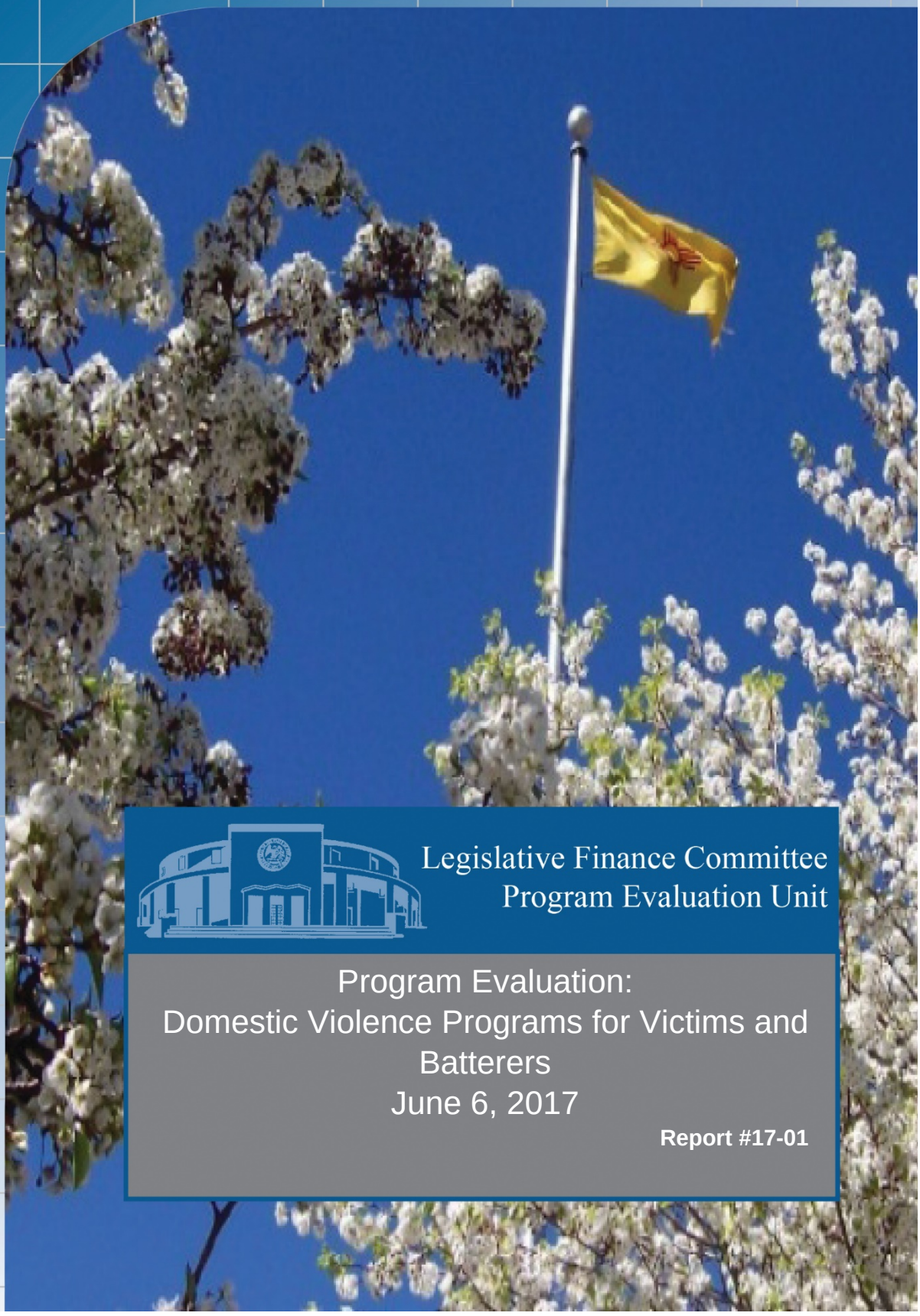

Legislative Finance Committee
Program Evaluation Unit

Program Evaluation:
Domestic Violence Programs for Victims and Batterers

June 6, 2017

Report #17-01

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David Abbey
Director

June 2, 2017

Ms. Monique Jacobson, Cabinet Secretary
Children, Youth and Families Department
P.O. Drawer 5160
Santa Fe, New Mexico 87502-5160

Dear Secretary Jacobson:

On behalf of the Legislative Finance Committee, I am pleased to transmit the evaluation, *Domestic Violence Programs for Victims and Batterers.* The evaluation reviewed the system of programs that provide services to domestic violence survivors and offenders in New Mexico.

This report will be presented to the Legislative Finance Committee on June 6, 2017. An exit conference to discuss the contents of the report was conducted with the Children, Youth, and Families Department on June 2, 2017. The Committee would like a plan to address the recommendations within this report within 30 days from the date of the hearing.

I believe this report addresses issues the Committee asked us to review and hope New Mexico's domestic violence services will benefit from our efforts. We very much appreciate the cooperation and assistance we received from your staff.

Sincerely,

David Abbey

David Abbey, Director

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EXECUTIVE SUMMARY

LEGISLATIVE FINANCE COMMITTEE

New Mexico's Domestic Violence Response Requires More Coordination and Accountability for Outcomes

Almost one-quarter of New Mexican adults have experienced domestic violence in their lifetime, and over 48 thousand have been arrested for a domestic violence offense between 2008 and 2015. The thousands of adult and child survivors of abuse by a partner or family member endure not only the trauma of violence, but also must navigate a complex system involving service providers, law enforcement, and the courts. Meanwhile, perpetrators of domestic violence are not held accountable, and repeated exposure to abuse can have negative consequences for children and perpetuate the cycle of violence. The Children, Youth, and Families Department (CYFD) administers nearly $12 million per year for domestic violence programs in New Mexico, but lacks crucial information about the true extent to which offenders are held accountable and survivors receive the services they need.

Fragmentation and institutional silos in New Mexico's system for responding to domestic violence places survivors, offenders, and funds at risk by not adequately ensuring offender compliance with court-ordered treatment and inhibiting communication between stakeholders. While certain domestic violence offenders are required to complete a 52-week group batterer intervention program (BIP), there is little evidence these programs are effective in New Mexico. Fewer than half of clients were discharged successfully in CY15, and there is no uniform criteria for what constitutes success. Additionally, funding for BIPs through court fees has been declining and may not be adequately collected.

Most domestic violence services are provided to survivors, who often do not have a safe place to stay after a domestic violence incident. Adequate availability of shelters and counseling are critical to serving these clients, but post-shelter safety planning is inconsistent. The range of available services can also vary substantially, and there are much fewer specialized services offered to child survivors than there are to adults. Finally, prevention programs are extremely limited, though some show promise in changing youth attitudes on domestic violence and sexual assault.

This evaluation recommends the Legislature consider authorizing a pilot project to implement and evaluate a comprehensive coordinated community response contingent on available revenue and requiring misdemeanor domestic violence offenders to undergo the same community monitoring as other misdemeanor offenders. CYFD should improve its internal use of data and work to establish new performance measures for BIP effectiveness, collaborate to ensure court fee revenue is adequate to fund BIPs, work with providers and the Human Services Department to leverage Medicaid for domestic violence services, and ensure providers adequately deliver evidence-based survivor and offender services.

KEY FINDINGS AND RECOMMENDATIONS

New Mexico's response to domestic violence is fragmented and uncoordinated, placing victims, offenders, and funds at risk.

Between 2008 and 2015, over 48 thousand individuals were arrested for domestic violence in New Mexico and over 60 percent of those arrested for domestic violence are later rearrested, suggesting broader public safety implications. About 35 percent of domestic violence cases in New Mexico lead to convictions, and as few as 10 percent complete a treatment program. Domestic violence offenders are not frequently convicted due to a number of different factors, and out of those convicted, 75 percent are court ordered to a batterer intervention program (BIP). However, only about half of those who enroll successfully complete the program.

Misdemeanor domestic violence offenders are not always held accountable under New Mexico's current community monitoring system, as they are not required by statute to have their compliance with the court order monitored. Effective monitoring of domestic violence offenders may increase compliance with BIPs and safety for survivors.

New Mexico currently lacks effective high-level statewide coordination on domestic violence issues. Coordinated statewide and community response to domestic violence may increase communication between various domestic violence stakeholders, which can help to facilitate solutions to current barriers leading to low conviction and compliance rates.

New Mexico spends little on treatment programs for domestic violence offenders and lacks sufficient evidence of their effectiveness

Providers billed $548 thousand for domestic violence offender counseling in FY16, but funding can be uncertain because courts may not be ensuring all offenders required to pay offender treatment fees are doing so. Court fee deposits have decreased over the past three years, and 40 percent of a sample of cases examined failed to indicate fees were paid. Additionally, few New Mexico domestic violence providers bill Medicaid for BIPs or screening services. Certain BIPs may be eligible for Medicaid coverage, however the majority of providers did not indicate they bill Medicaid for any services, including screening and evaluation.

Fewer than half of New Mexico BIP clients were discharged successfully in CY15, and a lack of clear standards makes measures of success uncertain. Forty-eight percent of batterer intervention clients were discharged successfully, with individual providers ranging from having 0 percent to 90 percent successful discharges. Moreover, New Mexico does not have standard criteria for assessing batterer risk, leading to differing levels of criteria and measurement among providers. Inconsistent assessment of batterer risk may lead to inconsistent treatment of those most likely to re-offend.

CYFD lacks sufficient evidence of BIP effectiveness and agency performance, but is taking steps to address this by working on new provider surveys and draft performance measures. Batterer intervention program modalities and the programs as a whole have mixed research results, such that it is unknown whether these programs are effective on a large scale. CYFD could contract with an evaluation team to perform a rigorous evaluation of New Mexico BIPs to determine their effectiveness.

Safety plans are critical for survivors' safety upon leaving the shelter; however CYFD has not provided a written procedure to domestic violence service providers specifying what should be included in a safety plan. Safety plans and assessments that domestic violence service providers use with survivors should be consistent between providers, and there should be written procedures specifying what needs to be in safety plans and assessments.

Victim services are inconsistent throughout the state and more services are needed for child survivors of domestic violence

Children are present in one-third of domestic violence incidents that occur in New Mexico, underscoring the need for services to address child trauma. Effective child services should be available at all domestic violence providers. The domestic violence service providers and CYFD Protective Services may have communication barriers due to confidentiality or other factors, which may negatively affect child outcomes. Currently, providers disproportionately serve adult rather than child survivors.

Few domestic violence providers bill Medicaid for potentially eligible survivor services. By working with the Human Services Department to address concerns about certifications and confidentiality, CYFD may be able to encourage Medicaid billing, which could free up general fund resources for other non-Medicaid-eligible domestic violence services.

Effective prevention programs, especially for children whose family has been involved in domestic violence, can reduce future incidents, however there are limited prevention programs currently being implemented in New Mexico. Children who are affected by intimate partner violence are more likely to be either a victim or a perpetrator of intimate partner violence in the future. New Mexico's prevention programs are not focused to this high risk population.

More work is needed to implement effective domestic violence prevention programs in New Mexico

Evaluations of primary prevention programs in New Mexico communities funded by the Department of Health show these programs may change attitudes on domestic violence and sexual assault. DOH funds 12 providers to implement primary sexual assault and domestic violence prevention programs. These programs show effects on student views of relationship violence.

The amount of outreach and training by New Mexico's domestic violence service providers varies greatly, but data is limited to what providers bill to CYFD. Domestic violence service providers are required to engage in community outreach and training, however not all providers focus on prevention.

Key Recommendations

The Legislature should consider:

Contingent on improved collection of fees into the Domestic Violence Offender Treatment or Intervention Fund, authorizing a pilot project involving the implementation and evaluation, in at least one location, of a formalized coordinated community response involving the local domestic violence provider, CYFD Child Protective Services, the CYFD Domestic Violence Unit, local district and magistrate courts, the district attorney, the public defender, local law enforcement, the local misdemeanor compliance program, and local healthcare providers. The pilot site should be selected jointly by CYFD and the New Mexico Coalition Against Domestic Violence through a request for proposals (RFP) process and should have the goals of increasing the number of batterers who attend and complete a batterer intervention program, connecting victims and children to the services they need, and evaluating program outcomes.

Enacting legislation to include misdemeanor domestic violence offenders convicted under the Crimes Against Household Members Act among those required to undergo misdemeanor compliance monitoring, and require BIPs to include misdemeanor compliance officers among those to whom they are required to submit monthly offender progress reports.

Replacing the existing statutory requirement for BIPs to be at least 52 weeks with a requirement that they be a minimum of 26 weeks with the authority for courts to lengthen treatment based on offender risk.

CYFD should:

Work with LFC and Department of Finance and Administration (DFA) staff to establish new performance measures for domestic violence offenders, including the percentage of court-ordered offenders who successfully complete a BIP in the court-mandated time frame, and a performance measure on the percentage of successful BIP completers rearrested for a new domestic violence offense within two years.

Work with AOC and DFA to develop a strategy to maximize collection of fees into the Domestic Violence Offender Treatment or Intervention Fund.

Create standardized, written safety plan instructions to ensure consistency across the state and adjust the performance measures to require documented safety plans.

Stipulate in domestic violence service provider contracts that outreach activities include primary prevention services and that some funds should be allocated to provide secondary prevention services to child victims.

CYFD and domestic violence service providers should:

Work with the Human Services Department to leverage Medicaid funds for all appropriate mental health, screening, and assessment services provided to offenders and adult and child domestic violence survivors by ensuring providers of eligible services are Medicaid certified and can bill Medicaid while taking appropriate precautions to ensure the privacy and confidentiality of survivors' personal information.

Ensure that services provided to both child and adult survivors are evidence-based programs shown to decrease the effects of trauma and increase evaluation of current non-evidence based practices used in the state.

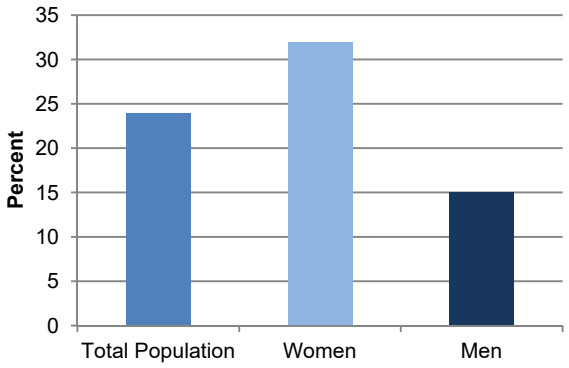
Work together to increase coordination with Child Protective Services through collaborative safety planning for children involved with Protective Services and a domestic violence provider.

Domestic Violence Affects Roughly One-Quarter of New Mexicans

Prevalence of domestic violence in New Mexico

Twenty-four percent of adult New Mexicans are victims of domestic violence in their lifetime. Based upon an annual report on domestic violence published by the New Mexico Interpersonal Violence Data Central Repository, specifically, 33 percent of women and 14 percent of men will be victims of domestic violence in New Mexico (Chart 1). These numbers are higher than the national average of 25 percent of women experiencing intimate partner violence.

Chart 1. Rate of Lifetime Domestic Violence in New Mexico



Source: Caponera, 2016

Domestic violence is defined by the U.S. Department of Justice (DOJ) as a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner, including physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. In New Mexico, two statutes include information regarding domestic abuse, the Family Violence Protection Act, which includes a specific definition of domestic abuse (section 40-13-2 NMSA 1978), and the Crimes Against Household Members Act (sections 30-3-10 through 30-3-18 NMSA 1978). Domestic abuse crimes can only be perpetrated by household members, and cohabitation is not required to be viewed as a household member. A complete definition of household members as well as a list of specific charges for domestic abuse is located in Appendix B.

Figure 1. Legal Definition of "Domestic Abuse" in New Mexico

D. "domestic abuse":
(1) means an incident of stalking or sexual assault whether committed by a household member or not;
(2) means an incident by a household member against another household member consisting of or resulting in:
(a) physical harm;
(b) severe emotional distress;
(c) bodily injury or assault;
(d) a threat causing imminent fear of bodily injury by any household member;
(e) criminal trespass;
(f) criminal damage to property;
(g) repeatedly driving by a residence or work place;
(h) telephone harassment;
(i) harassment; or
(j) harm or threatened harm to children as set forth in this paragraph; and
(3) does not mean the use of force in self-defense or the defense of another;

Source: Section 40-13-2 NMSA 1978

Physical injury is common for both child and adult survivors of domestic violence incidents. Nationally 29 percent of survivors from domestic violence incidents have reported injuries. In New Mexico in 2015, domestic violence incidents involved injury to survivors 30 percent to 44 percent of the time (depending upon reporting source). Children are also commonly injured during domestic violence incidents, with providers reporting children are injured 40 percent of the time. Beyond physical injury, domestic violence can lead to emotional and psychological harm to both adult and child survivors, such as post traumatic stress disorder, depression, other trauma related disorders and child behavior problems.

Economic costs of domestic violence

Domestic violence can result in significant costs to society ranging from higher medical expenses related to physical injury and mental health, costs to law enforcement and the criminal justice system to prosecute offenders, costs associated with missed time at work and lost productivity, and long-term impacts on children that can affect educational attainment, behavioral health, future employment, and potential criminal justice involvement.

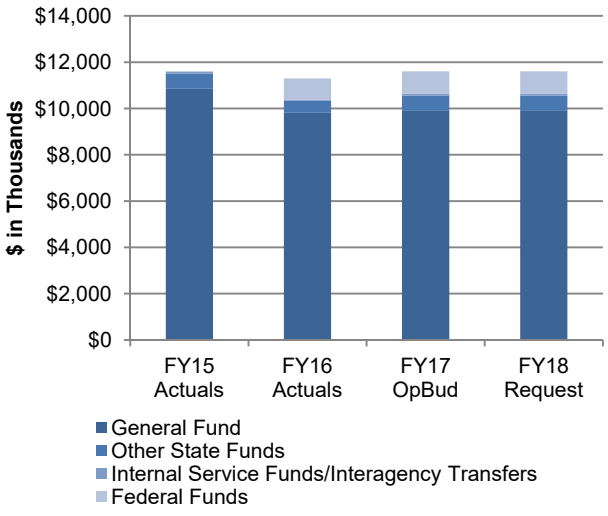
No studies currently exist on the economic impact of domestic violence in New Mexico. The most recent major national study, published by the Centers for Disease Control and Prevention in 2003, estimated the costs of intimate partner violence including rape, physical assault, and stalking at over $5.8 billion, of which approximately $4.1 billion was for direct medical and mental health care services. The study also estimated costs of $900 million in lost productivity from paid work and household chores, and another $900 million in lifetime earnings lost by victims of intimate partner violence homicide. However, this study used data from 1995 to develop its estimates, so likely significantly underestimates the current economic impact of domestic violence in the United States.

