



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
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**APPLICATION FOR RENEWAL OF CERTIFICATION FOR
BATTERER INTERVENTION PROGRAMS**

Renewal Application Guidelines and Instructions

In accordance with the Massachusetts Guidelines and Standards for the Certification of Batterer Intervention Programs, the Department of Public Health will renew certification for batterer intervention programs that meet the requirements of the Guidelines for a period not to exceed two (2) years.

Application Requirements

- Each application must be written by the current program director/coordinator.
- Primary sources for any data and research included in the application must be given adequate attribution/credit.
- Each application must be typed in 12-pt. font and double-spaced.
- Pages must be numbered.
- Each application must have a table of contents.
- Information must be provided in the order requested below.
- See the “Appendices” section for supplementary documents that must be included with your application.

Tip: In responding to application questions about program policies and procedures, be sure to answer the 5 W’s (who, what, when, why, and, if appropriate, where).

N.B.: The Guidelines may be used only as a reference for the completion of the application and must not be cited verbatim or simply paraphrased in response to the questions herein. Applications that only cite or paraphrase the Guidelines in part or in full will be deemed non-responsive and returned to the program.

Application Questions

I) Program Information

- A)** Describe the program's history of compliance with the Guidelines, including any Notices of Deficiency received and Corrective Action Plans developed. In particular, describe any proceeding in which the program was involved where DPH proposed to or did limit admissions or suspend, revoke, or refuse to grant or renew certification. Provide a timeline for said proceedings beginning with the date of the application for certification and the date on which the program received final approval from the Department.
- B)** Describe the history of criminal conduct of the applicant, the administrators, officers or directors as evidenced by criminal proceedings against those individuals which resulted in convictions, or guilty pleas, or pleas of nolo contendere, admission of sufficient facts, or cases continued without a finding.

II) Intake Information

- A)** Provide a detailed description of the batterer intervention program's intake process.
 - i)** For what reason(s) does the program screen referred batterers out of the program?
 - ii)** Provide a detailed description of the process the program follows when it screens a batterer out (e.g., notification of referral source, notification of victim, etc.).
 - iii)** Provide a description of the procedures used by the program to obtain CARI and police reports.
- B)** Provide a detailed description of the partner contact component of the program, including staff training/experience requirements, documentation, supervision, etc.
 - i)** Please indicate whether or not the program utilizes partner contact information within the batterer intervention group and/or when writing reports to referral sources.
- C)** Describe the method by which the program obtains information regarding and monitors client compliance with court-ordered child support and/or alimony payments, and visitation orders and other orders from the Probate Court.
- D)** Describe the average amount of time that passes between a client's first contact with the program and the completion of the intake interview. Indicate the duration of the program's intake and evaluation phase.

III) Evaluation Information

- A)** Describe the goals of client evaluation.

- B)** Describe the method by which the program evaluates and documents the perpetrator's (1) history of violence and abuse toward adults and children; (2) history of substance abuse; (3) family history; (4) history of mental illness and (5) problems in parenting.
- i) Describe the program's policies and procedures for referring perpetrators to the collateral substance abuse, mental health, parenting or other service providers.
 - ii) Describe the program's policies and procedures for notifying the courts of a perpetrator's substance abuse.

IV) Intervention Methodology and Structure

- A)** List all the populations served by your batterer intervention program (e.g., adult or adolescents, English or Spanish-speaking batterers, heterosexual or lesbians who batter, etc.).
- B)** Describe any other violence prevention programs offered by your agency (e.g., anger management, couples counseling, women and violence etc.). What relationship, if any, exists between these other violence prevention programs and the batterer intervention program?
- C)** Provide a detailed description of the theoretical basis of the agency's batterer intervention program.
- D)** Provide a description of the program's policies and procedures for monitoring and reporting to referral sources and victims on batterers' compliance with and participation in the program (including, but not limited to, attendance/absence, fee payment, etc.).
- E)** Describe the ethnic and racial breakdown of the population in the program's service area. (Some of this data may be found at: <http://www.umass.edu/miser/> or <http://www.state.ma.us/dph/bhsre/resep/resep.htm#raceethnicity>.)
- i) Indicate whether or not there are significant immigrant and/or refugee communities in the program's service area. (1999 data can be found in the DPH produced report, "Refugees and Immigrants in Massachusetts" at: <http://www.state.ma.us/dph/orih/intro1.htm>. More updated versions of the report can also be obtained by contacting the Office of Multicultural Health at DPH at 617-624-5270. Data may also be found at <http://www.state.ma.us/dph/cdc/rhip/wwwrihp.htm>.)
 - ii) Describe the program's current provision of or plans, if any, to provide culturally appropriate and accessible services for racial, ethnic, and linguistic minorities within your service area, giving particular attention to any immigrant and refugee communities identified above.

