

CYFD Domestic Violence Offender Treatment and Intervention Project Standards

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I. Purpose

The purpose of the Children, Youth and Families Department, Behavioral Health Division Domestic Violence Unit (CYFD DV Unit) is to utilize State and Federal funds to:

- Provide funding, program support, oversight, and standards for immediate shelter and supportive services for survivors of domestic and dating violence and their dependents including specialized services for abused parents and their children;
- Provide funding, program support, oversight, and standards for intervention programs for perpetrators of domestic and dating violence and support the development of an effective offender treatment and intervention system;
- Provide funding and oversight for technical assistance, training, assessment, and research relating to domestic and dating violence programs;
- Support growth in the effectiveness of domestic violence programs through annual State Planning in partnership with New Mexico's State and Tribal domestic violence coalitions;
- Help to promote domestic violence-informed systems throughout state government;
- Increase public awareness to prevent domestic and dating violence;
- Collect and present relevant data to inform state policy makers and residents of the State of New Mexico about domestic and dating violence.

DVOTI Standards

The purpose of these Domestic Violence Offender Treatment and Intervention Project Standards (DVOTI Project Standards) is to define DVOTI program requirements, funding eligibility, and the direction for project development for Domestic Violence Offender Treatment and Intervention (DVOTI) programs.

II. Problem Statement

Domestic violence is the systematic use of coercive behavior to achieve and sustain power over an intimate partner or other people with whom a perpetrator has a continuing personal relationship (Moultry, 2015). An intimate partner is a person with whom one has a close personal relationship, characterized by ongoing physical contact and sexual behavior, identity as a couple, and familiarity and knowledge about each other's lives (Breiding, Basile, Smith, Black, & Mahendra, 2015, p. 11). Domestic violence can include physical violence, sexual violence, stalking, and psychological aggression.

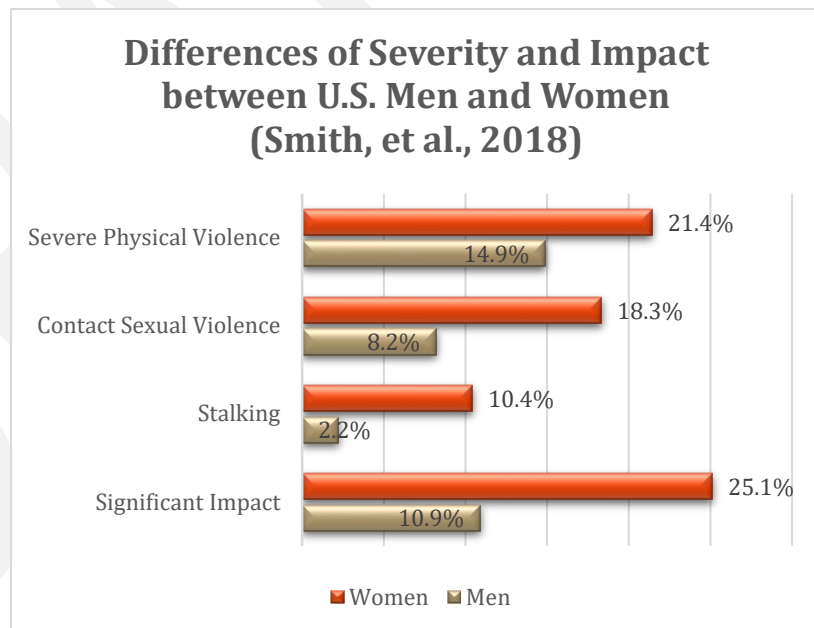
Lifetime Incidence

According to data from the Centers for Disease Control and Prevention, approximately one in three women and men experience some form of domestic violence in their lifetime (36.4% of women and 33.6% of men). Men and women experience significant disparity in terms of the severity and impact of domestic violence. 25% of women compared to 10% of men experience some combination of fear, concern for safety, injury, loss of work, missing school, post-traumatic stress disorder symptoms, or need for medical help, law enforcement intervention, housing, legal services, crisis hotlines, or specialized advocacy (Smith, et al., 2018).

Perpetrators

Perpetrators of Domestic violence are predominantly male, with men representing 72% of incidents reported by law enforcement and 82% of incidents reported by domestic violence survivor service providers (Caponera, 2019). The Department of Justice reports that nationally, 95.7% of female survivors of domestic violence faced male perpetrators (Catalano, 2007).

New Mexico Sentencing Commission data shows that approximately 89% of domestic violence charges are dropped by prosecutors or dismissed by courts in New Mexico (Binder, PhD, Costello, & Rivera, 2021). There is not yet an accounting of the types and effectiveness of perpetrator monitoring; however, a 3-month study of domestic violence cases in Santa Fe in 2010 showed that most perpetrators received unsupervised probation and that more dangerous perpetrators were more likely to escape conviction (River, 2010).



Underserved Populations

Tribal Members

The rates of domestic violence are significantly higher for Native American populations nationally and in New Mexico. In 2010 approximately 50% of Native American women and 43.0% of American Indian men experienced domestic violence, more than twice the national average (Black, et al., 2011). The Central Data Repository notes that Native American identification correlates with higher rates of injury (Caponera, 2019). The New Mexico Intimate Partner Death Review Team (IPDRT) states that there is a need for increased collaboration between tribally affiliated people and many agencies, including CYFD (New Mexico Intimate Partner Violence Death Review Team, 2019). The State Implementation Plan and annual incidence report note the need for culturally appropriate services for survivors with tribal affiliations (Caponera, 2019; New Mexico Crime Victims Reparations Commission, 2017).

LGBTQ

Nationally, the lifetime prevalence of domestic violence was higher for lesbian women (43.8%) and slightly lower for gay men (26.0%) than the heterosexual population. The majority of violence was perpetrated by same-sex partners, though women face greater perpetration by men (67.4% of lesbian women had female perpetrators, and 90.7% of gay men had male perpetrators). Bisexual women and men experienced the most significant severity and impact of domestic violence, with 57.4% of bisexual women and 33.5% of bisexual men reporting significant impacts of domestic violence, with the majority of the violence perpetrated by men (89.5% for bisexual women and 78.5% of bisexual men) (Walters & Breiding, 2013). The State Implementation Plan survey included 123 respondents, including survivor service providers and other community-based agencies. 48% of these respondents reported that members of the LGBTQ community were underserved, 23% reported inadequate services, and 7% said they were unserved in their respective communities.

Children

The Interpersonal Violence Data Central Repository report indicates that children were present at a third of reported domestic violence incidents and that 77% of these children were under the age of 12. It further notes that these at-risk children typically experience more than one type of abuse (62%) and have poorer health outcomes than other children in their cohort (Caponera, 2019). Approximately 36% of people served by CYFD-funded service providers are children. The State Implementation Plan calls for increased support and services to children who witness domestic violence (New Mexico Crime Victims Reparations Commission, 2017). The Safe & Together Systems Assessment found: 1) information on domestic violence was not collected within Protective Services information systems, 2) domestic violence was not adequately identified as a safety risk within CYFD's decision trees, 3) the training of protective services staff did not train staff to accurately identify domestic violence or effectively intervene in domestic violence cases, and 4) training of advocates in terms of working with protective services was uncoordinated and inadequate (Safe & Together Institute, 2018).

Behavioral Health Conditions and Substance Use

The current VOCA and VAWA state plan, the conclusions of the Intimate Partner Death Review Team, and the IPV Central Data Repository all recommend coordination of services for survivors of intimate partner violence who have physical, mental, or behavioral health conditions. These include substance use disorders (New Mexico Crime Victims Reparations Commission, 2017; Caponera, 2019; New Mexico Intimate Partner Violence Death Review Team, 2017). The IPVDRT Report cites that of reviewed

survivors, 59% had a history of substance use disorders, and 11% had a history of mental health problems.

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III. Principles Underlying Standards, Policies, and Funding¹

Domestic Violence is Dangerous

When domestic violence occurs, there is always a survivor. This violence or abuse can have devastating physical, emotional, psychological, financial, and spiritual effects on the lives of survivors and their families. Offenders may deny and minimize the facts, severity, or frequency of their offenses. Domestic violence offenders often maintain a socially acceptable facade to hide their abusive behaviors. At its extreme, domestic violence behavior can result in the death of the survivor, offender, family members, and others.

Domestic violence behavior is costly to society

Domestic violence has a significant economic impact on various individuals and groups, including but not limited to the survivor, family and offender, schools, business and property owners, faith communities, health and human services, law enforcement, and the criminal justice system.

Domestic violence encompasses a broad range of behaviors

Offender treatment must address the full spectrum of abusive and controlling behaviors associated with domestic violence, not just the legally defined criminal behavior(s).

