

# Commonwealth of Massachusetts

Executive Office of Health and  
Human Services



## Chapter 257 of the Acts of 2008

Provider Information and Dialogue Session:  
Batterer Intervention

April 9, 2014

[www.mass.gov/hhs/chapter257](http://www.mass.gov/hhs/chapter257)  
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# Agenda



Chapter 257 of the Acts of 2008

Review of Pricing Process

Overview of Batterer Intervention Program

- Definition and Overview of Program
- Program Requirements

Key Inputs for Batterer Intervention Program

1. Group Size
2. Enrollments & Disenrollments
3. Partner Contacts
4. Collaborative Activities



## Chapter 257 of the Acts of 2008 Regulates Pricing for the POS System



- Chapter 257 places authority for determination of Purchase of Service reimbursement rates with the Secretary of Health and Human Services under MGL 118E. The Center for Health Information and Analysis (CHIA) provides staffing and support for the development of Chapter 257 pricing.
- Chapter 257 requires that the following criteria be considered when setting and reviewing human service reimbursement rates:
  - Reasonable costs incurred by efficiently and economically operated providers
  - Reasonable costs to providers of any existing or new governmental mandate
  - Changes in costs associated with the delivery of services (e.g. inflation)
  - Substantial geographical differences in the costs of service delivery



# Chapter 257 Supports POS Reform Strategies

Immediate Term

## POS Reform Strategy

### 1. Create Service Classes

- + Develop service class structure defined by outcomes
- + Enhance POS taxonomy database
- + Align activity codes to service classes

#### Enabling



Integrated data management systems



Contract consolidation across agencies



Improved reporting

### 2. Develop Rational Rates

As of April 2014–

- 75% of \$2.2B POS system has rates established, with another 15% in active development.

### 3. Reform Contracting

- ..... **Maximize** .....
- + # of contracts shared across departments
  - + # contracts w/ performance features
  - + Use of Master Agreements
  - + Overall POS governance structure

- ..... **Minimize** .....
- # POS contracts for similar services
  - Use of cost reimbursement contracts

Near Term

## Increased Administrative Efficiency



Simplification and improved coordination of administrative processes for agencies and providers

More resources directed toward client activities; focus on improved client outcomes rather than budget



Long Term

## Improved Client Outcomes

Rational resource base and stronger provider system



Improved quality management



More clients served w/ higher quality services



Improved client outcomes





# EOHHS Approach to Ch. 257 Rate Development



For all services under rate regulation, EOHHS reviews existing pricing methodologies, gathers input from departments and providers, and conducts analyses of existing cost and utilization changes to existing rates or proposed new rates. The following factors are considered in all Chapter 257 rate-setting:

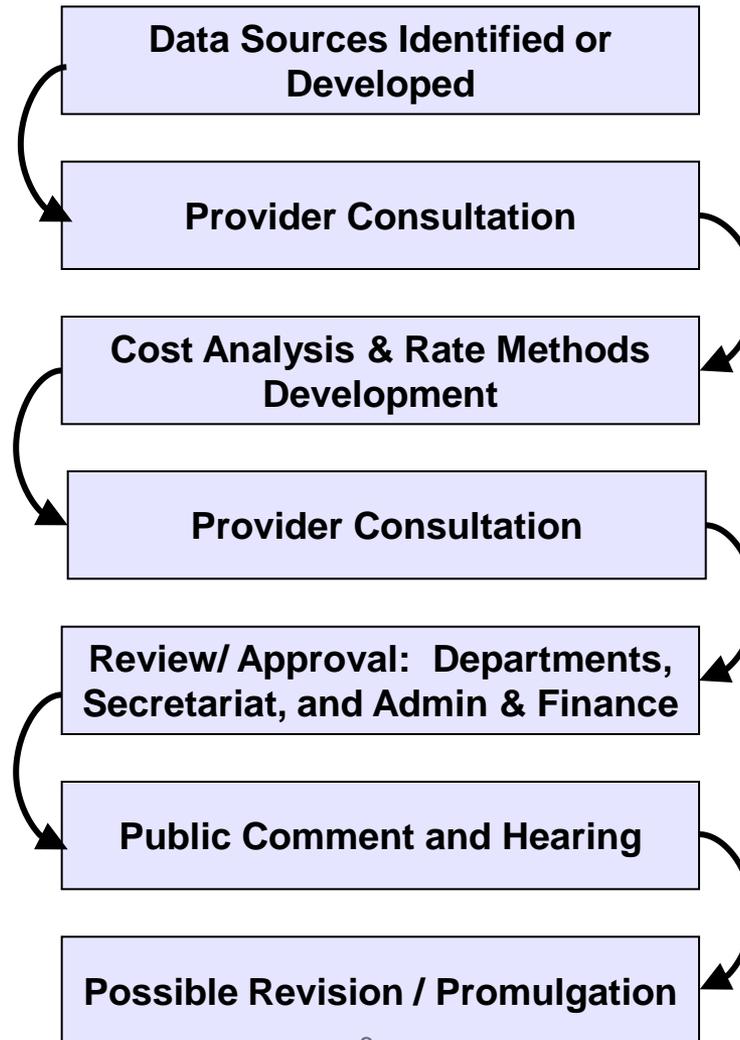
- Salaries and Wages
- Taxes and Fringe Benefits
- Management and General Costs (e.g., Indirect)
- Client to Staff Ratios
- Cost Adjustment Factor (CAF)
- Productivity Factor / Utilization Rate
- Relief Factor
- Geographic Variation



