



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Transitional Assistance
600 Washington Street • Boston, MA 02111

DEVAL L. PATRICK
Governor

TIMOTHY P. MURRAY
Lieutenant Governor

JUDYANN BIGBY, M.D.
Secretary

JULIA E. KEHOE
Commissioner

Field Operations Memo 2007-64
December 11, 2007

To: Transitional Assistance Office Staff
From:  John Augeri, Assistant Commissioner for Field Operations
Re: EA: Clarification of the Noncompliance Process

Overview

In June 2007, the Commissioner sent a letter to all shelter providers and TAO Directors informing them that the Department was planning to review current EA regulations and procedures as they relate to homeless sheltered families, specifically around the noncompliance process.

On October 9, 2007 a letter of clarification relative to the noncompliance process was issued to all shelter and HAP providers. This memo discusses the same issues contained in the October letter.

Purpose of Memo

The purpose of this memo is to clarify the noncompliance process for staff and to address the availability of support services from agencies with staff trained in substance abuse, mental health and/or trauma-related services for families who need these services.

The series of questions and answers below are designed to address some common misconceptions about the noncompliance procedures.

- *Has the Department eliminated noncompliance for EA families? No*
 - *Must a family follow the shelter's rules? Yes*
 - *Must a family actively participate in housing search activities? Yes*
 - *Must a family develop, update and follow its Self-Sufficiency Plan? Yes*
 - *Must a family save money while residing in shelter? Yes, but only after all debts have been resolved.* Refer to FO Memo 2007-40.
-

**Offer of Support
Services**

There are a number of agencies who work with DTA and shelters to provide additional support services to shelter residents who would benefit from the services. The three major agencies that will work with DTA and the shelters to provide the additional support services are:

- *F.O.R. Families*;
 - *Project RISE*; and
 - *Families Living Together* for the following Waltham shelters:
 - Hestia House;
 - Olivia's Place;
 - Sandra's Lodge; and
 - Warren Hall.
-
- *F.O.R. Families* and *Project RISE* provide services to families whose members, including children, are at risk due to mental health issues, trauma-related issues and substance abuse-related issues. *F.O.R. Families* and *Project RISE* do not serve families in the four Waltham shelters listed above.
 - *Families Living Together (FLT)* provides the same services as *F.O.R. Families* and *Project RISE* to families in the four Waltham shelters.
 - Some shelters may have working relationships with other support agencies that provide the same services as *F.O.R. Families*, *Project RISE*, and *FLT*, and may prefer to refer their residents to one of these other agencies. Documentation from that agency will be acceptable as long as the shelter and the agency follow the procedures outlined in this memo.

The family should be referred to the appropriate support agency as soon as it is known that the family may be having behavioral difficulties beyond the shelter provider's ability to handle, or is struggling with compliance with the shelter rules, or the activities in its Self-Sufficiency Plan. It is anticipated that early intervention will help the family cope with the problems it may be experiencing before an instance of noncompliance occurs. The support services are available to assist the family while in shelter.

Since shelter providers interact with the family most often, the majority of referrals will be made by them. The shelter will fax the referral to:

- *F.O.R. Families* or *Project RISE*; or
 - if the shelter has a working relationship with another support agency, the referral will go to that support agency; or
 - *FLT* for families in a Waltham shelter.
-

**Offer of Support
Services
(continued)**

However, if the AU Manager, Homeless Coordinator or HAP provider becomes aware of a family who is not fully cooperating with the activities in the Self-Sufficiency Plan and who may benefit from support services, he or she should complete the referral. The intent is for a referral to be completed before the family actually fails to complete an activity on its Self-Sufficiency Plan.

Referrals by AU
Manager or
Homeless
Coordinator

AU Managers or Homeless Coordinators only refer families to *F.O.R. Families* or *Project RISE*. However, if the family is in a shelter that has a working relationship with another support agency or if the family is in one of the four Waltham shelters, he or she should contact the shelter case manager to complete the referral to the other support agency or to the *FLT* worker on site.