Survivor Safety

Survivor safety shall be the priority of all offender treatment. Any treatment approach or practice that blames or intimidates the survivor or places the survivor in a position of danger is not appropriate. Ventilation techniques such as punching pillows, the use of batakas, etc., are not appropriate.

Survivors have a right to safety and self-determination

Survivors of domestic violence undergo tremendous turmoil and fear as a result of the violence inflicted. Their feelings, reactions, and their potential for further harm should always be afforded the utmost consideration. Survivors have the right to determine the extent to which they receive information about an offender's status in the treatment process and the extent to which they will provide input through appropriate channels to the offender management and treatment process.

¹ Many of these principles are taken or derived from the Colorado Domestic Violence Management Board (DVOMB) standards for Treatment with Court Ordered Domestic Violence Offenders (Colorado Department of Public Safety, 2020). Colorado established the DVOMB in July 2000 within the Department of Public Safety to set and review standards for the court-ordered treatment of domestic violence offenders. Their Standards and management systems are the result of 20 years of dedicated work.

Survivor and community safety are paramount

Survivor and community safety are the highest priorities of the Standards. Safety should guide the criminal justice system's responses, survivor advocacy, human services, and domestic violence offender treatment. Whenever the needs of domestic violence offenders in treatment conflict with community (including survivor) safety, community safety takes precedence.

Assessment and evaluation of domestic violence offenders is an ongoing process

Because of the cyclical nature of offense patterns and fluctuating life stresses, domestic violence offenders' levels of risk are constantly in flux. Changes that occur due to the supervision or treatment of offenders cannot be assumed to be permanent. For these reasons, continuous risk monitoring is the joint responsibility of the responsible criminal justice agency and the approved Provider. The end of the period of supervision does not necessarily end dangerousness.

The management and containment of domestic violence offenders requires a coordinated community response

A coordinated community response involves extensive interagency, law enforcement, prosecution, and judicial cooperation and education. Increased referrals to services for survivors and increased offender participation in battering intervention programs increase the safety of survivors, increase the number of cases prosecuted, reduce domestic violence dismissal rates, and increase abuser accountability. Effective coordinated community responses mobilize the community. Outreach education and primary prevention efforts build community understanding and knowledge about domestic violence and resources, enable an overall supportive environment for survivors, advance policy and legal reforms, and secure additional resources (New Mexico Legislature, 2019). The success of DVOTI programs with Program Participants who have inadequate oversight or supervision from other parts of the community will be limited (for example, requiring only unsupervised probation for perpetrators of domestic abuse).

Public awareness of domestic violence issues enhances successful management and containment of domestic violence offenders

The complexity and dynamics of domestic violence are not yet fully understood, and many myths prevail. These myths inhibit proactive community responses to domestic violence. Knowledgeable professionals have a responsibility to increase public awareness and understanding by disseminating accurate information about domestic violence. Public awareness may facilitate communities to mobilize resources and to respond to domestic effectively

Offenders are capable of change

Responsibility for change rests with the offender. Individuals are responsible for their attitudes and behaviors and can eliminate or modify abusive behavior through personal ownership in a change process. Ideally, this includes cognition, affect, and behavior. Treatment and intervention enhance the opportunity for offender change. Motivational levels and acceptance of responsibility determine the behavioral change that is possible. Effective treatment and community containment strengthen motivation for change.

There is no singular profile of a person who commits acts of domestic violence

People who commit acts of domestic violence vary in many ways: age, race and ethnicity, sexual orientations, gender identities, education, mental health condition, profession, financial status, cultural background, religious beliefs, strengths and vulnerabilities, and levels of risk and treatment needs. People who commit abusive offenses may engage in more than one pattern of offending and may have multiple survivors.

The preferred treatment modality is group sessions

All Approved DVOTI Providers shall design programs that consist of psycho-educational and cognitive-behavioral approaches within group treatment as the primary approach to treatment and intervention. Providers may use adjunctive methods, but these methods can never substitute for the primary approach and should align with the philosophical underpinnings of the intervention program.

Court-ordered offender treatment differs from traditional psychotherapy

In traditional psychotherapy, the client engages in a voluntary therapeutic relationship with a therapist of their choice, based mainly on goals and purposes decided by the client. Offender treatment differs from traditional therapy in the following ways:

- Treatment is often not voluntary. A therapeutic alliance is not a prerequisite for treatment.
- The offender enrolls in the intervention program at the court's direction and receives sanctions for failure to participate.
- The offender must receive services only from providers approved by the State to provide the intervention service.
- The Provider determines individual goals to increase survivor and community safety and individual accountability.
- Decisions regarding intervention services and containment are made jointly between approved providers and criminal justice agencies.
- Approved providers are required to consult and communicate with the survivor advocate and other involved agencies.
- Confidentiality is limited by the requirements of the criminal justice system and the need for survivor safety².
- Survivor advocacy is an essential component of battering intervention services.
- Minimization and denial of the need for treatment are expected, and therefore, intervention involves challenging the offender's perceptions and beliefs.

Intervention and treatment should be non-discriminatory and humane and bound by the rules of ethics and law

Individuals and agencies carrying out the assessment, evaluation, treatment, and behavioral monitoring of domestic violence offenders should not discriminate based on race, religion, gender, gender identity, sexual orientation, disability, national origin, or socioeconomic status. Domestic violence offenders

² See Tarasoff v. Regents of the University of California

must be treated with dignity and respect by all team members who are managing and providing intervention services to the offender regardless of the nature of the offender's crimes or conduct. Individual differences should be recognized, respected, and addressed in treatment.

Tribal Collaboration

CYFD will promote effective communication and collaboration with Indian nations, tribes, and pueblos and promote values and practices that respect tribal sovereignty and support the well-being of all residents of the State of New Mexico³.

Equitable Distribution

The CYFD DV Unit will ensure an equitable distribution of funds and resources between urban and rural areas of New Mexico.

Accessibility

CYFD will work to ensure that people with all kinds of abilities and intersecting identities have easy access to CYFD-funded domestic violence agencies, including information and resources, environments and spaces, and services and support (Warshaw, Tinnon, & Cave, 2018). These abilities and identities include mental health conditions, substance use and recovery status, income, race, class, age, language, sexual orientation, gender, gender expression, culture, ethnicity, religion, spirituality, employment, housing stability, family relationships, military involvement, immigration or documentation status, education, and history with the criminal justice system.

Providers are required to take reasonable steps to serve persons with limited English proficiency (i.e., individuals who do not speak English as their primary language and have a limited ability to read, write, speak, or understand English, including deaf and hard of hearing persons). CYFD requires Providers to have a language plan that follows the U.S. Department of Health and Human Services guidelines.

As per 45 CFR § 1370.5(d), all services must be provided without requiring documentation of immigration status since services do not fall within the definition of federal public benefit that would require verification of immigration status.

Facilitator Support and Supervision

CYFD believes it is critical to support DVOTI Facilitators in doing this work. CYFD encourages adequate compensation and significant supervisory structures to acknowledge, support, and empower employees and volunteers in their efforts.

Innovation

CYFD will honor creative innovations discovered and implemented by DVOTI Providers and endeavor to support and empower promising practices.

³ State-Tribal Collaboration Act of 2009, Section 11-18-1 through 5 NMSA 1978.

IV. Definitions

Advocacy

Advocacy for domestic or dating violence survivors is focused on safety and supporting survivors to rebuild control over their lives. Advocacy includes actions designed to help survivors obtain needed resources or services, including employment, housing, shelter, health care, courts, survivor compensation, counseling, and education. Advocacy is survivor-centered and begins with an understanding of the needs, resources, perspectives, and culture of each survivor; building a working relationship between the advocate and survivor to enhance the survivor's options and safety strategies; and implementing those strategies as the survivor's circumstances change (Davies, 2009).

Advocate

An advocate is an employee or volunteer who provides advocacy services for an organization or program with a mission to respond to survivors of domestic violence and prevent future domestic violence.

Allocation

An allocation refers to the State funds designated to each Funded Program for the state fiscal year. The amount of funding is subject to availability, and CYFD may change the allocation with notice to the Funded Program.

Approved DVOTI Program

An Approved DVOTI Program is a domestic violence offender treatment or intervention program that CYFD has approved to provide treatment or intervention under NMSA 1978 Sections 30-3-15 and 30-3-16 (2008) NMAC 8.8.7.1 through 8.8.7.18.

Approved DVOTI Program List

The Approved DVOTI Program List is compiled by the department consisting of Approved DVOTI programs for use by New Mexico courts in ordering domestic violence offenders to complete domestic violence offender treatment or intervention under NMSA 1978 Sections 30-3-15 and 30-3-16 (NMAC 8.8.7.7).

