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County Commission
Commissioner Kevin McCall, District 1
Commissioner Ryan Schwebach, District 2
Commissioner LeRoy Candelaria, District 3

County Manager
Janice Y. Barela

**REQUEST TO BE PLACED ON THE TORRANCE COUNTY
COMMISSION AGENDA**

This form must be returned to the County Manager's Office **ONLY!**

Deadline for inclusion of an item is MONDAY, NOON prior to the subsequent meeting.
All fields must be filled out for consideration.

Name: Anna Martinez
First Last

Domestic Violence
Department / Company / Organization Name

Today's Date: 7/18/2022

Telephone number/Extension: 288-9737

Is this request for the next Commission meeting? YES YES NO If no, date of Commission Meeting: _____

Brief explanation of business to be discussed ACTION DISCUSSION

Ratification of FY2023 Domestic Violence Program Grant from CYFD BHS

Is this a Resolution, Contract, Agreement, Grant Application, Other? _____

Has this been reviewed by Grant Committee? YES NO If yes, corresponding paperwork must be attached.

Has this been reviewed by the County Attorney? YES NO *pending*

If this is a contract, MOU, or Joint Powers Agreement, there must be a signature line for the County Attorney on the original contract.

Has this been reviewed by the Finance Dept? YES NO Finance Initials: _____

- No Impact
- Change in current fund
- Raise Budget (allow 45 days after Commission approval)
- Change in funds (allow 45 days after Commission approval)
- Reduction
- Transfer funds (allow 45 days after Commission approval)

Scope of Work

Torrance County - Project Office

Lead Agency: CYFD

State Fiscal Year: SFY23 (July 1, 2022, to June 30, 2023)

Services: Client Services

Billing Type: Invoice

Funding: State General Funds

Fund Pool: DV-DVGF20 : GF : Domestic Violence (004307) (State)

Funding: State General Funds

Fund Pool: DV-DVOTI30 : Domestic Violence Offender (State)

Project: DV Offender Treatment and Intervention

CFDA# (If Applicable): n/a

Torrance County Project Office: Torrance County Domestic Violence Program shall perform the work outlined in this Scope of Work and attached Appendices which are hereby incorporated and made a part of the Agreement.

I. DURATION:

July 1, 2022 to June 30, 2023

II. GOALS:

- A. Adult offenders of domestic violence will learn how their behavior affected their partner, children, and other family members; take responsibility for behavior and actions; and gain skills, information, and knowledge to avoid future abusive behavior through gender-specific treatment and intervention.
- B. Communities in New Mexico will better understand the impact of domestic and dating violence, and the need for coordination to intervene in and contain abusive behaviors.

III. OBJECTIVES:

- A. Provide for intervention programs for perpetrators of domestic and dating violence and support the development of an effective offender treatment and intervention system.
- B. Increase public awareness and prevent domestic and dating violence.

- C. Collect and present relevant data to inform state policy makers and residents of the State of New Mexico about domestic and dating violence.

IV. PERFORMANCE MEASURES:

The Vendor agrees to meet or exceed the following performance measures, as part of the efforts of the Children, Youth and Families Department Behavioral Health Services (CYFD BHS) to define Domestic Violence Offender Treatment and Intervention (DVOTI) program performance measures:

- A. All program participants will be offered a CYFD BHS DVOTI Program Feedback Form each quarter (every three (3) months) and at least 50% of new and continuing clients complete these feedback forms.
- B. Information about each DVOTI program participant will be securely submitted in January 2023 in the University of New Mexico (UNM) Evaluation Lab's Client Data Report, according to the procedures outlined by CYFD BHS at that time.

V. PROGRAM DESCRIPTION:

- A. Domestic Violence Offender Treatment and Intervention (DVOTI) Programs are approved by CYFD BHS after a review of program compliance with NMAC 8.8.7.7. Approved programs are eligible to apply for funding allocations from CYFD BHS each fiscal year, including funding from the Domestic Violence Offender Treatment or Intervention Fund (NMSA 31-12-12).
- B. Approved DVOTI programs are eligible to receive court referrals under the Crimes Against Household Members Act (NMSA 1978 30-3-10 through 30-3-18) and from the CYFD Protective Services Division.
- C. All approved DVOTI programs are required to adhere to the CYFD Domestic Violence Offender Treatment and Intervention Project Standards, currently in draft form.

VI. TARGET POPULATION:

- A. The services will be provided in Torrance County to adult and youth perpetrators of domestic violence, dating violence, and family violence.