The *Referral Form* (Attachment A) has been created for both the *F.O.R. Families* and the *Project RISE* programs, only. This referral form should be faxed to either program (not both), to Eileen Carranza at 617-624-5927 (*F.O.R. Families*) or Kathleen Egan at 617-661-7277 (*Project RISE*). Since *F.O.R. Families* and *Project RISE* work closely together, they will coordinate the assignment of the family to the program that best suits the needs of the family.

Whenever a referral is made to *F.O.R. Families*, *Project RISE*, *FLT*, or another support agency, the family's Self-Sufficiency Plan will be annotated to record that the referral was made. Timely sharing of updates and referral information will ensure that the AU Managers or Homeless Coordinators, the shelters and the HAP providers all know that a referral has been made. A family may choose not to meet with the support agency's worker and/or not accept the support services offered by the support agency without any negative action at this time. However, if after the referral an incident that qualifies as noncompliance occurs, it should be referred to the Noncompliance Committee for review.

F.O.R. Families and *Project RISE* will respond to the referral source within 48 hours of receipt of the referral and will provide an initial outcome assessment report, the *Referral Outcome Form* (Attachment B) within 14 days of the referral. The support agency will continue sending outcome reports as needed. A copy of the outcome assessment report(s) will be attached to the family's Self-Sufficiency Plan.

Offer of Support Services (continued)

Before a noncompliance referral may be submitted to the Noncompliance Committee, the family must have been offered support services by one of the support agencies. Only incidents that occur *after* the support services have been offered may be submitted for a noncompliance. The following incidents still qualify as noncompliance:

- three or more violation(s) of shelter rules;
- a behavior that is a threat to health and/or safety of the individual, a family member, another shelter resident, guest, or the shelter staff;
- failure to develop a plan or participate in the activities in its Self-Sufficiency Plan; or
- the rejection of safe, permanent housing.

Noncompliance Incidents

The following is an example of a noncompliance with Part 1 of the family's Self-Sufficiency Plan that the AU Manager or Homeless Coordinator would address.

If a parent did not comply with an activity as indicated on the EA-Plan Part 1, the AU Manager or Homeless Coordinator must review Parts 1, 2, and 3 of the Self-Sufficiency Plan to determine if a prior referral had been made to one of the agencies. The AU Manager or Homeless Coordinator should meet with the family to determine why the activity was not completed and if additional DTA support services are needed.

- If no prior referral exists, the AU Manager or Homeless Coordinator completes a referral to *F.O.R. Families* or *Project RISE*.
 - For a family in a shelter that has a working relationship with another support agency, contact the shelter case manager to complete the referral to that support agency.
 - For a family in one of the four Waltham shelters, contact the shelter case manager to complete the referral to the *FLT* worker on site.

This incident would not be submitted for noncompliance because support services had not been previously offered to the family.

- If a prior referral has been made, contact *F.O.R. Families* or *Project RISE* or contact the shelter case manager when a referral was made to another support agency or *FLT* and advise that the family is not complying with its Self-Sufficiency Plan, confirm that support services have been offered to the family and discuss the next actions planned by the support agency. The AU Manager or Homeless Coordinator must follow the regular noncompliance procedures by submitting all of the documentation about the new incident.
-

**Noncompliance
Incidents
(continued)**

Copies of the documentation and any recommendations from the agency that has been working with the family must be submitted with the *EA Noncompliance Referral* (EAN-1) form to the Noncompliance Committee. This procedure also applies when the noncompliance documentation comes from the shelter or the HAP provider.

The AU Manager or Homeless Coordinator is not responsible for making the determination whether the incident rises to the level of a regulatory noncompliance – that is the responsibility of the Noncompliance Committee.

The AU Manager or Homeless Coordinator is responsible for notifying both the shelter and the HAP providers of the decision of the Noncompliance Committee

Reminder: If the family is found noncompliant with the EA regulations, the online *Warning Notice of Noncompliance* (TES-WN-13) must be completed and issued to the family.

