

Provider Agreement Number 7: Assessment: Perpetrator of Domestic Violence

The State of Connecticut Department of Children and Families
505 Hudson Street
Hartford, CT 06106
(herein after “the Department”)

enters into an agreement with

(herein after “the Provider”).

For the provision of the service, **Assessment: Perpetrator of Domestic Violence**, under the terms as identified below.

A. Administrative Terms

1. Effective Date: This agreement is effective from the date of execution through _____.
2. Termination of Agreement: The Department or Provider may terminate this agreement with written notice to the other party at any time.
3. Regulatory Requirements: The Provider agrees to abide by all relevant department regulations and policies and State and federal laws and statutes including all reporting requirements as specified by C.G.S.17a-101 through 103, 19a-216, 46b-120 related to children; C.G.S. 46a-11b relative to persons with mental retardation and C.G.S 17b-407 related to elderly persons.
4. Utilization: This agreement does not in any way constitute a guarantee of utilization.
5. Confidentiality: The Provider will safeguard the use, publication and disclosure of information on all clients who receive service under this agreement with all applicable federal and state laws regarding confidentiality.
6. Credentialing: The Provider will maintain written documentation confirming that each individual providing service under this agreement has and maintains the requisite credentials. Any change in status regarding any credentialing requirement must be reported in writing to the Department.
7. Payment for Services: The Department agrees to pay the Provider based on services requested by the Department and delivered by the Provider. All requests for payment shall include the hourly and/or per diem rate, the date each service was provided and hours of service provided on each date.
8. Fee Schedule: All services will be reimbursed according to the rates established by the Department. The Department’s approved fee schedule is maintained at 505 Hudson Street, Hartford CT. The approved fee schedule may be amended as required.
9. Recoupment of Payments: The Department reserves the right to recover any overpayments.
10. Third Party Contracts: The Provider is wholly responsible for ensuring that all provision of service performed under this agreement is in compliance with all terms of this agreement. The Department reserves the right to bar any individual and/or entity from providing direct client services.

B. Service Definition

Assessment: Perpetrator of Domestic Violence

An assessment is conducted when there is a concern that an individual is engaging in a pattern of coercive control that is impacting the safety and well being of an intimate partner and their child or children. The assessment will include a face-to-face interview(s) with the perpetrator and may include collateral contacts with family members, DCF, the police, court staff, victim advocates and other involved providers as required. The purpose of the assessment is to articulate the presence of risk factors, danger or threat posed by the individual to either their intimate partner or the child (ren), treatment recommendations and to permit the community to take appropriate and timely action to assure the safety and well being of all family members.

A screening for substance abuse/dependency and mental health issues is also completed as part of the assessment.

C. Credentialing Criteria

Assessment: Perpetrator of Domestic Violence
<p>1. Credentials. Evaluator must be a Connecticut licensed behavioral health practitioner in good standing: Licensed Professional Counselor; Licensed Clinical Social Worker (CGS, Chapter 383b); Licensed Marriage and Family Therapist (CGS, Chapter 383 a); Licensed Alcohol and Drug Counselor (CGS, Chapter 376b); Licensed Psychologist (CGS, Chapter 383a); Licensed and Board Certified/Board Eligible (BC/BE) Psychiatrist.</p> <p>Or possess a Masters Degree or Bachelor's Degree in social work, women's issues, psychology, sociology, criminal justice or a related field.</p>
<p>2. Experience. A curriculum vitae that demonstrates a minimum of two years experience involving direct work with victims or batterers including 150 hours facilitating or co-facilitating a batterer intervention group or class or individual work with batterers specific to addressing issues of coercive control.</p> <p>This direct work with victims or batterers must be either within five years of submitting this credentialing application or:</p> <p>If prior to five years of submitting this application, the individual's curriculum vitae must show, within the past five years, continuing presence and work in the field of domestic violence that may include ongoing supervision of staff delivering domestic violence services, program development, program management, consultation, and/or advocacy.</p> <p>A curriculum vitae that demonstrates two years of experience conducting bio-psycho-social and/or intake assessments.</p> <p>Interns actively working toward a Masters Degree may complete Assessments if their work is directly supervised by an individual who meets all requirements identified in number 1 and 2 above.</p> <p>Completion of Connecticut's Batterer Intervention Service Provider Curriculum as required by DCF.</p>
<p>3. Insurance. Certificate of malpractice insurance. Limits of Coverage: \$1 million per occurrence and \$3 million aggregate.</p>
<p>4. IRS W9 Form</p>

