summary form must be completed for all clients receiving services under CYFD contracts at the time of Intake, admission or referral.

- MIS Intake information must be entered into the Management Information System (MIS), as indicated by MIS.
- The Client Intake Summary does not take the place of an Assessment or Advocacy Support Plan.
- Agencies can add information to the Intake form that may capture information they require, but agencies cannot omit information on the CYFD Domestic Violence Service Definition Manual Client Intake Summary.
- Agencies can either use the Intake Summary form provided in the Domestic Violence Service Definition Manual or download a copy of the required Intake information from the Management Information System (MIS) for use at the initial intake meeting with a client. Agencies may use an intake form of their own design as long as it includes all the information required by CYFD.

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

Client ID (MIS) _____

Agency Client Number _____

Domestic Violence Client Intake Registration Form

Client Detail

(All fields must be completed for MIS data entry)

Registration Date: _____ Crisis Client ___ Y ___ N

Name: _____
(first) (last) (middle)

Date of Birth: _____

Social Security Number: *The Social Security number is NOT REQUIRED in MIS*

Gender: ___ Male ___ Female ___ Not Specified

Ethnicity: ___ White Non-Hispanic ___ Asian
___ Hispanic/Latino(a) ___ Pacific Islander/Native Hawaiian
___ African American ___ Other/Unknown
___ American Indian/Alaska Native

Client Address: _____
(street) (city)

(county) (state) (zip)

Phone Number _____
(area code) (number)

Family Income:
___ \$ 0.00 -\$19,623.00 ___ \$ 67,329.00 -\$ 74,143.00
___ \$ 19,624.00 -\$ 26,438.00 ___ \$ 74,144.00 -\$ 80,958.00
___ \$ 26,439.00 -\$ 33,253.00 ___ \$ 80,959.00 -\$ 87,773.00
___ \$ 33,254.00 -\$ 40,068.00 ___ \$ 87,774.00 -\$ 94,558.00
___ \$ 40,069.00 -\$ 46,883.00 ___ \$ 94,559.00 -\$101,403.00
___ \$ 46,884.00 -\$ 53,698.00 ___ \$101,404.00 -\$108,218.00
___ \$ 53,699.00 -\$ 60,513.00 ___ \$108,219.00 -\$115,003.00
___ \$ 60,514.00 -\$ 67,328.00

Family Size: ___ Receiving TANF Cash Assistance: ___yes ___no

Medicaid Enrolled: ___yes ___no Medicaid Number, if applicable: _____

Domestic Violence Client Registration for Children under Care and Support

* Please continue to consult with MIS for future revisions.

Client Family Detail

Name: _____

Date of Birth: _____

Gender: ___ Female ___ Male

Domestic Violence Target Population: ___ Child Witness

Relationship to Client: ___ Brother ___ Sister ___ Daughter ___ Son
___ Granddaughter ___ Grandson ___ Step Daughter
___ Step Son ___ Other _____

Ethnicity: ___ White Non-Hispanic ___ Hispanic/Latino(a) ___ American Indian
___ African American ___ Asian ___ Pacific Islander
___ Other

Name: _____

Date of Birth: _____

Gender: ___ Female ___ Male

Domestic Violence Target Population: ___ Child Witness

Relationship to Client: ___ Brother ___ Sister ___ Daughter ___ Son
___ Granddaughter ___ Grandson ___ Step Daughter
___ Step Son ___ Other _____

Ethnicity: ___ White Non-Hispanic ___ Hispanic/Latino(a) ___ American Indian
___ African American ___ Asian ___ Pacific Islander
___ Other

Name: _____

Date of Birth: _____

Gender: ___ Female ___ Male

Domestic Violence Target Population: ___ Child Witness

Relationship to Client: ___ Brother ___ Sister ___ Daughter ___ Son
___ Granddaughter ___ Grandson ___ Step Daughter
___ Step Son ___ Other _____

Ethnicity: ___ White Non-Hispanic ___ Hispanic/Latino(a) ___ American Indian
___ African American ___ Asian ___ Pacific Islander
___ Other

Client ID (MIS) _____

Agency Client Number _____

Domestic Violence Intake Form

(All fields must be completed for MIS data entry.) Please continue to consult with MIS for future revisions.

Intake Date: _____

Domestic Violence Target Population:

Adult Survivor DV Child Survivor/Witness DV DV Offender

Domestic Violence Target Population Characteristics: (choose one or more characteristics)

Immigrant Elderly Physically Challenged Gay Lesbian
 Bisexual Transgender Other

PERFORMANCE MEASURES: (complete for each client)

Employment Status:

Employed Unemployed Actively Seeking Employment Retired

Educational/Vocational Status List:

Yes or No Enrolled in Educational Program Yes or No Enrolled in a Vocational Program

Juvenile Justice Involvement: Protective Services Involvement:

Yes No Yes No

Living Status:

Rent/Own Home Living with Friend/Relative Transitional Living
 In Shelter On the Street/Homeless Jail/Correctional Facility
 Returned to live with Perpetrator/Returned to previous situation/relationship
 Whereabouts Unknown/Neutral

Describe Domestic Violence Situation: _____

DOMESTIC VIOLENCE EMERGENCY SHELTER SERVICES

DEFINITION AND PURPOSE

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

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

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

Domestic Violence Shelters are required to

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

Additional services components are included in the Domestic Violence Service plan and may be provided in conjunction with Domestic Violence Shelter Care and billed separately.

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

FILE MAINTENANCE

1. Individual Resident files must contain:
 - a. Intake/Registration must include resident eligibility and referral information;
 - b. Rights and Responsibilities/Grievance Procedures;
 - c. Release of Information and/or Consent Forms for the disclosure of any information for the adult and child shelter residents;
 - d. Confidentiality Policy and Procedure relating to adult and child shelter residents.
 - e. Non identifying Demographic Information as defined by CYFD;
 - f. Resident Shelter Care Plan;
 - g. An individualized resident Safety Plan;
 - h. Resident Progress Notes;
 - i. Resident Discharge Summary and Plan for the adult and child shelter residents;
 - j. Resident Satisfaction Survey at discharge.

CORE REQUIREMENTS

1. CYFD MIS Intake/Registration Information. Providers have the option to add supplemental questions to the basic registration in order to ensure resident safety or to gather demographic data required by other funders.
2. Completion of a Domestic Violence Shelter Care Plan for residents within the first 24 hours that describes: (This plan serves to ensure service delivery until the support plan is developed.)
 - a. Presenting problems and/or needs;
 - b. The assessment of risk of harm to resident and children, including danger to self or others;

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

- C. Provision of free clothing, as needed.
- D. Provision of free personal supplies (toiletries, bedding, etc.).
- E. Medications.
 - a) All medications shall be kept in separate, locking cabinets or other containers for respective residents. Access to medication storage may only be available to authorized staff.
 - b) All poisonous substances must be labeled, including detergents, bleaches, and cleaning items, and must not be accessible to children. These items must be kept separate from medications.
 - c) Medications prescribed for one resident must not be provided to any other person.
- F. Referrals for the provision of physical health and mental health services include but are not limited to:
 - a) Medical examination and follow-up (when necessary).
 - b) Psychological and/or Mental Health Diagnostic Evaluation (when necessary).
 - c) Counseling Services.
- 5. The provider should have protocols in place to address at a minimum:
 - a. Building security,
 - b. Maintenance of the property,
 - c. Vehicle safety,
 - d. And regular facility and grounds inspections by designated staff persons.