Battering Intervention Programs

“Battering Intervention” is another term for DVOTI programs, and widely used nationally and internationally. New Mexico Statute and Policy does not use this term.

Coercive Behavior

Coercive behavior is an act or pattern of acts of assault, threats, humiliation, and intimidation or other abuse that is used to harm, punish, or frighten their victim (Crown Prosecution Service, 2017).

Controlling Behavior

Controlling behavior is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape, and regulating their everyday behavior (Crown Prosecution Service, 2017).

Coercive Controlling Behaviors

Coercive or controlling behaviors or tactics include isolating a person from their friends and family; depriving them of their basic needs; monitoring their time; monitoring a person via online communication tools or using spyware, taking control over aspects of their everyday life, such as where they can go, who they can see, what to wear and when they can sleep; depriving them access to support services, such as specialist support or medical services; repeatedly putting them down such as telling them they are worthless; enforcing rules and activity which humiliate, degrade or dehumanize the victim; forcing the victim to take part in criminal activity such as shoplifting, neglect or abuse of children to encourage self-blame and prevent disclosure to authorities; financial abuse including control of finances, such as only allowing a person a punitive allowance; control ability to go to school or place of study; taking wages, benefits or allowances; threats to hurt or kill; threats to harm a child; threats to reveal or publish private information (e.g. threatening to 'out' someone); threats to hurt or physically harming a family pet; assault; criminal damage (such as destruction of household goods); preventing a person from having access to transport or from working; preventing a person from being able to attend school, college or University; family 'dishonor'; reputational damage; disclosure of sexual orientation; disclosure of HIV status or other medical condition without consent; limiting access to family, friends and finances (Crown Prosecution Service, 2017).

Crisis Intervention

Crisis intervention is the process by which a person identifies, assesses, and intervenes with an established program participant in crisis to restore balance and reduce the effects of the crisis in their life. Crisis Intervention includes intervention that occurs over the phone, in person, or by other mobile technologies.

Dating Violence

Dating Violence is violence committed by a person who has been in a social relationship of a romantic or intimate nature with the survivor. Dating violence also includes but is not limited to the physical, sexual, psychological, or emotional violence within a dating relationship, including stalking. It can happen in person or electronically and may involve financial abuse or other forms of manipulation between a current or former dating partner regardless of actual or perceived sexual orientation or gender identity.

Domestic Violence

Domestic violence is the systematic use of coercive or controlling behavior to achieve and sustain power over a current or former intimate partner, co-parent, a person who is related by blood or marriage, or other persons as defined the Family Violence Protection Act (NMSA §40-13-2 1978) or the Crimes Against Household Members Act (NMSA §30-3-11 1978). As used in these Standards, "Domestic

Violence" includes the term "Domestic Abuse" as used in New Mexico statute and the definition of "Family Violence" in the federal Family Violence Prevention and Services Act (45 CFR Part 1370.2)⁴. Domestic violence includes physical violence, sexual violence, stalking, and psychological aggression (Breiding, Basile, Smith, Black, & Mahendra, 2015). It also includes the term "Intimate Partner Violence," as is commonly used in research⁵.

Domestic Violence Offender

A Domestic Violence Offender is a perpetrator of domestic violence who either receives battering intervention services from the domestic abuse program. This includes people who self-refer to a program; persons convicted under the Crime Against Household Members Act (NMSA 30-3-10 through 30-3-18) regardless of whether or not the person received a suspended sentence, a deferred sentence, or a conditional discharge NMAC 8.8.7.7(E); and persons court-ordered under the Family Violence Protection Act (NMSA 40-13-1 through 40-13-13)⁶.

Domestic Violence Offender Treatment or Intervention (DVOTI)

Domestic Violence Offender Treatment or Intervention are services that address and seek to ameliorate domestic violence perpetration. They are also known as Battering Intervention Programs (BIP). Such services may, but need not, be provided by licensed therapists NMAC 8.8.7.7(F). DVOTI programs are fifty-two (52) weeks, as defined in the statute, which the CYFD DV Unit interprets to be no less than 52 program sessions.

Domestic Violence Survivor Services Provider

A Domestic Violence Survivor Services Provider is an entity that operates a project of demonstrated effectiveness carried out by a nonprofit, nongovernmental, governmental, private entity, Tribe, or Tribal organization, which has, as its project's primary purpose, the operation of shelter, supportive services, counseling, advocacy, or self-help services for survivors of domestic and dating violence and their dependents.

DVOTI Fund

The "domestic violence offender treatment fund" is created in the state treasury. All fees collected under the provisions of Section 1 of this Act [34-15-1 NMSA 1978] shall be transmitted monthly to the department of finance and administration for credit to the domestic violence offender treatment fund (NMSA 34-15-2(A)) and administered by the Children, Youth and Families Department.

⁴ "Family violence means any act or threatened act of violence, including any forceful detention of an individual, that results or threatens to result in physical injury and is committed by a person against another individual, to or with whom such person is related by blood or marriage, or is or was otherwise legally related, or is or was lawfully residing."

⁵ E.g. Centers for Disease Control and Prevention, <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html>

⁶ NMAC 8.8.7.7(E) and NMSA 34-15.2(F)

DVOTI Facilitator

A DVOTI Facilitator is a staff member of an Approved DVOTI Program who facilitates DVOTI group sessions and has met the training requirements of the DVOTI Program Standards.

Funded DVOTI Programs

Funded DVOTI Programs are awarded a funding allocation for DVOTI Services during a State Fiscal Year (July through June) and comply with all DVOTI Standards.

ODARA Risk Assessment

The Ontario Domestic Assault Risk Assessment [ODARA] is an actuarial tool for estimating a domestic violence offender's risk of re-assault of a partner. The Ontario Provincial Police Behavioral Sciences and Analysis Section and researchers at Waypoint Centre for Mental Health Care created ODARA.

The ODARA scores indicate how a domestic offender compares with other domestic offenders in terms of risk for re-offense. Higher scores are related to frequency and severity of future assaults and shorter time until re-offense. The ODARA is easy to score and interpret, it has shown excellent inter-rater agreement, and scoring accuracy improves with brief training. Thus, the ODARA is an essential part of promoting a coordinated, cross-sector response to domestic violence. Free online training for DVOTI facilitators is available by contacting the CYFD DV Unit.

Program Participant

As used in these guidelines, a participant in a Domestic Violence Offender Treatment and Intervention Program, whether reported to law enforcement or not, receives services from an approved DVOTI provider.

Scope of Work

A Scope of Work negotiated between CYFD and a Provider describes the agreed-upon terms of work to be completed by the Funded Program.

Site Visit

Site Visits or “Site Monitoring” denote in-person or virtual monitoring processes where BHS staff can review billing records, client records, documents regarding the providers legal and financial standing, program policies and procedures, meet with staff, management and board members to discuss the status and goals for program development, and observe live or recorded⁷ group sessions.

Underserved Populations

Underserved Populations face barriers in accessing and using DVOTI services, including populations underserved because of geographic location, religion, sexual orientation, gender identity, underserved

⁷ Recorded sessions must have provider policies and procedures to allow BHS to view recordings securely and with the permission of group members.

racial and ethnic populations, and populations underserved because of special needs, including language barriers, disabilities, immigration status, and age.

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V. Service Definitions

Note: Provider may not bill CYFD and any other source for the same service, including Medicaid or private insurance. Each Approved DVOTI Provider who utilizes CYFD along with Medicaid or any additional reimbursement must have systems that separate all service billing to avoid any duplicate billing for services. The current rate schedule is available from CYFD.

Pre-Intake Assessment

Billed as Pre-Intake Assessment

The Pre-Intake Assessment is an initial assessment to determine if the domestic violence offender will benefit from participation in the DVOTI program (NMSA 34-15.2(D)(1), NMAC 8.8.7.10(A)). Although most referrals will come from the criminal justice system, Approved DVOTI Programs can accept referrals from other sources, including CYFD Protective Services and self-referrals.

The intake assessment includes a risk assessment using the ODARA actuarial tool by a DVOTI program staff member who is certified to administer and score ODARA⁸. The assessment may also include a screening for a history of substance use or mental health disorders, criminal history, relationship history with attention to domestic violence dynamics, level of personal accountability, motivation for treatment, amenability to treatment, and the life factors of the offender (e.g., unstable living environments, financial problems, unemployment, social isolation, antisocial attitudes or behavior).

If an additional clinical assessment is required prior to determination of suitability for a DVOTI program, the Approved DVOTI Program will conduct the assessment or refer the domestic violence offender to an appropriately-trained and licensed professional for a Clinical Assessment prior to program acceptance.