Research on domestic violence in New Mexico highlights the need for healthcare providers to collect more information on patients who are victims of domestic violence. The 2016 report *Incidence and Nature of Domestic Violence in New Mexico XV* notes while past survey results found 44 percent of domestic violence victims in the state reported injury and roughly one-third of them sought medical treatment, better protocols are needed for healthcare providers to identify patient visits associated with domestic violence before costs can be accurately estimated.

Domestic violence services in New Mexico

Role of CYFD. The Children, Youth, and Families Department (CYFD) has responsibility for administering state funding and oversight for domestic violence providers, including services for survivors and offenders. CYFD also has played a role in statewide initiatives to address domestic violence issues, including the 2015 Batterer Intervention Program Task Force. In FY16, CYFD funded 31 domestic violence providers, of which seven served only survivors, two served only offenders, and the rest served both. CYFD's Domestic Violence Unit, housed in the Child Protective Services Division, administers provider contracts, oversees billing and payments, and conducts compliance reviews to ensure domestic violence service providers are adhering to state standards and contract provisions. As of May 2017, CYFD's Domestic Violence Unit has three full-time equivalent (FTE) staff, consisting of one program manager/supervisor and two program monitors.

Chart 2. CYFD Domestic Violence Contract Funding, FY15-FY18



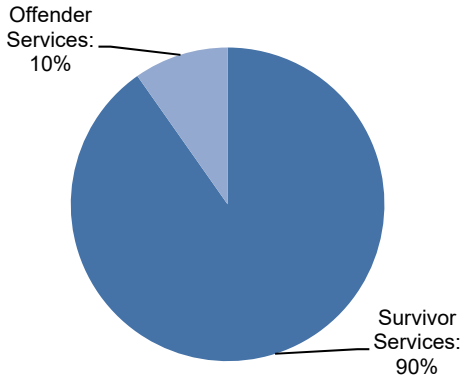
Source: CYFD appropriation requests

In FY17, the CYFD Domestic Violence Unit allocated $11.6 million for domestic violence providers, with most funding directed to providers of adult and child survivor services. This funding amount has held fairly steady for the past three fiscal years. The current domestic violence

appropriation includes $9.8 million from the state general fund, $667 thousand from other state funds, $79 thousand from internal service funds and $964 thousand from federal funds.

As seen in Chart 3, roughly 90 percent of state funding for domestic violence providers supports survivor services, compared to about 10 percent for offender services. CYFD did not begin regularly tracking spending on survivor and offender services until FY17.

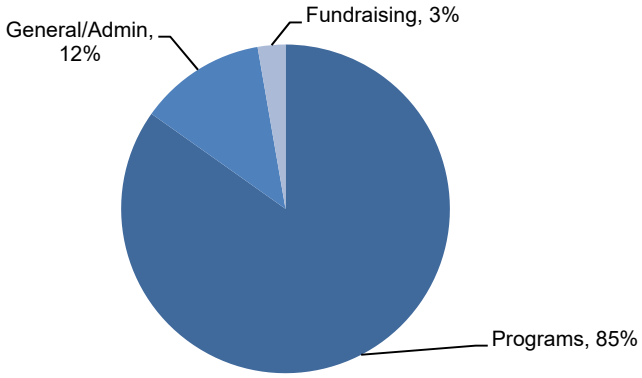
Chart 3. State Spending on DV Survivor and Offender Services, FY17 through Q3
(Total: $7.5 million)



Source: CYFD

Domestic violence service providers spend the vast majority of their funding on programs and services. New Mexico's domestic violence service providers spent 85 percent on programs, while general and administrative expenses made up 12 percent and fundraising totaled 3 percent of their spending in FY14 (Chart 4), the most recent year for which LFC staff reviewed complete financial audit files. Most reviewed providers spent at least 75 percent on programs, with one provider spending 69 percent and one spending just 59 percent. That year, 18 CYFD-contracted domestic violence providers with files reviewed by LFC staff spent a total of $17.3 million. In general, domestic violence providers operate with a low level of overhead and devote the vast majority of their resources to delivering services to clients, with salaries for staff such as counselors and victim advocates comprising the majority of program expenses. Total provider spending ranged from a high of $2.4 million to a low of $203 thousand.

Chart 4. New Mexico Domestic Violence Service Provider Spending by Functional Category, FY14
(Total: $17.3 million)



Source: FY14 CYFD provider audit files

Treatment for domestic violence offenders. Persons convicted of battery or aggravated battery under the Crimes Against Household Members Act, or who violate an order of protection under the Family Violence Prevention Act, are required to be sentenced to 52 weeks of offender treatment at a batterer intervention program (BIP), also referred to in state statute and regulations as domestic violence offender treatment or intervention (DVOTI) programs. BIPs must be certified by CYFD. State standards for BIPs require a staff-to-client ratio of no more than 1:12 and group size of no more than 20 (8.8.7.10 NMAC).

BIP standards stipulate marriage counseling, family therapy, and couples counseling are not to be included in approved offender treatment programs.

This is in line with best practices in the field of domestic violence counseling. If both the offender and survivor are present in a session, the survivor may feel pressure to minimize any trauma or other effects of violence in the presence of the offender. Separating the offender and survivor is thus more likely to encourage honest dialogue between counselors and the participants.

While there are different theoretical models used to describe the nature and causes of domestic violence, with different understandings of how and why violence manifests in relationships, it is generally agreed domestic violence is based in patterns of behavior involving one partner abusing another. While a single incident of one partner hitting another would qualify as a case of domestic violence, many cases involve partners that have demonstrated an ongoing pattern of abusive behavior. This makes providing effective treatment challenging, especially for perpetrators with a history of committing abuse.

The most widely used conceptual basis for domestic violence treatment in New Mexico, and one also prevalent nationwide, is the concept of power and control. This framework is based on the notion domestic violence is the result of one relationship partner, typically male, asserting power and exercising control over the other partner, typically female. The abusive partner may do this through physical aggression, emotional abuse, harassment, obsessive controlling behaviors, or other means. The Duluth model of domestic violence offender treatment, widely employed in New Mexico and elsewhere, is based on this conceptual understanding of violent behavior.

The Duluth model and programs based on it use the Power and Control Wheel, a tool which visually links the exercise of power and control to physical and sexual violence through a number of discrete categories of action, including:

- Using coercion and threats
- Using intimidation
- Using emotional abuse
- Using isolation
- Minimizing, denying, and blaming
- Using children
- Using male privilege
- Using economic abuse

BIPs based on the model posit the actions listed above flow from a desire to gain power and control over a partner, and use individual or group therapy to facilitate changes in individual perpetrators to promote self-regulation and accountability for one's actions to reduce specific behaviors that can lead to violence.

Domestic violence cases require collaboration among at least police, district attorneys or prosecutors, courts, and domestic violence service providers. If any of these parties fails to cooperate with the others listed, cases may be dropped or offenders may not be held accountable for attending the required BIP sessions. Currently in New Mexico approximately 22 percent of domestic violence incidents become cases and approximately 10 percent of these cases lead to successful BIP completion.

Therefore, strong coordinated community response may be beneficial in increasing collaboration across these groups.

Services for domestic violence survivors and children. Currently New Mexico has 29 providers of domestic violence services for survivors and 23 receive state funding (based off sunshine portal data). These providers serve 32 of the 33 counties in the state, except Harding County. Funding from CYFD is used by domestic violence victim service providers to create an array of survivor services.

Survivors of domestic violence may access a variety of services, including emergency crisis hotlines, shelters, crisis intervention services, counseling and therapy, transitional housing, legal and advocacy services, and support accessing social services such as Medicaid, Temporary Assistance for Needy Families (TANF), and child care. While most services are not time limited, survivors can only stay in the shelters for 90 days. Therefore, shelters may offer ancillary services such as transitional housing and financial services to increase survivor self-sufficiency upon leaving the shelter.

The range of additional services offered by providers may vary, with some providers offering a more comprehensive array than others. The most utilized survivor services are shelter, child care and support, and skills and knowledge services or counseling. Most survivors will create a safety plan however, these safety plans are not consistent from one provider to another, nor are they always documented.

Child survivors may also be in need of services due to the stress of witnessing domestic violence. It is particularly important to address child mental health needs as being involved with a domestic violence incident as a child puts these children at increased risk for future domestic violence perpetration and victimization. Fewer services are available to children than adult survivors. These services typically center around activities for children in the shelter as well as child counseling. Children involved with domestic violence incidents may also be involved with Child Protective Services. Domestic violence service providers should work with Protective Services to ensure that these children's needs are effectively addressed.

New Mexico lagged behind the nation in providing certain services in a recent national survey. New Mexico performed worse than the nation in the 2015 National Census of Domestic Violence Services conducted by the National Network to End Domestic Violence. The survey conducted found of the programs that responded in New Mexico, 78 percent provided children's support or advocacy, compared to 84 percent nationally; 70 percent provided emergency shelter services, compared to 77 percent nationally; and 39 percent provided court or legal accompaniment or advocacy, compared to 51 percent nationally. New Mexican providers also reported that 82 percent of staff positions lost during the previous year were direct service positions, compared with 79 percent nationally.

New Mexico Coalition Against Domestic Violence. The New Mexico Coalition Against Domestic Violence (NMCADV) is the state's federally authorized nongovernmental, nonprofit domestic violence organization. The Coalition's stated mission is to lead a coordinated and effective response to domestic violence throughout the state. It has roughly

30 members statewide, consisting of providers of domestic violence services including shelters, counselors, and BIPs. Through CYFD, the Coalition received $500 thousand from the state general fund in FY17 for its statewide training programs, as well as federal Family Violence Prevention and Services Act (FVPSA) funding totaling about $35 thousand.

Key recent activities on domestic violence in New Mexico

Batterer Intervention Task Force. Established by the Legislature in 2015, the Batterer Intervention Task Force was charged with investigating the effectiveness of BIPs in New Mexico. The task force led by CYFD and the Coalition consisted of stakeholders from domestic violence service providers and various other entities involved in addressing domestic violence, including the courts and corrections, among others. Key recommendations from the task force's final report included developing risk assessment tools and coordinating risk assessments between involved entities to identify offenders based on risk and to place them appropriately in BIPs, improving the response of the criminal justice system to BIP noncompliance, and exploring potential funding sources for ongoing research into BIPs in New Mexico.

Interpersonal Violence Death Review Team. New Mexico statute authorizes the Interpersonal Violence Death Review Team with reviewing facts and circumstances surrounding deaths due to domestic and sexual violence, identifying the causes of the fatalities and their relationship to government and nongovernment service delivery systems, and developing methods of domestic and sexual violence prevention. The team is funded by the New Mexico Crime Victim Reparations Commission and housed at the University of New Mexico Health Sciences Center's Department of Emergency Medicine. The team's most recent report, issued in 2015, reports on deaths due to intimate partner violence and sexual assault in 2012. That year, there were 21 deaths due to domestic or sexual violence in New Mexico, of which 14 were homicides and seven were suicides.

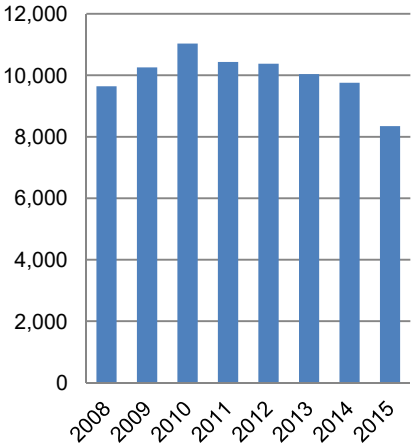
Task force on Interpersonal Violence Strangulation. During the 2017 legislative session, the Legislature passed Senate Memorial 38 requesting the New Mexico Coalition Against Domestic Violence and the New Mexico Coalition of Sexual Assault Programs to convene a task force to create a statewide health plan designed to reduce the incidence of interpersonal violence strangulation and address the long-term health implications. The task force created by Senate Memorial 38 is to include participation by the coalitions against domestic violence and sexual assault, the Coalition to Stop Violence Against Native Women, as well as representatives of numerous state agencies and public safety stakeholders with involvement in domestic and sexual violence issues. The task force is to produce recommendations for the LFC and Legislative Health and Human Services Committee no later than November 30, 2017.

New Mexico's Response to Domestic Violence Is Fragmented and Uncoordinated, Placing Victims, Offenders, and Funds at Risk

Between 2008 and 2015, over 48 thousand individuals were arrested for domestic violence in New Mexico.

The total number of domestic violence arrests during this period was just under 80 thousand, indicating many people are arrested multiple times for domestic violence. LFC staff analysis of Department of Public Safety (DPS) arrest data shows the number of domestic violence arrests averaged just under 10 thousand per year, as shown in Chart 5. This includes around 8 thousand misdemeanor arrests and 2 thousand felony arrests per year. For the purposes of this analysis, domestic violence offenses include assault, battery, or property crimes against a household member, or violation of an order of protection.

Chart 5. Domestic Violence Arrests in New Mexico, 2008-2015



Source: LFC and NMSC analysis of DPS arrest data

The actual number of incidents of domestic violence in New Mexico could be as high as 45 thousand per year because most incidents do not result in arrests. According to a 2017 U.S. Department of Justice (DOJ) report, an estimated 56 percent of nonfatal domestic violence victimizations nationwide were reported to police. Of these, 39 percent resulted in arrests or charges. Overall, this means roughly 22 percent of total incidents result in arrests or charges. Based on these national figures, the roughly 10 thousand domestic violence arrests annually in New Mexico would translate to about 45 thousand total incidents, including those not reported to police The 2016 *Incidence and Nature of Domestic Violence in New Mexico* report found that in 2015, found that 47 percent of domestic violence victims who sought help reported incidents to law enforcement, this could mean that the estimate from national data is an underestimate for New Mexico as those individuals who seek help are probably more likely to also report the incident to law enforcement.

Over 60 percent of those arrested for domestic violence are later rearrested, suggesting broader public safety implications.

First time domestic violence offenders are twice as likely to be arrested for other crimes as the general population. According to the Brennan Center for Justice, FBI records indicate that 30 percent of all adults in the United States have been arrested at some point in their life for any reason. However, among unique individuals arrested in New Mexico for domestic violence for the first time in 2008, 62 percent were arrested again at least once since then for any reason according to LFC analysis of DPS data. This implies that domestic violence offenders potentially go on to be arrested twice as many times after their first offense than the average American ever does in their lifetime.

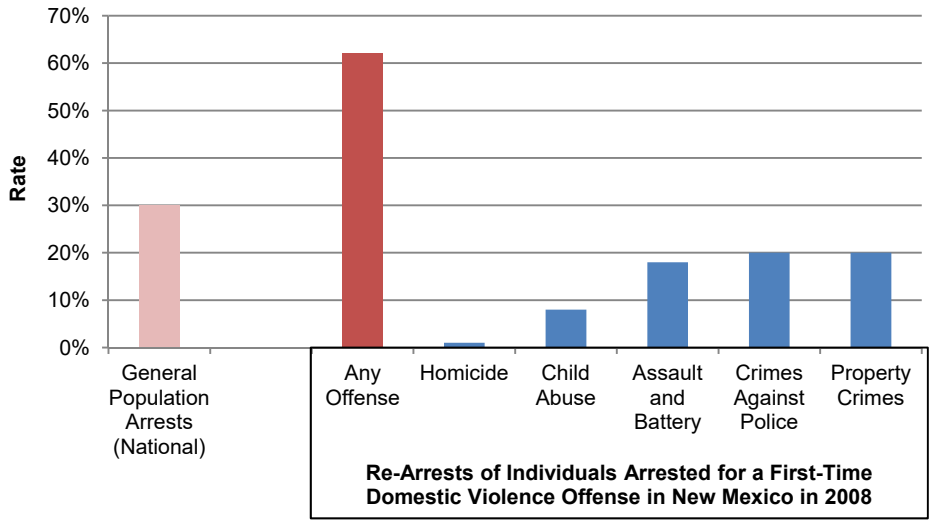
Case study: Effects of a domestic violence perpetrator offending outside the household

An individual convicted of battery against a household member in 2008 was ordered to complete a year of supervised probation and a 52-week counseling program. Although this case was closed with all obligations met, the individual was later charged with the same offense in 2012. The charges were dismissed under the "six-month rule" requiring a trial within six months of arraignment. After a further charge and dismissal for another incident of the same crime in 2013, the individual went on to be convicted of great bodily harm by vehicle while driving under the influence and aggravated battery on a peace officer. He later was also convicted of residential burglary and charged with aggravated battery (not against a household member), which was dismissed for lack of prosecution.

Source: LFC analysis of conviction and DPS arrest data and public court case records

Additionally, the majority of the later arrests for alleged first time domestic violence offenders are for crimes other than domestic violence, suggesting domestic violence may propagate into criminal behavior outside the home. According to LFC analysis of DPS arrest records, alleged first time domestic violence offenders go on to be arrested again later for the following crimes at least once: 8 percent for child abuse, 18 percent for assault and battery on a non-household member, 20 percent for crimes against the police, 20 percent for property crimes, and 1 percent for homicide (Chart 6)

Chart 6. Arrest Rates for General Population versus Reoffense Rates for First Time Domestic Violence Offenders

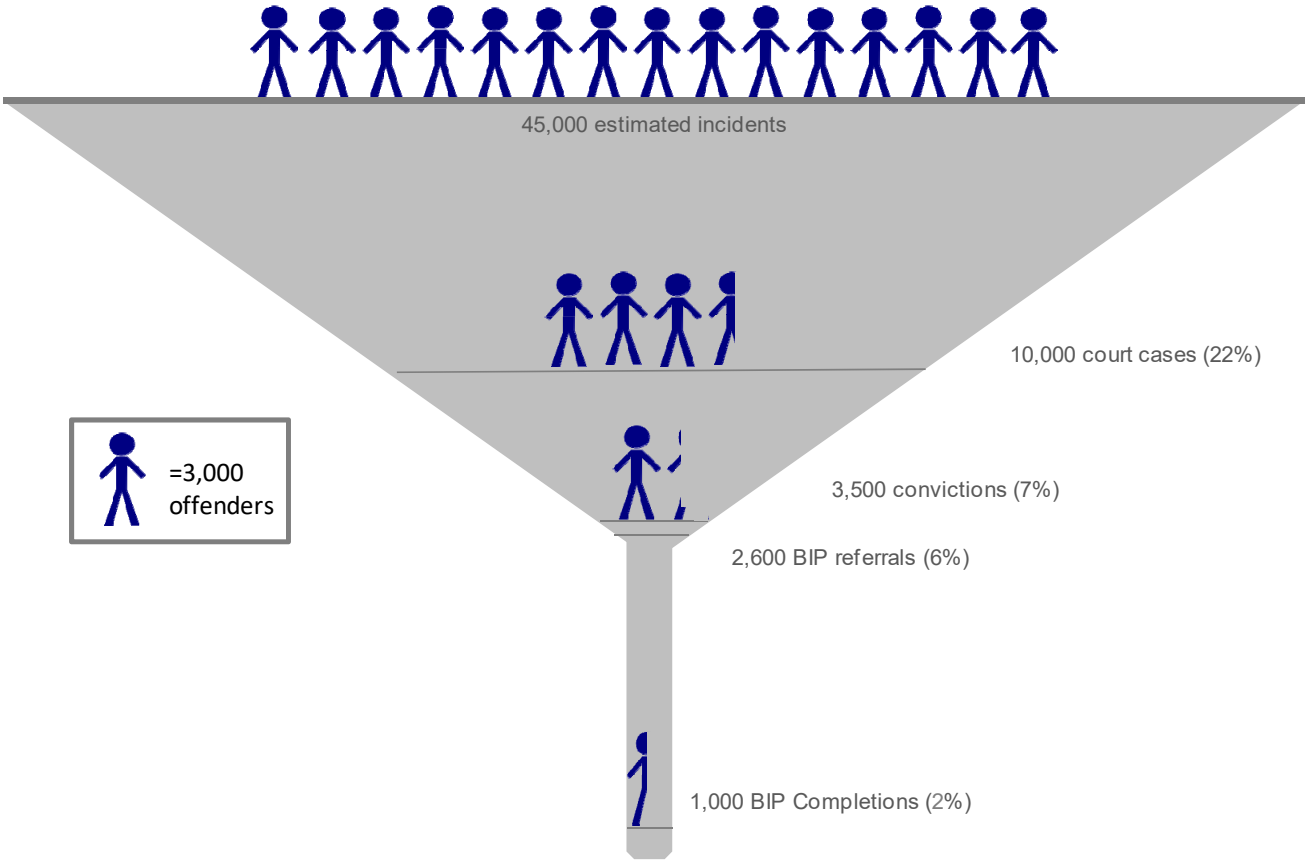


Source: LFC analysis of DPS arrest records

About 35 percent of domestic violence cases in New Mexico courts lead to convictions, and as few as 10 percent complete a treatment program.

