

WORKING DRAFT 11/02/09
Department of Children and Families
Department of Housing and Community Development

Health and Safety Assessment Initiative
Administrative Plan

A. BACKGROUND:

The Department of Housing and Community Development (DHCD) has contracted with the Department of Children and Families (DCF) to provide Health and Safety Assessments (HAS) on families who present at the local Department of Housing Stabilization (DHS) Field Offices asserting that they are in need of shelter because they are currently in:

- an *overcrowded living situation*, and/or
- another *unsafe or unsanitary condition* that they can no longer remain in, and/ or
- *current and prior housing is unavailable* (e.g. asked to leave).

In addition, in the case of families who are requesting shelter asserting that the primary tenant has asked them to leave, this program also serves to provide verification of eligibility criteria.

Alternative feasible housing, if available, is a superior option to shelter for the potentially homeless children who are the core focus of the DHS's Emergency Assistance (EA) program mission. Particularly in difficult financial times of limited resources, but also because empirical research demonstrates the clear advantage of families remaining in permanent housing, DHS aspires to leverage available alternative feasible housing resources through the intervention and involvement made possible through the HAS process. For example, the mature influence of the older generations present in multi-generational residential settings is often an important guide for families made up of young parents. Nevertheless, when such settings pose health and safety concerns for the children because of physical overcrowding, the children's physical needs become paramount, potentially warranting shelter placement. Because nontechnical reports of "overcrowding" or being "asked to leave," often mask other risk factors, DCF social workers have the skills and background to negotiate this difficult balance. Therefore, they are well placed to assess an EA applicant family's prior housing to determine whether alternative feasible housing is available to them.

The use of a designated third party to provide verifications, such as those to be provided by DCF under this administrative plan, is authorized by 106 CMR § 309.040 (A). The DCF is in the unique position to perform these assessments because its core mission is the care and protection of children. Its charge is to assure the safety of children, similar to the EA Program's charge to reduce homelessness in families with children, as homelessness is a critical indicator and component of family dysfunction. DCF's professional employees, trained in social work, strengthen families and prevent abuse and neglect of children. In the best interests of the children, DCF workers have unique training that complements and enhances DHCD's efforts to provide skills necessary for homeless families to make the successful transition to permanent housing and more stable home environments for at-risk children. DCF personnel are trained to determine whether circumstances present in a home constitute a danger to the health and safety of children resident there. They are also trained in negotiation and mediation skills to support and encourage family reunification. In light of the stumbling block that lack of a permanent home places before

households in crisis, DCF workers will be able to encourage family members and friends of newly homeless households to reunify their families in existing or available permanent housing.

The purpose of DCF assessments of health and safety is to provide verification of a significant risk to a child or children that warrant an immediate shelter placement pursuant to DHS regulations and to verify that it is not possible to keep the household out of homelessness by maintaining them in their current housing or restoring them to their most recent permanent housing. If shelter placement is not necessary, DCF will connect families with other needed services provided by community partners, including the ICHH network. In addition, DCF will be able to provide eligible families with services and financial assistance which it has at its disposal.

The DCF program does not alter the applicability of presumptive eligibility (106 CMR 309.040 (A) (3)). Households will be placed presumptively during the assessment process.

B. PROGRAM OPERATION

1. ASSIGNMENT OF DCF (HAS) SOCIAL WORKER STAFF

DCF will have available ten (10) licensed social workers who will be assigned regionally throughout the state. Specific social workers will be assigned to DHS Field Offices and will work directly with DHS Homeless Coordinators on cases that required a health and safety assessment or verification of a lack of alternative feasible housing. Below is a breakdown of the DHS Field Offices and the number of DCF workers that will be assigned to cover each office:

DHS OFFICE	Number of DCF Social Workers
Boston Family Housing	2
Salem, Lowell, Lawrence, Revere, Malden	2
Worcester, Framingham, Milford, Southbridge	2
Springfield, Holyoke, North Adams, Greenfield	2
Brockton, Fall River, Taunton, Plymouth, New Bedford, Hyannis	2

2. DHS HOMELESS COORDINATOR'S RESPONSIBILITIES

The DHS Homeless Coordinator or his/her supervisor is responsible for determining if an HAS Assessment is necessary based on the reasons for shelter asserted by an applicant for EA shelter benefits. Referrals for an assessment are appropriate only when a family presents with the following situations :