# Process of Analysis, Development, Approval, and Hearing



## Pricing Analysis, Rate Development, Approval, and Hearing Process





# Batterer Intervention Program Description



Certified batterer intervention programs hold individuals accountable for abusing their intimate partners and children. The understanding that perpetrators use abuse and violence to maintain power and control over an intimate partner is the framework for the educational intervention.

These programs help abusers to develop respectful and non-abusive attitudes and behaviors toward their partners and children. A client must attend a minimum of 80 hours (usually 40 weeks) of group sessions, pay a program fee based on their income, remain violence-free, and accept responsibility for their abusive behavior in order to successfully complete the program.

Certified programs also contact the intimate partners. This contact helps partners plan for their safety, refers them to support services like domestic violence services and child witness to violence programs, and asks about their abuser's behavior at home.

Certified batterer intervention programs must provide services in accordance with the *Massachusetts Guidelines and Standards for the Certification of Batterer Intervention Programs*. The Department of Public Health has statutory-based responsibility to monitor programs' compliance with the guidelines and to oversee them.



# Main Program Components



Main program components include –

- Assessments
- Partner(s) contacts
- Safety planning / Advocacy
- Weekly 2-hour meeting (group setting) – 40 weeks
- Sliding-scale payments
- Ongoing referral contact
- Case management / Collaborative work
- Community education



# Data Sources for Rate Development



Data that will be considered when setting and reviewing the Batterer Intervention Program rates include

- FY2013 UFR data
- Attachment 3 contract data
- Monthly client intake data by program
- Monthly disenrollment data by program
- Collaborative and partner contact data by program
- Monthly clients served data by program  
(many clients remain in a program for multiple months)

In FY 2013, 1,307 unique batterers enrolled in a certified Batterer Intervention Program regulated by DPH.



# Average Monthly Caseload



## Calendar Year 2013 Batterer Intervention Program Average Clients Served per Month by Program

<b>Program Name</b>	<b><u>Average Clients Served per Month</u></b>
Bay Cove - Batterers Intervention	41.18
Bay State Community Services	61.18
Family and Community Resources	135.73
Common Purpose Inc	299.27*
Eliot Community Human Services, Inc	92.64
Emerge	82.09
Gandara Mental Health Center, Inc.	15.09
High Point Treatment Center	85.64
Massachusetts Alliance of Portuguese Speakers	7.64*
New Hope, Inc	152.00
ServiceNet, Inc	50.18
Spectrum Health Systems, Inc	183.36
Stanley Street Treatment and Resources	63.09
Steward Holy Family Hospital	148.82
<b>Average Total Clients</b> Outliers* and December excluded	<b>92.58</b>

Unpublished statistics based on the FY2011-FY2014 BIPS ESM Invoice Assessment data file, as extracted on 01/15/2014, Batterer Intervention Program Services, Bureau of Community Health and Prevention, Massachusetts Department of Public Health, February 11, 2014.



# Group Size



## Snapshot: One Month of Group Enrollments

Data provided to generate group discussion

Program Name	Groups run by provider	English-language groups	Average group size	Non-English groups	Average group size
Bay Cove - Batterers Intervention	4	2	12	2	12
Bay State Community Services	3	3	15	0	—
Family and Community Resources	9	8	13	1	4
Common Purpose Inc	9	9	12	0	—
Eliot Community Human Services, Inc	8	8	15	0	—
Emerge	9	8	8	1	2
Gandara Mental Health Center, Inc.	5	4	10	1	4
High Point Treatment Center	8	7	10	1	3
Massachusetts Alliance of Portuguese Speakers	1	0	—	1	6
New Hope, Inc	11	10	10	1	5
ServiceNet, Inc	6	6	10	0	—
Spectrum Health Systems, Inc	13	12	10	1	8
Stanley Street Treatment and Resources	4	3	14	1	3
Steward Holy Family Hospital	8	7	11	1	6
<b>Averages:</b>			<b>11.52</b>		<b>5.30</b>

Anecdotal data based on an informal survey of providers, Batterer Intervention Program Services, Bureau of Community Health and Prevention, Massachusetts Department of Public Health, February 2014.