In 2016, there were about 10 thousand misdemeanor domestic violence cases filed in New Mexico courts, and 3,500 convictions. Roughly 2,600 convicted offenders were ordered by a court to a batterer intervention program (BIP), of which 48 percent successfully completed treatment. This would result in only about 10 percent of individuals with a misdemeanor domestic violence charge successfully completing a BIP. If the estimated total number of 45 thousand domestic violence incidents is considered, then the percentage of batterers who complete an intervention program is lowered to 2 percent (Figure 2). It is important to note that while the diagram below is based on actual figures, this analysis is intended only as a general model to illustrate the overall effect of how domestic violence offenders move through the system.

Figure 2. Domestic Violence Offenders Rate of Prosecution and Treatment Completion



Source: LFC Analysis of AOC data; DOJ 2015 DV Victimization Report

Furthermore, the BIP completion rate is for individuals who completed either the state mandated 52 week session or a shorter 26 week sentence, which some courts impose for certain charges. (If only the state mandated 52 weeks is used as BIP completion, the number drops to 6.4 percent and 1.4 percent respectively). Low BIP completion rates are troubling considering perpetrators frequently commit other crimes in addition to violence against household members. Moreover, as discussed further in the next chapter of this report, there is currently little evidence that BIPs in New Mexico are effective at reducing domestic violence.

Improving safety of domestic violence survivors and reducing recidivism of offenders will likely require a more coordinated response in communities throughout the state.

As shown in Table 1, there are at least 17 separate entities involved in responding to domestic violence, including supporting adult and child survivors and prosecuting and ensuring accountability for offenders. These range from local and state law enforcement agencies to prosecutors and

Table 1. Entities Involved with Responding to Domestic Violence in New Mexico

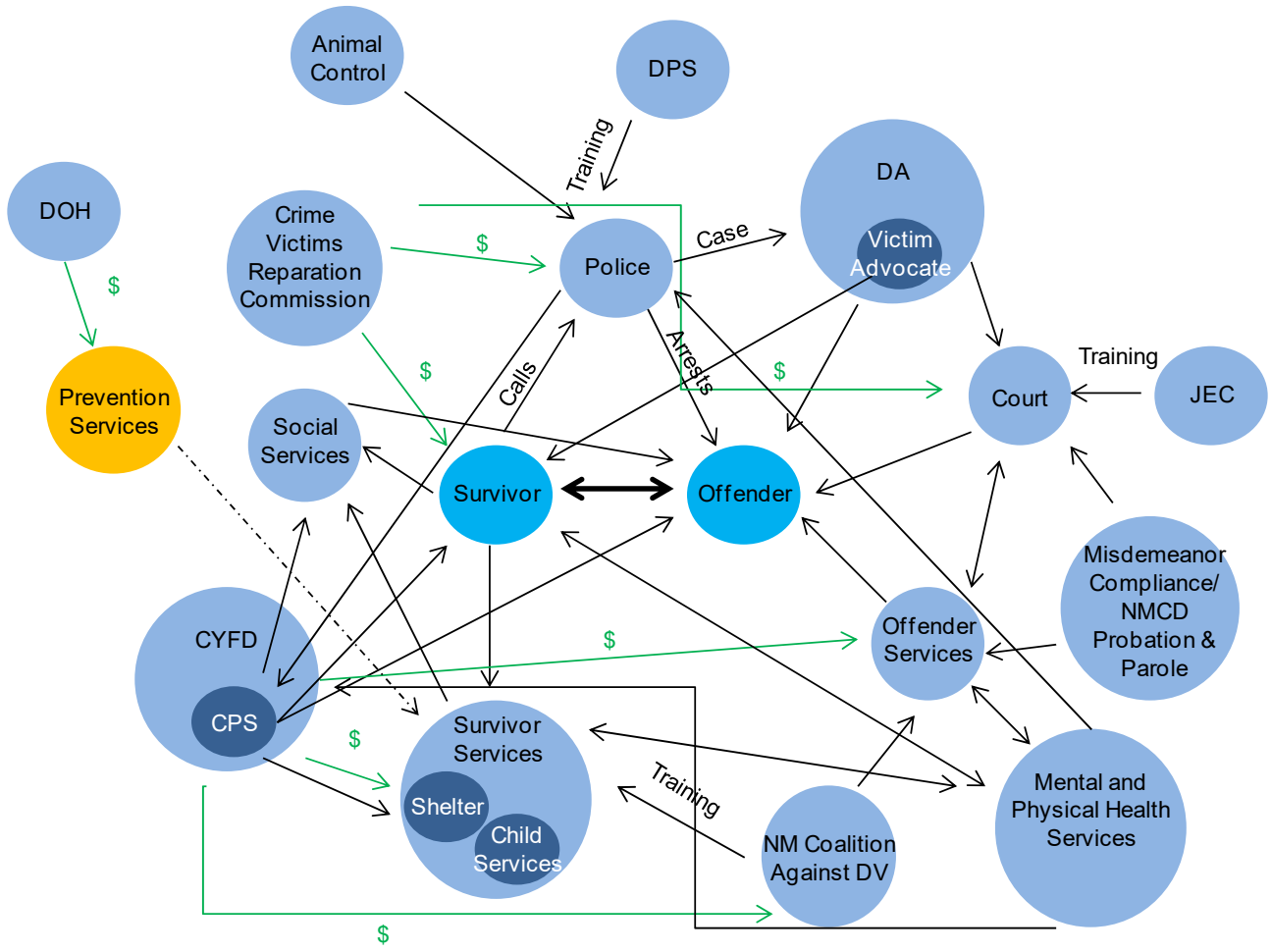
Scope of Responsibility	Entity	Population Served	Role
County/local	Domestic violence provider agencies	DV survivors, including children	**Shelter services:** Provide safe, temporary housing (may be co-located or affiliated with non-residential services)
			Non-residential victim services: Provide counseling and advocacy to survivors, including children (may be co-located or affiliated with shelters)
		DV offenders	**Batterer intervention programs:** Therapeutic counseling for offenders to change behaviors and prevent future battering (may be affiliated with non-residential victim service providers)
State/county/local	Law enforcement (State Police, county sheriff, local police department)	DV offenders and survivors	Respond to and investigate DV incidents, ensure safety of survivors, and arrest offenders; work with prosecutors in filing charges and presenting evidence
County/Judicial District	District attorneys	DV offenders and survivors	Prosecute DV offenders and advocate for victims
County/Judicial District	Public defenders	DV offenders	Defend DV offenders without or who cannot afford private counsel
County/Judicial District	Courts	DV offenders and survivors	Hear and adjudicate DV cases, sentence offenders to BIPs and/or other sanctions (jail, prison, probation, etc.), oversee diversionary programming (Metro Court), issue warrants for offenders violating terms of probation/BIP
County/local	Misdemeanor compliance officers	Misdemeanor DV offenders	Monitor and follow up on misdemeanor offenders to ensure they are abiding by the terms of their sentence, including BIP attendance and completion
County/local	Animal control	DV survivors	May notify law enforcement if animal welfare investigations also indicate domestic violence
Statewide	Corrections Department Division of Probation and Parole	Felony DV offenders	Monitor and follow up on felony offenders to ensure they are abiding by the terms of their sentence, including BIP attendance and completion
Statewide	CYFD	Domestic violence providers	**Domestic Violence Unit:** Administer funding and oversight of DV providers, including adherence to state standards and contract terms and monitoring provider performance
		Child DV survivors	**Child Protective Services:** Investigate child abuse and neglect in connection with DV cases and develop safety and permanency plans for those children
Statewide	Crime Victims Reparation Commission	DV survivors, DV providers, courts, law enforcement, and district attorneys	Administer VAWA and VOCA funds for certain training, coordination, and program activities; fund reparations to certain victims
Statewide	New Mexico Coalition Against Domestic Violence	DV providers, survivors, and offenders	Provide training and advocacy for DV provider agencies and other stakeholders, engage in statewide DV policy and advocacy on behalf of all victims and offenders
Statewide	Mental and physical healthcare providers	DV offenders and survivors	Screen potential DV survivors and offenders for physical and mental health needs and refer to appropriate services or law enforcement
Statewide	Social service programs (Medicaid, TANF, SNAP, etc.)	DV offenders and survivors	Provide assistance with needed social services for individuals involved with DV
Statewide	Department of Health	Participants in and providers of primary prevention programs	Funds and evaluates primary sexual violence prevention programs in certain locations statewide
Statewide	Department of Public Safety	State Police and local law enforcement	Trains law enforcement on domestic violence response
Statewide	Judicial Education Center	Judges and court personnel	Trains judges and court personnel on domestic violence
School districts/local communities	Schools	Children and youth in school prevention curricula	In some cases, engage in primary prevention programs through own curricula or hosting programs from outside providers

Source: LFC Analysis

courts to domestic violence provider agencies, including shelters and batterer counseling providers, to prevention programs funded by the Department of Health and delivered in schools. Each of these entities has a distinct mission, and many include responsibilities that extend beyond just domestic violence. In some cases, this may mean responding to domestic violence cases is not as high a priority as other duties, which may unintentionally result in inconsistent and uncoordinated handling of domestic violence cases. Communities should make concerted efforts to increase communication and collaboration between these groups as well as determine how to best strengthen relationships between groups working on cases related to domestic violence.

One way to increase collaboration across the different entities involved with domestic violence is through coordinated community response (CCR). Research suggests residents of isolated, rural areas such as those found throughout New Mexico can be particularly at risk for domestic violence due to geographic isolation, service limitations, and attitudes and beliefs surrounding interpersonal violence. Strengthening the community's response to domestic violence through formalizing institutional relationships and practices around a common approach to the issue is a way to shore up services for victims, including children, and ensure accountability for offenders.

Figure 3. Current Domestic Violence System in New Mexico



Source: LFC Analysis

Examples of coordinated community response can be found in a few of New Mexico's larger population centers, including Albuquerque and Santa Fe. In Albuquerque, for example, the Albuquerque Police Department (APD) funds the Family Advocacy Center, which houses multiple entities under one roof to provide services and facilitate warm handoffs between services for domestic violence and sexual assault survivors. Participants in the Family Advocacy Center include the Domestic Violence Resource Center (DVRC), Sexual Assault Nurse Examiners (SANE), the Rape Crisis Center of Central New Mexico, and CYFD Child Protective Services, as well as APD and the district attorney's office. In Santa Fe, the Santa Fe Police support Santa Fe Safe, the local coordinated community response council, by funding a coordinator position housed at Solace Crisis Treatment Center whose responsibilities include large-scale community coordination efforts. In general, little evaluation has been carried out on CCR efforts in New Mexico. LFC staff identified just one small study intended to develop a baseline for Santa Fe's CCR in 2010. This study identified concerns such as low conviction rates for offenses under the Crimes Against Household Members Act, offenders pleading to lesser charges with no BIP requirement, and the difficulty prosecutors have in obtaining testimony from survivors.

Case study: Domestic violence with co-occurring behavioral health issues resulting in a homicide

Beginning in 2010, a male offender began committing a series of petty crimes, such as shoplifting and various traffic violations, leading to a conviction for contributing to the delinquency of a minor with a sentence to complete an addiction treatment program while in jail. Later, the same individual repeatedly violated conditions of release and was variously charged with assault against a household member, criminal trespass, and false imprisonment in 2013. After eventually pleading guilty to battery against a household member, he was ordered to undergo a psychiatric and diagnostic evaluation, having exhibited a history of substance abuse and other behavioral health issues. However, shortly thereafter in 2015, the perpetrator pleaded no contest to second degree murder of a parent and attempted first degree murder against the other. In the final plea agreement, the court dismissed charges of aggravated stalking and violations of restraining orders prohibiting domestic violence.

Source: LFC analysis of conviction and DPS arrest data and public court case records

Additionally, the 2015 report of the New Mexico Intimate Partner Violence Death Review Team, the most recent report available, recommended improved coordination of services for victims who experience co-occurring conditions. This report also found that 69 percent of victims who died in 2012 from intimate partner violence had a history of substance abuse, 15 percent had a history of mental health problems, and 33 percent had a criminal history. The team also recommended improving assessment and treatment of offenders for mental and behavioral health conditions during incarceration in county and state correctional facilities, finding that 68 percent of interpersonal violence fatalities in 2012 involved a perpetrator with a known mental health problem. Among the team's recommendations are improving collaboration between treatment programs in correctional facilities and agencies that provide post-release supervision to ensure continuity of services.

Fidelity to the Duluth model of domestic violence intervention requires effective CCR. The Duluth Model of domestic violence intervention, developed by Domestic Violence Intervention Programs of Duluth, Minnesota, serves as the basis for many domestic violence offender intervention programs around New Mexico. The creators of the model, Domestic Abuse Intervention Programs, Inc., states that adherence to the model requires an effective CCR in addition to incorporating a BIP. Many domestic violence providers in New Mexico use Duluth-based curricula for batterer intervention programs.

The basis for CCR under the Duluth model involves focus and coordination around eight issues of change: philosophical approaches, standardizing practices, exchange of information, tracking and monitoring, resources for survivors, sanctions for offenders, and needs of children. New Mexico's response to domestic violence exhibits limitations in several of these issues. For example, monitoring and tracking offenders as they complete sanctions is a challenge due to current limitations of New Mexico law and resource constraints, as noted later in this section. Also, addressing the needs of children involved in domestic violence appears to be a secondary focus of most victim service providers, as discussed later in this report, and may be inhibited by constraints on how information can be shared between domestic violence providers and Child Protective Services. Based on LFC staff interviews with several providers of BIP services, application of an effective coordinated community response to domestic violence appears inconsistent across the state and highly dependent on forging individual relationships between provider agencies, law enforcement, prosecutors, courts, CYFD's Child Protective Services Division, and other stakeholder entities such as local healthcare providers and the business community. This can lead to fragmentation in the system that can inhibit accountability for offenders and place survivors at risk by making it more difficult for them to access services and achieve independence from their abusive partners.

Misdemeanor domestic violence offenders are not always held accountable under New Mexico's current community monitoring system. Current law in New Mexico authorizes counties to create misdemeanor compliance programs to monitor defendants' compliance with the conditions of probation imposed by a district or magistrate court (section 31-20-5.1 NMSA 1978). However, these programs only apply to offenders convicted under the Criminal Code, DWI offenses, or driving with a suspended or revoked license. The sections of the Criminal Code referenced in statute (sections 30-1-1 through 30-1-15 NMSA 1978) do not include the misdemeanor domestic violence offenses under the Crimes Against Household Members Act (sections 30-3-10 to 30-3-18 NMSA 1978). Therefore, misdemeanor domestic violence offenders are not required to be subject to the oversight of court compliance officers.

Early intervention and effective monitoring while offenders are more likely to be lower risk could potentially mitigate the risk of reoffending. According to the 2015 New Mexico Intimate Partner Violence Death Review Team Report, 75 percent of the intimate partner violence cases that result in death had previous domestic violence incidents known to law enforcement. As a result, the team identified the need for monitoring misdemeanor domestic violence offenders, including pretrial monitoring. Several providers of BIPs in New Mexico indicated to LFC staff in interviews and survey responses that ensuring compliance with BIP requirements and following them through to completion is difficult, as many offenders drop out of the programs and enforcement is a challenge, especially for misdemeanor offenders on unsupervised probation.

Case study: Offender with a history of repeated, escalating domestic violence

One individual had 16 separate court cases related to domestic violence between 2000 and 2012. The defendant was convicted of assault against a household member and removing or destroying a telephone line in 2001. Subsequently, the same individual was charged with aggravated battery against a household member, criminal damaging of property, and using the phone to terrify, intimidate, or harass, but was not convicted due to lack of evidence. This individual went on to exhibit a pattern of behavior that resulted in a total of 186 charges related to violence against a household member dating from the original offense to 2012, including assault, battery, stalking, harassment, and child abuse. This pattern culminated in a charge of attempted murder that was ultimately dismissed in favor of aggravated battery charges resulting in incarceration and probation, with the judge in the case recommending placement in a therapeutic community.

Source: LFC analysis of conviction and DPS arrest data and public court case records

County misdemeanor compliance programs are funded by fees, paid by offenders, between $15 and $50 per month, as determined by the court. Including misdemeanor domestic violence offenders among those required to undergo compliance monitoring and requiring them to pay the fees could raise additional revenue for the programs to be able to enforce domestic violence offender compliance. For example, just under 1,500 offenders were court ordered into a 52-week BIP in CY15, according to CYFD records. While not all of these were for misdemeanors, if even 50 percent of these offenders each paid a monthly fee while they attended a BIP, county compliance programs would raise between an additional $135 thousand and $450 thousand, depending on the fee levels imposed by judges.