The protocols may include:

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

- c. Maintenance of on-going services during the crisis.
 - d. Evacuation,
 - e. Facility staff must be instructed as part of their duties to constantly strive to detect and eliminate potential safety hazards, such as loose handrails, frayed electrical cords, blocked exits or exit ways, and any other condition which could cause burns, falls or other personal injury to the residents or staff.
 - f. Each new resident 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 case of fire or other emergencies.
8. All agencies shall develop policies and procedures regarding the safety of residents and staff for:
- a. A fire in the facility or in the immediate surrounding area.
 - b. Suicide.
 - c. Poison or chemical spills in the facility or in the immediate surrounding area.
 - d. Violence and threats of violence within the facility or from outside the facility.
 - e. A planned response for an attempted break-in.
 - f. A planned response for other crises such as bomb threats, intruders, hostage situations, injury, or health related emergencies.
 - g. Natural disasters, and utility disruption, etc.
9. Fire Safety
- a. All agencies must have Annual inspections by the Fire Marshall.
 - b. Written documentation evidencing a facility's compliance with applicable fire prevention codes and Health Department's codes must be displayed at the facility.
 - c. All providers are required to conduct and document quarterly fire drills. Documentation of fire drills shall include date, time, and timed evacuation of facility to designated safe area, observations and safety action plans.
 - d. All personnel of the facility must know the location of and be instructed in the proper use of fire extinguishers and other procedures to be observed in case of fire or other emergencies.
 - e. The facility should request the fire authority having jurisdiction to give periodic instructions in fire prevention and techniques of evacuation.
10. **CPR and First Aid Training. TB Test.** Annual training in CPR and First Aid for all staff is recommended. However, one staff on each shift must be certified in CPR and First Aid. All staff must have a negative TB test within 30 days of employment. A negative TB test may follow an employee from one job to another. However, any staff exposed to tuberculosis must be re-tested and test results must be negative to resume job-related duties
11. **Transportation** must be provided and/or arranged for by the provider as required to meet the goals and objectives identified in the survivor support plan.
12. **Recreational and leisure activities.** Residents will be advised of Recreational opportunities either on site or off-site for a minimum of one (1) hour three (3) times per week. Activities must consider the personal safety of the resident and be age appropriate. Recreational activities must, whenever possible, use the resources and activities of the community.
13. **All agencies must have written policies and procedures covering the following areas:**
- a. Resident screening and Admission Guidelines; Eligibility criteria;

- b. Confidentiality guidelines including policy that staff is neither to confirm nor deny the presence of any current or former resident at the Shelter or resident in the program;
- c. Actions to be taken in case of accidents or emergencies involving a resident;
- d. Reporting of suspected child abuse or neglect;
- e. Admission and discharge of residents;
- f. Actions to be taken in case a resident is missing from facility;
- g. Handling medication;
- h. Handling of complaints and grievances received from residents, staff or community;
- i. Confidentiality of resident records; Release of Information; Legally Mandated Disclosure.
- j. Evictions and/or Termination of Services;
- k. Weapons;
- l. Illegal drugs and paraphernalia;
- m. Staff and volunteer professional code of ethics.

14. CYFD Background Checks.

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

MINIMUM STAFF QUALIFICATIONS

- 1. High School Diploma/GED and any combination of education and training with the target population or two (2) years relevant experience in a human service related field; and
- 2. Must be 21 years of age or older; and
- 3. Must have the ability to communicate effectively verbally and in writing; and
- 4. Must have forty hours (40) provider specific training at the outset of their jobs on topics essential to working with survivors of domestic violence, children who are survivors/ witnesses of domestic violence and offenders and crisis intervention.
 - a. And have a minimum of 20 hours continuing education training, annually, from among the following areas within one (1) year of employment: (Training must be documented in the personnel file.)
 - i. Medication management policies and procedures;
 - ii. Health practices and protocols.
 - iii. Provider and client safety principles and protocols
 - iv. First aid
 - v. Child abuse and neglect laws and referral procedures, symptoms, dynamics;
 - vi. Communication skills and techniques;
 - vii. Conflict resolution;
 - viii. Crisis management crisis de-escalation;
 - ix. Child development;
 - x. Knowledge of abusive family dynamics;
 - xi. Cycle of violence dynamics;
 - xii. Strengths based therapeutic philosophy;
 - xiii. Ethics training;
 - xiv. Cultural diversity/awareness and sensitivity training;
 - xv. Substance abuse training;
 - xvi. Power and control principles.

- xvii. Safety planning.

STAFF SUPERVISION

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

BILLABLE UNIT

- 1. A Domestic Violence Shelter Day of Care is equivalent to one billable unit.
 - Domestic Violence Shelter Day of Care unit rate per survivor (24 hour): \$100.00 per survivor
 - Domestic Violence Partial Day of Care (13-23 hours): \$75.00 per survivor
 - Domestic Violence Partial Day of Care (4-12 hours): \$50.00 per survivor
- 2. A provider may bill a shelter day of care when a resident is absent from the shelter to receive medical care or treatment with prior approval of the program manager.
- 3. Only the adult resident of a family can be billed to this service component.

DOMESTIC VIOLENCE CARE AND SUPPORT

DEFINITION AND PURPOSE

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

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

Domestic Violence Shelters are required to provide:

2. Basic needs and shelter under the supervision of the parent or guardian;
3. Completion of the CYFD MIS Registration/Intake Information for children who will receive services in addition to care and support;

Additional service components are available to children and should be billed separately.

FILE MAINTENANCE

1. Children's information may be contained within a parent's file if clearly identified as the child's section or the child may have a separate individual file.
2. Information/files must contain:
 - a. Child Resident Intake/Registration if receiving more than care and support;
 - b. Parental consent to receive services;
 - c. Demographic Information as defined by CYFD;
 - d. An individualized child resident Safety Plan for a child who has the ability to understand their plan;
 - e. Child Resident Progress Notes for child receiving more than care and support;

CORE REQUIREMENTS

1. **Domestic Violence Registration/Intake** as per CYFD guidelines for a child receiving more than care and support. Providers have the option to add supplemental questions to the basic registration in order to ensure resident safety or to gather demographic data required by other funders.
2. The contractor must be a non-profit provider with a current Community-Based Services contract for Domestic Violence Shelter services with the Children, Youth and Families Department.
3. The contractor must meet the requirements of the Domestic Violence Shelter Care component.
4. **Children residing in Shelter Care with a parent/legal guardian.** Children residing in domestic violence shelters are presumed to be in the care of the parent/guardian residing in the shelter. The children in domestic violence shelters must, **at all times**, be under the direct supervision of their parent/guardian or staff unless other formal written arrangements have been made with the provider. It is the responsibility of the parent/guardian to discipline their child (ren), and to ensure that their child (ren) follow all rules of the shelter facility.

5. Domestic violence and entering shelter creates a crisis for a child and the child may need to be provided with additional services and support. Ask the parent if they are concerned that the child may harm him/her self or anyone else.
6. Children who are suspected of being survivors of abuse and/or neglect must be reported to CYFD Statewide Central Intake at 1-800-797-3260.
7. The parent/guardian must ensure that their child, while in the shelter facility, attends or receives 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 the parent reports that the child is "home schooled" the parent must provide a state approved curriculum and home schooled program.
8. Each provider must have developed policy and procedures to respond to the use of drugs and alcohol on the premises and to intoxicated and impaired residents/survivors to ensure the safety of all.

MINIMUM STAFF QUALIFICATIONS

1. High School Diploma/GED and any combination of education and training with the target population or two (2) years relevant experience in a human service related field; and
2. Must be 21 years of age or older; and
3. Must have the ability to communicate effectively verbally and in writing; and
4. Must have the ability to work in crisis situations; and
5. Must have thirty (30) hours provider specific crisis intervention training;
6. And have a minimum of 20 hours continuing education training, annually, in the following areas within one (1) year of employment: (Training must be documented in the personnel file.)