# Average Monthly Intakes



## Average Monthly Intakes by Program

<b>Program Name</b>	<b>Average Intakes per Month</b>
Bay Cove - Batterers Intervention	4.0
Bay State Community Services	4.7
Family and Community Resources	6.0
Common Purpose Inc	23.5*
Eliot Community Human Services, Inc	8.1
Emerge	8.8
Gandara Mental Health Center, Inc.	1.7
High Point Treatment Center	4.3
Massachusetts Alliance of Portuguese Speakers	0.5*
New Hope, Inc	10.8
ServiceNet, Inc	4.1
Spectrum Health Systems, Inc	14.1
Stanley Street Treatment and Resources	3.5
Steward Holy Family Hospital	13.9
<b>Average Outliers* and December excluded</b>	<b>7.0</b>

- What activities are associated with an enrollment?
- What steps are required of the provider?
- How much time is spent on these activities?
- How much time is spent on initial partner contact when a client is enrolled?

Unpublished statistics based on the FY2011-FY2014 BIPS ESM Invoice Assessment data file, as extracted on 01/15/2014, Batterer Intervention Program Services, Bureau of Community Health and Prevention, Massachusetts Department of Public Health, January 21, 2014.



# Collaborative Activities / Case Management



## Average Time Spent in Collaborative Activities per Month by Program

Month (December excluded )	Avg Hours per Client on Collaborative Work
January	0.41
February	0.41
March	0.36
April	0.37
May	0.38
June	0.43
July	0.39
August	0.37
September	0.57
October	0.46
November	0.55
<b>Overall Average</b> *outliers excluded	<b>0.43</b>

- Types of Collaborative Partner
- DCF
  - DV Roundtable/Coalition
  - DV Agency
  - Child Advocacy Center
  - DV High Risk Assessment Team
  - Preventive Education
  - Probation, Parole, Judges, Police Depts. (meetings & client-based contact)
  - Rape Crisis Centers
  - Trainings Conducted
  - Substance Abuse Treatment Providers
  - Other Collaboration

Unpublished statistics based on the FY2011-FY2014 BIPS ESM Invoice Assessment data file, as extracted on 01/15/2014, Batterer Intervention Program Services, Bureau of Community Health and Prevention, Massachusetts Department of Public Health, January 21, 2014.



# Partner Contact



## Calendar Year 2013 BIPS Average Successful Partner Contacts per Month by Program

Program Name	% of attempted contacts successful
Bay Cove - Batterers Intervention	50%
Bay State Community Services	40%
Family and Community Resources	33%
Common Purpose Inc	31%
Eliot Community Human Services, Inc	46%
Emerge	44%
Gandara Mental Health Center, Inc*	31%
High Point Treatment Center	50%
Massachusetts Alliance of Portuguese Speakers*	46%
New Hope, Inc	50%
ServiceNet, Inc	43%
Spectrum Health Systems, Inc	38%
Stanley Street Treatment and Resources	50%
Steward Holy Family Hospital	67%
<b>Average</b>	<b>43%</b>
<b>Outliers* and December excluded</b>	

- Fewer than half of attempted partner contacts are successful.
- Average time spent on the following:
  - Unsuccessful Partner Contact (5 -17 minutes)
  - Initial Partner Contact (30 -157 minutes)
  - Ongoing Partner Contact (15 -120 minutes)
  - Final Partner Contact (18 -120 minutes)
- Number of partners per client: Is data available?

Unpublished statistics based on the FY2011-FY2014 BIPS ESM Invoice Assessment data file, as extracted on 01/15/2014, Batterer Intervention Program Services, Bureau of Community Health and Prevention, Massachusetts Department of Public Health, January 21, 2014.



# Disenrollment



## Average Disenrollment per Month by Program

Program Name	Average Discharges per Month
Bay Cove - Batterers Intervention	1.55
Bay State Community Services	4.64
Family and Community Resources	3.45
Common Purpose Inc	29.36*
Eliot Community Human Services, Inc	6.64
Emerge	7.64
Gandara Mental Health Center, Inc.	1.64
High Point Treatment Center	4.13
Massachusetts Alliance of Portuguese Speakers	1.09*
New Hope, Inc	7.64
ServiceNet, Inc	5.27
Spectrum Health Systems, Inc	10.83
Stanley Street Treatment and Resources	2.27
Steward Holy Family Hospital	10.55
<b>Average Total Clients</b> Outliers* and December excluded	<b>5.52</b>

- What activities are associated with a disenrollment?
- What steps are required of the provider?
- How much time is spent on partner contact when a client is disenrolled?

Unpublished statistics based on the FY2011-FY2014 BIPS ESM Invoice Assessment data file, as extracted on 01/15/2014, Batterer Intervention Program Services, Bureau of Community Health and Prevention, Massachusetts Department of Public Health, February 11, 2014.



# Questions/Feedback



The date of the next provider session will be announced at a later point.

Meeting notices will be posted on Chapter 257 website:

[www.mass.gov/hhs/chapter257](http://www.mass.gov/hhs/chapter257)

Comments and questions regarding Chapter 257 process can be sent to: [EOHHSPOSPolicyOffice@state.ma.us](mailto:EOHHSPOSPolicyOffice@state.ma.us)