Under statute, counties may use funds under the Local DWI (LDWI) Grant Program to support programs and services to prevent or reduce the incidence of domestic abuse related to DWI, alcoholism, alcohol abuse, drug addiction, or drug abuse. In at least two counties, Valencia and Sandoval, LDWI funds are used to support compliance monitoring of individuals convicted of misdemeanor domestic violence offenses related to DWI or substance abuse. In Sandoval County, the program reported a successful completion rate of 90% in CY15, and recidivism of just 3 percent in FY16 at a cost of $8.95 per week. Therefore; it may be helpful for counties and magistrate courts to examine combining their domestic violence and DWI programs where appropriate.

Coordinated community response requires effective training of law enforcement and the judiciary on systemic aspects of domestic violence. Currently, the New Mexico Law Enforcement Academy (NMLEA) requires domestic abuse incident training to be part of the curriculum of each law enforcement basic training class, as well as a component of annual in-service training for officers (section 29-7-4.1 NMSA 1978). The Law Enforcement Academy requires 16 hours of domestic violence-specific training as part of its basic training programming. The 16 hours include eight hours on domestic violence and police response, and an eight-hour domestic violence practicum. However, the Academy currently requires just one hour of refresher training for officers as part of the biennial in-service cycle.

According to Intimate Partner Violence Response Policy and Training Content Guidelines developed by the International Association of Chiefs of Police (IACP), one of the eight primary objectives for police officers when responding to domestic violence involves "methods to minimize further physical and psychological trauma to victims of intimate partner violence by creating a respectful, objective response," including lethality assessments and trauma-informed interviewing. While the Academy's advanced training courses on domestic violence have included lethality assessments, it is not clear such assessments are implemented uniformly in

practice around the state. In limited cases identified by LFC staff, some jurisdictions appear to be using different tools. For example, the Maryland Domestic Violence Lethality Assessment for First Responders is in use in Valencia County, while the Albuquerque Police Department has used the Danger Assessment. Appendices C and D contain examples of these forms.

In 2009, using a federal grant under the Violence Against Women Act, the Domestic Violence Czar and the Department of Public Safety drafted and pilot tested a lethality-driven uniform assessment tool based on the evidence-based Danger Assessment model. This model was found in a 2005 evaluation of several lethality assessment tools to have the most accurate ability to predict an offender's future likelihood of violence. The Domestic Violence Leadership Commission recommended the Legislature authorize the development of a uniform, statewide lethality-driven assessment tool based on the Danger Assessment model. However, while legislation was introduced in the 2010 session (Senate Bill 27), it was not enacted.

Additionally, there has been no statewide domestic violence-specific training for judges and court personnel in New Mexico since 2006, according to the Judicial Education Center (JEC), the entity responsible for conducting trainings and education for the judiciary in the state. The annual Judicial Conclave may include workshops and other sessions on domestic violence, but these are typically not mandatory. JEC's statute requires "an appropriate amount of time" to be devoted annually to training on DWI cases, but makes no provision for requiring training on any other type of offense, including domestic violence (Section 34-13-2 NMSA 1978). The state's minimum standards for continuing legal education also require annual training for judges, domestic violence special commissioners, and domestic relations hearing officers to include "appropriate training in understanding domestic violence." Other states, however, include more specificity in what should be included in judicial training on domestic violence, such as Minnesota, which requires the inclusion of various components related to victim and child needs and services and the impact of domestic violence, as well as an emphasis on the coordination of court and legal victim advocacy services.

New Mexico currently lacks effective high-level statewide coordination on domestic violence issues.

In 2007, the Domestic Violence Leadership Commission was created by executive order, and was subsequently enacted into statute by the Legislature in 2010. Statute requires the Commission to meet at least six times annually and issue an annual report to the Legislature and the governor. To date, however, the Commission has issued just two annual reports, in 2008 and 2009. There is no evidence the Commission has met since that time, despite its establishment in permanent law.

Section 9-2A-24 NMSA 1978 establishes the Domestic Violence Leadership Commission as a 26-member body with broad responsibility for identifying domestic violence services in need of improvement and make recommendations to the governor and secretary of CYFD, developing strategies for public awareness, studying inequities in the treatment and disposition of males involved in domestic violence, and reviewing the effectiveness of existing and recommended domestic violence laws and policies.

With the exception of representatives from each house of the Legislature, members of the commission are to be appointed by the governor. These include representatives of the governor, attorney general, various cabinet departments including CYFD, Public Safety, Corrections, Health, and Aging and Long-Term Services, the judiciary, law enforcement, district attorneys, the New Mexico Coalition Against Domestic Violence, the Southwest Women's Law Center, the Coalition to Stop Violence Against Native Women, the Crime Victims Reparation Commission, the New Mexico Interpersonal Violence Data Central Repository, the New Mexico Intimate Partner Death Review Team, the community, rural domestic violence providers, a domestic violence survivor, a children's advocacy organization, and a gay and lesbian organization. The Commission is to be administratively attached to CYFD, and members are to receive no compensation other than per diem and mileage reimbursements. The Commission was previously chaired by a governor-appointed Domestic Violence Czar.

Recommendations

The Legislature should consider:

Contingent on improved collection of fees into the Domestic Violence Offender Treatment or Intervention Fund, authorizing a pilot project involving the implementation and evaluation, in at least one location, of a formalized coordinated community response involving the local domestic violence provider, CYFD Child Protective Services, the CYFD Domestic Violence Unit, local district and magistrate courts, the district attorney, the public defender, local law enforcement, the local misdemeanor compliance program, and local healthcare providers. The pilot site should be selected jointly by CYFD and the New Mexico Coalition Against Domestic Violence through a request for proposals (RFP) process and should have the goals of increasing the number of batterers who attend and complete a batterer intervention program, connecting victims and children to the services they need, and evaluating program outcomes.

Enacting legislation to include misdemeanor domestic violence offenders convicted under the Crimes Against Household Members Act among those required to undergo misdemeanor compliance monitoring, and require BIPs to include misdemeanor compliance officers among those to whom they are required to submit monthly offender progress reports.

Reintroducing legislation to require the establishment of a uniform domestic violence reporting form

The Department of Public Safety and the NMLEA Board should:

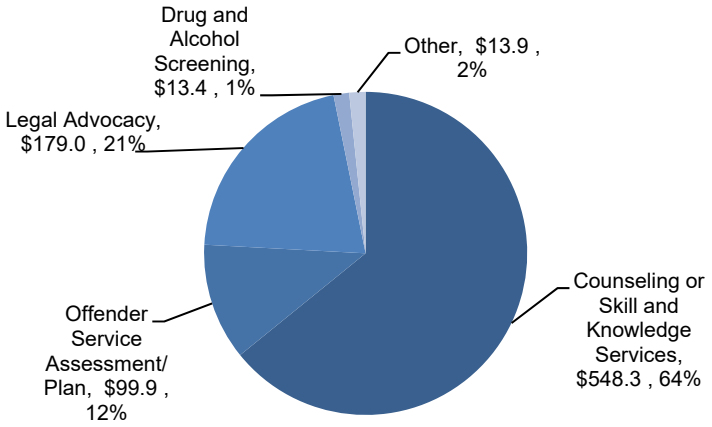
Consider formalizing training requirements on the use of validated lethality assessments and trauma-informed interviewing as part of domestic violence curricula at the NMLEA and State Police Academy

New Mexico Spends Little on Treatment Programs for Domestic Violence Offenders and Lacks Sufficient Evidence of Their Effectiveness

In FY16, CYFD paid $548 thousand for counseling for domestic violence offenders.

State-funded domestic violence providers billed CYFD a total of approximately $855 thousand for all services to offenders in FY16, of which 64 percent was for group or individual counseling or skill and knowledge services that make up batterer intervention programs (BIPs). Other services provided to offenders include drug and alcohol screenings, legal advocacy, and offender service assessments (Chart 7).

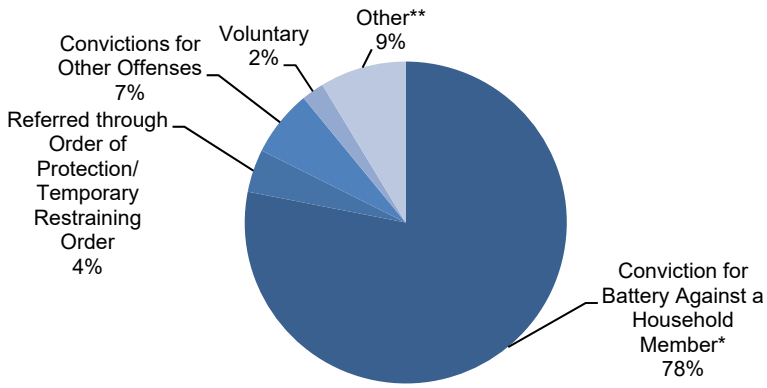
Chart 7. Domestic Violence Offender Services Billed to CYFD, FY16
Total: $854.5 thousand



Source: LFC Analysis of CYFD EPICS data

Batterer intervention programs are a low-cost intervention for domestic violence offenders. In New Mexico, anyone convicted of battery against a household member or aggravated battery of a household member under the Crimes Against Household Members Act (sections 30-3-10 to 30-3-18 NMSA 1978) or convicted of violating an order of protection under the Family Violence Protection Act (section 40-13-1 NMSA 1978) is required to be sentenced to a BIP. Judges, domestic violence special commissioners, and the Parole Board may also refer offenders to BIPs at their discretion, and individuals may also enter BIPs voluntarily.

Chart 8. New Mexico BIP Referrals by Source, CY15
(N=2,559)

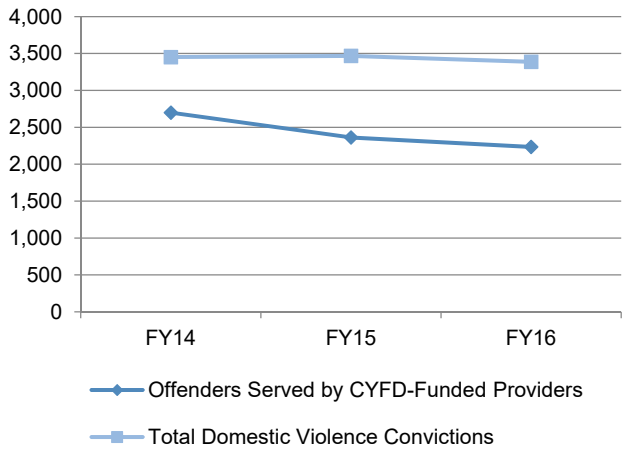


* Includes aggravated battery against a household member
** Other includes CYFD Child Protective Services, other treatment and service providers, attorneys, educators, etc.

Source: LFC analysis of CYFD provider self-reports

The vast majority of BIP participants are referred through a court order. According to CYFD data, 89 percent of BIP referrals came through court mandates in CY15. These referrals include convictions for battery or aggravated battery against a household member (78 percent), violations of orders of protection or temporary restraining orders (4 percent), or convictions for other offenses (7 percent). Voluntary referrals made up 2 percent, and other sources, such as other treatment providers, Child Protective Services, attorneys, and educators made up 9 percent (Chart 8).

Chart 9. Domestic Violence Convictions and Offenders Served by CYFD-Funded Providers, FY14-FY16



Source: AOC, CYFD

BIPs must be certified by CYFD to accept and treat clients referred via court order. CYFD approves programs under its guidelines for domestic violence offender treatment and intervention (DVOTI) providers. Currently, there are 37 approved DVOTI providers for CY17. Of these, 24 received funding from CYFD in FY16, serving just over 2,200 offenders. This is a reduction of 17 percent from the roughly 2,700 offenders served through CYFD-funded BIPs in FY14. Meanwhile, overall domestic violence convictions remained relatively flat during this period (Chart 9).

CYFD spends about $235 per offender to participate in BIPs, but the full cost of treatment for a client to complete a BIP in 52 weeks would total just over $800. LFC staff analysis found the average billed cost per offender for group counseling or group skill and knowledge services, which include the majority of BIP activities, was $235 in FY16, at an average cost per hour of $10.46. When individual counseling is also included, the average total cost per client rises only to $299. However, data from the EPICS billing system shows clients received an average of only 20 hours of any type of counseling in FY16, far less than the 52 90-minute sessions required of most court-mandated offenders. For a client receiving the full 52 weeks of group treatment, the annual cost would be $816.

By comparison, the average annual cost of probation in New Mexico is roughly $3,400, and incarceration in prison or jail costs upwards of $30 thousand annually (Table 2). It is important to note that many BIP clients are attending treatment as a condition of probation, so the cost of a BIP could be considered part of their overall cost of probation.

Table 2. Average Annual Costs of BIPs vs. Probation and Incarceration

FY16 Average Billed Cost per BIP Client (Group Only)	$235
Annual Cost per BIP Client for 52 Weeks of Group Counseling	$816
Average Annual Cost of Probation	$3,411
Average Annual Cost of Jail	$31,025
Average Annual Cost of Prison	$37,492

Source: LFC analysis of CYFD data (BIP costs), New Mexico Sentencing Commission (probation costs), Department of Corrections (prison costs), county detention reports (jail costs)

One program not funded by CYFD, the Sandoval County DWI and Prevention Program, which integrates DWI compliance and treatment with a domestic violence BIP for those convicted of domestic violence offenses related to substance abuse, reported an average cost of $8.95 per week for 117 clients in FY16. This program includes both a 52-week BIP certified, but not funded, by CYFD, as well as a 26-week anger management program for offenders not mandated to attend the 52-week program.

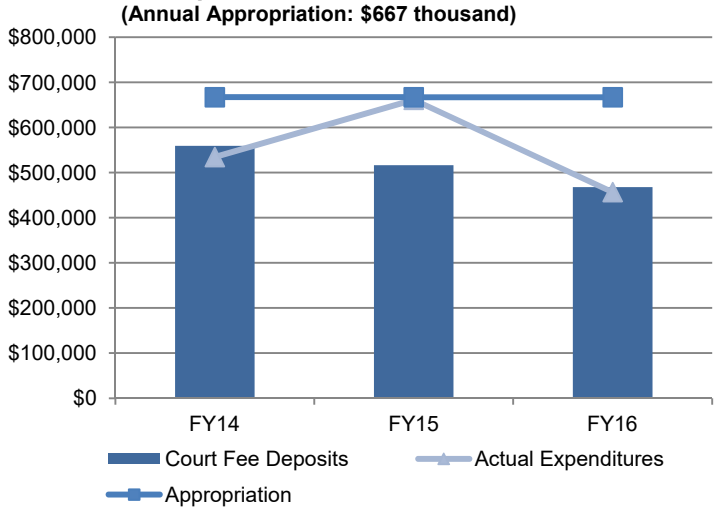
Ensuring collection of required fees and maximizing Medicaid billing for BIPs could free up general fund resources for other purposes.

The primary source of state funding for BIPs is the Domestic Violence Offender Treatment or Intervention (DVOTI) Fund, which is required to collect $5 from every person convicted of a penalty assessment misdemeanor, traffic violation, petty misdemeanor, misdemeanor, or felony offense. Revenues from these fees have declined in each of the past three fiscal years, falling short of spending assumptions by nearly $200 thousand in FY16. While appropriations to this fund have totaled $667

thousand annually since FY14, deposits of fees into the fund reached just $559 thousand in FY14, $516 thousand in FY15, and $468 thousand in FY16. Spending from the fund has fluctuated from $534 thousand in FY14 to $661 thousand in FY15 to $457 thousand in FY16 (Chart 10).

FY16 billings for offender services eligible for funding from the DVOTI Fund totaled $648 thousand, including $548 thousand for counseling and $100 thousand for offender service assessments. While this does not exceed the $667 thousand appropriation, it does exceed the $468 thousand in revenues to the DVOTI Fund that year by $180 thousand, necessitating the use of general fund appropriations to cover the difference. Additionally, while allocations from the DVOTI Fund are specifically meant to be used for offender treatment, CYFD did not track the amount providers actually spent on survivor and offender services prior to FY17, so it is unknown how much from the general fund was used to pay for offender treatment services in previous years.

Chart 10. DVOTI Fund Revenues and Expenditures, FY14-FY16
(Annual Appropriation: $667 thousand)



Source: LFC analysis of SHARE data

Despite declining revenue, cash balances in the fund have remained stable, averaging roughly $948 thousand since the beginning of FY14. This indicates CYFD is drawing on the general fund more than it should for services otherwise eligible for DVOTI funds. There is not currently a requirement in DVOTI contracts that providers bill against the court fee-funded DVOTI Fund before billing the state general fund for services that could otherwise be paid for from the DVOTI Fund. As such, CYFD should ensure that balances in the DVOTI Fund are reasonably spent down before using general fund revenues for payments to providers for DVOTI services.

Courts may not be ensuring all offenders required to pay domestic violence offender treatment fees are doing so. LFC staff chose a convenient sample of cases where an offender was convicted of a domestic violence offense in 2013 and checked them against public case records available online on the New Mexico Courts website to determine whether an agreement to pay fines and fees was filed or there was some other indication that the offender was required to pay fees. Out of 36 selected cases, 21 had some indication of fees paid, while 15 did not. Whether this is due to fee and fine agreements not being filed in cases or simply differences in how courts enter this information is unclear. However, it should be noted that out of the 21 cases where fines or fees were imposed by the court, three also included jail in lieu of fines and fees and one included community service in lieu of fines and fees. In these cases, any fines and fees the offender would be responsible for paying are waived upon the offender serving a jail term or completing a required amount of community service.

In any case, based on this small sample it appears unlikely all offenders statutorily required to pay fines and fees, including the $5 domestic violence offender treatment fee, are actually required to do so by the court.

This includes not only domestic violence offenders, but all other misdemeanor and felony offenders to which the fee is supposed to apply. Additionally, the court may impose additional penalties for failure to pay required fines and fees. Because offenders tend to be disproportionately low-income, it is unlikely offenders will always successfully pay the fines and fees required of them, although in some cases courts and offenders may come to an agreement on a plan for payment. Additional research is necessary to determine whether non-payments are due to inability to pay, courts imposing other sanctions (such as jail or community service) in lieu of the fees, or some other reason.

If all offenders required to complete 52 weeks of treatment successfully did so, the cost to the state would be roughly $1.2 million. Based on CY15 referrals and FY16 average hourly rates billed to CYFD, the total cost for all mandated offenders at state-funded providers to complete 52 weeks of 90-minute BIP sessions would result in total costs of $1.2 million at an annual cost per client of roughly $816 (Table 3). This analysis does not include clients referred for shorter periods of time or who voluntarily self-refer to a BIP, who would likely incur lower costs of treatment.