STAFF SUPERVISION

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

BILLABLE UNIT

Per child at a unit rate of \$15.00 per day.

DOMESTIC VIOLENCE COUNSELING

DEFINITION AND PURPOSE

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

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

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

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

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

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

1. Increase safety.
2. Promote the recovery of the child/survivor/witness.
3. Identify alternate ways of behavior for the child to adopt that do not include violence.
4. Prevent the intergenerational effects of domestic violence.

The purpose of family counseling with an adult and child survivor/witness is to:

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

It is fundamental that the inclusion of the offender of domestic violence in Family Counseling or Family Therapy is contraindicated according to domestic violence services best practice.

Prerequisites:

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

FILE MAINTENANCE

File maintenance shall follow the File Maintenance and Documentation requirements as delineated for Domestic Violence Services.

CORE REQUIREMENTS

1. The intervention plan must be reviewed at least every ninety days (90), evaluated, revised and documented as necessary.
2. Progress and/or barriers to safety and change are documented in the client record.
3. In a unique situation or isolated crisis, telephone counseling, of at least ½ hour in duration, may be utilized and billed. The incident, intervention and outcome of the telephone counseling must be documented in the survivor file and/or telephone log.
4. NOTE: The level of Counseling administered should reflect the license level of the individual providing the services.

MINIMUM STAFF REQUIREMENTS

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

1. Are duly licensed and abide by accepted and professional best practice and ethical standards. (see Minimum Staff Qualifications)

2. Obtain continuing education, consultation and supervision to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, age, marital status, political belief, religion, and mental or physical disability.
3. Have a knowledge base of their clients' cultures, be able to demonstrate cultural competence / sensitivity and demonstrate respect for the differences among people and cultural groups.
4. Promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals.
5. Be familiar with accepted clinical conditions in order to conduct an assessment, support the client to develop goals and objectives and / or refer the client to providers of traditional psychotherapeutic treatment if indicated by need of or requested by the client.
6. In counseling with child survivor / witnesses, staff may use art therapy, play therapy or other combination of modalities appropriate to meet the needs of the client as identified by the custodial parent, the child and the counselor

MINIMUM STAFF QUALIFICATIONS

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

STAFF SUPERVISION

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

BILLABLE UNIT

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

2. Licensure in New Mexico, Master's Degree Clinician (LMSW, LPC, LISW, LPCC, LPAT or LMFT), licensed doctoral level psychologist or psychiatrist in accordance with requirements of the New Mexico Social Work Examiners Board Practice Act or the New Mexico Counseling and Therapy Practice Act, with required staff supervision and training, the reimbursement rate will be \$60.00 per client hour for individual or family session; \$15.00 per client hour for group.
3. Master's level students or interns in an accredited counseling, social work or therapist training program, rendering services under direct supervision may provide this service, the reimbursement rate will be \$45.00 per client hour for individual or family session; \$11.25 per client hour for group. "Under direct supervision" does not mandate face-to-face supervision; the expectation is that each and every case is actively supervised with supporting documentation.

SERVICE ASSESSMENTS AND PLANS

DEFINITION AND PURPOSE

Assessments and Plans or other evaluations serve various purposes depending upon individual needs. One Support Plan shall be conducted per person annually when required by a specific service component. A Support Plan is informed by the individual and shall include narrative information supporting the selection of goal areas as required by the Narrative Guidelines.

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

For survivors with children involved in multiple systems, i.e. receiving services from other agencies or involved with CYFD Protective Services or Juvenile Justice, the Support Plan should recognize that involvement. When possible it should be coordinated with other agencies to assure that children/families are not subjected to conflicting service goals or multiple assessments except when necessary or appropriate.

Service Assessments, Survivor Support Plan and Offender Intervention Plan

Each of the following plans has a purpose statement, file maintenance, core requirements, and minimum staff qualifications, staff supervision and billable unit.

1. Survivor Service Assessment and Support Plan
2. Specialized Service Assessment and Support Plan
3. Drug and Alcohol Screening, via SASSI or other evaluative tool when substance abuse is a presenting problem for the adult survivor or offender.
4. Mental Health Diagnostic Evaluation. A Mental Health Diagnostic Evaluation assesses a client for mental disorders and/or psychosocial stressors as defined by DSM IV or above. This evaluation is appropriate for clients who have clinically significant behavioral or psychological syndromes or patterns.
5. Offender Assessment and Intervention Plan

1. SURVIVOR SERVICE ASSESSMENT

A thorough Service Assessment is the foundation upon which to build the Support Plan. The Service Assessment shall be based upon the strengths and needs of the survivor and/or family shall include input from the survivor and family. The survivor shall provide the information under the guidance and questioning of the interviewer and shall participate in the development of the goals in the selection of services to be incorporated into the survivor's Support Plan.

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

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

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

Format for the Service Assessment

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

1. Identifying Information

Person, age, from, accompanied by, arrived under what circumstances, etc.

2. Referral Source and Reason for the Referral

If self-referral, why now?

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

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

3. Strengths

a. Interests and abilities

b. Significant relationships in the survivor's life

c. Family and social supports

d. Positive responses to previous interventions, services or treatment

e. Achievements or successes for the client and/or family

f. Situation/settings where the survivor's and/or family's behavior is consistently appropriate

4. Presenting Problems and Interventions including establishment of the presenting situation or Domestic Violence story: with whom, what, where, when, how long, intensity and severity over time, etc.

a. Description of the presenting problems

b. Past and/or current services or interventions targeted to address problems

c. Results of services or interventions

d. Current involvement with other agencies

e. Has partner ever threatened to take the children? Called or threatened to call Protective Services on you? Accused you of being an unfit parent? Hurt you in front of your children? Attempted to be sexual with you in front of your children? Have your children ever tried to stop the violence? Have your children ever been hurt? Ever hurt themselves?

5. Psycho/Social

a. Interpersonal Relationships (address quality of support system, conflict, domestic violence)

1) Intimate partner or spouse

2) Parents

3) Siblings

4) Extended Family

5) Peers

6) Friends

7) Significant others

8) Authority figures

b. Family

1) Commitment to the survivor

2) Survivor's separation from the 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. Education/Employment

- a. Educational/employment strengths
- b. School Attendance
- c. Special education status
- d. Specific educational/vocational needs
- e. Specific emotional, behavioral and learning problems noted at school
- f. Interventions in the school setting and results
- g. Current employment status
- h. History of employment over the last five (5) years.
- i. Has partner ever prevented survivor from going to work, school, church, errands or ever shown up at work, etc.?

7. Health

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

8. Mental Health

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

9. Socio/Legal Status

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

10. Multi-provider Involvement

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

11. Collection of collateral contact information.

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

12. Interviewer's Impressions, Conclusions, Recommendations and Referrals.

- a. Based on the overall assessment, what method of service would best meet the needs of the survivor? (Individual or Group Sessions, referral for alternate services).
- b. Concerns raised in #8 should prompt the interviewer/evaluator to discuss the case with a licensed clinician.

14. Development of Survivor Support Plan should be concurrent with this Assessment.

The Survivor Support Plan provides information describing, assessing and identifying survivor strengths, coping skills, needs and behaviors without requiring a diagnosis. It includes telling the domestic violence story (with whom, what, when, for how long, intensity and severity over time, coping and survival skills, etc.)