- **Overcrowded living situation or other violations of the State Sanitary Code, where the household cannot provide written documentation from the Board of Health that this situation exists and it constitutes a health and safety risk. 106 CMR § 309.040 (A) (5) (c).**
- **Housing situation is alleged to be a health and safety threat due to reasons other than overcrowding, other violations of the State Sanitary Code, or domestic violence (106 CMR § 309.040 (A) (5) (d)). Domestic violence is to be verified pursuant to 106 CMR § 309.040 (A) (5) (e).**
- **Asked to leave by primary tenant (106 CMR § 309.040 (A) (5) (g)), whether from subsidized or unsubsidized housing.**

The Homeless Coordinator will complete an EA intake and, once the financial and pertinent categorical eligibility has been established (e.g., applicant has not been in an EA shelter in the last 12 months), the family will be informed that a DCF Health and Safety Assessment will be required as part of the verification process to establish the household's eligibility for shelter under the EA guidelines if the applicant household asserts grounds described in 106 CMR § 309.040 (A) (5) (c), (d), or (g) as a basis for homelessness.

Health and Safety Assessments will be utilized in all situations described above as a form of verification for eligibility Categories (c)—*overcrowding and other Sanitary Code violations*,¹ and (d)—*other health and safety threats*.² If the primary tenant refuses to participate by way of a face-to-face meeting with the HAS Screener in the unit and (for category (c)—*overcrowding and other Sanitary Code violations*) the EA applicant fails to provide a Board of Health or Code Enforcement Agency inspection, the application will be deemed Category (g)—*asked to leave*,³ on account of the primary tenant's lack of cooperation in verifying the condition of the unit.

For Category (g)—*asked to leave*, access to the unit is suggested, but not required, for completion of the HAS. However, if access to the unit is not allowed, verification in person (i) by the primary tenant that the primary tenant refuses to allow the EA Applicant Household to stay, and/or (ii) the landlord, if the primary tenant asserts that the landlord is preventing the EA applicant household from remaining, is required to ensure authenticity. In Category (g)—*asked to leave*, if the primary tenant refuses to participate by way of face-to-face meeting between the primary tenant and the HAS Screener and, if applicable, the landlord refuses to meet with the HAS Screener, eligibility may be satisfied by sufficient face-to-face statements by immediate neighbors and providers of social services to the applicant Household.

The Homeless Coordinator will access the *DCF Home Visit/Health and Safety Referral Form* from Sharepoint. After completing the form and having the family sign the authorization at the bottom of the form, it will then be faxed to the HAS Screener at DCF's Central Office in Boston.

The HAS Screener will e-mail confirmation of receipt of the referral form and then will follow-up with another e-mail providing the Homeless Coordinator with the name of the social worker who will be performing the assessment and the date and time of the

¹ 106 CMR § 309.040 (A) (5) (c).

² 106 CMR § 309.040 (A) (5) (d).

³ 106 CMR § 309.040 (A) (5) (g).

assessment. The Homeless Coordinator will print out this information and provide it to the family.

In the event that a family refuses to cooperate with an HAS at the point of intake and fails to sign any appropriate waivers required to complete verification, a referral form should still be completed, and the check-off box at the top of the form, indicating “Refused HAS Assessment,” must be checked off. The Homeless Coordinator must then issue an NFL - 9 denial letter to the family. The referral form must still be faxed to the HAS Screener for tracking purposes. Last, the Homeless Coordinator must enter into the narrative section in BEACON that the family refused the HAS and detail the reason for this refusal, if the EA applicant provided reasons.

If DCF is unable to verify the alleged lack of feasible alternative housing as outlined in this Administrative Plan, then the applicant shall have failed to provide adequate and timely verification of Category (g)—*asked to leave*. The Homeless Coordinator must then issue an NFL - 9 denial letter to the family. The referral form must still be faxed to the HAS Screener for tracking purposes. Last, the Homeless Coordinator must enter into the narrative section in BEACON that the applicant was unable to provide verification of lack of alternative feasible housing.

When an assessment has been completed by the DCF social worker, the assessment results will be e-mailed to the HAS Screener, who will forward it on to the appropriate Homeless Coordinator and his/her supervisor. The assessment shall state whether or not the circumstances, as determined by the HAS social worker, verify compliance with regulatory requirements for receipt of EA shelter benefits. The Homeless Coordinator will submit the necessary paperwork to the DHS Central Office’s Placement Unit and place a copy of the completed HAS assessment in the client’s file.

3. DCF HEALTH AND SAFETY PROGRAM STAFF RESPONSIBILITIES:

DCF Housing Stabilization Unit, which is located at DCF Central Office in Boston, will be responsible for the management of the health and safety home visits and outcome reporting. DCF staffing will include a Health and Safety Program Manager who will work closely with DHCD to insure on-going contract performance and oversee the day to day operation of the HAS program, two supervisors who will each oversee five of the home visitor social workers who will be performing the health and safety assessments and one screener who will manage the HAS referrals, the assignment of social workers conducting the assessments and coordinate the reporting assessment outcomes to the DHS Homeless Coordinator and appropriate DCF staff.