Table 3. Estimated Costs to Fully Fund BIP Services for Court Mandated Offenders

Number of Referrals to CYFD-Funded Providers Requiring 52 Weeks of Treatment (CY15)	1,453
Average Hourly Cost of Group Treatment (FY16)	$10.46
Required Hours per Week	1.5
Number of Weeks	52
Total Annual Cost	**$1,185,474**
Average Annual Cost per Client	**$815.88**

Source: LFC analysis of CYFD data

Few New Mexico domestic violence providers bill Medicaid for BIPs or screening services. Depending on the program model and curriculum used, BIPs may be covered by Medicaid as group or individual therapy, psychosocial rehabilitation, or other types of covered behavioral health services, provided they are delivered by certified providers and qualified facilitators. However, in LFC's survey of domestic violence providers, just two out of 21 respondents reported they bill Medicaid for any services. One provider reported it bills Medicaid for services for both survivors and aggressors, while another reported Medicaid covers its addiction and mental health services. Domestic violence providers are not currently required to screen offenders for Medicaid enrollment and eligibility, but are required to inform them of locally available HSD or tribal services for such eligibility determinations.

In field interviews with LFC staff, some providers reported the need to have a diagnosis in place for a client is a barrier to billing Medicaid for BIP services, since not all clients have a diagnosed mental health condition. However, CYFD pays domestic violence providers to perform mental health evaluations and drug and alcohol screenings and requires referral to appropriate services based on the results. These screenings and evaluations could also be billed to Medicaid where appropriate.

Sliding fee scales could provide funding to supplement declining court fee revenues. CYFD's contracts for domestic violence providers allow, but do not require, providers of offender treatment services to establish sliding fee scales with the approval of CYFD. While New Mexico allows sliding fee scales in BIP provider contracts, it does not include them as part of its BIP standards. According to CYFD, none of its contracted domestic violence providers currently have a CYFD-approved sliding fee scale for clients.

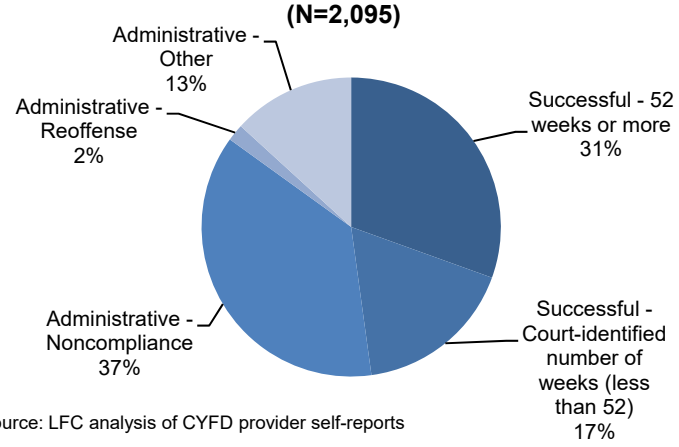
Several other states, include sliding fee scales as a requirement in their BIP standards. Colorado's BIP standards state an offender paying for his or her own treatment is an indicator of responsibility and is to be included in the offender's treatment plan, with providers required to offer a sliding fee scale. Kansas also requires batterers to assume financial responsibility for their treatment and suggests providers use sliding fee scales to ensure affordability. Nevada requires at least 5 percent of a BIP's clients to be indigent and requires providers to provide a sliding fee scale, but also specifies that inability to pay is not sufficient reason to deny treatment.

Fewer than half of New Mexico BIP clients were discharged successfully in CY15, and a lack of clear standards makes measures of success uncertain.

In order to be recertified annually as a Domestic Violence Offender Treatment and Intervention (DVOTI) provider, a domestic violence agency must submit figures on referrals, enrollment, and completions for the preceding full calendar year. For CY15, 1,002 out of 2,095 clients discharged from a certified DVOTI program were discharged successfully, about 48 percent of the total. In some cases, courts may sentence offenders convicted of domestic violence offenses not requiring 52-week treatment to a shorter intervention. Successful completions in 52 weeks or more made up 31 percent of all discharges in CY15.

All other discharges are categorized as administrative due to noncompliance (such as lack of attendance), reoffense, or other reasons such as moving to another city, completing probation, or entering long-term substance abuse treatment, for example. Most administrative discharges are for noncompliance, making up 37 percent of the total in CY15. Other reasons accounted for 13 percent of all discharges, while reoffenses were only 2 percent (Chart 11).

Chart 11. DVOTI Program Discharges, CY15 (N=2,095)



Source: LFC analysis of CYFD provider self-reports

Successful discharge rates vary significantly among providers, however. As shown in Table 4, the percent of successful discharges by the 35 certified DVOTI providers in CY15 ranged from a high of roughly 93 percent at the Pueblo of Zuni, to as low as 13 percent at the Healing House in Deming, and zero percent for the four BIP clients discharged from the Carlsbad Battered Families Shelter. Meanwhile, administrative discharges ranged from 10 percent to 100 percent, averaging 52 percent statewide. A full breakdown of all types of discharges across all providers is included in Appendix E.

Table 4. Successful and Administrative DVOTI Discharges by Provider, CY15

Provider	Total Discharges	% Successful	% Administrative
A New Awakening	314	23%	77%
A New Awakening- Rio Rancho	45	49%	51%
Aliviar Counseling Services, Inc.	105	70%	30%
Alternatives To Violence	26	50%	50%
Amistad y Resolana	5	20%	80%
Carlsbad Battered Families Shelter	5	0%	100%
Center of Protective Environment	98	29%	71%
Community Against Violence	24	42%	58%
Cottonwood Clinical Services	34	29%	71%
Crisis Center of Northern NM	12	75%	25%
Domestic Abuse Intervention Center	16	25%	75%
El Puente Del Socorro	101	59%	41%
El Refugio	39	38%	62%
Esperanza Guidance Services	65	57%	43%
Esperanza Shelter	155	90%	10%
Family Crisis Center	121	18%	82%
Grammy's House	43	70%	30%
Hartley House	76	55%	45%
The Healing House	15	13%	87%
La Casa	133	60%	40%
La Familia Mental Health	52	62%	38%
Life Skills Learning Center	23	26%	74%
Los Alamos Family Council	3	33%	67%
New Mexico Counseling Center	141	50%	50%
Option, Inc.	73	38%	62%
Pueblo of Zuni	14	93%	7%
Peacekeepers	40	38%	63%
Roberta's Place	41	46%	54%
Roswell Refuge	74	27%	73%
Sandoval County DWI & DV Program	86	90%	10%
Somos Familia	45	60%	40%
Sun Mountain Counseling Services	17	24%	76%
Torrance County Counseling	19	47%	53%
Torrance County Project Office	10	30%	70%
Valencia Shelter Services	25	32%	68%
Total	**2,095**	**48%**	**52%**

Source: LFC analysis of CYFD provider self-reports

CYFD cannot validate rates of successful BIP treatment due to lack of documentation and differences in how data is reported. While CYFD's Service Definition Manual requires a discharge summary for all domestic violence services to contain the reasons for completion or termination, as well as information on services provided and progress under the provider's care, it does not specify uniform conditions that must be met for a discharge to be considered successful. This allows for potentially wide variations in determinations among providers as to who has successfully completed a program.

The 13 New Mexico BIP providers that responded to a survey from the LFC evaluation team reported a wide array of specificity in criteria for how they determine successful program completion. One respondent reported success is based on measuring the client's time spent in group and one-on-one sessions, the extent to which the client participates in the group, and assessments at entry, the program's midpoint, and discharge, with a focus on client engagement in taking responsibility and ownership of his or her own behaviors. Another provider requires individual clients to meet at least 70 percent of the goals specified on the service plan, in addition to fulfilling attendance requirements. Conversely, one provider listed only that clients must complete 52 program sessions and demonstrate improvement in behavior, while another provider responded they only require completion of all phases of the program curriculum, with no mention of criteria for measuring individual progress.

CYFD staff are unable to accurately check whether services billed align with providers self-report due to differences between how providers report discharges in billing data and annual self-reports. State-funded providers bill the department through the EPICS information system, in which client discharges can be labeled as planned, time limited, or administrative. While these categories can be useful for tracking clients of survivor services, who may, for example, be entered as a time-limited discharge due to reaching the 90-day limit for shelter stays, they are less useful for tracking offenders, who may take longer than the mandated time period to complete a BIP. As noted above, the discharge categories that must be reported with annual provider applications include noncompliance and reoffense, which are not reported in EPICS.

EPICS also does not distinguish whether clients of DVOTI services are mandated to receive 52 weeks, if they have been assigned by a court to a shorter length of treatment, or if they are not mandated to receive any particular length of treatment (such as for clients who voluntarily enter a BIP). The system should include whether a client falls into one of these categories would permit additional validation of whether clients are completing the treatment required of them. To further ensure data is accurate, CYFD should include procedures for spot checking that EPICS billing records for individual clients match those clients' records during its annual provider audit process.

New Mexico does not have standard criteria for assessing batterer risk, leading to differing levels of criteria and measurement among providers. In New Mexico, BIP providers and clients are required to complete an offender service assessment and plan, to be reviewed every 90 days, that includes a risk assessment as well as measurable goals and steps to achieve them based on the offender's

strengths and barriers to achieving those goals. Clients and providers also complete a re-offense prevention plan for the offender to identify signs of escalation of abuse, alternative actions and behaviors, and resources to support the prevention of future violence. State regulations only specify that an initial assessment determine whether the client will benefit from the program (8.8.7.10 NMAC), and the CYFD Service Definition Manual does not specify components of a risk assessment, nor does it require any assessments used by providers to be evidence-based, validated tools.

One study suggests length of treatment is not as important as whether or not BIPs adhere to principles of effective intervention, which include risk, need, responsivity, treatment, and fidelity. Key elements such as systemwide risk and needs assessments to assign offenders to appropriate interventions, evaluations of responsivity to treatment approaches, and regular evaluation of program fidelity and outcomes are components of other types of evidence-based correctional programs.

The 2015 New Mexico BIP Task Force recommended the development of an assessment tool or tools to identify high and low-risk offenders and place them in appropriate services. However, such a uniform assessment is not yet in place. LFC's survey of domestic violence providers asked if offender treatment providers required a risk assessment, and if so, to specify which tools are used. All the 13 BIP providers that responded reported they require a risk assessment. However, the specific tools listed vary, with three providers reporting they use their own, internally developed assessments.

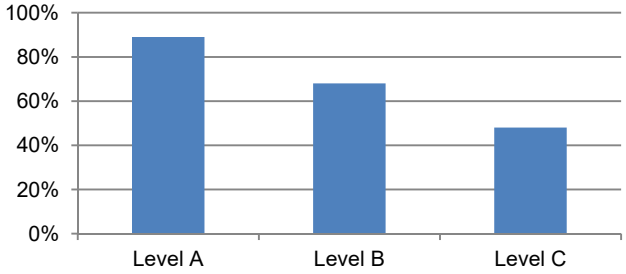
Colorado has developed a system of differential treatment for domestic violence offenders with varying lengths and intensities of treatment based on assessed levels of risk. In 2010, Colorado adopted a revised set of standards for court-ordered treatment of domestic violence offenders. These standards include the use of a uniform risk assessment tool, the Domestic Violence Risk and Needs Assessment (DVRNA), which draws upon research into the risk-needs-responsivity principles of intervention that has found placing lower risk offenders in groups with higher risk offenders may result in negative outcomes for the lower risk offenders. The DVRNA uses factors such as an offender's criminal and domestic violence history, concurrent substance abuse or mental health issues, and other information to place the offender in one of three levels of treatment.

The Colorado system pairs this differentiated treatment approach with multidisciplinary treatment teams (MTTs) that bring together domestic violence providers, probation officers, and treatment victim advocates to conduct the assessment and review the offender's progress. Rather than complete a predetermined length of treatment, offenders must instead demonstrate achievement of a set of competencies in order to be declared successful by the MTT.

A 2015 evaluation of the DVRNA tool by researchers at the University of Colorado Denver found rates of successful treatment decrease with an increasing level of risk as determined by the DVRNA. Of offenders classified as Level A (low risk), 89 percent successfully completed treatment, compared to 68 percent for Level B (moderate risk) and 48 percent for Level C (high risk) (Chart 12). Additionally, a preliminary

assessment of recidivism of a small sample of offenders using the DVRNA found that moderate risk offenders had a domestic violence recidivism rate of less than 5 percent, and a general criminal recidivism rate of 26 percent, while high risk offenders had a domestic violence recidivism rate of 18 percent and a general criminal recidivism rate of about 44 percent. This analysis, though very limited in scope and scale, would appear to further indicate the DVRNA appropriately classifies offenders based on risk.

Chart 12. Percent of Colorado Domestic Violence Offenders Who Completed Treatment by Risk Level at Intake



Source: University of Colorado Denver Buechner Institute of Governance

CYFD lacks sufficient evidence of BIP effectiveness, but has begun taking steps to address this issue.

Currently, the only regular measurement of domestic violence offender outcomes at CYFD-funded providers is through a survey offered to BIP participants, the results of which are reported by providers to CYFD quarterly. In addition to providing information on how much time they have been participating in the program, clients are asked to respond, on a five-point scale from "strongly agree" to "strongly disagree," to three questions about their perception of their own behavior, responsibility, and knowledge. However, because the surveys are administered anonymously, CYFD cannot track individual responses over time. Additionally, the survey is not administered at intake, so there is no baseline measurement of the results, thus the surveys cannot be considered a reliable instrument for assessing change from the commencement of treatment through its completion.

No performance measures currently exist for state-funded BIPs. CYFD staff are considering new performance measures for offender services that are tied to program goals for reducing offender recidivism, especially related to child welfare and involvement with Child Protective Services. These draft measures are listed in Table 5 below.

Table 5. Domestic Violence Offender Performance Measures Under Consideration by CYFD Staff

Goal	Measure
There will be a 10% annual increase of successful batterer intervention program (BIP) completion	Percent of batterers served by a batterer intervention program who complete the program successfully
There will be 50% fewer episodes of protective services recidivism for those completing BIP programs vs. non-completers	Number of people completing a BIP program who did not have a new substantiated investigation
	Number of people who did not complete a BIP program who did not have a new substantiated investigation

Source: CYFD

To more fully measure BIP outcomes and ensure continuous improvement, CYFD should leverage its existing data systems, including its Research, Assessment, and Data (RAD) Bureau, and provider self-reports to develop performance measures on BIP effectiveness. LFC staff recommend measuring the percentage of court-ordered offenders who successfully complete a BIP within the mandated time frame, as well as the percentage of offenders who successfully complete a BIP and are rearrested for a

domestic violence offense within two years. CYFD will need to collaborate with entities such as the Administrative Office of the Courts and the New Mexico Sentencing Commission on the sharing of offender data to permit ongoing tracking of client rearrests. Furthermore, tying DVOTI provider contract renewals and program recertifications to performance measures could serve to incentivize improvements at the provider level as well.

A preliminary LFC staff analysis of all batterers convicted of domestic violence and sentenced to a BIP in 2013 indicate that 25 percent were arrested again for domestic violence at least once through 2016. However, this is not a reliable measure of the effectiveness of BIPs, as such analysis requires a comparison of those who receive and complete treatment to those who received some other sanction or intervention. Currently, it is not possible to determine from court and arrest data whether or not an offender actually completed a BIP. Additionally, LFC staff analysis finds that there is too much bias introduced when comparing the recidivism of batterers convicted and sentenced to treatment to those arrested for domestic violence but not convicted. A more sophisticated evaluation of BIP outcomes may need to be done in order to meaningfully determine program effectiveness.

By comparison, a 2008 study of BIPs in California, which also requires 52-week treatment of offenders, estimated 19 percent of BIP enrollees were rearrested within one year. However, the evaluation also found there was no clear evidence that participation in a BIP had any effect on rearrest in that state.

Research on the effectiveness of batterer intervention programs shows inconsistent results, suggesting a need for more rigorous review in New Mexico. The New Mexico Batterer Intervention Task Force found in 2015 research into BIPs is mixed and "confounded" by variations in programs and their place in the overall criminal justice response to domestic violence. While there have been a number of studies on BIPs nationally, there is little consensus on their effectiveness overall. Some studies show completion of a batterer intervention program in general may lead to lower recidivism rates, while other research suggests this may be related to characteristics of the individuals who complete the BIP, not the BIP itself. Certain models have positive results for program completion and reducing recidivism of offenders in certain locations or with specific populations, while others have shown to be less successful compared to standard criminal penalties. Importantly, the most rigorous studies identified by LFC staff appear to focus on relatively small geographic areas, such as cities or counties, and not entire states or the nation as a whole. This calls into question the applicability of existing research to New Mexico.

Many BIP curricula in use in New Mexico do not have widely available evidence of effectiveness. Of those listed in Table 6, the Duluth Model is recognized as an evidence-based practice by the National Institute of Justice and Dialectical Behavior Therapy is a recognized clinical practice that has been a component of larger programming, including the San Francisco Behavioral Health Court model recognized by the National Repository of Evidence-Based and Promising Practices. However, the most widely used curriculum among CYFD-funded BIP providers is Helping Explore Accountable Lifestyles (HEAL), which is used by 11 providers

and has very limited research into its effectiveness. Another model with limited evidence is Emerge, a model that originated in Massachusetts. LFC staff were unable to find research on the remaining curricula. Of particular concern, CYFD does not list specific curriculum information for 14 providers, making it impossible to determine if these agencies are engaging in models of treatment that have been the subject of studies into their effectiveness.

The Duluth model, long established and commonly used nationally, is centered on a psychoeducational approach positing domestic violence on women occurs due to their relatively weak position culturally, socially, politically and economically. However, while this model has been studied extensively, research on the effectiveness of the model has been mixed and often does not take into account the coordinated community response (CCR) called for in Duluth standards, which may affect results. Research shows the Duluth model may have some positive effects on recidivism, although it has not been shown to be significantly more effective than other BIP treatment models. Other research found while the Duluth model appeared to reduce types of recidivism there was no statistically significant effect.

Table 6. BIP Curricula In Use by CYFD-funded Providers

Curriculum	Number of Providers	Evidence Based?
Unspecified/Unknown	14	N/A
Helping Explore Accountable Lifestyles (HEAL)	11	Limited
Duluth Model	5	Yes
Alternatives to Domestic Violence	2	Unclear
Emerge	2	Limited
STOP	2	Unclear
Bridges	1	Unclear
Catholic Social Services	1	Unclear
Change is the Third Path	1	Unclear
Dialectical Behavior Therapy (DBT)	1	Yes
HOPE	1	Unclear
Interventions for Men Who Abuse Women	1	Unclear
Vista for Women	1	Unclear

Source: CYFD

Helping Explore Accountable Lifestyles (HEAL) is the most commonly used BIP curriculum in New Mexico, but there is little research on its effectiveness. LFC staff identified just one study published on HEAL that suggests group dynamics present in HEAL sessions may lead to change through group and individual factors. However, as this research study did not include a control group, was qualitative in nature, and did not evaluate the overall effectiveness of the program, it is important for providers to rigorously evaluate their current program to determine how effective the HEAL model is in reducing recidivism in New Mexico.