IMPORTANT CHANGE:

***Threat to
Health/Safety:***

*Use or
Possession of
Controlled
Substance*

The use or possession of a controlled substance while in the shelter will be classified as a threat to health and/or safety to the individual, a family member, another shelter resident, or the shelter staff. It will no longer be classified as a criminal activity. For situations involving a controlled substance or alcohol, the shelter provider will contact *Project RISE* for an evaluation and possible enrollment of the individual in a day treatment program or a residential substance abuse treatment program. If the family is already involved with *F.O.R. Families*, *Project RISE*, *FLT*, or another support agency, contact that support agency with this information. If the evaluation indicates the family should be moved into a residential substance abuse placement, the AU Manager or Homeless Coordinator must contact Yvette Benton-Hill of the Department of Public Health at 617-661-3991.

A family who is accepted into a residential substance abuse treatment program but refuses to go is ineligible for shelter benefits 106 CMR 309.040(F)(1)(c).

**Subsequent
Incident After
Finding of
Noncompliance**

If a referral for support services has been made and a family is subsequently found to be in noncompliance by the Noncompliance Committee, the AU Manager or Homeless Coordinator must fax a second referral to *F.O.R. Families* or *Project RISE*, unless the family is in one of the four Waltham shelters or being served by another support agency; in which case the AU Manager or Homeless Coordinator should contact the shelter case manager to complete a second referral to *FLT* or the other support agency.

When *F.O.R. Families* or *Project RISE* is actively working with the family, the AU Manager, Homeless Coordinator must contact that agency to advise them of the family's first noncompliance. Annotate in the *Additional Issues/Information* section that this is the second referral for the family. The family's Self-Sufficiency Plan must be annotated to record that the referral was made.

When another support agency is actively working with the family, the shelter case manager must contact that agency to advise them of the family's first noncompliance.

If the family, following the second referral and the offer for support services, subsequently:

- violates three or more shelter rules;
- engages in a behavior that poses a threat to health and/or safety to the individual, a family member, another shelter resident, guest, or the shelter staff,
- fails to develop a plan or participate in the activities in its Self-Sufficiency Plan, or
- rejects safe, permanent housing,

the AU Manager or Homeless Coordinator must follow the regular noncompliance procedures by submitting copies of the documentation and any recommendations from the support agency that has been working with the family, along with the *EA Noncompliance Referral* (EAN-1) form, to the Noncompliance Committee. The AU Manager or Homeless Coordinator must follow the regular procedures for notifying the family, the shelter, the HAP provider, and the support agency where the referral was sent, of the Noncompliance Committee's decision.

Criminal Activity

The process for handling criminal activity that threatens the health and/or safety of the individual, a family member, another shelter resident, or the shelter staff is treated differently than the processes previously described in this memo. Examples of criminal activity are:

- a physical assault (e.g., punch, shove, push) on another shelter resident, guest or shelter staff;
- verbal, threatening behavior which causes an immediate fear of harm to a shelter resident, guest or shelter staff person;
- distribution of a controlled substance;
- possession of a gun or dangerous weapon; or
- other criminal behavior that the shelter director considers to be of a serious nature.

In order to meet noncompliance criteria, the criminal activity must threaten the health and/or safety of the individual, a family member, another shelter resident, guest, or the shelter staff. If an incident such as this occurs, the shelter will immediately report and submit written documentation of the incident to the TAO Director, the AU Manager or Homeless Coordinator and Housing and Homeless Services Unit (H&HS).

Upon receipt of the documentation of the criminal activity, the AU Manager or Homeless Coordinator must immediately submit it to the Noncompliance Committee. Based on the Committee's decision, the family's shelter benefits may be terminated. The online *Notice of Approval, Denial or Termination for EA* (NFL-9) or the *Notice of Termination of Temporary Emergency Shelter* (NFL-ST) must be completed and issued to the family. The AU Manager or Homeless Coordinator must also notify the shelter, the HAP provider, and the support agency where the referral was sent, of the Committee's decision.

In the meantime, if the family appears to pose a continuing serious threat to the shelter residents or staff, the Centralized Placement Unit of H&HS will move the family to another shelter as soon as possible while the noncompliance process moves forward.

Additionally, the shelter will fax a referral to *F.O.R. Families*, *Project RISE*, *FLT* or another support agency and annotate the family's Self-Sufficiency Plan that a referral was made. If the family is moved to another shelter, the originating shelter will notify *F.O.R. Families*, *Project RISE*, *FLT* or the other support agency of the family's new address.

