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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: Cheryl Allen Grants
First Last Department / Company / Organization Name

Today's Date: 7/20/2022 Telephone number/Extension: 4309

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

Brief explanation of business to be discussed ACTION DISCUSSION

Ratify acceptance of the Family Violence Prevention and Services Act American Rescue Plan Act (FVSPA-ARPA) COVID 19 funding for the Domestic Violence Program.

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

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

Has this been reviewed by the County Attorney? YES NO

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)

**Family Violence Prevention and Services
American Rescue Plan Act Supplemental Funding:
COVID-19 Testing, Vaccines, and Mobile Health Units
American Rescue Plan Act of 2021**

Scope of Work

Lead Agency: CYFD BHS

Vendor/Provider: Torrance County Project Office: Torrance County Domestic Violence Program

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

Services: Client Services

Billing Type: Invoice

Funding: Federal Funds

Fund Pool: Family Violence Prevention and Services/Domestic Violence Shelter and Supportive Services – Supplemental Funding American Rescue Plan Act of 2021 (“DV-FVPSA10 : DV Family Violence Prev Svcs ACT: ARPLAN (ARPMH) (Federal)”

Federal Award Amount:

Total Award (from the execution of this SOW to June 30, 2025): \$25,628.00

Total Reimbursements in Previous Periods: \$0.00

Portion Allocated in current fiscal year: \$25,628.00

Project: Relief Funds

CFDA# (If Applicable): 93.671

Torrance County Project Office: Torrance County Domestic Violence Program [Vendor] 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:

The project period for Family Violence Prevention and Services/ American Rescue Plan Act Supplemental Funding: COVID-19 Testing, Vaccines, and Mobile Health Units – Supplemental Funding American Rescue Plan Act of 2021 (“FVPSA ARPMH”) is October 1, 2020, through September 30, 2025. The Children, Youth and Families Department Behavioral Health Services Division (“CYFD BHS” or “Lead Agency”) received authority to award FVPSA ARPMH funds through June 30, 2025, on an annual

basis, with the annual portion determined between the Vendor and CYFD BHS. Unspent allocations will be available to the Vendor in future periods.

The project period for this Scope of Work is July 1, 2022 to June 30, 2023.

II. GOALS:

The purpose of this supplemental funding is to prevent, prepare for, and respond to the COVID-19 virus with an intentional focus of increasing access to COVID-19 testing, vaccines, and mobile health units to mitigate the spread of this virus and increase supports for domestic violence survivors and their dependents.

III. OBJECTIVES:

Use FVPSA ARPMH funds to prevent, prepare for, and respond to the COVID-19 virus and ensure the continuity of services for survivors of domestic violence and their dependents according to the allowable use of funds, which are defined in Appendix A. The provider's use of funds will serve one or more of the following objectives:

- A. Improve access to COVID-19 testing and vaccines;
- B. Mitigate COVID-19 transmission and effects;
- C. Create medical and behavioral health care provider partnerships;
- D. Establish partnerships with mobile health units;
- E. Enhance supportive services;
- F. Expand, build capacity, and support the domestic violence services workforce; and
- G. Prevent, prepare, and respond to the COVID-19 public health emergency.

IV. PERFORMANCE MEASURES:

Vendor will maintain good standing with CYFD BHS by adhering to the CYFD Domestic Violence Survivor Services Project Standards (currently in draft form) and administrative requirements of CYFD BHS and the FVPSA ARPMH.

V. PROGRAM DESCRIPTION:

- A. The American Rescue Plan Act of 2021 is a \$1.9 trillion economic stimulus bill designed to speed up America's recovery from the economic and health effects of the COVID-19 pandemic. With the passage of this bill, the Family Violence

Prevention and Services Act (FVPSA) received a \$180 million investment in domestic violence shelters, supportive services, tribes, and culturally specific programs. Of this amount, the State of New Mexico received Seven hundred thirty-eight thousand seventy-nine dollars and no cents (\$738,079.00), which is allocated to existing subgrantees according to a FVPSA-approved formula.

- B. CYFD BHS' goal with this funding is to allow significant flexibility for each provider to determine the best use of funds for their agency as the future of the COVID-19 public health emergency is evolving and uncertain. The FVPSA office is allowing flexibility to determine which services best support the needs of children and families experiencing family violence, domestic violence, and dating violence..

VI. TARGET POPULATION:

Expenditures under the FVPSA ARPMH will be for the benefit of adult and youth victims of family violence, domestic violence, or dating violence, and their dependents.