The DCF Screener role is to promptly act on all Health and Safety Referrals received from DCF Field Offices. Once a referral is received, the screener will log the referral into a HAS data base for tracking purposes. The screener will then check into DCF’s **FAMILYnet** to see if the referred family is already a client of the Department and/or has recently aged out of foster care. If the family is currently receiving DCF services and/or recently aged out of foster care, the screener will make a notation of this on the DCF **HEALTH AND SAFETY ASSESSMENT TOOL**. DCF workers are extensively educated in regard to the privacy rights of the recipients of their services. They shall at all times

abide by agreements and legal requirements relating to the security of personal information.

Based on which of the DHS Offices the referral came from, the screener will then assign one of the social workers to perform the assessment. The screener will e-mail the name of the assigned worker and contact information to the DHS Homeless Coordinator and his/her direct supervisor, in addition to the appropriate DCF supervisor. The screener will also provide the date and time of the assessment. It is expected that all assessments will be done within 24 to 48 hours of the assignment. In situations where an assessment must be done in less than 24 hours, the screener will consult with the DCF supervisor(s) and Program Manager to determine how this will be accomplished. All e-mailed assignments should be followed up by a phone call made by the screener to the DHS Homeless Coordinator to ensure that the assessment information has been received and provided to the family.

The social worker assigned to perform the assessment will be provided with a copy of the DHS referral forms and the DCF HOMELESS HEALTH AND SAFETY ASSESSMENT TOOL, along with the date and time of the assessment from the screener. It is the social worker's responsibility to contact the family and the party with the legal right to grant access to any dwelling unit (primary tenant and/or landlord), if necessary, to re-confirm the date and time of the assessment and to verify the address where the homes visit will take place. If there is any change in the date and time of the assessment, this must be reported back to the screener, who will inform the DHS Homeless Coordinator and the appropriate DCF supervisor.

In addition to the case assignment, the HAS screener will follow-up on a daily bases with the DCF supervisor to insure that assigned workers have done the assessments and address any issues around re-scheduling. Once the assessments have been completed, the screener will receive the assessment results via an e-mail from the social worker who will also notify his/her supervisors. A completed assessment form will be provided to the screener who will then e-mail the DHCD Homeless Coordinator and supervisor the copy of the completed assessment.

The screener will enter all assessment outcomes into the HAS tracking data base on a daily bases. This data will be reviewed by the Program Manager on a routine bases for quality control purposes and will be reported to DHCD on outcomes and trends.

C. HEATH AND SAFETY ASSESSMENT RISK INDICATORS

The Health and Safety Assessment Tool is used by DCF to determine the level of risk that an asserted overcrowded or otherwise unsafe or unsanitary living situation (see section B (2)) presents to a child or children who are part of a family presenting at a DHS Office for possible shelter placement. There is recognition that, while all living situations that referred families are living in may not be ideal, there are better ways to assist families with housing issues than placement into shelter. Shelter placement is, therefore, only necessary if there is a **clear and immediate danger** to the health and safety of children which demonstrates that this housing situation is not feasible and that the children of the household will be at greater risk if they remain than if they are placed in a temporary shelter environment.

The Assessment Tool looks at-risk indicators that are typically associated with placing children at-risk. These include:

- exposure to violence within the household
- mental health issues within the household
- substance abuse by members of the household
- children's poor school performance and / or attendance issues
- physical space issues to ensure health and safety of children
- health and emotional well being of children.

The DCF social worker will in most instances go to the location where the family is currently residing or where it resided immediately prior to temporary placement in shelter pursuant to 106 CMR § 309.040 (A) (3) to perform the assessment. The assessment will include an interview with the referred family and the host household. The physical condition of the unit will also be noted. Every effort will be made to obtain 3rd party documentation to verify what the referred family is indicating as the asserted health and safety concern(s). Through this process, the DCF social worker will assess the nature and severity of the health and safety risk this living arrangement presents and make a recommendation as to whether a shelter placement is warranted

The recommendations that result from the HAS Assessment will fall into one of three categories:

- (1) Immediate health and safety threat(s) to the household exists. Referred family requires shelter placement.
- (2) Health and safety threats to the referred family exist but family can maintain assessed housing situation for a period of time.
- (3) There is no health and safety threat to the referred family in the assessed living situation.

Families that fall into category (2) will be connected with community resources as a means of addressing their housing issues. DCF will perform a follow-up assessment to ensure that the living situation can continue to be maintained. Families who are given the assessment recommendation (3) will also be referred to community resources to meet their specific needs.