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

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

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

Format for the Survivor Support Plan

The Survivor Support Plan consists of:

1. Survivor's strengths and needs related to the goal
2. Survivor's measurable goal(s)
3. Measurable objective(s) related to the survivor's strengths and needs.
4. Method of achieving Support Plan (i.e. what services will be provided, how will services be provided, and who will provide the service);

Example:

Measurable Goal:

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

Measurable Objective (s):

Objectives are the steps needed to attain the goal. An objective describes the countable or observable behavior that allows you to determine the objective has been met. Time frame to accomplish the objective must be stated.

Method to Achieve the Goal:

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

Repeat for each goal area.

CORE REQUIREMENTS:

1. The Plan must be completed for all survivors of domestic violence within (4) four survivor visits for non-residential services or within (14) fourteen days for shelter residents.
2. The survivor must be involved in the development of the plan and changes to the Plan.
3. The Plan must include the formulation of an Individualized Safety Plan for an adult survivor. The safety plan must be signed and kept in the survivor's file.
4. The survivor must participate in the development and any revisions of the plan. Both survivor and staff must sign and date the Plan.
5. The Plan must be kept in the survivor's file.
6. The Plan must be reviewed and updated *as needed* or minimally every ninety days (90).
7. The supervisor must review and sign the initial plan and all revisions.

MINIMUM STAFF QUALIFICATIONS

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

STAFF SUPERVISION

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

BILLABLE UNIT

1. One completed Assessment report and support plan may be billed @ \$100.00 per report.
2. Time spent with the survivor in order to gather the information or to formalize the intervention plan may be billed under Crisis Intervention, Skills and Knowledge or Counseling depending on the nature of the time spent.
3. The assessment and plan shall be billed as the Product only upon completion. A complete product shall include a written narrative which follows the guidelines as well as the Survivor Support Plan and documentation of an individualized Safety Plan.
4. If Counseling is a service then a Treatment Plan, written by a Licensed Counselor or Therapist, is also required.

2. SPECIALIZED ASSESSMENT

A Specialized Assessment and Support Plan must be completed when a domestic violence services case has been closed for at least six (6) months and then re-opened within the same year in the same provider, this is an updated service assessment.

FILE MAINTENANCE

The individual client file must include:

- Client Intake (if not already completed) and must include reason for the Specialized Assessment;
- Rights and Responsibilities/Grievance Procedures;
- Consent and/or Release of Information Forms;
- Confidentiality Statement;
- Performance Measures and Demographic information in the format designated by CYFD.

REQUIRED CORE ACTIVITIES

1. A thorough and comprehensive written report must be completed incorporating the following:
2. Development of a service plan and an update to the safety plan
3. The report must be signed and dated by staff completing the specialized assessment and signed by the supervisor.

MINIMUM STAFF QUALIFICATIONS

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

STAFF SUPERVISION

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

BILLABLE UNIT

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

3. DRUG & ALCOHOL SCREENING

A screening is a single, preliminary evaluation procedure and is limited in nature. It is intended to merely indicate whether there is a probability that a substance abuse/addiction problem is present and the client would benefit from substance abuse services or referral. It is prohibited to use a Drug and Alcohol Screening to deny services to a survivor.

If the screen indicates the presence of a substance abuse/addiction problem the client will be offered/referred for appropriate services.

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

The drug and alcohol screen should not be confused with a urine analysis or blood analysis. Requiring a urine or blood analysis to determine eligibility for survivor services is prohibited. CYFD will not reimburse for this expense.

FILE MAINTENANCE

1. The individual client file must include:
 - a. Domestic Violence Registration/Intake (if not already completed) and must include reason for the screening.
 - b. Rights and Responsibilities/Grievance Procedures;
 - c. Consent and/or Release of Information Forms;
 - d. Performance Measures and Demographic information in the format designated by CYFD.
2. Copy of completed Drug and Alcohol Screening in the client file, signed and dated by staff completing the assessment, signed and dated by the Supervisor.

CORE REQUIREMENTS

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

MINIMUM STAFF QUALIFICATIONS

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

Note: Staff 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 and/or be SASSI certified. Annual training and continuing education must be in accordance with the respective licensing act/board requirements and currently be on file in the personnel record.

Staff administering and interpreting drug and alcohol testing must be licensed (LAAC, LDAC, LADAC) as determined by the New Mexico Counseling and Therapy Practice Board.

STAFF SUPERVISION

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

BILLABLE UNIT

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

4. MENTAL HEALTH DIAGNOSTIC EVALUATION

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

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

FILE MAINTENANCE

1. Individual client file must include:
 - a. Domestic Violence Client Registration/Intake (if not previously completed) must include client eligibility, the reason the evaluation is requested and the justification for the need for service;
 - b. Rights/Responsibilities/Grievance Procedures;
 - c. Consent and/or Release of Information Forms;
 - d. Performance Measures and Demographic information in the format designated by CYFD.
2. Completed Evaluation report, signed and dated by staff completing the report including any supervisory signatures required by the person's licensing act or board regulation.

CORE REQUIREMENTS

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

STAFF QUALIFICATIONS

Licensed in New Mexico and allowable within the scope of practice of each respective license 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*; or Psychologist or Psychiatrist

5. DOMESTIC VIOLENCE OFFENDER TREATMENT

DEFINITION AND PURPOSE

Domestic violence offender treatment or “DVOT” services address and seek to reduce the frequency and impact of domestic violence perpetration. DVOT services promote safety through the adoption of consistent standards across communities in New Mexico.

Criteria for DVOT services are provided through the components outlined in this manual and include; counseling and life skills. Such services may, or may not, be provided by licensed therapists. CYFD strongly recommends co-facilitators for all DVOT group work.

CRITERIA FOR DVOT PROGRAMS

Criteria for DVOT programs are contained in the current version of 8.8.7 of the New Mexico Administrative Code.

6. DOMESTIC VIOLENCE OFFENDER ASSESSMENT AND INTERVENTION PLAN

DEFINITION AND PURPOSE

The purposes of the offender assessment are to assess the offender for history of violence, to evaluate for offender’s service needs, to develop a plan for the prevention of future of violence, and to assess for lethality/danger to others.

The Offender Assessment is to be comprehensive and should include all information necessary to develop an effect plan and assess patterns of relating and violence in relationships.

Offender Assessment Guidelines

A thorough, comprehensive Domestic Violence Service Assessment is the foundation upon which to build goals and objectives with an offender. The Assessment itself shall be based upon the strengths and needs of the offender.

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

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

Format for the Offender Assessment

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

1. Identifying Information:
 - a. Person – Who is the offender?
 - b. Age – What is the offender’s age?
 - c. Physical Description – overall appearance and manner?
 - d. Accompanied by – was the offender alone or with someone?

2. Referral Source and Reason for the Referral:
 - a. Who referred the offender?
 - b. Under what circumstance is the offender being referred?
 - c. Is the offender self referred?

3. Presenting Problems and Interventions including establishment of the presenting situation or Domestic Violence story: with whom, what, where, when, how long, intensity and severity over time, etc.
 - a. Description of the presenting problems.
 - b. What is the immediate domestic violence incident? (What did the offender do?)
 - c. Past and/or current services or interventions targeted to address problems?
 - d. Results of prior services or interventions targeted to address problems.
 - e. Current involvement with other agencies.
 - f. Is the offender taking any responsibility for the domestic violence incident?