Two promising BIP models have some scientific evidence of effectiveness. Moral Reconation Therapy (MRT) uses a cognitive behavioral framework to change offender behaviors. This therapy can be implemented for a variety of offenses, typically DWI and substance use, but also domestic violence. Meta-analysis found a small, significant effect on reducing recidivism; however the studies used were not focused solely on domestic violence. Research on MRT for domestic violence is much more limited and often sponsored by the program creator, however this research found significantly reduced domestic violence recidivism and overall re-arrest rates. Further independent research is needed to determine the effectiveness of MRT for domestic violence. MRT is currently being used by the Sandoval County district attorney's office for their DWI and domestic violence treatment programs. Sandoval County reports a recidivism rate of 3 percent; however this is for all individuals enrolled in

their program, including DWI offenders, and not just those who entered due to domestic violence.

Achieving Change Through Value Based Behavior (ACTV), also known as the Iowa Model, is a relatively new, scientifically promising intervention for violent behavior, specifically inter-partner or domestic violence. Research has found this intervention decreases aggressive behavior and leads to reduced domestic violence recidivism compared to either Duluth or CBT BIPs.

New Mexico's requirement for batterer intervention programs to last at least 52 weeks is unsupported by evidence. Currently, state statute requires all batterer intervention programs certified and funded by CYFD to last at least 52 weeks (section 31-12-12 NMSA 1978), and regulations specify the programs consist of weekly group sessions lasting at least 90 minutes (NMAC 8.8.7.10). However, while a wide variety of research has been done on different types of batterer intervention programs, there is no consensus on the optimal length a program should be to be effective. LFC staff could not identify any published studies comparing BIP lengths that included a 52-week program. In 2016, a group of researchers reported to the Association of Domestic Violence Intervention Programs that there is not enough evidence to make any recommendations regarding an optimum length of treatment, which may be influenced by numerous factors and requires further scientific study to assess outcomes associated with varying treatment lengths. The New Mexico Sentencing Commission is in a prime position to analyze the effectiveness of the 52-week BIP requirement in this state.

BIP length, session length and program modality varies around the country, however most programs are 26 weeks and use a Duluth based model. In a comprehensive study of BIPs in the United States published in 2009, a web survey examined 276 programs in 45 states. Survey results found the average program length is 31 weeks; however this may be elevated due to an over-representation from California, which requires 52 weeks, with a range from 6 to 90 sessions. The most frequent response for BIP length was 26 weeks.

Additional, rigorous research into the effectiveness of New Mexico's BIPs is necessary. Several BIP curricula used by New Mexico providers have not been scientifically shown to be effective, and, the most rigorous existing research has been limited in geographic scale and population, making it of limited applicability to New Mexico. CYFD should partner with the New Mexico Coalition Against Domestic Violence and a reputable, independent researcher to secure funding for and conduct a rigorous evaluation of BIPs in New Mexico. Since anyone convicted of misdemeanor battery or aggravated battery against a household member in New Mexico is required to enroll in and complete a BIP, conducting a study with a non-treatment control group could be difficult, if not impossible. However, other criminal offenses for which judges may, but are not required to, sentence the offender to a BIP, such as assault against a household member, may offer an opportunity for such control groups.

Recommendations

The Legislature should consider:

Replacing the existing statutory requirement for BIPs to be at least 52 weeks with a requirement that they be a minimum of 26 weeks with the authority for courts to lengthen treatment based on offender risk.

CYFD should:

Leverage its existing data systems, the RAD Bureau, and provider self-reports to improve tracking of offender treatment outcomes.

Work with LFC and Department of Finance and Administration (DFA) staff to establish new performance measures for domestic violence offenders, including the percentage of court-ordered offenders who successfully complete a BIP in the court-mandated time frame, and the percentage of successful BIP completers rearrested for a new domestic violence offense within two years.

Work with the Administrative Office of the Courts (AOC), New Mexico Sentencing Commission, and New Mexico Interpersonal Violence Data Central Repository to determine data needs for the above recidivism performance measure.

Work with AOC and DFA to develop a strategy to maximize collection of fees into the DVOTI Fund.

Require provider risk assessment tools to be evidence-based and include a review of these tools as part of annual provider audits.

Consider tying DVOTI provider contract renewals and program recertifications to performance outcomes, such as rates of successful completion.

Consider requiring BIPs receiving funds through CYFD to institute a sliding fee scale for offenders based on their ability to pay.

Collaborate with the New Mexico Coalition Against Domestic Violence to conduct or contract for a rigorous evaluation of BIPs in New Mexico.

CYFD and domestic violence service providers should:

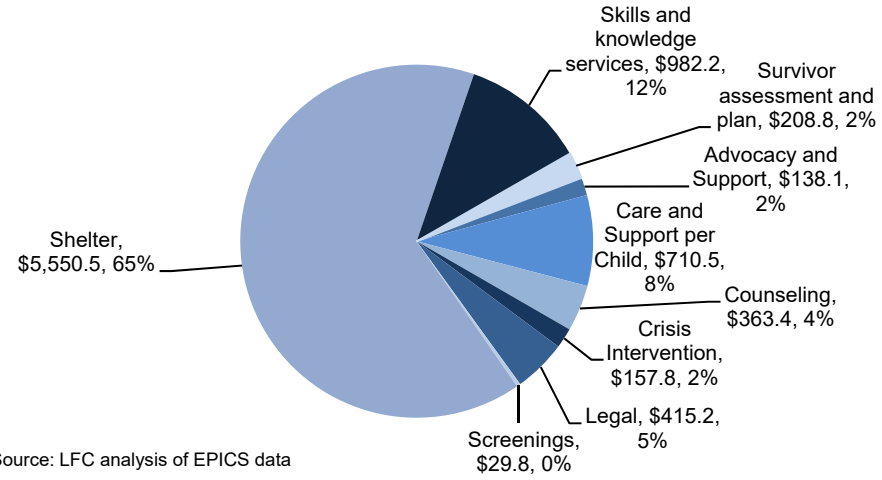
Work with the Human Services Department to help providers become Medicaid certified and bill for qualifying counseling, therapy services and substance abuse screenings and mental health evaluations for offenders.

Use data from standardized assessments, rather than client surveys, to measure changes in client attitudes, beliefs, and behaviors before, during, and after BIP treatment.

Victim Services Are Inconsistent Throughout the State and More Services Are Needed for Child Survivors of Domestic Violence

Domestic violence providers billed $8.5 million and served 8 thousand child and adult survivors in FY16.

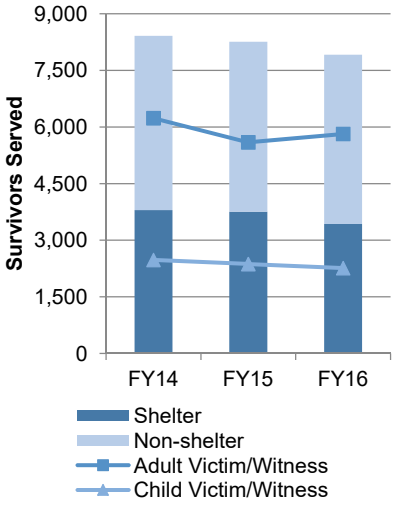
Chart 13. FY16 Victim Services Expenditures Billed to CYFD by Service Type (in thousands)
(Total: $8.5 million)



Source: LFC analysis of EPICS data

The specific services offered to domestic violence survivors vary by provider; however the most common include shelter, peer support, social service and legal assistance**.** Shelter accounted for the majority of survivor services billed to CYFD, accounting for 65 percent or $5.5 million in FY16. Shelter was followed by skills and knowledge services at 12 percent, care and support for children at 8 percent, and counseling services at 4 percent. These services are intended to increase victim safety and well being as well as assist the adult victims in becoming self-sufficient so they are not dependent upon the offender. Providers served about 3,500 shelter clients and almost 4,500 non-shelter clients during FY16. These include about 5,800 adult survivors (72 percent) and 2,300 child survivors (28 percent) (Chart 14). According to CYFD federal grant reports, 66 percent of survivor clients are women.

Chart 14. Domestic Violence Survivors Served FY14-FY16



Source: CYFD; Family Violence Prevention and Services Report FFY14-16

Domestic violence shelters and survivor services are essential as survivors often do not have a safe place to stay after a domestic violence incident. Survivors of domestic violence often need a variety of services, including shelter and assistance in finding permanent housing; behavioral health services; career services; and survivor advocacy. There has been little research on outcomes from domestic violence services; however what research there is shows women had higher self-efficacy and were better able to safety plan after utilizing these services.

When survivors arrive in a shelter, the primary concern is the safety of the survivor and the children (if applicable), as it is unknown how long the survivor will stay in the shelter, and if she (or he) will continue the relationship with the perpetrator. While individuals are able to stay in the shelter for 90 days, the average shelter stay in FFY16 was 29 nights, similar to the average length of shelter stays in FFY14 and FFY15. Unmet need for shelter was low overall, at an average less than 1 percent of the total shelter nights, however at SAFE House located in Albuquerque, and Battered Family Services, located in Gallup, unmet need at 5.3 percent and 3.5 percent of total shelter nights respectively. If all shelters were using the same data system to enter capacity and vacancy information, or if CYFD was monitoring vacancy rates in each shelter each month, the state would be able to determine access issues throughout the state in order to better allocate resources to the locations in need.

Safety plans are critical for survivors' safety upon leaving the shelter, but CYFD lacks uniform criteria for what they should include.

During the time survivors are in the shelter, the provider is able to work with the survivor to create a safety plan. These should include specific steps the survivor can take to stay safe, and should also include how to keep any children safe. The CYFD Service Definition Manual specifies safety planning should be completed at intake, reviewed at discharge and should be done for both the adult survivor and any children. However, there is no written instruction for providers related to how to create an effective safety plan.

Nationally, a number of different domestic violence resources such as the Domestic Violence Resource Center, have safety plan templates. However, as these templates are not the same, it is difficult to determine what elements should be in all safety plans. As these safety plans are essential to keep survivors safe during a future domestic violence incident, guidance from CYFD is essential to ensure domestic violence service providers are creating safety plans that are consistent and effective throughout the state, and that the plans are documented, allowing for evaluation.

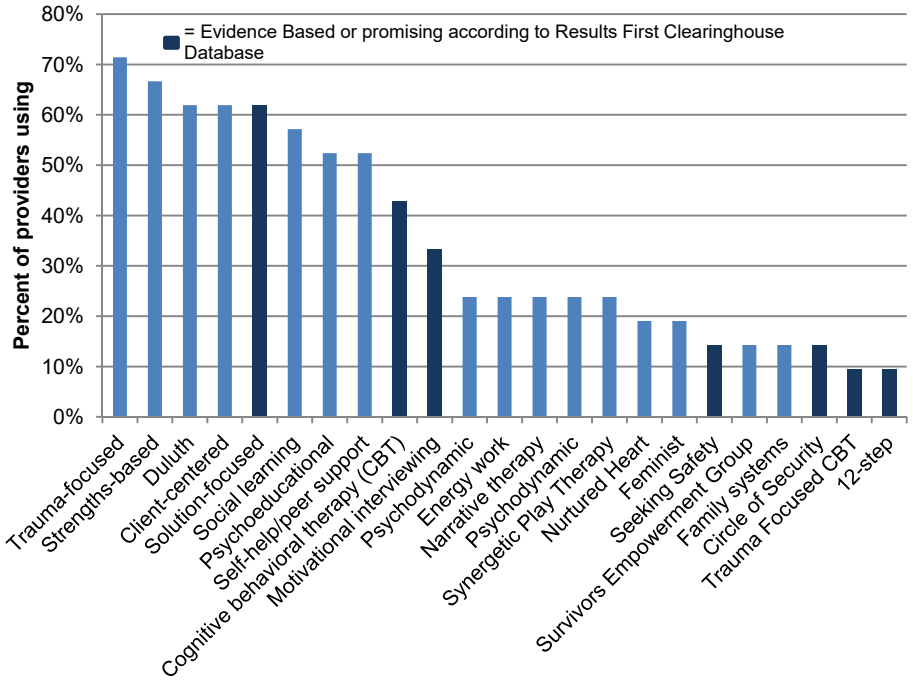
CYFD recently learned safety planning is a small part of the 40 hour core training for domestic violence service provider staff administered by the New Mexico Coalition Against Domestic Violence, and that safety planning across service providers is inconsistent. CYFD has begun to address this issue, but has yet to implement an evidence based safety planning tool or written procedures for domestic violence service providers to use. The Coalition Against Domestic Violence in Michigan has a safety planning tool kit for providers to use. CYFD and the Coalition Against Domestic violence in New Mexico should create a similar toolkit for providers in New Mexico which would help providers create consistent safety plans.

The current performance measure related to safety plans is not a valid measure of safety planning. The existing measure reports the percent of adult victims or survivors receiving domestic violence services who have an individualized safety plan. This measure is based upon a survey survivors complete before leaving the shelter. However, the survey does not ask if there is a safety plan in place, only if the survivor knows how to plan for their safety. This inconsistency in questioning should be addressed to ensure the measure of interest is actually being collected and documentation of these plans is occurring at the provider level. CYFD is aware of this issue and is working to change how it collects and reports this performance measure.

Mental health services received in shelters use a mix of evidence based and non evidence based programs to address the needs of survivors. In FY16, 54 thousand counseling contacts were provided to survivors of domestic violence, with survivors attending counseling sessions an average of 9 times. Some domestic violence providers may refer out for counseling services, though this may make it less likely the survivor will receive services. Many survivors of domestic violence may have post traumatic stress disorder (PTSD) and potentially depression and anxiety. Therefore, effective counseling services need to be available to survivors.

In New Mexico, domestic violence providers are most frequently using trauma informed, strength based, client centered and solution focused approaches, frequently in conjunction with a power and control model. In addition to these approaches, almost half the providers who responded to the LFC survey used cognitive behavioral therapy (CBT) and a third used Motivational Interviewing. While some providers use an evidence based framework, many of the specified programs listed were not evidence based (Chart 15). CYFD should work with providers to evaluate the effectiveness of these programs and collect data on what programming is leading to desired outcomes, such as survivor employment, reduced CPS involvement, and housing stability. Additionally, CYFD should be tracking service utilization and capacity to determine whether services are available to survivors throughout the state.

Chart 15. Commonly Used Programs and Therapeutic Modalities for Survivor Counseling in New Mexico



Source: LFC survey of domestic violence providers

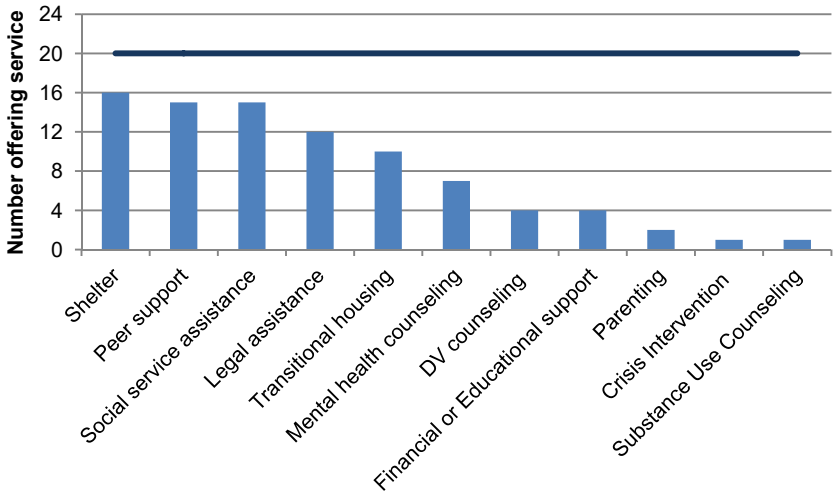
In addition to mental health services, many domestic violence survivors may also have a substance use disorder. The New Mexico Intimate Partner Death Review Team found that in 2012, 69 percent of domestic violence survivors killed by a intimate partner violence incident had a known history of drug use or alcohol abuse. According to the LFC survey of domestic violence service providers, only one provider who responded to the survey currently offers substance use counseling, and throughout the state only two health providers offer medical or social detoxification. While it is unknown the specific number of survivors who have substance use problems, access to both of these substance use treatment services may be necessary for some survivors to become self sufficient.

Survivor assessments should examine factors beyond current need and general strengths to determine resiliency factors such as social connectedness and self esteem. Currently, providers conduct an assessment when first meeting with survivors. However, this assessment is not uniform and while the CYFD Service Definition Manual states resilience factors should be examined, it is difficult to determine if this occurs during all assessments. Providers should examine survivor resiliency to determine the level and type of services needed. Research shows social support and other factors such as self-esteem, employment, health and education can decrease rates of anxiety and depression from mild to moderate levels of lifetime abuse, and that social support can positively impact survivor well being. Additionally, individuals with low levels of social support are most likely to have a repeat incident of domestic violence. If a strong support group is identified, these individuals may be helpful in creating the safety plan. CYFD, with

the support of providers and other relevant stakeholders such as the New Mexico Coalition Against Domestic Violence, should work together to create a uniform assessment that not only examines survivors' current needs, but also assesses survivor resiliency.

The range of additional services offered by providers can vary widely. Other services that survivors may need that some CYFD contractors provide include housing, legal services, and career services. These additional services offered may vary by provider. According to the respondents of LFC's survey of domestic violence service providers, the top additional services offered beyond shelter include peer support, social service assistance, and legal assistance (Chart 16).

Chart 16. Domestic Violence Survivor Services Provided by CYFD Contractors



Note: Line is the total number of survivor service provider repondents from the LFC survey
Source: LFC DV Survey,

Social Service Assistance: Many survivors may need assistance in enrolling in state programs such as Temporary Assistance for Needy Families (TANF), the Supplemental Nutrition Assistance Program (SNAP), and Medicaid. Providers can help ensure survivors have these resources before leaving the shelter which, similar to assistance with career services, allows the survivors to become more self-sufficient, reducing the need to stay in the shelter or return to the offending partner for financial reasons.

Legal Assistance: If survivors decide to file an order of protection or a restraining order against the perpetrator, legal assistance at the domestic violence provider may help to expedite the process. In addition, if a survivor is willing to participate in the criminal proceeding, it may be helpful to talk with a lawyer to learn about the process and what may be expected of them as a witness.

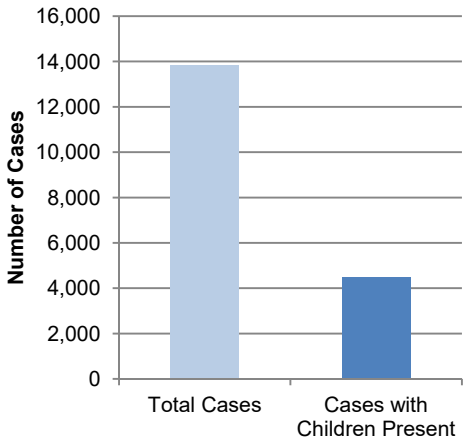
Transitional Housing: Stable housing is a common resiliency measure which may assist the survivor in dealing with the trauma of domestic violence. Some providers are able to help with these needs as they have a transitional housing program (such as Valencia Shelter Services and SAFE House) while other providers may work with the community to find safe, stable housing for survivors in need and may subsidize the expense.