If the Approved DVOTI Program determines that the domestic violence offender will not benefit from participation in the program, it shall notify the court or its officer of the determination, the reasons for the decision, and recommendations for alternative offender treatment (NMAC 8.8.7.10(A)). Approved DVOTI Providers shall not recommend alternative therapies such as couples counseling, anger management, or stress management in place of domestic violence offender treatment (NMAC 8.8.7.10(M)). Note: The criminal justice system, not the Approved DVOTI Provider, is responsible for making legal decisions regarding guilt or innocence, pleas, convictions, and sentencing. Approved Providers shall not render legal opinions or recommendations other than recommendations specified below.

Reasons for a determination that the domestic violence offender is unsuitable or would not benefit from participation in a DVOTI include:

- Documentable cognitive impairments or developmental disabilities sufficient to interfere with comprehension of treatment concepts;

⁸ CYFD and the DVOTI Stakeholder team have chosen the ODARA tool for statewide coordinated risk assessment. These scores are reported as part of CYFD's performance measure project with the UNM Evaluation Lab. The ODARA certification is currently provided through an online training and testing program. Contact the CYFD DV Unit for a free license to odara.waypointcentre.ca in order to complete the training and testing for certification.

- Documentable impairments in mental or physical functioning sufficient to interfere in the treatment due to chronic mental illness or chronic physical illness;
- Clinical evaluation as significantly psychopathic or unmanageable in the community, based on a history of repeated failures to benefit from treatment or repeated non-compliance with the criminal justice system's requirements;
- Collateral or additional information, which may include information from a survivor services advocate/program, that the offender acted out of fear and self-preservation in the current incident, as long as there is:
 1. No prior documented criminal history, excluding minor violations posing no threat to persons, animals, or property,
 2. No evidence of engaging in coercion, threat, intimidation, revenge, retaliation, control, or punishment towards the survivor in this case or any other relationship,
 3. The offender has an ODARA score that identifies them as low risk, and any identified ODARA risk factors do not indicate a need for domestic violence treatment in this case.

Maximum Billing

The Funded Provider may bill a maximum of 1.5 hours Pre-Intake Assessment for each new Program Participant.

Clinical Assessment

Billed as Clinical Assessment

A clinical evaluation of diagnosable co-occurring mental health or substance use issues by a licensed behavioral health professional. If clients are determined to have mental health needs, the program must offer/refer them for appropriate services and interventions. A Behavioral Health Assessment is permissible when it is directly related to an offender's intake assessment or re-offense prevention plan and agreed to by the client and program staff. Whenever possible, the clinical evaluation should be covered by Medicaid or private insurance.⁹

Program Participant Intake (Orientation and Contracting)

Billed as Program Participant Intake

Orientation

If the domestic violence offender is suitable for the DVOTI program participation, the Approved DVOTI Program will conduct a Program Participant Intake. During intake, they will give an overview of the DVOTI program, including the following information and disclosures:

1. The Approved DVOTI Program will hold the personally identifying information of program participants confidential, and will not disclose such information to third parties without the written consent of of the Program Participant, with the following exceptions:
 - a. Program Participants waive confidentiality to referring agencies and partners in a coordinated community response team under a formal agreement for program

⁹ If possible, may use clinical assessment from other approved providers

evaluation, treatment, supervision, and case management. This includes progress reports to referring agencies (e.g., probation officers, courts, and protective services).

- b. Program Participant waive confidentiality to the associated survivor of abuse, specifically concerning (1) the offender's compliance with DVOTI and (2) information about risk, threats, or possible escalation of violence. This waiver includes an associated advocate from a Domestic Violence Survivor Services program.
 - c. Program Participants waive confidentiality for purposes of program monitoring and evaluation to the CYFD and contracted research entities¹⁰.
2. The Provider's mandatory reporting policy, designed to protect survivors and children NMAC 8.8.7.10(H).
 3. DVOTI Program costs, including the sliding fee scale offered by the DVOTI Program.
 4. The Provider will report absences to any agencies or individuals responsible for the supervision of the Program Participant, the associated survivor, or their advocate.
 5. Grievance procedures should the offender have concerns regarding the Approved Provider or the program, including contact information for the CYFD DV Unit.
 6. The Provider's response plan for offenders in crisis.
 7. Information on community referral services and resources for 24-hour emergency calls and walk-ins.
 8. Reasons that the Provider would terminate the Program Participant from the DVOTI Program.
 9. Violations of Program Participant Contract will result in notification to persons responsible from the supervision of the Program Participant, law enforcement, the courts, or the survivor or survivor advocate as appropriate and may lead to termination from the program.
 10. A disclosure that the CYFD DV Unit may audit the Approved DVOTI Provider and their records for the new application and renewal process.

Program Participant Contract

Explain and ask the domestic violence offender to sign a written contract that sets forth:

1. Attendance and participation requirements;
2. Consequences for failure to attend or participate in the program;
3. Consequences of reoffending while in the program;
4. A confidentiality clause that prohibits disclosure of information revealed by others during DVOTI sessions;
5. A requirement that a domestic violence offender is not influenced by alcohol or drugs during a session.
(NMSA 34-15.2(D)(2);NMAC 8.8.7.10(B))
6. Program fees and requirement for the Program Participant to be responsible for financial responsibilities for program participation;
7. A requirement that the Program Participant:
 - a. Be free from all forms of domestic violence during the time in treatment;
 - b. Not violate criminal statutes or ordinances while in treatment;
 - c. Comply with existing court orders regarding treatment, orders of protection, child custody, family support, and firearms;

¹⁰ The current DVOTI program outcomes research is being conducted by the UNM Evaluation Lab is held confidential under and Institutional Research Board approval and oversight.

8. A release of information to share written and verbal communication with the survivor of record, any agencies or individuals responsible for the supervision of the Program Participant, the local Domestic Violence Survivor Services Provider, and the Children, Youth and Families Department for program evaluation.

Maximum Billing

The Funded Provider may bill a maximum of 1.5 hours Program Participant Intake for each new Program Participant.

Re-offense Prevention Plan

Included in group sessions or billed under Case Management

A Provider will create a Re-offense Prevention Plan (NMAC 8.8.7.10(I)) after completing the intake assessment process, either during the Program Participant Intake or within the first three (3) DVOTI group sessions. The individualized plan shall promote survivor and community safety while identifying treatment goals for the offender. The plan is a written plan for preventing abusive behaviors and developing healthy thoughts and behaviors.

Elements of a written re-offense prevention plan include:

- Any clinical goals identified in the intake evaluation
- Identification of signs of escalation of abuse
- Identification of alternative actions/behaviors to utilize when a situation is escalating
- Identification of resources a Program Participant can use for support

A re-offense prevention plan must be completed at intake and reviewed periodically while the offender is in the 52-week program, either during group sessions or additional individual review sessions with a DVOTI facilitator or manager. The Provider should review the plan with the Program Participant at least every 90 days, or when new risk factors to the Survivors, their dependents, or the community emerge. The Provider should revisit the plan a final time before the program participant completes the program. An updated copy of the plan should be kept in the Program Participant's file, and the Program Participant should have easy access to their copy of the plan,

DVOTI Group Sessions

Billed as Group Sessions

All Approved DVOTI Providers shall design programs, which consist of psycho-educational and cognitive-behavioral group approaches as their primary intervention. Adjunctive methods may be used but never substituted for the primary approach. Group sessions are 90-minutes, and program completion is defined as the completion of at least 52 group sessions (NMSA 34-15.2(D)(8), NMAC 8.8.7.10(K)). Groups are limited to Program Participants of the same gender (NMSA 34-15.2(D)(3), NMAC 8.8.7.10(D)), have a staff to client ratio of 1:12 (NMAC 8.8.7.10(L)), and are limited to a maximum of 20 Program Participants (NMAC 8.8.7.10(L)). When possible, groups should be limited to the specific sexual orientation and gender identity of Program Participants.

The design of a DVOTI program includes the following educational components (NMAC 8.8.7.10(I), NMSA 34-15.2(D)(5)):

1. Defines physical, emotional, sexual, economic, and verbal abuse and techniques for stopping those forms of abuse;
2. Examines gender roles, socialization, the nature of violence, the dynamics of power and control, and the effects of domestic violence on children;
3. Facilitates the offender acknowledging responsibility for abusive actions and consequences of actions;
4. Identifies and offers alternatives to the offender's belief system that facilitate abusive behaviors;
5. Increases the offender's empathic skills to enhance the ability to empathize with the survivor/victim;
6. Assures that the offender history of trauma never takes precedence over their responsibility to be accountable for violent behavior and potential offense, or be used as an excuse, rationalization, or distraction from being held accountable;
7. Educates the offender on the potential for reoffending and signs of abuse escalation;
8. Assists the offender in developing a written re-offense prevention plan;
9. Increases the offender's understanding of the impact of violence on adult intimate victims and children;
10. Educates the offender on the legal ramifications of their violence; and
11. Teaches the offender self-management techniques to avoid abusive behavior.

