

**CHILDREN YOUTH AND FAMILIES DEPARTMENT**  
**APPLICATION FOR DOMESTIC VIOLENCE OFFENDER TREATMENT/INTERVENTION**  
**PROGRAM PROVIDER APPROVAL**

<b>Agency Name</b>	<b>Doing Business As</b>	<b>NM Tax ID#</b>
<b>Contact Person Name</b>	<b>Physical Address</b>	<b>Mailing Address</b>
<b>Telephone Number</b>	<b>Email Address</b>	<b>Fax Number</b>
<b>Geographic Area Served</b>	<b>Insurance Carrier</b>	<b>Type of Insurance: Liability/Business</b>

**Site Address** (List each separately, if more than one)

- 1.
- 2.
- 3.
- 4.

List of staff*	Qualifications (Licensure/Degree/Experience & 40 hour core DV training)
1.	<b>40 hour core training complete</b> Yes    No
2.	<b>40 hour core training complete</b> Yes    No
3.	<b>40 hour core training complete</b> Yes    No
4.	<b>40 hour core training complete</b> Yes    No
5.	<b>40 hour core training complete</b> Yes    No

**\*Please list only DVOTI staff & clearly identify which staff are DV group facilitators**

**Description of Services**

<b>Type of offender program</b>	<input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Both
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**Does your program require an initial assessment to determine if a domestic violence offender will benefit from participation in the program?**    Yes    No

*Please attach a copy of your assessment, If applicable.*

**Does your program have a policy in place for notification to courts if a determination is made that an offender will not benefit from the program?** Yes No

**Provide recommendations to the court for alternative offender treatment?** Yes No

*Please attach a copy of the policy and list of recommended alternative treatment providers, if applicable.*

Does your program have a written contract which must be signed by the domestic violence offender, that sets forth:

1. **Attendance and participation requirements.**  
Yes No
2. **Consequences for failure to attend or participate in the program.**  
Yes No
3. **Consequences of reoffending while enrolled in the program.**  
Yes No
4. **A confidentiality clause that prohibits disclosure of information revealed during sessions, except as provided for by law.**  
Yes No
5. **A requirement that a domestic violence offender not be under the influence of alcohol or drugs during a treatment session.**  
Yes No

*Please attach a copy of your contract, if applicable.*

**Does your program have strategies to hold domestic violence offenders accountable for their violent behavior?** Yes No

*Please attach a description of your strategies.*

**Are participants in group discussions limited to members of the same gender?** Yes No

*Please attach a copy of your policy.*

**Does your program offer intervention groups for offenders under the age of 18?** Yes No

**Are they separate from adult groups?** Yes No

*Please attach a copy of your Policy.*

**Do group and individual goals focus on the cessation of abuse or violence that is physical and non-physical and that is mindful of the safety of the victim, current partner and children?** Yes No

*Please attach a description of how the program addresses these goals.*

**Does your program have an ongoing process of assessing for danger during the time the offender is enrolled in the program?** Yes No

*Please attach a copy of your assessment and provide a description of program's ongoing process, if applicable.*

**Does your program have 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?**

Yes No

**What is your program's policy regarding victim contact?**

*Please attach a copy of the programs duty to warn and victim contact policy, if applicable.*

**Does your education component for group and individual treatment:**

1. **Define physical, emotional, sexual, economic and verbal abuse and techniques for stopping those forms of abuse.**  
Yes No
2. **Examine gender roles, socialization, the nature of violence, the dynamics of power and control and the effects of domestic violence on children.**  
Yes No
3. **Facilitate the offender acknowledging responsibility for abusive actions and consequences of those actions?**  
Yes No

**Please provide a detailed description of how your program addresses each of these educational components:**

1. Identifying and offering alternatives to the offender's belief system that facilitate abusive behaviors
2. Increasing the offender's empathic skills to enhance their ability to empathize with the survivor/victim
3. Assuring that the offender's history of trauma never takes precedence over his/her responsibility to be accountable for violent behavior and potential offense, or be used as an excuse, rationalization, or distraction from being held accountable
4. Educating the offender on the potential for re-offending and signs of abuse escalation
5. Assisting the offender in developing a written re-offense prevention plan
6. Increasing the offender's understanding of the impact violence has on adult intimate victims and children
7. Educating the offender on the legal ramifications of his/her violence
8. Teaching the offender self-management techniques to avoid abusive behavior

*Please provide the source(s) and content of your program curriculum and an outline of the 52 week syllabi.*

**Does your program require that monthly written reports be provided to the presiding judge and/or the domestic violence offender's probation or parole officer? Yes No**