VII. STATUTORY AUTHORITY/REQUIREMENTS:

- A. Vendor must maintain services in accordance with the following Federal regulations, including:
 - 1. [2 CFR part 182](#)—Government-wide Requirements for Drug Free Workplaces
 - 2. [45 CFR part 75](#)—Uniform Administrative Requirements, Cost Principles and Audit Requirements for HHS Awards
 - 3. [45 CFR part 80](#)—Nondiscrimination Under Programs Receiving Federal Assistance Through the Department of Health and Human Services Effectuation of Title VI of the Civil Rights Act of 1964
 - 4. [45 CFR part 84](#)—Nondiscrimination on the Basis of Handicap in Programs or Activities Receiving Federal Financial Assistance
 - 5. [45 CFR part 86](#)—Nondiscrimination on the Basis of Sex in Education Programs or Activities Receiving Federal Financial Assistance
 - 6. [45 CFR part 91](#)—Nondiscrimination on the Basis of Age in Programs or Activities Receiving Federal Financial Assistance for HHS
 - 7. [45 CFR part 93](#)—New Restrictions on Lobbying
 - 8. [45 CFR part 1370.4](#) – Family Violence Prevention and Services Act Confidentiality Requirements

9. [45 CFR part 1370.5](#) – Family Violence Prevention and Services Act
Additional Non-Discrimination Requirements

- B. Vendor must adhere to the Trauma Responsive Care and Services Training Requirements in Attachment A.

VIII. DELIVERABLES AND REPORTS:

The Vendor shall:

- A. Spend funds according to a budget approved by CYFD BHS, the CYFD BHS Allowable and Unallowable Cost Guidance, and the FVPSA ARPMH Allowable Use of Funds for States and Tribes (Appendix A).
- B. Obtain pre-approval from CYFD BHS for any expenditures that require specific pre-approval according to the CYFD BHS Allowable and Unallowable Cost Guidance or that emerge as needs that are not included in an approved project budget.
- C. Conform to the CYFD Domestic Violence Survivor Services Project Standards, as published by CYFD BHS, including:
1. Operations and Administrative Standards
 2. Community Services Standards
 3. Survivor Services Standards
- D. Ensure that all program staff and leadership participate in trauma training, in accordance with the requirements included in Attachment A.

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

The Vendor shall:

- A. Ensure that all data submitted to CYFD BHS complies with the confidentiality requirements of FVPSA, including the non-disclosure of any personally identifying information of survivors of domestic, dating or family violence, or their dependents.
- B. Respond to reasonable requests for information from CYFD BHS, which may be part of program management, research efforts, or are the result of requests from State or Federal authorities.

X. BILLING:

- A. Each month in which FVPSA ARPMH-eligible costs are incurred, Vendor will submit a FVPSA ARPMH invoice and backup documentation (e.g., receipts, timesheets), which includes an estimate of the number of people who benefitted from the expenditure, a description of how the expenses comply with the FVPSA ARPMH allowable use of funds, and any stories of the benefit of the expenditures.
- B. The Vendor will comply with [45 CFR part 75](#), CYFD BHS' Allowable and Unallowable Cost Guidance, and the agreed upon line-item budget between the Vendor and CYFD BHS. When required, the Vendor will seek prior approval for costs incurred.
- C. The Vendor understands that the allocations made available through NMStar are subject to the availability of State and Federal 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 budget with the Vendor.
- D. The Vendor shall submit invoices through the CYFD BHS Administrative Services Organization (www.bhsdstar.org) no later than fifteen (15) days following the service period end date including supplemental documentation required to substantiate the invoiced expenses. The Vendor understands that CYFD BHS may require earlier submission based on State and Federal fiscal year requirements.
- E. The Vendor shall agree that funds made available to them will not be used as direct payment to any survivor or dependent of a victim of family violence.
- F. The Vendor will not assess any fee on a survivor of violence.
- G. 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.

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: 	Date: 07/20/22
Name (Please Print or Type): Janice Y. 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.

Appendix A

ALLOWABLE USE OF FUNDS GUIDANCE: STATES AND TRIBES

The purpose of this supplemental funding is to prevent, prepare for, and respond to the COVID-19 virus with an intentional focus of increasing access to COVID-19 testing, vaccines, and mobile health units to mitigate the spread of this virus and increase supports for domestic violence survivors and their dependents. Within these parameters grant recipients have flexibility to determine which services best support the needs of children and families experiencing family violence, domestic violence, and dating violence.