DVOTI Individual Sessions

Billed as Individual Sessions

The Provider may utilize individual sessions on a time-limited, case by case basis if they can demonstrate to CYFD an appropriate need for this approach, such as crisis intervention, initial stabilization, or to address severe denial at the beginning of participation in DVOTI. If individual sessions are the only form of providing DVOTI to a program participant, it shall be for exceptional¹¹ circumstances and approved by CYFD. The Approved Provider shall document these exceptional circumstances and the CYFD consultation notes in the Program Participant's case file.

Case Management

Bill Case management activities as "Case Management."

Reporting

Case management includes providing written monthly reports to the presiding judge or the Program Participant's probation or parole officer (NMSA 34-15.2(D)(7), NMAC 8.8.7.10(J)), or any other person responsible for the supervision of the Program Participant. These reports must include:

1. Proof of the domestic violence offender's enrollment in the program;
2. Progress reports that address the domestic violence offender's attendance, fee payments, and compliance with other program requirements; and

¹¹ "Exceptional" circumstances are those where a program participant cannot be served in a group setting by the Provider or a partner agency, but the goals of offender treatment are likely to be met through individual sessions.

3. Evaluations of progress made by the domestic violence offender and recommendations as to whether or not to require the offender's further participation in the program (see Progress Assessment below).

Ongoing Risk Assessment

Approved DVOTI Providers shall ensure ongoing risk assessment of all Program Participants (NMAC 8.8.7.10(G)). Providers should update the ODARA score when new risk factors emerge and immediately communicate new risk factors to the presiding judge, the Program Participant's probation or parole officer, or any other person responsible for the supervision of the Program Participant. The program will warn potential victims or survivor advocates of threats of imminent harm (NMAC 8.8.7.10(H)). New risk factors must be addressed in the Program Participant's Re-offense Prevention Plan.

Progress Assessment

The Approved DVOTI Provider may assess the progress of the Program Participant according to the following competencies¹² and are encouraged to include relevant elements of assessment in monthly reports:

1. Commitment to the elimination of abusive behavior;
2. Demonstration of change by actively working on their re-offense prevention plan;
3. Completion of a comprehensive re-offense prevention plan;
4. Development of empathy;
5. Acceptance of full responsibility for the offense and abusive history;
6. Recognition that abusive behavior is unacceptable;
7. Identification and progressive reduction of a pattern of power and control behaviors;
8. Acceptance of responsibility for consequences of abusive behaviors, active work to repair harm and prevent future abusive behavior;
9. Acceptance that their behavior has and should have consequences;
10. Active participation and cooperation with treatment;
11. Ability to define the many types of domestic violence, including psychological, emotional, sexual, and physical abuse;
12. Understanding, identification, and management of their personal pattern of violence;
13. Understanding of the intergenerational effect of violence;
14. Appropriate communication skills;
15. Recognition of financial abuse and management of financial responsibility;
16. Elimination of all forms of violence and abuse;
17. Identification of cognitive distortions that play a role in the violence.

Referral

Case management may include referral to and coordination with behavioral health services or other community resources, as long as it relates to the Program Participant's Re-offense Prevention Plan.

¹² These competencies are derived from Colorado standards, which can be found at: <https://dcj.colorado.gov/dcj-offices/domestic-violence-and-sex-offender-management/dvomb-standards-approved-revisions>

Maximum Billing

The Funded Provider may bill a maximum of 1.5 hours per month times the number of active¹³ Program Participants. The hours may be more than 1.5 hours for a specific program participant who needs additional support during a specific time period, as long as the total hours billed do not exceed the maximum allowable hours for the program overall. Example: There are 20 active program participants in August. The maximum hours the Provider may bill for Case Management in August is 30 hours. One participant has a crisis situation that requires 6 hours of coordination with other community services. The 19 other participants average an hour each for a total of 25 hours. As the total case management hours do not exceed the maximum, the provider may bill the full 25 hours of case management for the month.

Coordinated Community Response

Billed as Coordinated Community Response (CCR) Activities

Establishing or participating in coordinated community response. Activities include:

- Establishing formal agreements (e.g., Memorandum of Understanding) with courts, prosecution, law enforcement, and survivor service agencies to coordinate services around DVOTI Program Participants;
- Establishing data systems to share and coordinate information about domestic violence offenders in a community; or
- Participating in regular CCR meetings to review individual cases and system coordination around those Program Participants.

Community Services

Billed as Community Service

Approved DVOTI Programs are encouraged to provide the following services to the community:

- Community education to inform the service region of the availability of DVOTI services
- Awareness and education to make known the impact of domestic and dating violence
- Prevention activities to reduce the incidence of domestic and dating violence
- Cooperative efforts to increase coordination and avoid duplication of services
- Participation in existing multidisciplinary teams in the community
- Training and technical assistance to offer subject-matter expertise
- Collaborative efforts to improve coordination among community partners

Innovative Services

Rate to be negotiated with CYFD

¹³ “Active” means that the program participant received services during the billing period, such as attending a group session. It does not include participants who have an “open file” but did not interact with the provider program during the billing period.

Approved DVOTI Providers may ask CYFD to create innovative projects as part of their DVOTI program, including a related innovative billable fee. Proposals must include a description of the innovative service, proposed fee, and expected utilization. If approved, CYFD will include the Innovative Service in the Approved DVOTI Program's Scope of Work.

Supervision

Billed as New Facilitator Supervision

DVOTI facilitators with five (5) years of experience may provide and bill for supervision to new facilitators during the new facilitator's first year of DVOTI facilitation. The new facilitator can be from another Approved DVOTI Program. To bill for supervision, the supervisor must keep and record the supervision to the new facilitator, including issues discussed and areas for growth. Supervision is limited to once per month for each supervised facilitator.

VI. Program Approval Process

Approval of DVOTI Programs

A. Applications

1. DVOTI providers that wish to be included in the approved DVOTI program list must comply with the application and renewal procedures set forth in NMAC 8.8.7.9(B).
2. Approval is based upon the Provider's submission of a formal application to the Children, Youth and Families Department demonstrating the operation of a functioning program that uses evidence-based techniques and effectively serves the target population (NMAC 8.8.7.8(A)).
3. Application packets for inclusion in the annual approved DVOTI program list will be available from the Children, Youth and Families Department (NMAC 8.8.7.11). Applications will be available no later than November 1 of each year by CYFD.

B. Application Evaluation

1. The CYFD DV Unit will evaluate applications for approval (NMAC 8.8.7.12).
2. The evaluation process may include evaluating prior years' performance and whether or not concerns from previous years have been satisfactorily addressed and corrected (NMAC 8.8.7.12).
3. The evaluation process may include feedback from local courts and DVOTI program participants (NMAC 8.8.7.12).
4. The department shall seek to identify providers who can provide approved DVOTI treatment at locations within a reasonable commute for all geographic areas within the State. However, all approved DVOTI programs must satisfy the minimum criteria (NMAC 8.8.7.12).
5. The evaluation shall not include any preference based on the Provider's current or prior contractual agreements with the department, nor absence thereof (NMAC 8.8.7.12).
6. In approving a Provider, the department may rely partly upon its knowledge of services the Provider has supplied, whether under contract with the department or otherwise (NMAC 8.8.7.8(B)), including the Provider's:
 - a Use of and fidelity to a recognized curriculum, including initial and ongoing training in the curriculum;
 - b Staff training and supervision practices;
 - c Participation with the State's wider DVOTI community, including involvement with the New Mexico Coalition Against Domestic Violence or Coalition to Stop Violence Against Native Women;
 - d Community service efforts;
 - e Relationships with courts, probation, domestic violence service providers, and child welfare systems;

- f Efforts to establish, coordinate, or participate in a coordinated community response effort in their local jurisdiction.

C. Notification (NMAC 8.8.7.13)

1. The department shall notify DVOTI program applicants whether they will be included on the annual approved DVOTI program list. If the Provider is not selected, the notification shall state the reasons for non-selection.
2. A DVOTI program whose application was not selected for inclusion on the annual approved DVOTI program list may re-apply for inclusion after correcting the deficiencies identified by the department. The program must establish that the reasons for non-selection have been satisfactorily corrected.
3. The department will evaluate re-submitted applications as promptly as possible; however, staffing priority will be given to the evaluation and maintenance of programs already identified on the current DVOTI provider list.