4. Psycho/Social History – Family of Origin – Family History of Violence:
 - c. Describe past and current interpersonal relationships with the offender’s family of origin.
 - i. Who was in the household?
 - ii. Describe the offender’s relationship with parents? Siblings?
 - iii. What was it like for the offender being in the household of the family of origin?
 - iv. When did the offender leave?
 - v. Why did the offender leave?
 - d. Was there any domestic violence in the offender’s family of origin? If so,
 - i. Describe the violence (who, what, when, frequency etc.)
 - ii. Was there domestic violence in earlier generations (grandparents)?
 - e. Was the offender exposed to any neglect, or abuse in the family of origin?
 - i. Was the offender involved with protective services or foster care in the family of origin? If so please describe.
 - ii. How was discipline managed in the family of origin?
 - iii. Is there any history of substance abuse in the family of origin?

5. Psycho/Social History – Intimate Relationships – Review of Patterns of Violence in Start with current relationship and then ask the same areas of questioning for earlier intimate relationships.
 - a. Is the offender still in a relationship with the survivor - What is the offender’s description of the survivor?
 - b. How old is the survivor
 - c. How and when did they meet?
 - d. How long did the relationship last?
 - e. Why did the offender enter into a relationship with the survivor?
 - f. How long did the offender and survivor date? How did they settle differences?
 - g. How were/are decisions made?
 - h. Does the survivor work?
 - i. How are decisions about children, money and major purchases made?
 - j. Has an intimate partner sought medical care or been hospitalized due to physical violence from the offender? If so, describe.
 - k. What is the relationship with the survivor?
 - i. Has the offender ever threatened to take the children from the survivor?
 - ii. Called or threatened to call Protective Services on the survivor?
 - iii. Accused the survivor of being an unfit parent?

- iv. Has the offender ever hurt the survivor in front of the children?
 - v. Has the offender ever attempted to be sexual with the survivor in front of children?
 - vi. Has the children ever tried to stop the violence?
 - vii. Have the children ever been hurt or hurt themselves?
6. Education/Employment/Military Experience:
- a. Educational/Employment strengths
 - b. School Attendance
 - c. Special education status
 - d. Specific educational/Vocational needs
 - e. Specific emotional, behavioral and learning problems noted at school
 - f. Interventions in the school setting and results
 - g. Current employment status
 - h. History of employment over the last five (5) years.
 - i. Military Service/Experience:
 - i. Which branch of the military?
 - ii. Dates of military service.
 - iii. Was there combat experience?
 - iv. What was the offender's job function (MOS) in the military?
7. Health:
- a. Any immediate injuries?
 - b. Assess current physical and dental health status.
 - c. Assess related illnesses, eating disorder, self-care, etc.
 - d. Special health needs and issues (disabilities).
 - e. Receiving any current health services?
 - f. Current prescribed any medications or other treatments?
8. Offenders Description of Mental Health:
- a. Offender's description of mental health functioning (including depression, anxiety, thought process, trauma symptoms).
 - b. Psychiatric/psychological evaluation results and interventions, if applicable.
 - c. Perception of danger to self or others.
 - d. Description of substance use or abuse, alcohol use or abuse.
 - e. Has the offender ever had "blind rage" with another – a physical fight from which the offender "could not disengage"?
 - f. Traumatic experiences.
 - g. Suicidal thoughts or ideation or previous attempts.
9. Socio/Legal Status:
- a. Current criminal status (pending charges, orders of protection), if applicable.
 - b. History of probation/incarceration and chronology of offenses.
 - c. Gang involvement.
 - d. Involvement of other family members in the criminal justice system.
 - e. Involvement with Protective Services.
10. Multi-provider Involvement:
- a. Agencies currently providing services.
 - b. History of services/attempted intervention.

11. Collection of collateral contact information. Information that is necessary to obtain from other providers of service that are currently involved with offender's treatment.
12. Offender's View: What does the offender want to get from attending this program? (Does the offender think he can benefit from domestic violence intervention?)
13. Interviewer's Impressions, Conclusions, Recommendations and Referrals.
 - a. Based on the overall assessment of the offender, what method of service would best meet the needs of the offender? (Individual or Group Sessions, referral for alternate services).
 - b. Concerns raised in #8 should prompt the interviewer/evaluator to discuss the case with a licensed clinician.
14. Development of an Offender Intervention Plan or Treatment Plan should be concurrent with this Assessment.
15. Development of an Offender Lethality Assessment should be concurrent with this Assessment.

FILE MAINTENANCE:

The completed Domestic Violence Service Assessment and Intervention Plan must be signed and dated by the staff completing the Assessment and by the Supervisor and filed in the offender's individual file.

CORE REQUIREMENTS:

1. The Offender Service Assessment must include an Offender Intervention Plan as an attachment.
2. These reports must be completed within four (4) face-to-face visits between the offender and program counseling staff and can be conducted as life skills or counseling individual sessions.
3. One Assessment shall be conducted per offender annually.
4. The Offender Service Assessment must be completed in accordance with CYFD Offender Service Assessment Guidelines.
5. The offender must be involved in the Assessment and involved in the development of the Offender Intervention Plan and changes to the Plan.
6. The Offender Intervention Plan shall consist of:
 - a. Listing of offender strengths and needs;
 - b. Measurable goals and objectives related specifically to offender strengths and needs;
 - c. Method of achieving Service Plan or Treatment Plan (i.e. what services will be provided, how will services be provided, and who will provide the service);
 - d. Time frames to accomplish goals and objectives; and
 - e. Review of goals and objectives and noted appropriately.
7. Supervision shall be documented as required when the Service Plan is updated.
8. Assessment Tool as provided by CYFD.
9. Lethality Assessment to be completed in conjunction with the Offender Assessment.

MINIMUM STAFF QUALIFICATIONS:

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

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 experience in conducting interviews and writing assessments.

BILLABLE UNIT:

One completed product includes; Offender Assessment, Offender Intervention Plan and the Lethality Assessment, per offender in a one year period @ \$100.00 per report.

The Domestic Violence Service Assessment shall be billed as the Product only upon completion.

OTHER MANDATES AND RULES PERTAINING TO OFFENDERS

New Mexico State Statute

As per CYFD contract requirements for those providers receiving the Domestic Violence Offender Treatment (DVOT) funds must, by NM State Statute 31-12-12, comply with the following:

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

- A. The "domestic violence offender treatment fund" is created in the state treasury. All fees collected pursuant to the provision of Section 1[31-12-11 NMSA 1978] of this [act] shall be transmitted monthly to the department of finance and administration for credit to the domestic violence offender treatment fund.
- B. Balances in the domestic violence offender treatment funds are appropriated to the children, youth and families department to provide funds to domestic violence offender treatment programs to defray the cost of providing treatment to domestic violence offenders. Unexpended or unencumbered balances remaining in the fund at the end of any fiscal year shall not revert to the general fund.
- C. Payment out of the domestic violence offender treatment fund shall be made on vouchers issued and signed by the secretary of children, youth and families upon warrants drawn by the department of finance and administration.
- D. In order to be eligible for money from the domestic violence offender treatment fund, a domestic violence offender treatment program shall include the following components in its program:
 - (1) an initial assessment to determine if a domestic violence offender will benefit from participation in the program;
 - (2) a written contract, which must be signed by the domestic violence offender, that sets forth:
 - (a) attendance and participation requirements;
 - (b) consequences for failure to attend or participate in the program; and
 - (c) a confidentiality clause that prohibits disclosure of information revealed during treatment sessions;
 - (3) strategies to hold domestic violence offenders accountable for their violent behavior;
 - (4) a requirement that group discussions are limited to members of the same gender;
 - (5) an education component that:
 - (a) defines physical, emotional, sexual, economic and verbal abuse and techniques for stopping those forms of abuse; and
 - (b) examines gender roles, socialization, the nature of violence, the dynamics of power and control and the effects of domestic violence on children;

- (6) a requirement that a domestic violence offender not be under the influence of alcohol or drugs during a treatment session;
 - (7) a requirement that the program provide monthly written reports to the presiding judge or the domestic violence offender's probation or parole officer regarding:
 - (a) proof of the domestic violence offender's enrollment in the program;
 - (b) progress reports that address the domestic violence offender's attendance, fee payments and compliance with other program requirements; and
 - (c) evaluations of progress made by the domestic violence offender and recommendations as to whether or not to require the offender's further participation in the program; and
 - (8) A requirement that the term of the program be at least fifty-two weeks.
- E. Counseling for couples shall not be a component of a domestic violence offender treatment program.
- F. As used in this section, "domestic violence offender" means:
- (1) a person convicted for an offense pursuant to the provision of the Crimes Against Household Members Act [30-3-10 to 30-2-16 NMSA 1978]; or
 - (2) a person convicted for violating an order of protection granted by a court pursuant to the provisions of the Family Violence Protection Act [40-13-1 NMSA 1978].
- end statute.

