

**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 or other unsafe or unsanitary condition that they can no longer remain in and that they have no feasible alternative housing. This program also includes assessments of families who are requesting shelter asserting that the primary tenant has asked them to leave.

The use of a designated third party to provide verifications is authorized by (106 CMR § 309.040 (A)). The DCF is in the unique position to perform these health and safety assessments because its core mission is the care and protection of children. The purpose of the assessments is to provide verification of a significant risk to a child or children that warrant an immediate shelter placement. 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 to some eligible families with services and financial assistance which it has at its disposal.

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. 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 RESPONSIBILITES

The DHS Homeless Coordinator or his/her supervisor is responsible for determining if a 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 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 (106 CMR § 309.040-5 (A) (5) (d) 1.and 2.)
- 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 and will be required as verifications for the eligibility categories stated above. Household will be placed pursuant to 106 CMR 309.040 (A) (3)), which is known as presumptive eligibility during the assessment process.

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

In the event that a family refuses a health and safety assessment at the point of intake, 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. Lastly, the Homeless Coordinator must enter into the narrative section in BEACON that the family refused the health and safety assessment and detail the reason for this refusal.

If DCF is unable to verify the alleged overcrowding or threat to health and safety due to the fact that the party with the legal right to grant access refuses to do so, then the applicant shall have failed to provide adequate and timely verification. 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. Lastly, the Homeless Coordinator must enter into the narrative section in BEACON that the applicant was unable to provide verification of overcrowding or threat to health and safety.

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 SCREENING PROFILE tool.

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 SCREENING 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.

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.