D. Approved DVOTI Provider list distribution

1. The department shall distribute the approved DVOTI program list annually on or about January 1 to sentencing courts/tribunals, public defenders, district attorneys, DVOTI providers, and other interested parties (NMAC 8.8.7.14; NMAC 8.8.7.9(A)).
2. The department shall promptly update the approved DVOTI program list to identify newly approved providers and providers who have been removed from the list (NMAC 8.8.7.14; NMAC 8.8.7.8(C)).
3. The approved DVOTI provider list, as updated, shall be available on the department's website: www.cyfd.org (NMAC 8.8.7.14).

Funding for Approved DVOTI Programs

A. Funding Year and Qualifications

1. Funding for Approved DVOTI Programs is available through the DVOTI Fund and other State and Federal funding allocated by CYFD each year.
2. Funding is limited to Approved DVOTI Programs.
3. Funding for Approved DVOTI Programs is available during the State Fiscal Year (July through June). New programs, approved in January, may be eligible for funding beginning the following July.
4. Funded programs which CYFD delists during the State Fiscal Year will only be eligible for billing through the date of such delisting.

B. Funding Application Evaluation

1. Approved DVOTI Programs will be eligible to complete an application for a funding allocation.
2. CYFD will evaluate funding application eligibility on the same standards as determinations for program approval, plus:
 - a Adherence to administrative and fiscal standards as outlined in these standards;

- b Coordination with other sources of funding, such as Medicaid billing;
- c Sufficient training and supervision of DVOTI facilitators;
- d Use and adherence to an established curriculum, including ongoing training, supervision, and support.

3. Funding Allocations will be determined using the following factors:

- a Availability of funding for DVOTI services;
- b Priorities identified in State needs assessment and current State Plan;
- c Previous service levels and billing;
- d Provider performance during prior periods;
- e The ability of Provider to bill other sources;
- f Relative needs of jurisdiction in which the Provider operates for DVOTI group capacity when compared to other jurisdictions;
- g Cost of Provider's services when compared to other providers, including the efficiency of services;
- h The increased expense of providing services in rural areas;
- i Maintaining the stability of Providers (e.g., consideration will be given to maintaining allocations for previously-funded providers in good standing);

C. Funding Notification and Process

- 1. Programs will receive written notice of initial funding allocations.
- 2. Funds are made available through CYFD's Administrative Services Organization (ASO).
- 3. Funded providers must complete a contract with the ASO, including a Scope of Work negotiated with the CYFD DV Unit.

D. Funding Re-allocation

- 1. The CYFD DV Unit may adjust allocations throughout the year based on changes to the availability of funding and projected surplus/shortfalls among all funded DVOTI programs.
- 2. The CYFD DV Unit will provide thirty (30) days' notice before reducing a funding allocation.
- 3. The Funded Program may submit a written appeal to the CYFD DV Unit, with justification for how remaining allocations may be spent within fifteen (15) days of notification.
- 4. The CYFD DV Unit will make a final determination in writing to the Funded DVOTI Program.

VII. DVOTI Program Monitoring and Compliance

A. Monitoring of Approved DVOTI Programs

1. The department shall conduct ongoing monitoring of approved DVOTI programs (NMAC 8.8.7.16).
2. Approved DVOTI programs must allow the department to conduct site visits during regular business hours to determine compliance with approved criteria (NMAC 8.8.7.16). The site visit may include site reviews of implementation of administrative and program policies and procedures, staff interviews, case file reviews, program observation, community interviews or requests for comments, and direct observation of program activities, both in-person or through virtual platforms.
3. The CYFD DV Unit will provide Funded Programs with notice of planned monitoring efforts. Monitoring may occur at regular intervals or random periods if the CYFD DV Unit is aware of programmatic or operational changes at a funded program that may impact performance, effectiveness, or compliance.
4. The department shall establish a schedule by which it will conduct full site visits. In no event shall site visits be conducted less than once during any two years (NMAC 8.8.7.16).
5. Approved providers will be required to report and verify alternative offender treatment or intervention (NMAC 8.8.7.16).
6. Approved DVOTI providers must maintain data and records as required by the department (NMAC 8.8.7.16).
7. Judges, district attorneys, public defenders, other court personnel, domestic violence offenders, their attorneys and families, survivor advocates, and domestic violence service providers will be encouraged to provide feedback regarding the efficacy of approved DVOTI programs, programs, and programs the department (NMAC 8.8.7.16).

B. Upon conclusion of a monitoring effort, the CYFD DV Unit may require approved DVOTI providers to take corrective action in response to the department's ongoing monitoring and evaluation of feedback and complaints (NMAC 8.8.7.16). The CYFD DV Unit will provide Funded Programs with a written report containing the following items:

1. The areas the CYFD DV Unit reviewed during the monitoring activity;
2. Recommendations for the funded program to make improvements to programmatic services or operations;
3. Areas of non-compliance with CYFD standards, contract for funding, or state or federal requirements; and,
4. A required timeline for attaining compliance with areas of non-compliance.

C. Funded programs may request an extension of the timeline for attaining compliance.

D. Failure to implement corrective action may result in delisting (NMAC 8.8.7.16) and a cancellation of any contract.

- E. A program that CYFD removes involuntarily from the annually-approved DVOTI provider list and which wishes to appeal its removal must request an administrative hearing within ten business days of receipt of the notice of removal. An appeal hearing shall be conducted by an administrative hearing officer appointed by the department secretary in the manner prescribed by 8.8.4 NMAC (NMAC 8.8.7.17(B)).

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VIII. Reporting Requirements

- A. All Approved DVOTI Programs are required to participate in the multi-year DVOTI outcomes project with the UNM Evaluation Lab, which includes encrypted submission of a listing of all DVOTI Program Participants, their ODARA score, and various information about program participation each January for the previous calendar year.
- B. All Funded DVOTI Programs shall submit regular reports to the CYFD DV Unit according to contract requirements to minimally include, but not be limited to, monthly data required by the CYFD DV Unit.

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IX. Complaints

Service Complaints

- A. The CYFD DV Unit will hear and record complaints from concerned citizens, Program Participants of Approved DVOTI Programs, employees or volunteers of Funded Programs, and other concerned parties regarding potential violations of the program requirements in these DVOTI Project Standards.
- B. The CYFD DV Unit will use the following process to follow up on a complaint:
 1. The CYFD DV Unit will contact the person making a complaint to gather and record information about the complaint, including sharing their identity.
 2. The CYFD DV Unit may schedule a meeting in person or over the phone with other involved parties.
 3. If the complaint warrants further action, the CYFD DV Unit will notify the Funded Program's chief executive/top manager or representative of the Funded Program's board of directors, advisory board, or other governing body of the complaint and any pertinent details.
 4. The CYFD DV Unit may request that the Funded Program's chief executive/manager investigate the concerns/complaint. If the complaint is about the chief executive/manager, the CYFD DV Unit may request that the board of directors, advisory board, or other governing body initiate an investigation.
 5. The Funded Program shall submit a written response upon a deadline set by the CYFD DV Unit explaining the results of any internal investigation and how they addressed or intend to address the complaint.
 6. Depending on the nature of the complaint, the CYFD DV Unit may investigate, request redacted files, conduct interviews with related parties, review the agency's policies and procedures, or request alternative dispute resolution.
 7. The CYFD DV Unit will issue a final letter or report with the results of any investigation within fourteen (14) business days of the Funded Program's response. The letter or report will include suggested steps to remedy the complaint and address non-compliance with minimum project standards, along with timelines.

Provider Complaints

- A. The CYFD DV Unit will hear and record complaints from Funded Programs concerning administrative duties and activities outside of funding.
- B. The following process should be followed to address a complaint by a funded provider:
 1. The Provider should first contact their CYFD DV Unit Program Monitor to address the complaint. If the complaint is about the Program Monitor and has been discussed, the DV Unit Manager should be contacted.
 2. The CYFD DV Unit Manager may schedule a meeting in person or over the phone with involved parties.

3. If the Provider is not satisfied with the outcome of the meeting with the CYFD DV Unit Manager, the complaint may be elevated to the supervising manager of the DV Unit.
4. Depending on the nature of the complaint, CYFD may be required to investigate, conduct interviews with related parties, and review CYFD policies and procedures.
5. If the complaint warrants further action, the supervising manager will forward the complaint to the CYFD Behavioral Health Leadership Team.
6. CYFD Behavioral Health Division will issue a final letter or report with the results of any investigation, any suggested steps to remedy the complaint.

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X. Operations and Administrative Standards

Purpose of Operations and Administrative Standards

- A. These standards serve as minimum operations and administrative requirements for Approved DVOTI Providers. Standards that only apply to Funded DVOTI Program are noted as such. Programs that currently receive CYFD funding shall adhere to these standards to maintain the CYFD DV Unit funding.
- B. Domestic violence service providers that currently do not receive CYFD funding may use these standards to begin the process of establishing programs.
- C. All policies shall be written and approved according to the funded program's internal policy approval process.
- D. If a portion of these standards conflicts with the contract signed by the Funded Program and CYFD's Administrative Services Organization (ASO), the ASO contract will establish the rule.