ADVOCACY AND SUPPORT

DEFINITION AND PURPOSE

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

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

Advocacy and Support can be identified as the sole service being provided to a client in the Advocacy and Support Plan.

FILE MAINTENANCE

1. Documentation of the Domestic Violence Intake/Registration should be kept in the client file.
2. The file must contain goal(s) and objective(s) on the appropriate plans that address advocacy and support.
3. The file must contain progress notes that record client progress toward accessing and receiving provider and community services.

CORE REQUIREMENTS

1. A CYFD Domestic Violence Intake/Registration must be completed prior to the implementation of Advocacy and Support services.
2. Develop a Survivor Intervention Plan, the Child Service Plan or an Offender Intervention Plan.
2. The provider must develop an initial goal and objective that address Advocacy and Support services with the survivor upon entry in the emergency crisis shelter.
3. Consultation or supervision between staff within the provider agency may not be billed under this component.
4. Providers must inform eligible clients of the Human Services (HSD)/Income Support Division (ISD). HSD assists families in eligibility determination for Medicaid and other services provided through HSD

ADVOCACY AND SUPPORT SERVICES

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

1. Health - Services may include identifying the need and referring the client for physical and mental health care, for example, meeting or taking client to the hospital, or to a mental health, medical or other health care facility.
2. Personal Care - Services may include identifying a need and referring the client for language or special needs interpreter services, assistance with securing personal clothing, household and self-care item.
3. Educational - Services may include attendance at Individual Educational Plan, school or educational conferences for child witnesses; identifying a need for and referring the client for literacy or vocational training, or educational testing if warranted and arranging for tutoring or GED classes.
4. Housing - Service may include identifying a need for alternate housing and scheduling/attending meetings with HUD and landlords, helping survivor secure rent, utilities, funds, etc.

5. Employment - Service may include identifying employment needs and obtaining assistance in resume development, interviews, job search, securing employment.
6. Financial - Service may include securing assistance with income support, bookkeeping, budgeting, and balancing the checkbook, bank reconciliation, taxes, applying for financial assistance.
7. Referrals to other services.

MINIMUM STAFF QUALIFICATIONS

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

STAFF SUPERVISION

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

BILLABLE UNIT

\$35.00 per staff hour.

LEGAL ADVOCACY

DEFINITION AND PURPOSE

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

Legal Advocacy allows survivors to receive legal support services as the sole service being provided.

FILE MAINTENANCE

1. Documentation of the Domestic Violence Intake/Registration should be kept in the survivor file.
2. Documentation in a progress note in the survivor file of legal advocacy service being performed, including date, length of time, and staff completing the service.
3. The file may contain copies of pertinent legal documents necessary to assist survivor, such as: protection orders, police reports, court settings, etc.
4. Documentation of any offender compliance monitoring with the courts, attorneys, law enforcement, and/or probation and parole.

CORE REQUIREMENTS

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

LEGAL ADVOCACY SERVICES

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

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

MINIMUM STAFF QUALIFICATIONS

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

STAFF SUPERVISION

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

BILLABLE UNIT

\$35.00 per staff hour.

SKILL AND KNOWLEDGE SERVICES

DEFINITION AND PURPOSE

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

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

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

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

FILE MAINTENANCE

1. Documentation of the Domestic Violence Intake/Registration should be kept in the client file.
2. The file must contain goal(s) and objective(s) on the appropriate plans that address client advocacy and support.
3. The file must contain progress notes that record client progress toward accessing and receiving provider and community services.
4. Attendance Sheet (Participant Sign in Sheet) for group activities.

CORE REQUIREMENTS

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

Group:

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

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

Individual:

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

Topics:

Group topics may include, but are not limited to:

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

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

MINIMUM STAFF QUALIFICATIONS

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

STAFF SUPERVISION

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

BILLABLE UNIT

\$40.00 per client hour for an individual session.

\$10.00 per client/hour for group sessions.

COMMUNITY OUTREACH

DEFINITION AND PURPOSE

Community outreach is defined as increasing the awareness and knowledge of the Agency's purpose, programs, functions and target population by utilizing social marketing strategies.

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

The purpose of Community Outreach is:

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

FILE MAINTENANCE

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

CORE REQUIREMENTS

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

MINIMUM STAFF QUALIFICATIONS

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

STAFF SUPERVISION

Minimum qualifications for the supervisor is a Bachelor's Degree in Human Services related field with (1) year experience with domestic violence field.

BILLABLE UNIT

Community Outreach @ \$35.00 per event hour

COMMUNITY TRAINING

DEFINITION AND PURPOSE

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

The purpose of Community Training is:

1. To explore the effects of domestic violence on adults and children.
2. To reach out and educate underserved populations on domestic violence issues that pertain to their specific culture.

FILE MAINTENANCE

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

CORE REQUIREMENTS

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

MINIMUM STAFF QUALIFICATIONS

Minimum qualifications for trainers are a Bachelor's Degree in a Human Services related field with (2) years experience with a domestic violence field. Also must have 20 hours of relevant training annually.

STAFF SUPERVISION

Minimum qualifications for trainers are Master's Degree in social service field with one (1) year experience in the domestic violence population and at least one (1) year experience in supervision/administration.

BILLABLE UNIT

Community Training @ \$50.00 per training hour

DOMESTIC VIOLENCE CRISIS INTERVENTION

DEFINITION AND PURPOSE

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

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

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

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

The provider should have a written protocol that addresses:

1. The use of the switchboard if applicable in processing crisis calls. Switchboard crisis callers must be transferred immediately to a crisis line staff
2. How calls are assessed for safety prior to hold/transfer. Advocates should avoid placing callers on hold prior to completing an initial assessment of immediate danger.
3. Provisions for after-business hours, weekends, & holidays, administrative and outreach phones are answered by an answering device that clearly directs caller to the crisis line.
4. A practice that each caller is informed of National Domestic Violence toll free crisis line number (1-800-773-3645) or the local shelter's crisis-line number to assure quick, free access.
5. That each caller is offered appropriate local and statewide information and referrals.
6. Provider maintains and uses a current list of local and statewide resources to meet the safety needs of callers.