VII. STATUTORY AUTHORITY/REQUIREMENTS:

- A. Vendor must adhere to the Trauma Responsive Care and Services Training Requirements in Attachment A.
- B. Vendor must maintain services in accordance with the following State regulations:

1. NMSA 1978 Sections 31-12-12 - Domestic violence offender treatment or intervention fund created; appropriation; program requirements.
2. NMAC 8.8.7.7- Court Ordered Domestic Violence Offender Treatment or Intervention Programs.

VIII. DELIVERABLES AND REPORTS:

The Vendor shall:

- A. Ensure that all program staff and leadership participate in Trauma Trainings, in accordance with the requirements included in Attachment A.
- B. Provide the below services as defined in the CYFD Domestic Violence Offender Treatment and Intervention Project Standards [DVOTI Standards], which may be updated from time to time by CYFD:
 1. Pre-Intake Assessment;
 2. Program Participant Intake;
 3. DVOTI Group Sessions;
 4. Case Management; and
 5. Community Services.
- C. Provide one or more of the following services as defined in the DVOTI Standards, which may be updated from time to time by CYFD:
 1. Coordinated Community Response Activities;
 2. Supervision;
 3. Clinical Assessment; and
 4. DVOTI Individual Sessions.
- D. Provide the following additional and/or innovative services in addition to the services defined in the Standards.
- E. Assess each potential program participant using the Ontario Domestic Assault Risk Assessment (ODARA) actuarial tool, completed by a staff member who is certified to administer the ODARA.
- F. Abide by the terms of the DVOTI Standards, including cooperation with monitoring and compliance, participating in the complaint process for any complaints received

from program participants or program staff, reporting critical incidents to CYFD BHS, and abiding by operations and administrative standards.

IX. DATA COLLECTIONS ACTIVITIES, REQUIREMENTS, AND DATA USE AGREEMENT (DUA):

The Vendor shall:

- A. Collect and submit a monthly report on the number of program participants and services delivered using the CYFD BHS Monthly Data Collection Form.
- B. Maintain data required by the UNM Evaluation Lab for the DVOTI outcomes project, and submit this data securely in January 2023, as directed by CYFD BHS.
- C. Respond to reasonable requests for information from CYFD BHS, which may be part of program management and research efforts or are the result of requests from State or Federal authorities.

X. BILLING:

- A. Provide a Trauma Training Tracking Sheet with their invoice or encounter submission that includes the following information:
 - 1. Report current leaders and staff who have direct contact with children who have worked for the Vendor for more than three months, and
 - 2. Provide certification of completion for those who have completed the initial training requirements.
- B. The Vendor will provide a monthly invoice each calendar month for State Fiscal Year 2023 using CYFD BHS' approved DVOTI Invoice for any available allocation no later than fifteen (15) days following the end of each month. The Vendor understands that CYFD BHS may require earlier submission based on State fiscal year requirements.
- C. The Vendor understands that CYFD BHS will not approve payment on invoices unless a completed CYFD BHS Monthly Data Collection Form is also submitted into the NMStar system.
- D. The Vendor understands that the allocations made available through NMStar are subject to the availability of State Funding appropriations, as described in the Client Services Treatment Agreement for the Behavioral Health Collaborative Member Agencies Non-Medicaid Services. If a decrease or increase in available funds is made, CYFD BHS will renegotiate the agreed-upon allocation with the Vendor.

- E. The Vendor's services will be paid for from the State of New Mexico General Fund for SFY23, which may include allocation from the Domestic Violence Offender Treatment or Intervention Fund.
- F. Vendor may establish a supplemental fee that includes a sliding scale schedule for perpetrators of domestic violence under the condition that the fee and sliding scale schedule and accompanying procedures are approved by CYFD BHS prior to implementation.

EXECUTION PAGE

**By signing below, I represent that I am an authorized signatory for the
Provider and have read and understand this Scope of Work.**

PROVIDER	
Name of Provider (Please Print or Type): Torrance County	
Authorized Signature: <i>Janice Barela</i>	Date: 07/18/22
Name (Please Print or Type): Janice Barela	
Title (Please Print or Type): County Manager	
Address: PO Box 48 Estancia, NM 87016	
E-Mail Address: jbarela@tcnm.us	
Phone: 505-544-4703	Fax: 505-384-5294
TIN: 85-6000257	NPI:

**PROVIDER INSTRUCTIONS
FOR NON-MEDICAID DOCUMENTS**

The document(s) that are being delivered to you have been approved by the State of New Mexico.