Board of Directors, Advisory Board, or Governing Body Requirements

- A. Governing bodies of corporate or governmental organizations who are Approved DVOTI Providers shall ensure they have current bylaws that include:
 - 1. Membership (types, qualification, rights, duties);
 - 2. Size of Board of Directors;
 - 3. Method of selection and removal;
 - 4. Duties and Responsibilities of Officers;
 - 5. Committees;
 - 6. Quorums;
 - 7. Recording of minutes;
 - 8. Procedure for amending bylaws.
- B. Governing bodies shall keep a permanent record of all governing body meetings. Minutes of the governing body meetings must record the decisions made and actions taken accurately. These minutes shall include, but not be limited to, meeting date, names of members attending and not attending, topics discussed, decisions reached, actions taken, and attachment of any documents referenced. Board minutes shall be signed and approved by an officer of the governing body.
- C. Governing bodies shall make every effort to recruit and maintain a membership that:
 - 1. Resides in the community or region to be served;
 - 2. Reflects the racial, ethnic, economic, and social composition of the community or region to be served, including former clients of the program and persons who have experienced domestic violence;
 - 3. Includes skills and knowledge sufficient to provide competent oversight of a domestic violence survivor services organization; and
 - 4. Is sufficiently trained regarding the roles and responsibilities of board membership.

- D. The governing body's fiduciary responsibilities include:
1. Keeping financial records of the organization;
 2. Preparing accurate and meaningful financial statements;
 3. Preparing budgets and anticipating financial problems;
 4. Safeguarding and managing the organization's financial assets;
 5. Complying with federal and state reporting requirements.
- E. Governing bodies shall ensure that the funded entity maintains all the legal requirements of the governmental jurisdiction in which the organization is located¹⁴.
- F. The governing body shall ensure that the organization complies with applicable legal requirements and regulations of all governmental and legally authorized agencies under whose authorities it operates. These include but are not limited to nondiscrimination¹⁵, lobbying¹⁶, unemployment insurance, and the Americans with Disabilities Act.
- G. The governing body shall ensure that the organization is headed by a director, who is responsible for the daily operation of the Funded Program through decision-making, authorization of expenditures, and the implementation of board-approved policies and procedures.
- H. The organization shall not employ a person related to a governing body member by consanguinity or affinity within the third degree. This includes, but is not limited to, spouse, mother, father, brother, sister, grandparents, aunt, uncle, niece, nephew, first cousins, mother-in-law, father-in-law, brother-in-law, or sister-in-law.

Organizational and Program Policy Requirements

- A. The governing body or owner will ensure that the following written operations and administrative policies are approved, dated, and implemented:
1. **Code of Conduct policy** that includes annual review and disclosure of any employee, board member, or subcontractor that may have a conflict of interest or conviction of a misdemeanor or felony, had a judgment withheld or deferred, or are presently charged with committing a misdemeanor or felony.
 2. Written **personnel policies** for employees and volunteers that are reviewed annually to include minimally:
 - a Ethics policy regarding employee-client relationships and professional conduct;
 - b Equal employment opportunity hiring policy;

¹⁴ For example, a nonprofit corporation's board shall file articles of incorporation and all other required documentation with the Secretary of State, update the Registered Agent upon any change, file annual and supplemental reports with the Secretary of State and Attorney General as required, and file annual returns with the Internal Revenue Service.

¹⁵ Including but not limited to 5 CFR part 80, 45 CFR part 84, 45 CFR part 86, 45 CFR part 91

¹⁶ Including but not limited to 45 CFR part 93

- c Compliance with the Fair Labor Standards Act;
 - d Whistleblower policy;
 - e Harassment-free workplace policy;
 - f Employee grievance policy;
 - g Background check policy that complies with §8.8.3.1 through §8.8.3.17 NMAC;
 - h Drug-free workplace; and,
 - i Annual performance reviews of employees
 - j A policy that the time needed for required new advocate and continuing advocate training is compensated for as part of each employee's salary/wages.
3. **Confidentiality policies** to safeguard the confidentiality of communications, records, and personally-identifying information of Program Participants and related survivors of domestic violence. Confidentiality policies should include procedures for:
- a Sharing information with referring agencies, entities that have formal oversight of Program Participants, and partners in a Coordinated Community Response effort under a formal agreement;
 - b Sharing information with the associated survivor(s) of abuse and their advocates, specifically concerning (1) the offender's compliance with DVOTI and (2) information about risk, threats, or possible escalation of violence.
 - c Sharing information for purposes of program monitoring and evaluation with the CYFD and CYFD-contracted research entities¹⁷.
 - d Minimal information and record-keeping of associated survivors of domestic violence¹⁸.
 - e Making mandatory reports of known or suspected child maltreatment per 32A-4-3 NMSA.
 - f Responding to a Program Participant requests for release of information to a third party.
 - g For Approved Providers that also house CYFD-funded Survivor Services projects, policies to ensure DVOTI project staff are either restricted from the confidential records of Survivors and their dependents or have passed a CYFD background check.
4. **Equal access** to services for those with limited English proficiency;
5. (Funded DVOTI Programs only) **Fiscal policies and procedures** following generally accepted accounting principles that are sufficient assurances to protect against theft or embezzlement, including:
- a Handling of cash/checks;
 - b Handling of voided checks;

¹⁷ The current DVOTI program outcomes research is being conducted by the UNM Evaluation Lab is held confidential under and Institutional Research Board approval and oversight.

¹⁸ The DVOTI program should keep minimal information on related survivors and their dependents, and should ensure that any such records minimize risk to survivor reputation should they be subpoenaed.

- c Authorized check signatures;
 - d Bank reconciliations;
 - e Separation of duties;
 - f Accounting system;
 - g Travel;
 - h Accounting policies for donations.
 - i Conflict of Interest Policy;
6. Additional policies to meet the minimum standards for specific services, as detailed below.

General Operations and Administrative Requirements

- A. Approved DVOTI Programs will have an owner or director responsible for the daily operation of the Funded Program through decision-making, authorization of expenditures, and the implementation of board-approved policies and procedures.
- B. Approved DVITO Programs shall have a current and dated organization chart that accurately reflects the organization's staff structure of authority, responsibility, and accountability. The organizational chart must illustrate the relationship of each position or department to all other positions or departments within the organization.
- C. Approved DVOTI Programs should be located, constructed, equipped, and operated to promote the efficient and effective conduct of the Funded Project's programs. Physical facilities must protect the health and safety of the staff and persons served, comply with the Americans with Disabilities Act (ADA), and comply with the Drug-Free Workplace Act of 1988. Physical facilities must have satisfactory fire safety inspection report completed annually by the local fire authority and documentation of a certificate of occupancy under local zoning, if applicable.

Critical Incident Reporting

- A. Approved DVOTI Providers shall inform the CYFD BHS DV Unit of **critical incidents** impacting the Funded Project's ability to:
 - 1. Meet contractual obligations,
 - 2. Comply with minimum program standards,
 - 3. Provide safe services for clients,
 - 4. Maintain safe operations of the program¹⁹, or
 - 5. Sustain prudent financial stewardship of resources.

¹⁹ During the COVID-19 Public Health Emergency, positive identification of COVID-19 infection of staff or residents is considered a critical incident. CYFD BHS requests but does not require immediate notification of infections.

- B. If the Approved DVOTI Program is unsure whether an incident requires making a critical incident report, they are strongly encouraged to consult with their CYFD BHS DV Program Specialist or the CYFD BHS DV Unit Manager.
- C. Critical Incident reports shall be made within 72 hours of the incident to their CYFD BHS DV Specialist and include actions taken or planned to verify or resolve the issue.

Fiscal Policy Requirements

- A. All Funded DVOTI Programs shall:
 - 1. Demonstrate sound fiscal management as evidenced by written fiscal policies and procedures under generally accepted accounting principles that protect against theft or embezzlement.
 - 2. Submit an annual independent financial audit or review to CYFD or CYFD's designated Administrative Services Organization within six (6) months of the funded program's fiscal year-end.
 - 3. Complete State and Federal payroll tax forms in full and ensure payroll taxes are paid within the required time frame.
 - 4. Maintain three (3) years of detailed accounting and billing records, which indicate the date, time, and nature of services rendered, documents relating to the CYFD BHS Scope of Work, and all operating financial documentation which shall be subject to inspection by CYFD BHS and if applicable, the New Mexico State Auditor or their designee.
 - 5. Maintain the following books of record:
 - a Chart of Accounts
 - b General Ledger
 - c Cash Receipts and Cash Disbursements Journals
 - d General Journal of adjusting entries, correcting entries, accrual entries, and cost allocation entries if not provided for in cash journals.
 - e Subsidiary ledgers, if applicable to the organization.
 - f Payroll journals and employee earnings records.