V) Completion/Termination Criteria and Procedures

- A) Describe the program's completion criteria, policies, and procedures. This description must include, but not be limited to, the following:
 - i) the program's procedure for communicating with the referral source at the time of a perpetrator's completion.
 - ii) the program's procedures for communicating with the victim(s) and/or current partner(s) at the time of a perpetrator's completion.
- B) Describe the program's termination criteria, policies, and procedures. This description must include, but not be limited to, the following:
 - i) any intermediary steps, sanctions, or warnings (including suspensions) prior to actual termination.
 - ii) the program's procedures for communicating with the referral source at the time of a perpetrator's termination.
 - iii) the program's procedure for communicating with the victim(s) and/or current partner(s) at the time of a perpetrator's termination.
 - iv) the program's policies and procedures for readmitting terminated clients.
- C) Describe the program's policies and procedures for accepting perpetrators who have been terminated from other certified batterer intervention programs.

VI) Staff Information

- A) Provide an up-to-date list of the batterer intervention program staff, including the names and job positions of all staff. Clearly identify the batterer intervention program director, clinical supervisor(s), partner contact staff, and all group facilitators by name.
- B) Provide a racial and ethnic breakdown of the program's staff. Please indicate if any of the program's staff are bilingual or multilingual and, if so, which languages these staff speak.
- C) Describe the efforts made by the program to hire staff who are reflective of ethnic and linguistic minorities within the communities served.
- D) Provide a detailed description of the program's orientation for newly hired staff by which they are trained in the program goals, philosophy, practice, and administration.

VII) Administration

- A) Provide a description of the program's participation in and collaboration with statewide domestic violence prevention and intervention efforts since its last application for renewal of certification.

- B) Describe local anti-domestic violence initiatives in which the program participates on a regular basis.

VIII) Program Fee Structure

- A) Detail all client fees that are charged by the program (e.g., intake, weekly fee, administration, etc.).
- B) Describe provisions made by the program for indigent perpetrators.
- C) Describe the program's procedure for collecting and monitoring perpetrators' payment of weekly fees. Indicate if fee collection occurs within the intervention group setting or occurs before group.

IX) Program Monitoring and Assessment

- A) Indicate whether or not the program has collaborated with battered women's programs and/or other community partners for the purpose of inviting evaluation since the program's most recent application for renewal of certification.
 - i) If the program has engaged in such collaboration, provide the Department with a copy of the results of the evaluation.
- B) Provide written affirmation that all information about the program on file at the Department, including the list of the Board of Directors, the program's forms, curriculum, and/or personnel, is correct and made current by this certification renewal process. If necessary, provide the Department with any and all additional information needed to make our files to be accurate, current, and complete.
- C) Provide written affirmation that the program will notify the Department of any and all future changes or additions to the program's forms, curriculum, Board of Directors, and/or personnel.
- D) Provide written affirmation that this certification renewal application was written, in its entirety, by the current director of the certified batterer intervention program.

Appendix I: Program Information

- Name, address, telephone number, fax number, and email address of all program sites
- Group schedule (indicate the day, time, address, and facilitators' names for all groups conducted at all program sites; also indicate any groups which serve special populations)
- Batterer intervention program organizational chart (include all staff, with the program director/coordinator, clinical supervisor(s), group facilitators, and partner contact staff positions and names clearly identified)
- Agency organizational chart with positions and names clearly identified (include the supervisor of the program director/coordinator)
- List of all courts and DSS offices that refer to the program
- List of all service providers to which the program makes collateral referrals (e.g., substance abuse treatment, mental health treatment, sex offender treatment, etc.)
- Current Board of Directors list

Appendix II: Intake and Evaluation Information

- Intake Form(s)
- Perpetrator Agreement Form/Program rules
- Schedule indicating at what points during intervention the program communicates with the courts/DSS/collateral service providers
- Sample Summary Evaluation Report
- Partner Contact Instrument(s)
- All forms pertaining to communication with partners
- Schedule indicating when partner contacts occur during intervention

Appendix III: Intervention Methodology and Structure

- Curriculum outline, including list of supplemental materials

Appendix IV: Completion/Termination Criteria and Procedures

- Sample Completion Letter to the courts, DSS, and/or collateral service providers
- Sample Completion Letter to the victim(s), if method of notification is written letter
- Sample Termination Letter to the courts, DSS, and/or collateral service providers
- Sample Termination Letter to the victim(s), if method of notification is written letter

Appendix V: Staff Information

- Weekly supervision schedule (including name(s) of supervisor(s), names of facilitators being supervised, and times)
- For all staff hired since the program's last application for certification, provide:
 - Staff résumés
 - Notices of Training Completion
 - Notices of Group Observation Completion
- Résumés of all clinical, administrative, and program supervisors

Appendix VI: Administration

- Updated linkage agreements with collateral service providers (i.e., mental health treatment provider, substance abuse treatment provider), battered women's program(s), and rape crisis center(s) – Agreements must clearly identify the roles and responsibilities of the respective agencies and must be dated. Note: a letter of support is not the same as a linkage agreement.
- Release of Information Form(s)
- Sample Monthly Progress Report for referral sources

Appendix VII: Program Fee Structure

- Sliding fee scale