Career and Educational Services: Career and educational services as well as other financial assistance may be provided by additional agencies, often through case management. These services allow the survivor to become self sufficient by assisting them in finding a career or providing them with assistance in obtaining a degree to acquire a higher paying job.

Parenting Classes: Parenting classes help the non-offending parent connect with their child and help the child deal with the stress of the domestic violence incident. Parenting classes can increase secure attachment between parent and child, particularly important for development in young

children. These classes may also help the survivor become a consistent support for the child, which can reduce the risk of future child conduct and behavioral health problems.

Chart 17. Cases of Domestic Violence in New Mexico with Children Present in 2015



Source: Caponera 2016 DV report

Children are present in one-third of domestic violence incidents that occur in New Mexico, underscoring the need for services to address child trauma.

New Mexico's lifetime prevalence rate for domestic violence was 24 percent in 2015, with 32 percent of incidents occurring with children present (Chart 17). Twenty-four percent of reports for investigation and 20 percent of substantiated cases brought to CYFD Protective Services attention involve domestic violence. Those substantiated can lead to children being removed from the care of their non-perpetrating parent due to failure to protect the child from the domestic violence incident. Children who are witnesses to domestic violence incidents have an increased rate of abuse and neglect, and domestic violence itself, as mentioned above may lead to increased mental health disorders. As many children may be in a shelter with their survivor parent, protective services staff may interact with the domestic violence shelter providers. It is important that both Protective Services and domestic violence providers understand the process and priorities of the other entity in order to collaborate effectively on client cases. Currently, Protective Services staff does not receive domestic violence training, potentially leading to miscommunication between these Protective Services and domestic violence service providers. CYFD recently contracted with a consultant to assess communication and collaboration challenges between Protective Services and domestic violence providers as well as to work with these groups to address any barriers to effective collaboration. CYFD should be encouraged to collect baseline data regarding current communication and collaboration barriers.

Increased coordination between protective services and domestic violence providers is needed to create collaborative safety plans for child survivors of domestic violence. CYFD currently states in the Service Definition Manual, coordination should occur to minimize conflicting plans and multiple assessments; however this collaboration may be difficult because of a variety of factors. Due to confidentiality issues for both Protective Services and domestic violence service providers, the information staff may be able to share between domestic violence service providers and CYFD is limited. Families may need to sign two releases of information in order for staff to share information with each other, and even then, some information cannot be shared, due to confidentiality restrictions under the federal Violence Against Women Act. Protective Services staff was unable to confirm the location of some families and also were not privy to relevant information that could be useful when creating safety plans for children. If different information is collected by domestic violence service providers and Protective Services, but not shared across these different organizations, the safety plans created may be incomplete and therefore ineffective.

Additionally, if there are incongruencies between safety plans, parents may be confused about which plan to follow.

Recently, CYFD domestic violence management staff have recommended including domestic violence providers be present at safety planning meetings conducted by Protective Services as well as aligning safety plans so that survivors only have one plan to follow. This recommendation may create more effective safety plans that are more readily followed by the family and also facilitate communication between Protective Services and the domestic violence service providers. Furthermore, language in the procedure manual for domestic violence service providers should be strengthened to require collaboration with Protective Services for children who are co-involved and language in the Protective Services procedures should also be amended to require domestic violence service providers to be present as safety plans for children who are involved with these providers. This increased communication may help to address additional problems with coordination within the domestic violence system. Evaluation of creating collaborative safety plans should occur to determine if these safety plans are easier for the family to follow and more effective at meeting the goals of both Protective Services and the domestic violence service providers.

Providers should use evidence-based programs or rigorously evaluated home grown programs to address these needs. Children exposed to domestic violence have an increased risk of depression, anxiety, and trauma-related symptoms. The most costly mental health problems facing children in New Mexico are related to trauma, which could be caused by involvement in a domestic violence incident. Family factors, such as exposure to domestic violence as a child are among the main risk factors for future domestic violence victimization or perpetration. Therefore, children whose family was involved with domestic violence should receive services to decrease the likelihood of these negative psychological outcomes. These services should focus around how to reduce child trauma and promote positive mental health.

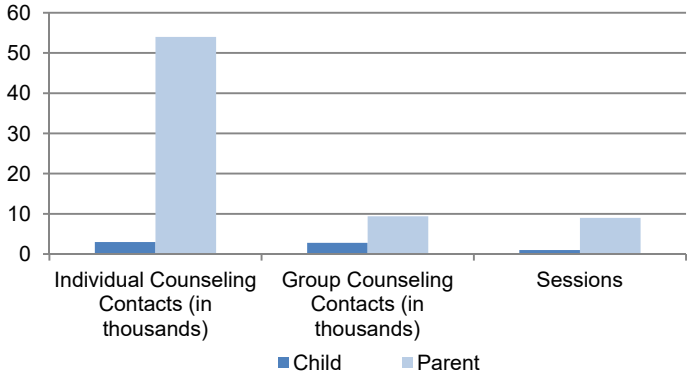
Currently there are some providers participating in the Children's Capacity Building Project funded by a federal grant through the New Mexico Coalition Against Domestic Violence. This project, started in FY15, aims to provide innovative trauma-informed services to enhance coping skills and decrease trauma symptomology in children affected by domestic violence. This pilot project did not focus on evidence-based programs, but rather what the local domestic violence providers wanted to implement. According to an initial evaluation, those providers enrolled in the Children's Capacity Building Project had improved parenting outcomes as well as improved child self-regulation and self esteem compared to those programs not participating in the Project. However, since the providers selected for this pilot project were those who were already outperforming the other domestic violence service providers, the results do not allow us to determine the extent to which the project improved child outcomes. Increased rigorous evaluation of child services at domestic violence service providers throughout the state should occur to determine what services are currently being offered, to what extent they are utilized, and the effectiveness of these programs.

Information regarding treatment modalities used with children in the state is limited. Some providers use evidence-based or promising programs such as Circle of Security and Mindfulness-based practices, while others focus on family interaction using home grown programs**.** Circle of Security is a

program for which CYFD has offered trainings to staff as well as providers. All providers initially included in the Children's Capacity Building Project were trained in this modality, however not every trained provider decided to use this program. Some additional programs used by providers that have limited research include art and animal therapy. Interestingly, no providers mentioned using play therapy when addressing child mental health needs. Research shows cognitive behavioral and play therapy models potentially used together are effective in addressing trauma, which children may be dealing with as a result of a domestic violence incident. CYFD and the Coalition Against Domestic Violence should encourage providers to used evidence-based programs and examine whether providers are using such programs to fidelity to ensure the predicted benefits of these programs. While home-grown programs could be highly effective, CYFD should evaluate these programs using rigorous methods to determine program effectiveness.

In FFY16, children had disproportionately fewer counseling contacts than adults at domestic violence service providers. Children averaged just one counseling session, while adults averaged nine (Chart 18). Child counseling services are important to reduce the risk of mental disorders. Research shows what happens after a traumatic event may determine if the child develops PTSD. If counseling can reduce the risk of trauma-related mental health problems, then these services should be provided to every child involved with a domestic violence incident to reduce trauma. Services to children of domestic violence should be of equal priority as both the child and the non-perpetrating parent are survivors of the domestic violence incident. Only serving the non-perpetrating parent may increase the child's risk of future behavioral and potentially physical health problems. While parent well-being is essential to child well-being, this does not preclude child need for services.

Chart 18. Individual, Group and Average Number of Counseling Sessions for Adult Survivors Versus Children



Source: CYFD Family Violence Prevention & Services State Grant Report, FFY2016

Few domestic violence providers bill Medicaid for potentially eligible survivor services. According to the LFC survey of domestic violence providers, only two providers out of the 21 respondents is billing Medicaid, and only one is billing Medicaid for survivor services. All other providers stated they did not bill Medicaid, as they either wanted all their services to be free to everyone or they expressed concerns with confidentiality. However, CYFD domestic violence program management states all providers could be billing Medicaid for mental health services.

Currently, CYFD's domestic violence provider contracts prohibit providers from billing, and prohibit CYFD from paying, Medicaid certified providers for Medicaid-reimbursable services provided to eligible clients. However, it is unclear if this language is intended to prohibit providers from billing CYFD for Medicaid-reimbursable services provided by domestic violence providers who are also Medicaid-certified, or if it is meant to prohibit contracted domestic violence providers from billing for Medicaid-eligible services altogether. In either case, certain services provided to domestic violence survivors and offenders, such as counseling and screening services, may be covered by Medicaid as essential health benefits, women's preventive services, Early and Periodic Screening, Diagnosis, and

Treatment (EPSDT), or mental health services. CYFD should work with domestic violence providers and the Human Services Department (HSD) to ensure that domestic violence providers are certified to bill Medicaid and that they bill Medicaid for services to eligible clients to the maximum extent possible while taking precautions to ensure the safety and confidentiality of survivors. If Medicaid funds could be leveraged by the domestic violence providers, there may be greater potential to better serve survivors as more general fund revenues could be allocated for other needed but non-Medicaid-eligible services or to increase access to domestic violence services.

Recommendations

CYFD should:

Monitor shelter vacancy rates each month to determine access issues throughout the state in order to better allocate resources to locations in need.

Create standardized, written safety plan instructions to ensure consistency across the state, adjust the performance measures to require documented safety plans, and change the survivor survey to ask whether there is a documented safety plan.

CYFD and domestic violence service providers should:

Ensure that services provided to both child and adult survivors are evidence-based programs shown to decrease the effects of trauma and increase evaluation of current non-evidence based practices used in the state.

Work together to increase coordination with Child Protective Services through collaborative safety planning for children involved with Protective Services and a domestic violence provider.

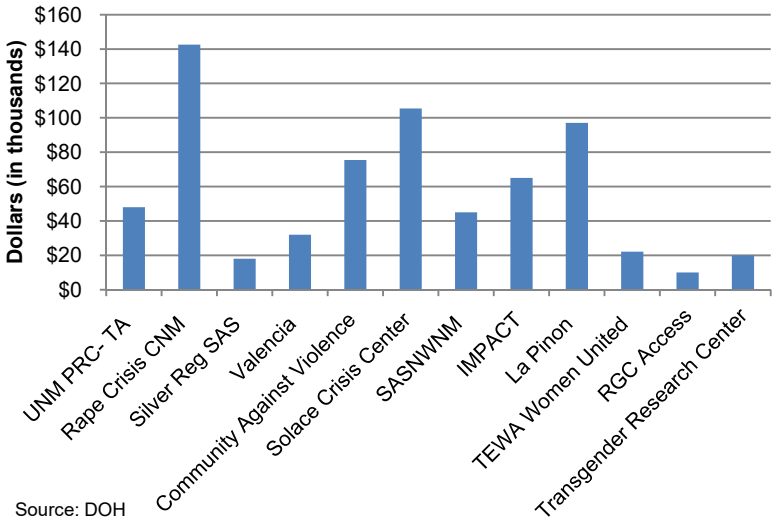
Work with HSD to leverage Medicaid funds for all appropriate mental health services provided to adult and child domestic violence survivors by ensuring providers of eligible services are Medicaid certified and can bill Medicaid while taking appropriate precautions to ensure the privacy and confidentiality of survivors' personal information.

More Work Is Needed to Implement Effective Domestic Violence Prevention Programs in New Mexico

Implementation of domestic violence prevention programs in New Mexico is extremely limited.

In New Mexico, prevention programs are largely implemented by providers contracted with CYFD and the Department of Health (DOH). Those domestic violence providers funded by CYFD are required to conduct community outreach, some of which may be targeted to youth to prevent future domestic violence. In the current fiscal year providers have completed over 163 hours of youth outreach or prevention. These youth focused programs include discussing domestic violence with schools, after school groups, such as girl scouts, and church groups. In addition to the CYFD funded contractors, the New Mexico DOH's Office of Injury Prevention funded 12 contractors; using funding from the Centers for Disease Control and Prevention (CDC), a total of almost $700 thousand to provide prevention services (Chart 19).

Chart 19. FY17 DOH Funded Sexual Assualt Prevention Programs



Source: DOH

Effective prevention programs, especially for children whose family has been involved in domestic violence, can potentially reduce future incidence of violence. Children who witness intimate partner violence are more likely to become victims of or commit intimate partner violence in the future, due to the intergenerational transmission of violence. Therefore, targeted prevention programs may be required to address the needs of these children to stop future intimate partner or domestic violence. Research shows community based interventions with both the child and parent (frequently the mother) lead to the greatest improvements in child mental health and attitudes towards violence overtime. However, while some providers include parent-child or family counseling, currently New Mexico prevention programs are not focused towards this high risk population. However, parenting classes are implemented by some providers and these classes may lead to more positive outcomes for children.

Evaluations of primary prevention programs in New Mexico communities funded by DOH may change attitudes on domestic violence and sexual assault. The programs funded by DOH are predominantly multi-session education programs using home-grown programming aimed to change sexual violence norms, and have been completed by almost 5 thousand New Mexico students. These include the Poder program run by the Community Against Violence in Taos, and several programs in Santa Fe County operated by Solace Crisis Treatment Center in partnership with Santa Fe Public Schools and other organizations. See Table 7 for a summary of all evaluated programs.

Table 7. Summary of DOH Evaluation Results of Selected Primary Prevention Programs for Domestic Violence, Dating Violence, and Sexual Assault

Location	Program Name	Target Population	Program Description	At One-Month Follow-Up, Was There A Statistically Significant Increase in…			
				Rejection of Couple Violence?	Acceptance of Flexible Gender Norms	Rejection of Rape Myth	Bystander Efficacy?
Taos	Poder	Youth 12-18	Develop self-awareness for the creation of individual change that can initiate critical social analysis, change social norms, & promote community change	Yes	Yes	No	N/A
Taos	Safe Dates	6th-12 grade students	Focuses on increasing awareness of what constitutes a health relationship and the consequences of dating abuse	No	No	No	N/A
San Juan	Safe Dates	9th-12 grade students	Same as above	Yes	Yes	Yes	Yes
Santa Fe	No Más!	6th-12th grade Spanish-speaking immigrant students	Explores myths about rape & consent, examine how hypermasculinity is shaped & contributes to sexual violence, identify strategies for bystander intervention, & use media literacy to deconstruct messages promoting sexual violence	Yes	Yes	N/A (scores indicate higher levels of rejection, but no statistical significance reported)	N/A
Santa Fe	Students Preventing Sexual Assault (SPSA)	Students at Santa Fe University of Art and Design	Provide training to peer educators with curriculum similar to PASA & No Más!, & build capacity of peer educators to facilitate multi-session sexual assault prevention for students, train residential life faculty on the roots of sexual violence, & provide ongoing mentoring & assistance to peer educators	N/A	N/A	N/A	Yes (students only; insufficient data to determine significance for faculty)
Santa Fe	People Resisting Oppression Project (PROPs)	Middle and high school students and staff	A program for general student population conceptualizing homo- and trans- phobia & as sexual violence, training for school staff, & education specifically for LGBTQ youth, focuses on self-efficacy & knowledge around healthy sexuality sexual violence, consent, & hypermasculinity	Yes	No (pre-test scores were high already)	Yes	Yes
Rio Arriba	Walk the Talk	6-8th grade students	Provides training to individuals in a school setting to advocate for prevention of domestic and sexual violence	Yes	No	Yes	Yes
Bernalillo Sandoval & Torrance counties	Palabra	6th-8th grade middle school boys of color	Program to empower & create self identity & to guide in making lifelong decisions including how to have health relationships	Yes	Yes	Yes	N/A
Bernalillo Sandoval &Torrance counties	Voz	6th-8th grade middle school girls of color	Program to empower & create self identity & to guide in making lifelong decisions including how to have health relationships	Yes	Yes	Yes	N/A
Bernalillo Sandoval & Torrance counties	Anti Sexual Violence Training Institute	9th-12th grade high school students	Primary goal to increase awareness around sexual violence and to increase skills to prevent sexual violence	Yes	Yes	Yes	N/A

Source: DOH evaluation

The DOH evaluations of the sexual assault prevention programs in FY16 measured changes in knowledge and attitudes at pre-test, post-test, and one-month follow-up. Of the 10 programs evaluated, at the one month follow up, nine programs showed a statistically significant increase in rejection of couple violence and nine showed an increase in rejection of rape myths. The surveys were completed by 3 thousand students. Most programs showed a statistically significant improvement in rejection of couple violence and rape myths among participants. However, small sample sizes and short (one-month) follow-up periods call for further, more rigorous evaluation to determine the programs long term effects and how to scale up these programs.

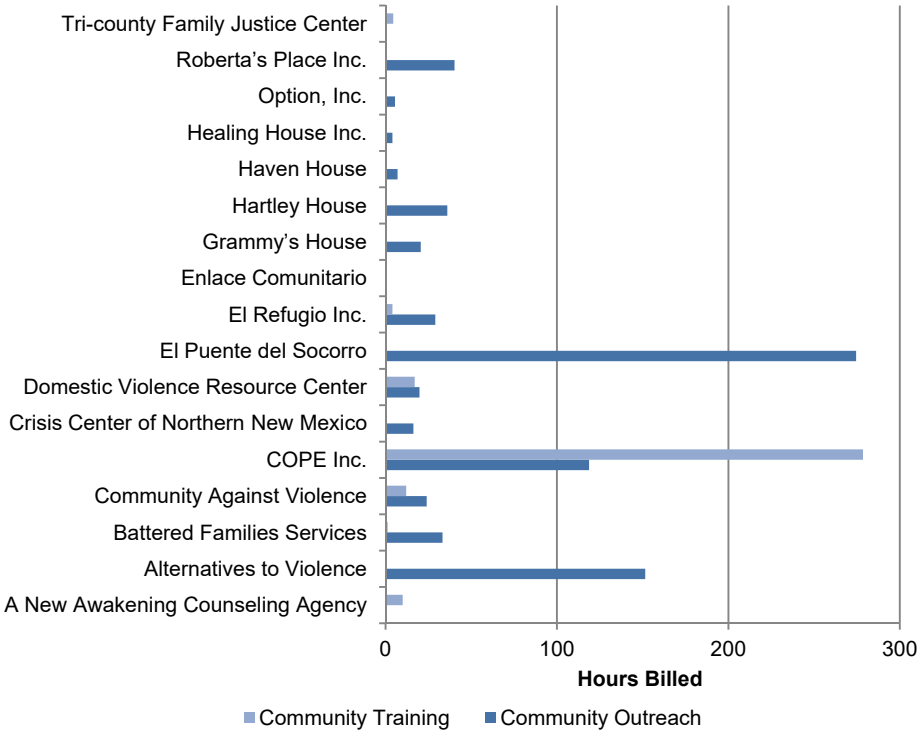
Out of the 10 programs evaluated, only one, Safe Dates has sufficient evidence to be considered evidence based or promising, depending upon the clearinghouse used. All other programs are home-grown. Interestingly, although research shows Safe Dates can decrease psychological, moderate physical and sexual dating violence perpetration, it was the only program that did not statistically increase rejection of couples violence or rejection of rape myths at one month follow up. However, Safe Dates was utilized by two of the 12 contractors and these negative results were only shown for one of these contractors. Therefore it is difficult to determine whether these negative results are due to lack of program effectiveness or other factors such as fidelity to the model. Additional evaluation should be conducted using randomization to further determine whether these effects are due to the specific programs, and comparisons across programs should also occur to determine which of the 10 programs evaluated are the most effective. Additionally, other programs may be used throughout the state as only programs from 5 out of the 12 funded contractors were evaluated.