Insurance

- A. All Funded DVOTI Programs shall:
 - 1. Obtain and maintain an Employee Dishonesty Policy covering the activities of the Funded Project under a CYFD BHS Scope of Work in the amount of no less than 25% of the total (cumulative) dollar amount of the CYFD Allocation.
 - 2. Obtain and maintain a general and professional liability insurance policy issued by an insurance company licensed to do business in the State of New Mexico. The policy shall include liability insurance coverage provided in the amount of at least one hundred thousand dollars (\$100,000) for damage to or destruction of property arising out of a single occurrence; three hundred thousand dollars (\$300,000) to any person for any number of claims arising out of a

single event for all damages other than property damage; or five hundred thousand dollars (\$500,000) for all claims arising out of a single occurrence. The Funded Project shall secure the policy within thirty (30) days of the effective date CYFD BHS Scope of Work.

3. Name the Children, Youth and Families Department as an "Additional Insured" with the Funded Project's liability insurance carrier. A copy of the Contractor's "Certificate of Liability Insurance" proving compliance with all the above insurance requirements must be available upon request.

Personnel Administration

All Approved DVOTI Programs shall have the following duties and responsibilities related to personnel and volunteer requirements:

- A. Written job descriptions for employees to minimally include:
 1. Job title;
 2. Salary range;
 3. Duties;
 4. Duties of the positions;
 5. Required minimum experience;
 6. Required minimum training;
 7. Required minimum education.
- B. Staff serving as licensed or unlicensed counselors or social workers shall maintain appropriate licensure as required by law and registration with the New Mexico regulatory agencies;
- C. The director shall ensure a current, accurate, and confidential personnel record for each paid and direct service volunteer or employee. All employee and volunteer records must be kept in a locked file to ensure confidentiality. A personnel record on each volunteer or employee shall contain, at a minimum;
 1. Job description;
 2. Resume and application of employment;
 3. Documentation of reference letters;
 4. Verification of legal status to be eligible to work in the United States;
 5. Background checks and results of employment investigation;
 6. Completion of a CYFD Background Check before the commencement of employment for any employee who has direct care responsibilities or potential unsupervised physical access to children or their records (§8.8.3.10 NMAC).
 7. Completion of performance reviews by direct supervisor;
 8. Current wage rate and benefits;
 9. Job performance evaluation;

10. Incident reports;
11. Commendations or disciplinary actions (if any).
12. Current, valid driver's license and proof of insurance if using a personal or Funded Project-owned vehicle to conduct business; and,
13. Complete training records during employment.

D. DVOTI Facilitator qualifications:

1. For all DVOTI program staff who bill for services or facilitate DVOTI groups without a fully qualified co-facilitator:
 - a Completion of the Ontario Domestic Assault Risk Assessment (ODARA) Training Program and complete the ODARA certification²⁰.
 - b At least 40 hours of training which includes the dynamics of domestic violence, tactics of abuse, the effects of domestic violence on victims and their children, the relationship between domestic violence and substance abuse, best practices in performing ongoing danger assessments, state and federal laws against domestic violence, cultural diversity, group facilitation skills, and best practices for working with offenders (NMAC 8.8.7.10(N))²¹;
 - c Eight (8) hours of CYFD-approved annual retraining on advanced issues related to offender treatment and intervention (NMAC 8.8.7.10(N));
 - d A demonstrated work history with domestic violence offenders;
 - e A demonstrated ability to coach, mentor, and model positive work relationships for staff and Program Participants;
 - f An ability to effectively communicate verbally and in writing;
2. For staff providing DVOTI group facilitation, all of the above plus:
 - a A minimum Master's degree in a human services related field or Bachelor's degree with one (1) year experience in a human services related field OR High School/GED diploma with five (5) years relevant experience and appropriate training and have one (1) year experience in conducting interviews and writing assessments.
 - b Specific and sufficient training in offender treatment and intervention, including the specific curriculum/curricula in use by the program.

²⁰ Contact the CYFD DV Unit for a free license to complete the ODARA training and certification program.

²¹ The CYFD DV Unit recommends completion of the free online Victim Assistance Training from the Office for Victims of Crime Training & Technical Assistance Center (https://www.ovcttac.gov/views/TrainingMaterials/dspOnline_VATOnline.cfm), in addition to specific DVOTI training offered by the New Mexico Coalition Against Domestic Violence and/or the Coalition to stop Violence Against Native Women.

- c Minimally, observation of a group by a seasoned facilitator with five or more years of experience (NMAC 8.8.7.10(N))²². This observation can be with an experienced facilitator in the Approved Program or another Approved DVOTI Program in the State of New Mexico.
3. For staff providing clinical assessments, the qualifications in (D)(1) above plus:
- a Duly licensed and abide by accepted and professional best practice and ethical standards;
 - b Provision of assessment following the State licensing provisions governing each licensed staff which includes appropriate and required staff supervision
 - c If the focus of clinical assessment is 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.
 - d Demonstrated ability to conduct therapeutic assessments and make necessary referrals for the client to other behavioral health providers.
 - e Completion of annual training and continuing education following the respective licensing act/board requirements and documented in each personnel file.

DVOTI Program Requirements

- A. The Approved DVOTI Program will have written and approved²³ program policies that, at a minimum, include the following:
- 1. The goals of the DVOTI Program focus on the cessation of abuse or violence, whether physical or non-physical, and that is mindful of the safety of the victim, current partner, and children NMAC 8.8.7.10(F)
 - 2. A written policy requiring a duty to warn potential victims of threats of imminent harm and other mandatory reporting requirements designed to protect victim, potential victims, and children NMAC 8.8.7.10(H)
 - 3. A policy and procedure for the ongoing assessing for danger during the time the Program Participant is enrolled in the program NMAC 8.8.7.10(G), including notification of people responsible for the supervision of the Program Participant.
 - 4. Individual sessions to address crisis management or case management issues will not replace group sessions (NMAC 8.8.7.10(K));
 - 5. Marriage counseling, family therapy, and counseling for couples shall not be a component of an approved domestic violence offender treatment or intervention program (NMAC 8.8.7.10(M));
 - 6. For DVOTI Group Sessions

²² Given the complexity and challenges of working with domestic violence offenders, the CYFD DV Unit highly recommends a significant period of observation and supervision with an experienced facilitator, as part of the training of a new DVOTI group facilitator.

²³ If the Provider is a nonprofit or has a governing body, policies must be approved by the governing body.

- a The DVOTI program must consist of at least 52 weeks of group sessions lasting no less than ninety (90) minutes each;
 - b DVOTI groups must maintain a staff to client ratio of 1:12 with the group size limited to no more than 20 NMAC 8.8.7.10(L)
 - c A domestic violence offender shall not be under the influence of alcohol or drugs during a treatment session;
 - d Offenders under the age of 18 may be enrolled in intervention groups so long as they are separate from adult groups NMAC 8.8.7.10(E);
 - e Group sessions are limited to members of the same gender NMSA 34-15.2(D)(3);
 - f Group sessions must be strictly limited to domestic violence offenders and cannot include other classes of offenders. ; NMAC 8.8.7.10(P)
7. The DVOTI Program must include an education component (NMAC 8.8.7.10(I)) for treatment and intervention that:
- a defines physical, emotional, sexual, economic, and verbal abuse and techniques for stopping those forms of abuse;
 - b examines gender roles, socialization, the nature of violence, the dynamics of power and control, and the effects of domestic violence on children;
 - c facilitates the offender acknowledging responsibility for abusive actions and consequences of actions;
 - d identifies and offers alternatives to the offender's belief system that facilitates abusive behaviors;
 - e increases the offender's empathic skills to enhance their ability to empathize with the survivor/victim;
 - f assures that the offender history of trauma never takes precedence over their responsibility to be accountable for violent behavior and potential offense, or be used as an excuse, rationalization, or distraction from being held accountable;
 - g educates the offender on the potential for reoffending and signs of abuse escalation;
 - h assists the offender in developing a written re-offense prevention plan;
 - i increases the offender's understanding of the impact of violence on adult intimate victims and children;
 - j educates the offender on the legal ramifications of their violence; and
 - k teaches the offender self-management techniques to avoid abusive behavior.
8. Each DVOTI Program shall make a good faith effort to establish a cooperative working relationship with a local domestic violence victim services provider. The DVOTI participates to the extent possible in the local coordinated community response team working to reduce domestic violence NMAC 8.8.7.10(O).

XI. References

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