FILE MAINTENANCE

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

- Survivor identifying information (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

Domestic Violence Crisis Intervention Services

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

3. Provide in-person Crisis Intervention for emotional support and guidance contacts. This type of emergency response may occur at the crisis scene or immediately after the crisis. Meeting the survivor at the hospital or police station is also included.
4. Develop a Crisis Assessment that includes:
 - a. Identifying survivor information to include name, age, and gender;
 - b. Description of the presenting problems;
 - c. 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.
6. Assist domestic violence survivors to complete a Family Protection Order (FPO), if requested and is in conjunction with the initial crisis contact with a survivor.
7. **Formulation of an Individualized Safety Plan for an adult survivor and child survivor/witness, if age appropriate. Safety plan must be signed and received by survivor with copy to survivor file. Safety planning, an open document, is a tool that may remain under active revision.**

MINIMUM STAFF QUALIFICATIONS

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

STAFF SUPERVISION

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

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

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

BILLABLE UNIT

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

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

TRAVEL/TRANSPORTATION

DEFINITION AND PURPOSE

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

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

CORE REQUIREMENTS

The service may be provided under the following circumstances:

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

The service may not be provided under the following circumstances:

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

In Addition:

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

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

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

FILE MAINTENANCE

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

BILLABLE UNIT

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

SPECIALIZED CONSULTATION (PROFESSIONAL CLINICAL CONSULTATION)

DEFINITION AND PURPOSE

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

FILE MAINTENANCE

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

CORE REQUIREMENTS

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

MINIMUM QUALIFICATIONS

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

BILLABLE UNIT

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

DIRECT CIVIL LEGAL SERVICES

DEFINITION AND PURPOSE

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

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

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

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

CORE REQUIREMENTS

1. A CYFD Domestic Violence Intake/Registration must be completed prior to the implementation of services.
2. Formulation and documentation of goals and objectives in survivor support plans.

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

FILE MAINTENANCE

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

REPORTING REQUIREMENTS

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

Case Definition:

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

Monthly Report Format:

Case Number

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

Case Status: Opened, Continuing, Closed

of Consultation Hours

Legal Representation Hours

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

of cases advised to go pro-se

of cases with opposing counsel

These reports shall accompany the monthly reimbursement request.

MINIMUM STAFF QUALIFICATIONS

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

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

STAFF SUPERVISION

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

BILLABLE UNIT

As proposed by the agency and approved by CYFD.

INNOVATIVE SERVICE

DEFINITION AND PURPOSE

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

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

PURPOSE AND TARGET POPULATION

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

CORE REQUIREMENTS

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

MINIMUM STAFF QUALIFICATIONS

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

STAFF SUPERVISION

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

BILLABLE UNIT

To be determined by the agency and approved by CYFD

NM CYFD Community-Based Domestic Violence Services

Domestic Violence Assessment Tool, Page 2 of 2

DVAT EXPLANATION OF TOOL MEASURES

a. Has the knowledge of and ability to access social (TANF, child care) services, health care, and mental health resources.

1

She has no or minimal knowledge about available social, health care and mental health resources and is unwilling or unable (because she does not know how) to access services at this time.

3

She has some or limited ability to access most of needed services during times of emergency. Accessed services are of adequate quality.

5

She fully demonstrates the ability to access available, quality resources and services and makes contact routinely or as needed. She has established connections with providers.

b. Has adequate emotional support system.

1

She is socially isolated and has no or little contact with relatives/neighbors/friends or others. Extended family and/or neighbors are a negative influence and reinforce her staying in the abusive relationship.

3

She has some or limited interaction with relatives/neighbors/friends. These groups provide primarily supportive influences, though not always positive.

5

She has frequent interactions with relatives/neighbors/friends which provide companionship, friendship, recreation, problem solving and encouragement. These interactions are a positive influence for the family. She has one or more close friends in whom to confide.

c. Has necessary coping skills to manage activities of daily living.

1

She has the minimal ability to meet two or fewer of the following: financial management (development and use of budget), the demands of daily meal and nutritional preparation, maintenance of clean and safe living environment, hygiene and grooming of self and children, adequate supervision of children.

3

She can adequately manage some or a limited number of the following tasks: financial management (development and use of budget), the demands of daily meal and nutritional preparation, maintenance of clean and safe living environment, hygiene and grooming of self and children, adequate supervision of children.

5

She fully demonstrates the ability to manage all activities of daily living, including financial management (development and use of budget), the demands of daily meal and nutritional preparation, maintenance of clean and safe living environment, hygiene and grooming of self and children, adequate, reliable supervision of children.

d. Recognizes the elements and dynamics of healthy relationships.

1

She is involved in (currently or recent history) primary relationships in which two or more of the following characteristics are present: fearful of communicating thoughts, feelings and opinions; one-sided decision-making; problem-solving or conflict resolution occurs via threats, intimidation and/or abuse, social life/interactions are dictated/defined by one partner; expectations that one partner does most of household chores; finances are controlled by one partner; one partner dictates/defines acceptable behavior, feelings for the other partner and the relationship.

3

She has some or limited recognition of, or experience with, healthy relating.

5

She recognizes and seeks relationships characterized by the following: open and mutual communication of thoughts, feelings and opinions; shared decision-making; problem-solving and conflict management/resolution occur through respectful, healthy communication and behaviors; free participation in social interactions with mutual and separate friends; shared daily activities, family responsibilities and household chores; mutual financial management decisions; mutual respect and permission for individual thoughts, feelings and behaviors.

CYFD Domestic Violence Services

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

CHILDREN'S INTAKE

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

Do you go to school?

What grade are you in?

Who is your favorite teacher?

What is your favorite subject?

Color?

Book?

Snack?

Do you have any pets? What are their names?

Why do you think you are here today?

What have you heard about this place?

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

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

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

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

How do you feel when they fight?

Why do you think your mom & dad fight?

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

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

Who all lives at home with you?

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

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

Child's Name: _____ Age: _____ Gender: M or F

CHILDREN'S PROGRAM PROGRESS FORM (CPPF)

Increases knowledge & understanding of domestic violence incidents and coping skills.

Rater: Child advocate, therapist, or children's program staff

How to: Complete each line at Entry or Intake and at Exit or Discharge. Assess as best you can and enter Yes or No for each item. Answers must be entered into MIS 3.0.

	Entry	Exit
	Yes or No	Yes or No
Ability to talk about Abuse	_____	_____
Understands the dynamics of abuse	_____	_____
Recognizes the phases of the cycle of violence or pattern, if any, of violence in their home	_____	_____
Knows the three C's of abuse		
Didn't Cause It	_____	_____
Can't Control It	_____	_____
Can't Change It	_____	_____
Knows hitting is not o.k.	_____	_____
Knows she/he is not to blame for the abuse	_____	_____
Understands a Safety Plan	_____	_____
Knows what to do when violent episodes are in progress	_____	_____
Uses a Safety Plan	_____	_____
Places responsibility on the perpetrator	_____	_____
Knows she/he is not fully responsible to take care of adults &/or siblings	_____	_____
Can identify safe/available adults who will/can help & support	_____	_____
Can identify self-nurturing behaviors	_____	_____
Able to use resources to be safe, strong and free from abuse	_____	_____

Completed @ Intake by _____ Date _____ MIS Data Entry _____
 Completed @ Discharge by _____ Date _____ MIS Data Entry _____

days in program _____ Comments _____

POMB EXPLANATION OF TOOL MEASURES

High Lethality Serious Challenge Healthy Respectful Relating

a. Recognizes effects of abuse on Partner

- 1**
Minimizes, denies, blames the survivor for the violence. No acceptance of responsibility.
- 3**
Limited ability to accept responsibility; beginning steps in developing empathy for the survivor.
- 5**
Accepts responsibility for one's own behavior, understands violence is a choice and takes steps to ensure nonviolence.

b. Recognizes effects of abuse on Child(ren)

- 1**
Unable to recognize effects of domestic violence on children.
- 3**
Limited ability to discern effects of violence but beginning to see changes in child(ren)'s behavior.
- 5**
Able to list signs of behavior indicating reactions to violence in their own children and the changes observed during the course of the offender's program attendance. Accepts responsibility and takes steps for building healthy relationship with child.

c. Intensity and severity of violence/abusive episode(s)

- 1**
Use of physical violence with a weapon or instrument; Evidence (lethality assessment, court documents, survivor report, client interview, etc.) suggest that violence/tactics is/has escalated to life threatening or perceived life threatening levels.
- 3**
Threatens, degrades, minimizes, blames. Evidence suggests that use of violence/tactics has decreased in potential for lethality.
- 5**
Evidence suggests that use of tactics of power and control has ceased entirely.

d. Frequency of violent/abusive/emotional/psychological/power and control behaviors

- 1**
Daily/weekly incidents of violence
- 3**
3-4 incidents past year
- 5**
Minimal use of abusive tactics; No incidents of violence

FEDERAL FAMILY VIOLENCE PREVENTION AND SERVICES ADMINISTRATION (FVPSA)
State Formula Grant Report
October 18, 2007 Draft

FVPSA Program Services Report

(To be completed by each program/sub-grantee providing services funded by the state's FVPSA grant during the reporting period.)