The amount of outreach and training by New Mexico's domestic violence providers varies greatly, but data is limited to what providers bill to CYFD.

Domestic violence providers funded by CYFD may bill the state for community outreach and training activities. Through the first three quarters of FY17, CYFD's domestic violence service providers have engaged in 781 hours of community outreach and 328 hours of community training. During this period, 278 training hours, or 85 percent of all training hours billed to CYFD were from one provider, COPE, serving Lincoln and Otero counties. This provider presented trainings to entities such as human service agencies, drug court and probation programs, law enforcement, and elementary, middle, and high school students, totaling nearly 3,900 participants in its service area. The provider with the next most training hours has billed just 17 hours in FY17 YTD, serving 335 participants (Chart 20).

Regarding outreach to children and youth, providers ranged from not holding any youth prevention meetings to having 112 youth meetings. COPE provided the most youth outreach, presenting to 14 different youth groups multiple times between July 2016 and March 2017. Eight providers did not conduct any youth community outreach. CYFD should consider creating consistent standards for youth outreach and prevention activities.

Chart 20. DV Provider Training and Outreach Hours, FY17 YTD (through March 31, 2017)



Source: CYFD

Recommendations

CYFD should:

As the primary funder for domestic violence activities, stipulate in contracts with the domestic violence service providers that the providers offer primary prevention services as part of the required outreach.

Stipulate in the domestic violence service provider contracts that some funds should be allocated to provide secondary prevention services to child victims, as these victims are at an increased risk of becoming victims or perpetrators of domestic violence in the future.

State of New Mexico
CHILDREN, YOUTH and FAMILIES DEPARTMENT

SUSANA MARTINEZ
GOVERNOR

JOHN SANCHEZ
LIEUTENANT GOVERNOR

MONIQUE JACOBSON
CABINET SECRETARY

JENNIFER SAAVEDRA
DEPUTY CABINET SECRETARY

June 2, 2017

Mr. David Abbey, Director
Legislative Finance Committee
325 Don Gaspar, Suite 101
Santa Fe, NM 87501

Dear Mr. Abbey,

The New Mexico Children, Youth and Families Department (CYFD) has received a copy of your program evaluation: Domestic Violence Programs for Victims and Batterers. This correspondence serves as a response to that evaluation. CYFD administers the domestic violence programs through a network of contract providers throughout the state. CYFD fully cooperated and worked with LFC staff during the evaluation process, and CYFD is in agreement with several of the recommendations included in the comprehensive evaluation conducted. We are committed to ensuring that funding is used effectively, efficiently and services help prevent further harm to children and their parents.

The recommendations included in the report that improve outcomes are in line with CYFD's mission, operating principles and strategic plan. CYFD will take the necessary steps within our authority to implement the recommendations. Further, CYFD will engage other stakeholders in areas that will require involvement and cooperation with other state, local and community based agencies, such as potential Medicaid billing, collection and monitoring of court fees, law enforcement practices and the monitoring of offenders, which are not within CYFD's area of expertise or control.

CYFD has already developed or began implementation of several of the recommendations included in the report, such as safety planning for survivors, appropriate tracking of DVOTI services and funding, communication between DV providers, Protective Services and Child Advocacy Centers as well as re-evaluating data collection methods to support new performance measures and outcomes to name a few. The prospect of a pilot project to include coordinated community response is in line with our PullTogether initiative, in that families are able to access and receive the assistance needed to give all families the love, support and guidance they deserve and also to address the safety of children.

Sincerely,

Monique Jacobson
Cabinet Secretary

PROTECTIVE SERVICES
PO DRAWER 5160-RM 254, SANTA FE, NM 87502-5160
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Appendix A. Evaluation Scope and Methodology

Evaluation Objectives.

- Identify the range of specific domestic violence program models funded through CYFD for both victims and offenders, and the use of best practices
- Analyze the costs and outcomes of domestic violence victim and offender services to assess whether they are achieving program goals
- Inventory and analyze effective domestic violence prevention programs in New Mexico

Scope and Methodology.

- Interviewed CYFD Domestic Violence Unit staff
- Visited and interviewed selected domestic violence service providers
- Visited and interviewed other stakeholders, including law enforcement, coordinated community response leaders, judges and court personnel, and district attorney staff
- Reviewed state and federal laws, regulations, and policies
- Reviewed relevant contracts, monitoring criteria, and related documents
- Reviewed existing research on domestic violence services and best practices
- Reviewed and analyzed fiscal and service utilization data from CYFD
- Reviewed and analyzed arrest and conviction data from the Department of Public Safety and Administrative Office of the Courts via the New Mexico Sentencing Commission
- Reviewed and analyzed fiscal data from SHARE

Evaluation Team.

Brian Hoffmeister, Lead Program Evaluator
Dr. Sarah Dinces, Program Evaluator
Dr. Travis McIntyre, Program Evaluator

Authority for Evaluation. LFC is authorized under the provisions of Section 2-5-3 NMSA 1978 to examine laws governing the finances and operations of departments, agencies, and institutions of New Mexico and all of its political subdivisions; the effects of laws on the proper functioning of these governmental units; and the policies and costs. LFC is also authorized to make recommendations for change to the Legislature. In furtherance of its statutory responsibility, LFC may conduct inquiries into specific transactions affecting the operating policies and cost of governmental units and their compliance with state laws.

Exit Conferences. The contents of this report were discussed with the Deputy Director of the Children, Youth, and Families Department Protective Services Division and her staff on June 2, 2017.

Report Distribution. This report is intended for the information of the Office of the Governor, the Children, Youth, and Families Department, the Office of the State Auditor, and the Legislative Finance Committee. This restriction is not intended to limit distribution of this report, which is a matter of public record.

Charles Sallee
Deputy Director for Program Evaluation

Appendix B. Definitions Relating to Domestic Violence in State Statute

30-3-11. Definitions.

A. "household member" means a spouse, former spouse, parent, present or former stepparent, present or former parent in-law, grandparent, grandparent-in-law, a co-parent of a child or a person with whom a person has had a continuing personal relationship. Cohabitation is not necessary to be deemed a household member for the purposes of the Crimes Against Household Members Act

Source: Section 30-3-11 NMSA 1978

Offenses Included in the Crimes Against Household Members Act

Offense	Type of Offense
Assault against a household member	Petty misdemeanor
Aggravated assault against a household member	Fourth degree felony
Assault against a household member with intent to commit a violent felony	Third degree felony
Battery against a household member	Misdemeanor Fourth degree felony (three offenses) Third degree felony (four offenses or more)
Aggravated battery against a household member	Misdemeanor Fourth degree felony (three offenses) Third degree felony (four offenses or more)
Aggravated battery against a household member (inflicting great bodily harm or with a deadly weapon)	Third degree felony
Criminal damage to property of a household member – $1,000 or less in value	Misdemeanor
Criminal damage to property of a household member – more than $1,000 value	Fourth degree felony
Deprivation of the property of a household member	Misdemeanor

Source: Sections 30-3-10 through 30-3-18 NMSA 1978

Appendix C. Danger Assessment

DANGER ASSESSMENT

Jacquelyn C. Campbell, Ph.D., R.N.

Several risk factors have been associated with increased risk of homicides (murders) of women and men in violent relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of abuse and for you to see how many of the risk factors apply to your situation.

Using the calendar, please mark the approximate dates during the past year when you were abused by your partner or ex partner. Write on that date how bad the incident was according to the following scale:

1. Slapping, pushing; no injuries and/or lasting pain
2. Punching, kicking; bruises, cuts, and/or continuing pain
3. "Beating up"; severe contusions, burns, broken bones
4. Threat to use weapon; head injury, internal injury, permanent injury
5. Use of weapon; wounds from weapon

(If **any** of the descriptions for the higher number apply, use the higher number.)

Mark **Yes** or **No** for each of the following. ("He" refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)

___ 1. Has the physical violence increased in severity or frequency over the past year?
___ 2. Does he own a gun?
___ 3. Have you left him after living together during the past year?
3a. (If have *never* lived with him, check here___)
___ 4. Is he unemployed?
___ 5. Has he ever used a weapon against you or threatened you with a lethal weapon?
(If yes, was the weapon a gun?___)
___ 6. Does he threaten to kill you?
___ 7. Has he avoided being arrested for domestic violence?
___ 8. Do you have a child that is not his?
___ 9. Has he ever forced you to have sex when you did not wish to do so?
___ 10. Does he ever try to choke you?
___ 11. Does he use illegal drugs? By drugs, I mean "uppers" or amphetamines, "meth", speed, angel dust, cocaine, "crack", street drugs or mixtures.
___ 12. Is he an alcoholic or problem drinker?
___ 13. Does he control most or all of your daily activities? For instance: does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car? (If he tries, but you do not let him, check here: ___)
___ 14. Is he violently and constantly jealous of you? (For instance, does he say "If I can't have you, no one can.")
___ 15. Have you ever been beaten by him while you were pregnant? (If you have never been pregnant by him, check here: ___)
___ 16. Has he ever threatened or tried to commit suicide?
___ 17. Does he threaten to harm your children?
___ 18. Do you believe he is capable of killing you?
___ 19. Does he follow or spy on you, leave threatening notes or messages, destroy your property, or call you when you don't want him to?
___ 20. Have you ever threatened or tried to commit suicide?
___ Total "Yes" Answers

Thank you. Please talk to your nurse, advocate or counselor about what the Danger Assessment means in terms of your situation.

Source: Campbell, JC. (2004). Danger Assessment. Retrieved May 19, 2017, from http://www.dangerassessment.org

Appendix D. Maryland Domestic Violence Lethality Assessment

DOMESTIC VIOLENCE LETHALITY SCREEN FOR FIRST RESPONDERS

Officer:	Date:	Case #:
Victim:	Offender:	

☐ ***Check here if victim did not answer any of the questions.***

▶ ***A "Yes" response to any of Questions #1-3 automatically triggers the protocol referral.***

1.	Has he/she ever used a weapon against you or threatened you with a weapon?	☐ Yes	☐ No	☐ Not Ans.
2.	Has he/she threatened to kill you or your children?	☐ Yes	☐ No	☐ Not Ans.
3.	Do you think he/she might try to kill you?	☐ Yes	☐ No	☐ Not Ans.

▶ ***Negative responses to Questions #1-3, but positive responses to at least four of Questions #4-11, trigger the protocol referral.***

4.	Does he/she have a gun or can he/she get one easily?	☐ Yes	☐ No	☐ Not Ans.
5.	Has he/she ever tried to choke you?	☐ Yes	☐ No	☐ Not Ans.
6.	Is he/she violently or constantly jealous or does he/she control most of your daily activities?	☐ Yes	☐ No	☐ Not Ans.
7.	Have you left him/her or separated after living together or being married?	☐ Yes	☐ No	☐ Not Ans.
8.	Is he/she unemployed?	☐ Yes	☐ No	☐ Not Ans.
9.	Has he/she ever tried to kill himself/herself?	☐ Yes	☐ No	☐ Not Ans.
10.	Do you have a child that he/she knows is not his/hers?	☐ Yes	☐ No	☐ Not Ans.
11.	Does he/she follow or spy on you or leave threatening messages?	☐ Yes	☐ No	☐ Not Ans.

▶ ***An officer may trigger the protocol referral, if not already triggered above, as a result of the victim's response to the below question, or whenever the officer believes the victim is in a potentially lethal situation.***

Is there anything else that worries you about your safety? *(If "yes")* What worries you?

Check one: ☐ **Victim screened in according to the protocol**
☐ **Victim screened in based on the belief of officer**
☐ **Victim did not screen in**

If victim screened in: After advising her/him of a high danger assessment, did the victim speak with the hotline counselor? ☐ **Yes** ☐ **No**

Note: The questions above and the criteria for determining the level of risk a person faces is based on the best available research on factors associated with lethal violence by a current or former intimate partner. However, each situation may present unique factors that influence risk for lethal violence that are not captured by this screen. Although most victims who screen "positive" or "high danger" would not be expected to be killed, these victims face much higher risk than that of other victims of intimate partner violence.

MNADV 08/2005

Source: Valencia Shelter Services and Maryland Domestic Violence Network

Appendix E. CY15 BIP Discharges for All Providers

CY15 BIP Discharges - All DVOTI Providers

		Successful						Administrative							
Agency Name	Total Number Discharged	Successful - 52 Weeks or More	% Successful - 52 Weeks or More	Successful - Court-Identified # of Weeks (Less than 52)	% Successful - Court-Identified # of Weeks (Less than 52)	Total Successful	Total % Successful	Non-compliance	% Non-compliance	Re-offended	% Re-offended	Other Reason	% Other Reason	Total Administrative	% Administrative
A New Awakening	314	36	11.5%	35	11.1%	71	22.6%	224	71.3%	2	0.6%	17	5.4%	243	77.4%
A New Awakening- Rio Rancho	45	4	8.9%	18	40.0%	22	48.9%	10	22.2%	0	0.0%	13	28.9%	23	51.1%
Aliviar Counseling Services, Inc.	105	3	2.9%	70	66.7%	73	69.5%	26	24.8%	6	5.7%	0	0.0%	32	30.5%
Alternatives To Violence	26	5	19.2%	8	30.8%	13	50.0%	10	38.5%	2	7.7%	1	3.8%	13	50.0%
Amistad y Resolana	5	1	20.0%	0	0.0%	1	20.0%	0	0.0%	0	0.0%	4	80.0%	4	80.0%
Carlsbad Battered Families Shelter	5	0	0.0%	0	0.0%	0	0.0%	3	60.0%	2	40.0%	0	0.0%	5	100.0%
Center of Protective Environment	98	13	13.3%	15	15.3%	28	28.6%	39	39.8%	0	0.0%	31	31.6%	70	71.4%
Community Against Violence	24	9	37.5%	1	4.2%	10	41.7%	10	41.7%	1	4.2%	3	12.5%	14	58.3%
Cottonwood Clinical Services	34	6	17.6%	4	11.8%	10	29.4%	23	67.6%	0	0.0%	1	2.9%	24	70.6%
Crisis Center of Northern NM	12	0	0.0%	9	75.0%	9	75.0%	1	8.3%	0	0.0%	2	16.7%	3	25.0%
Domestic Abuse Intervention Center	16	3	18.8%	1	6.3%	4	25.0%	7	43.8%	1	6.3%	4	25.0%	12	75.0%
El Puente Del Socorro	101	60	59.4%	0	0.0%	60	59.4%	14	13.9%	0	0.0%	27	26.7%	41	40.6%
El Refugio	39	12	30.8%	3	7.7%	15	38.5%	5	12.8%	0	0.0%	19	48.7%	24	61.5%
Esperanza Guidance Services	65	37	56.9%	0	0.0%	37	56.9%	27	41.5%	0	0.0%	1	1.5%	28	43.1%
Esperanza Shelter	155	115	74.2%	25	16.1%	140	90.3%	15	9.7%	0	0.0%	0	0.0%	15	9.7%
Family Crisis Center	121	6	5.0%	16	13.2%	22	18.2%	48	39.7%	0	0.0%	51	42.1%	99	81.8%
Grammy's House	43	28	65.1%	2	4.7%	30	69.8%	11	25.6%	2	4.7%	0	0.0%	13	30.2%
Hartley House	76	40	52.6%	2	2.6%	42	55.3%	21	27.6%	2	2.6%	11	14.5%	34	44.7%
The Healing House	15	2	13.3%	0	0.0%	2	13.3%	11	73.3%	1	6.7%	1	6.7%	13	86.7%
La Casa	133	69	51.9%	11	8.3%	80	60.2%	30	22.6%	2	1.5%	21	15.8%	53	39.8%
La Familia Mental Health	52	30	57.7%	2	3.8%	32	61.5%	19	36.5%	0	0.0%	1	1.9%	20	38.5%
Life Skills Learning Center	23	6	26.1%	0	0.0%	6	26.1%	11	47.8%	2	8.7%	4	17.4%	17	73.9%
Los Alamos Family Council	3	1	33.3%	0	0.0%	1	33.3%	1	33.3%	0	0.0%	1	33.3%	2	66.7%
New Mexico Counseling Center	141	0	0.0%	71	50.4%	71	50.4%	42	29.8%	0	0.0%	28	19.9%	70	49.6%
Option, Inc.	73	26	35.6%	2	2.7%	28	38.4%	31	42.5%	0	0.0%	14	19.2%	45	61.6%
Pueblo of Zuni	14	13	92.9%	0	0.0%	13	92.9%	0	0.0%	1	7.1%	0	0.0%	1	7.1%
Peacekeepers	40	5	12.5%	10	25.0%	15	37.5%	21	52.5%	0	0.0%	4	10.0%	25	62.5%
Roberta's Place	41	17	41.5%	2	4.9%	19	46.3%	22	53.7%	0	0.0%	0	0.0%	22	53.7%
Roswell Refuge	74	19	25.7%	1	1.4%	20	27.0%	45	60.8%	5	6.8%	4	5.4%	54	73.0%
Sandoval County DWI & DV Program	86	49	57.0%	28	32.6%	77	89.5%	6	7.0%	1	1.2%	2	2.3%	9	10.5%
Somos Familia	45	15	33.3%	12	26.7%	27	60.0%	15	33.3%	0	0.0%	3	6.7%	18	40.0%
Sun Mountain Counseling Services	17	1	5.9%	3	17.6%	4	23.5%	7	41.2%	3	17.6%	3	17.6%	13	76.5%
Torrance County Counseling	19	6	31.6%	3	15.8%	9	47.4%	3	15.8%	5	26.3%	2	10.5%	10	52.6%
Torrance County Project Office	10	0	0.0%	3	30.0%	3	30.0%	4	40.0%	0	0.0%	3	30.0%	7	70.0%
Valencia Shelter Services	25	2	8.0%	6	24.0%	8	32.0%	16	64.0%	0	0.0%	1	4.0%	17	68.0%
Total Number Discharged 2015	**2095**	**639**	**30.5%**	**363**	**17.3%**	**1002**	**47.8%**	**778**	**37.1%**	**38**	**1.8%**	**277**	**13.2%**	**1093**	**52.2%**

Source: LFC analysis of CYFD provider self-reports