5. Background Checks: The Provider will maintain written documentation confirming that a background check, included but not limited to Child Protective Services and Dept. of Public Safety has been completed on all staff providing direct service. Any background check will be dated not longer than six months prior to the date of this application.

6. Ethics Statement: The Provider will sign a Professional Conduct and Ethics Statement

D. Service Profile

1. Assessment Overview and Context

Overview

Assessment procedures utilized will generally fall into the following categories:

- Interviews
- Observation
- Collateral interviews and contacts
- Self-Report Scales
- Rating Scales
- Standardized Tests
- Review of Relevant Records

Context

The primary focus of the assessment is to help the Department understand the level of risk that the perpetrator of domestic violence poses to the safety and well being of children and their non-offending parent. Information about a perpetrator's pattern of coercive control and actions taken to harm the children and attitudes must be gathered from multiple sources and is specifically informed by the knowledge and perceptions of the non-offending parent. The provider will consolidate and apply this information in order to evaluate the following:

- The level of physical danger to the non-offending parent
- The history of physical abuse toward the children.
- The history of sexual abuse or boundary violations toward the children.
- The level of psychological cruelty toward the mother or children.
- The level of coercive or manipulative control exercised during the relationship.
- The level of entitlement and self-centeredness.
- The history of using the children as weapons, and of undermining the non-offending parent's parenting.
- The history of placing children at physical or emotional risk while engaging in coercive, controlling or abusive behaviors directed at the non-offending parent.
- The history of neglect or severely underinvolved parenting.
- Refusal to accept the end of the relationship, or to accept the non-offending parent's decision to begin a new relationship.
- The level of risk to abduct the children.
- Substance abuse history.
- Mental health history.

2. Target Population

Adult members of current active DCF cases believed to be engaging in a pattern of coercive control that is impacting the safety and well being of an intimate partner and/or their child or children.

3. Access to Services

The Provider will accept referrals from DCF Area Office staff; authorized Care Coordinators and Care Coordinator Supervisors.

The Provider will schedule an initial meeting with the referred client within 10 business days of being contacted by the client. Within 14 days of accepting the referral, the Provider will notify the referrer if the identified client has not called to schedule the initial appointment.

4. Duration of Service

Depending on the purpose and/or questions for the evaluator, the assessment will generally be limited to 2 to 6 hours of face-to-face contact. It is expected that in most situations the assessment will be completed and a written report submitted to the referrer within 30 days following receipt of the referral.

5. Assessment Summary Report

The Provider will submit a written Assessment Summary Report that will include the following components:

- A statement of the primary referral question(s).
- A summary of relevant background information including the source of that information.
- A summary of criminal history including the source of that information.
- A list of procedures utilized (see number 1).
- A statement noting any limitations of the Assessment.
- A summary of the results of all procedures relative to the referral question (s) including answers to the referral question (s).
- A discussion of the meaning of these results in the context of any prior assessments reviewed.
- Recommendations relevant to the referral questions; treatment recommendations and/or recommendations for system coordination or intervention in order to address safety and risk concerns.
- Identification of the perceived impact of this assessment on safety issues including any specific recommendations regarding the use of volatile information.

6. Acceptance of Agreement

Name of Provider

Authorized Signature

Print Name and Title

Date

DEPARTMENT OF CHILDREN AND FAMILIES

Authorized Agency Official Signature

Print Name and Title

Date