**Does the report provide information regarding the following:**

1. **Proof of the domestic violence offender's enrollment in the program.**  
Yes No
2. **Progress reports that address the domestic violence offender's attendance, fee payments and compliance with other program requirements.**  
Yes No
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.**  
Yes No

*Please attach a copy of your monthly report form, if applicable.*

**Does your program require that participants complete 52 weeks of group sessions?** Yes No

*Please attach a copy of the policy, if applicable*

**Are your group sessions no less than 90 minutes?** Yes No

**Is it clear to the participants that individual counseling sessions or case management sessions WILL NOT replace group sessions?** Yes No

**Does your DVOT/I program maintain a staff to client ratio of 1:12?** Yes No

**Does your DVOT/I program limit the group size to no more than 20?** Yes No

*Please provide a detailed description of the structure of the program.*

**Is counseling for couples or family therapy part of your domestic violence offender treatment or intervention program?** Yes No

**If yes, are you willing to adopt a policy that prohibits couples counseling or family therapy from your offender treatment or intervention program?** Yes No

*Please attach a copy of the policy.*

**Do groups include other classes of offenders?** Yes No

**If yes, are you willing to adopt a policy that limits groups strictly to domestic violence offenders?**  
Yes No

*Please attach a copy of the policy.*

**Does your program require that group facilitators receive 40 hours of training prior to facilitating groups and maintain documentation of this training?** Yes No

Does the facilitator training include:

1. **Dynamics of domestic violence** Yes No
2. **Tactics of abuse** Yes No
3. **The effects of domestic violence on victims and their children** Yes No
4. **The relationship between domestic violence and substance abuse** Yes No
5. **Best practices in performing ongoing danger assessments** Yes No
6. **State and federal laws against domestic violence** Yes No
7. **Cultural diversity** Yes No
8. **Group facilitation skills** Yes No
9. **Best practices for working with domestic violence offenders** Yes No

**If no, are you willing to ensure this training is received and documented prior to facilitation?** Yes No

*Please provide documentation/certification of this training or the agency's plan to obtain this training.*

**Does your program require that group facilitators observe a seasoned facilitator with five or more years of experience prior to facilitating?** Yes No

**If yes, who was observed, from which agency, and the contact phone number/email address for the individual observed.**

**If no, are you willing to ensure this training is received and documented prior to facilitation?** Yes No

*Please provide verification of this training or the agency's plan to obtain this training.*

**Does your program require a minimum of 8-hours of annual retraining for facilitators on advanced issues related to offender treatment and maintain documentation of this training?** Yes No

**If no, are you willing to ensure this training is received and documented?** Yes No

*Please attach a copy of the policy and plan for obtaining ongoing training.*

**Does your program have a cooperative working relationship with the local domestic violence victim services providers?** Yes No

**If no, are you willing to make a good faith effort to establish a cooperative relationship?** Yes No

*Please provide a detailed description of your working relationship.*

**Does your program participate in the local coordinated community response team working to reduce domestic violence?** Yes No

Please list those agencies/groups with which your program is collaborating.

**If no, are you willing to participate to the extent possible?** Yes No

*Please Provide a Detailed Description of your participation.*

**Please submit the following with the application:**

- Copies of current licensure for all clinicians providing services (if applicable)
- Copies of general and professional liability insurance
- Copies of required business licenses (*please indicate if your agency does not require a business license*)
- Documentation of the New Mexico Tax Pay Identification Number
- A copy of the policies and procedures for your domestic violence offender treatment program.
- A description of your program that includes, but is not limited to:
  - Proposed date & time of group sessions
  - Staff to client ratio for group sessions
  - Number of groups offered
  - Maximum number of participants permitted per group
  - Additional service components offered such as case management, supervised visitation, child exchange, drug and alcohol assessments, etc.
- All other documentation requested herein

I certify that information in this application is complete and accurate and agree to comply with the minimum criteria pursuant to the Domestic Violence Offender Treatment and Intervention (DVOTI) Rule [8.8.7.1 thru 8.8.7.18 NMAC – Rp, 8.8.7.1 thru 8.8.7.18 NMAC, 05/29/09]

I agree to notify the CYFD Domestic Violence Unit, in writing, of any changes to the information provided in this application, including but not limited to, change in Program Director, change in DVOTI facilitators, change of program location, and name of program.

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Signature

Date

**Mail Completed Application and all program materials to:**

Domestic Violence Unit, Protective Services  
PO Drawer 5160  
Santa Fe, NM 87502-5160

CYFD Use Only		
Date Submitted: _____	Date Reviewed: _____	Reviewed by: _____
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	
	Denial Reason:	