The FVPSA Program will allow CYFD (the State FVPSA Administrator) to approve a broad range of efforts to mitigate the spread of COVID-19 and to improve domestic violence survivors' access to health care in local communities, rural areas, underserved communities, American Indian communities, and for racial and ethnic specific communities. All supplemental grant subrecipients are expected to reinforce services, practices, and basic messages about prevention and treatment of COVID-19 and other infectious diseases.

All FVPSA grant subrecipients are trusted messengers and are expected to provide consistent, fact-based public health messaging to help domestic violence survivors make informed decisions about their health and COVID-19, including steps to protect themselves, their families, and their communities. Please note that FVPSA grant recipients are expected to use educational materials authorized by federal agencies and/or local public health departments.

Improve Access to Testing and Vaccines

Safe and voluntary access to COVID-19 testing, vaccines, and mobile health services, including rapid testing. Eliminate barriers to COVID-19 testing and vaccination.

- Maintain contract for vaccination provider to support DV programs.
- Costs related to provision of weekly COVID-19 testing.
- Supplies and services that ensure safe and voluntary access to COVID-19 testing and vaccines.
- Maintain contract with testing provider to support DV programs. (On- or off-site)
- Testing supplies, including testing kits currently approved by FDA and CDC, storage units, and storage unit security.
- Partnerships/contracts with clinics to provide testing and vaccines for survivors.
- Formal agreements, MOUs, contracts, or interagency agreements with local/state health departments, state agencies, Indian Health Services, health centers, health care providers, mobile health units, and other community-based partners to provide access to testing, vaccines, and mobile health units for domestic violence survivors, domestic violence programs, tribes, and culturally specific programs in their states and local communities.
- Hiring interpreters to support survivors who have limited English proficiency to understand and access testing and vaccines.

Mitigate COVID-19 transmission and effects

Expand the range of COVID-19 mitigation activities and support the continuity of survivor services, including shelter and supportive services.

- Create and support COVID-19 testing and mitigation teams.
- Hire COVID-19 testing or vaccination coordinators or consultants
- Costs of Alternate Shelter for COVID-19 Mitigation.
- Leasing of properties and facilities to support COVID-19 mitigation.
- Direct payment of housing expenses for survivors to maintain safe housing and mitigate the spread of COVID-19. (Provider must make third party payments to a vendor or business on behalf of a domestic violence survivor. Grant recipients that make such types of payments are required to have an established policy, process for documenting such payments for auditing purposes and in accordance with best financial practices, the ability to make such supportive services available to any program participant in need of the same or similar assistance, and the expense must be reasonable and appropriate. Examples of third-party payments may include rental subsidies; hotel motel vouchers; travel vouchers for relocation; transportation; and childcare.)
- Purchase or reimbursement of items and services related to COVID-19 testing or mitigation. (Please contact CYFD to discuss items or services related to alterations or maintenance of real property.)
- Digital technologies to strengthen a provider's core capacity to support the public-health response to COVID-19.

Create Medical and Behavioral Health Care Provider Partnerships

Meaningful partnerships between DV programs and health care providers. (Please see NM Primary Care Association website for a listing of federally-funded community health care centers <https://www.nmpca.org/community-health-centers/>.)

- Establish contracts/MOUs with health centers, health care providers, local clinics, and health departments.
- Contract with doctors and nurses to make rotations at DV programs.

Establish Partnerships with Mobile Health Units

Increased usage of mobile health units and mobile advocacy services for survivors.

- Collaborations with Indian Health Services to help tribes access mobile health units.
- Partnerships/contracts with mobile health units to support survivors with broad physical and behavioral health needs.
- Establishing or maintain contracts with existing mobile health units operated by hospitals, medical clinics, health centers, and public health nonprofit organizations to make regular visits each week to shelter locations, program locations, transitional housing locations, or tribal locations.
- Preventative health services to mitigate the spread of COVID-19 such as vaccines, primary health care, or behavioral health services.

- Partnerships/contracts with mobile health units for testing & vaccines.
- Operational costs or supply costs associated with the operation of mobile health units to partner with domestic violence shelters, programs, tribes, culturally specific organizations, or rural communities.

Enhance Supportive Services

Enhanced supportive services for survivors of domestic violence that are safe and accessible where they need them most.