Instructions

1. **Legal Name.** Review your Provider Name on the first page of the document to verify it is correct and that it is the Provider's legal name. If it is not, to have it corrected please email support@fallingcolors.com the correct legal name as soon as possible.
2. **Notice and Contact Information.** If you are a new Provider receiving a Provider Agreement, completely fill in Provider's Address, Attention contact, Phone, Fax and Email **Please be sure that all information is legible.**
3. **Execution Page.** Completely fill in all the blanks on the Execution Page (the last page of the document) including all of the following information:
 - a) Insert TIN
 - b) Insert NPI
 - c) Sign the Provider Agreement
 - d) Print Name and Title of the signatory in a legible manner
 - e) Fill in Address, Email, Phone and Fax information
4. **Return Executed Document(s).** Documents are returned electronically using DocuSign software once document(s) is executed. Instructions for DocuSign will come with the email from DocuSign.

If you do not complete the document(s) in accordance with the instructions above, the document(s) will be returned to you to complete this step.

Attachment A – Trauma Responsive Care and Services Training Requirements

Revised 04.29.2022

The Children, Youth and Families Department (CYFD) seeks to achieve safety, permanency, and well-being of children by implementing systems and services that are *trauma responsive*; providing *community-based therapeutic supports in the most family-like setting*; understanding the importance of and maintaining the *cultural connections and tribal sovereignty* of children, families, and tribes; honoring and centering *youth and family voice and choice*; and ensuring we use *collaborative, team-based* decision-making with families. We are committed to building a workforce worthy of trust through continual *professional growth and development* and a standard of *cultural humility practice*.

To achieve this, CYFD contracted Vendors must understand and apply the required principles of trauma responsive care to their programming, policy and procedures and interactions with all children/youth and their families, especially those children/youth in or at risk of entering state custody and their families. Those who contract with CYFD are mandated to:

1. Complete training on trauma responsive care and service delivery. Vendor staff will complete the curriculum determined to be most appropriate for their job position and level of interaction with children/youth and families as identified by the Cross-Departmental Training Review Committee (Human Services Department and CYFD representatives). Training shall be completed within the first three (3) months of hire and annually thereafter.
2. Approved trainings and training requirements on trauma responsive care and service delivery, as identified by the Cross-Departmental Training Review Committee. CYFD will provide a list of approved trainings to Vendors prior to the effective date of the Agreement, and quarterly or upon request thereafter.
 - a. For trainings on trauma responsive care and service delivery not previously identified/or approved by the Cross-Departmental Training Review Committee, Vendors may submit request to its Program Manager for approval by the Cross-Departmental Training Review Committee which meets quarterly.
 - b. The list of approved trainings will include those that are of no cost to the Vendor. Funding for Vendor Loss of Productivity will be negotiated between the Vendor and Program Manager for inclusion in the budget.
3. Vendor staff includes those who have direct contact with children/youth (ages 0-21) in state custody or at-risk children/youth, administrative staff and Management or Executive level position (“leaders”).
4. On a monthly basis, Vendors will provide a Trauma Training Tracking Sheet with their invoice or encounter submission that includes the following information:
 - a. Report current leaders and staff who have direct contact with children who have worked for the Vendor for more than three months, and
 - b. Provide certification of completion for those who have completed the initial training requirements.

5. At least seventy (70) percent of the Vendor's staff must have completed required trauma responsive training as identified by Cross-Departmental Training Review Committee within three (3) months of hire for Vendor to continue billing for services.
6. Trauma responsive care and service delivery training completed by Vendor staff prior to hire, and if taken less than six (6) months prior to hire, may be submitted for approval of the Cross-Departmental Training Review Committee, via the Vendor's Program Manager.
7. When scope of work is being performed by SubVendor or Subawardee, Vendors are responsible for ensuring that the SubVendor or Subawardee's staff receive the mandated trauma responsive care and service delivery training as outlined above.

CYFD Program Managers will:

1. Facilitate access to the mandated trauma responsive care and service delivery training so Vendor staff can meet the minimum requirements.
2. For trainings on trauma responsive care and service delivery not previously identified/or approved by the Cross-Departmental Training Review Committee, Vendor may submit request to its Program Manager. The Program Manager will route the request to Cross-Departmental Training Review Committee for approval and provide written notice of the Committee's decision to the Vendor within ten (10) working days following the Committee's quarterly meeting.