Reporting Period: Federal Fiscal Year _____ (Oct. Sep)

Total Domestic Violence Program Budget _____ FVPSA Grant Amount _____

Volunteers _____ Volunteer Time (in Hours) _____

People Served

Unduplicated Non-Residential Clients # Clients

Women

Children

Men

Unduplicated Residential Clients # Clients

Women

Children

Men

Unmet Requests For Shelter

Times a victim/survivor could not be provided shelter due to program being at capacity.

Demographics (For Unduplicated Clients)

Race/Ethnicity

**Black or African American; American Indian and Alaska Native; Asian; Hispanic or Latino;
Native Hawaiian and Other Pacific Islander; White; Unknown/Other**

Gender

Female; Male; Not Specified

Age

0-17; 18-24; 25-59; 60+; Unknown

Related Services and Assistance

Crisis Line/Hotline Calls # Calls

Supportive Counseling & Advocacy # Units of Service

Individual

Group

Children's Services

Supportive Child Counseling & Advocacy

Individual
Group

Units of Service

Children's Activities

Individual
Group

Counseling for Abusers (Report only if these funded by FVPSA)

Intervention/Counseling Services

Individual
Group

Units of Service

not included in unduplicated count

Community Education & Public Awareness

Presentations

Participants

Service Outcome Data

- 1) # of domestic violence survivors who have increased their strategies for enhancing their safety.
- 2) # of domestic violence survivors who have increased their knowledge of available community resources.

Narrative Questions

1. For services supported in whole or in part by your FVPSA grant, share a success story, about a client, service or community initiative.
2. Describe, if applicable, any efforts supported in whole or in part by your FVPSA grant in meeting the needs of under-served populations in your community.
3. Describe significant prevention and outreach activities, supported in whole or in part by your FVPSA grant, during the program year.

TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF) REPORTING REQUIREMENTS

Contractors who are providing services to TANF eligible and TANF cash recipients require coordination with local Income Support Division (ISD) field offices and New Mexico Works programs, including training, technical assistance, referrals to ISD, as well as case coordination and direct client case management. Open lines of communication shall be maintained between the domestic violence service provider and ISD field offices. In addition, the following are the reporting requirements. Data will be collected through the CYFD Management Information System (MIS).

1. Contractors must provide for statewide domestic violence services to the TANF population that:
 - a. Is provided on-site at NMW and Workforce Investment Act (WIA) One Stop offices whenever possible
 - b. Serves the TANF population as follows:
 - i. TANF recipients are the first priority as referred by the NMW contractors and the HSD Income Support Division (ISD) field offices
 - ii. The second priority are TANF eligible families (non TANF recipients) with at least one dependent child living with a parent or relative, or a pregnant woman, whose gross family income is less than 100% of the federal poverty guidelines for the size of the family.
2. Contractors must determine TANF eligibility for non-TANF cash recipients. Eligibility must be evaluated, documented, and maintained by the Contractor prior to providing TANF DV services. At a minimum, documentation must include a signed statement by the Contractor indicating that the participant meets TANF eligibility requirements.
3. Contractors must ensure that at a minimum, the TANF population receives services related to:
 - a. Evaluation of TANF cash assistance recipient's Individual Responsibility Plans (IRP) and Work Participation Agreements (WPA) to ensure that the required work program expectations are appropriate for the individual's circumstances relative to domestic violence.
 - b. The collection of documentation, validation, and reporting of family circumstances that may substantiate a Family Violence Option (FVO) waiver of the NMW work requirement; eligibility for TANF cash assistance beyond the sixty (60) month lifetime limit (hardship extension); and domestic violence good cause exemption from the work requirement.
 - c. Domestic violence counseling and treatment services and legal advocacy as defined in the CYFD Service Definition Manual.
4. Contractors shall:
 - a. Raise awareness of the TANF domestic violence services by distributing promotional materials in 100% of the geographical areas served. At a minimum, materials must be available at the following sites in both English and Spanish:
 - i. ISD field offices
 - ii. NMW offices
 - iii. WIA one-stop stops
 - iv. CYFD field offices

- v. Domestic Violence Service Locations
5. Contractors must submit monthly program data reports by the 10th day of each calendar month. Reports must include information separated by TANF cash recipients and TANF eligible families as applicable. The reports at a minimum must include a description of the major program benefits, services, outreach and training activities as well as monthly and year to date totals for the following data:
- a. Unduplicated referrals received from NMW and ISD
 - b. Unduplicated referrals to ISD for TANF cash assistance
 - c. Unduplicated numbers of individuals provided the following:
 - i. TANF cash recipient evaluation of the IRP and WPA
 - ii. TANF cash recipient FVO Waiver evaluations completed
 - iii. TANF cash recipient hardship extension evaluations completed
 - iv. TANF cash recipient good cause exemption evaluations completed
 - v. TANF cash and TANF eligible individuals provided domestic violence counseling and treatment services
 - vi. TANF cash and TANF eligible individuals provided legal advocacy

SUMMARY OF BACKGROUND CHECKS PROCESS

Self-certification of Background Check Requirements

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

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

A. Nationwide criminal history record check shall be conducted on all operators, staff and employees, and prospective operators, staff and employees of childcare facilities including every facility or program that has primary custody of children for twenty hours or more per week, and juvenile detention, correction or treatment facilities. Nationwide criminal history record checks shall also be conducted on all prospective foster or adoptive parent's household. The objective of conducting the record checks is to protect the children involved and promote the children's safety and welfare while receiving service from the facilities and programs.

You will have to submit and pay for nationwide background check applications if you answer, "yes" to the following question:

- Does your facility or program have primary custody of children for twenty hours or more a week unsupervised by their parents or adult guardians?

The cost for a background check to include a nationwide criminal review is \$29.25.

If your answer is no, your staff will only require state criminal reviews. The cost for a background check to include a state criminal review is \$10.00.

The self-certification form must be submitted to the Background Checks Unit to inform what type of background check your agency requires. (Request a copy of this form from your CYFD Program Manager)

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

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

For further information, please refer to existing background check regulations that can be found at:
www.newmexicokids.org

CONTACT INFORMATION

NM CYFD Family Services
Domestic Violence Unit
P. O. Drawer 5160, PERA Room 209
Santa Fe, NM 87502-5160

Front desk: 505-827-8008 Fax 505-476-0225

Domestic Violence Unit:

Sophia Roybal-Cruz	sophia.roybal-cruz@state.nm.us	505-827-4591
Karen Gaylord	karen.gaylord1@state.nm.us	505-827-4493