- Increase Mobile Advocacy services to support survivors beyond traditional settings.
- Contract with doctors and nurses make regular rotations to DV programs.
- Create, publish, and distribute outreach materials that include information about testing and vaccine access or safety of services.
- Integrate health supports into mobile advocacy services for survivors.
- Provide comprehensive services and supports to meet the needs of survivors to stay safe and healthy under FVPSA service definitions.
- Purchase or lease a vehicle to support access to testing, vaccine, and other health resources as well as advocacy, mobile advocacy, case management services, and information and referral services, concerning issues related to family violence, domestic violence, or dating violence intervention and prevention. (Requires FVPSA and CYFD pre-approval)
- Contract with mobile health units or other healthcare providers to provide primary health care and behavioral health care for survivors staying in shelters, safe homes, transitional housing units, and permanent supportive housing.

Workforce Capacity Building, Expansion, and Supports

Reduced burden for DV programs that do not have resources and staff to support COVID-19 mitigation.

- Create and support COVID-19 mitigation teams.
- Hire culturally-competent and linguistically-appropriate providers and staff to carry out COVID-19 testing procedures, COVID-19 mitigation activities, or mobile health unit coordination activities.
- Secure and maintain adequate personnel to carry out COVID-19 testing, COVID-19 mitigation activities, or mobile health unit coordination activities. (Please be aware that fringe benefits that are tied to salaries may be subject to proportional funding restrictions, requiring contributions from other sources. Please discuss with your Program Specialist.)
- Train staff in testing and vaccine access.
- Train staff in COVID-19 mitigation policies and procedures.
- Plan for implementation of a COVID-19 testing program, COVID-19 mitigation program, or mobile health units access program.
- Train providers and staff on COVID-19 testing procedures, COVID-19 mitigation activities, or mobile health unit coordination activities.

Prevent, Prepare and Respond Framework

The Prevent, Prepare, and Respond Framework used for allowable CARES Act and the first round of ARPA supplemental funding for domestic violence programs. They may be allowable under the Testing, Vaccines, and Mobile Health Units funding, if not otherwise justified.

- Enhancement of capacity to provide culturally and linguistically appropriate services during COVID-19 public health emergency and address racial disparities exacerbated by the public health emergency.
- Dissemination of educational materials and resources to local domestic violence programs and tribes on precautions to prevent, contain, or mitigate COVID-19 and other respiratory illnesses.
- Provision, on a regular basis, of immediate shelter and related supportive services to adult and youth victims of family violence, domestic violence, or dating violence, and their dependents, including paying for the operating and administrative expenses of the facilities for such shelter.
- Provision of prevention services, including outreach to underserved populations to increase access to domestic violence services and reduce the exposure and risk of COVID-19.
- Strengthening of partnerships with local and state public health authorities, local and state human services agencies, emergency services managers, health care providers, housing and homelessness services, culturally specific community-based organizations, tribes, and domestic violence programs to improve emergency operations and related outcomes for victims and their dependents.
- Reviewing, updating, and/or implementing emergency operations plan and plans to address increasing and/or shifting service demands, remote services operational capacity, potential provider closures, and staff unavailability due to illness, caretaking, or other reasons related to the COVID-19 public health emergency.
- Activities to build capacity to provide core shelter and supportive services through flexible and survivor-centered approaches that are adaptable to changing program, community, and survivor needs (e.g., mobile advocacy, flexible funding, non-congregate sheltering options).
- Provision of services for children exposed to family violence, domestic violence, or dating violence, including age-appropriate counseling, supportive services, and services for the non-abusing parent that support that parent's role as a caregiver, which may, as appropriate, include services that work with the non-abusing parent and child together, during the COVID-19 public health emergency. Please note that the provision of remote services would be an allowable activity.
- Provision of advocacy, case management services, and information and referral services, concerning issues related to family violence, domestic violence, or dating violence intervention and prevention.
- Provision of direct crisis intervention services, including counseling, mobile advocacy, telehealth, peer support, and in-person assistance. Mobile advocacy allows for advocates to work out in the community to support domestic violence survivors wherever it is safe and convenient for the survivor.
- Outreach and education to local domestic violence programs and tribes on strategies that reduce COVID-19 transmission, using existing materials where available.

- Provision of individual and group counseling, peer support groups, and referral to community-based services to assist family violence, domestic violence, and dating violence victims, and their dependents in recovering from the effects of violence during COVID-19 public health emergency.
-