F.O.R. Families

See Attachment C for an updated list of *F.O.R. Families* staff; see Attachment D for an updated list of *Project RISE* staff.

Questions

If you have any questions, please have your Hotline designee call the Policy Hotline at 617-348-8478.



Referral Form

Attachment A

Project RISE Referral: Fax to Kathleen Egan at 617-661-7277

F.O.R. Families Program Referral: Fax to Eileen Carranza at 617-624-5927

Name of Person Referring	Date
Telephone Number and Best Time to Reach You	Name of Referring Agency or Shelter
Client's TAO and DTA Worker's Name	
Client/Head of Household	
Social Security Number	DOB
Telephone Number and Best Time to Reach Client	Alternate Telephone Number
Address	
Does this client speak English? If not, what is primary language?	

Family Composition:

Name	Relationship	DOB

Reason for Referral (check all that apply):

- Behavioral Concern Shelter Rule Violation(s) Safety Concerns
 Not following through with Self-Sufficiency Plan
 Savings Payments Other _____
 HAP Issues Substance Use/Abuse Concerns Mental Health Concerns

Additional Issues/Information:

Other Agencies Involved: _____

Project RISE use only:

Date received: _____
 FCC assigned: _____
 MIS: _____

Referral's last name: _____
 Date assigned: _____
 Program Client ID: _____



Referral Outcome Form

Staff Name	Date
Telephone number	F.O.R. Families Program Project RISE
Client/Head of Household	
Social Security Number	DOB
Address	

Reason for Referral to Program:

- Behavioral Concern
- Shelter Rule Violation(s) Safety Concerns
- Not following through with Self-Sufficiency Plan
 - Savings Payments Other _____
- HAP Issues Substance Use/Abuse Concerns Mental Health Concerns

Brief Case Summary:

Action Plan/Goals (identify who is responsible for each task):

Recommendations:

F.O.R Families Staff

Name	Position	DPH Base	DTA	Phone
Karin Downs	Program Manager	250 Washington St. Boston, MA 02108		Cell: (617) 519-6622 Office: (617) 624-5967 Fax: (617) 624-5927
Melissa Marlowe	Program Director and Clinical Coordinator Southeast Region	250 Washington St. Boston, MA 02108		Cell: (617) 519-3014 Office: (617) 624-5913 Fax: (617) 624-5927
Eileen Carranza	Program Coordinator	250 Washington St. Boston, MA 02108		Office: (617) 624-5591 Fax: (617) 624-5927 MCH line: (800) 311-2229
Heidi Dileone	Clinical Coordinator Central and West Regions	180 Beaman St West Boylston, MA 01583 23 Service Center Northampton, MA 01060		Cell: (508) 965-2543 Office: (508)-792-7880 X2334 Fax: (508) 792-7706 Office: (413)586-7525 X1129 Fax: (413)784-1037
Erin Hurley	Clinical Coordinator Northeast and Boston Regions	365 East St. Tewksbury, MA 01876 10 Malcolm X Blvd Roxbury, MA 02119		Cell: (978) 807-0610 Office: (978) 851-7261 X 4061 Fax: (978) 851-3346 Office: (617) 541-4079 Fax: (617) 541-2861
		Northeast		
Denise Guilbeault	Home Visitor	365 East St. Tewksbury, MA 01876	Lowell	Office: (978) 851-7261 X4022 Cell: (978) 502-4793 Fax: (978) 851-3346
Maria Silva- Jimenez	Home Visitor	365 East St. Tewksbury, MA 01876	North Shore	Cell: (978) 844-0503 Office: (978) 851-7261 X 4059 Fax: (978) 851-3346
Vita Chiarenza	Home Visitor	365 East St. Tewksbury, MA 01876	North Shore (Malden and Revere homeless families)	Cell: (978) 844-0502 Office: (978) 851-7261 X 4060 Fax: (978) 851-3346
Yocasta Bianconi	Home Visitor	365 East St. Tewksbury, MA 01876	Lowell North Shore (Malden and Revere homeless families)	Cell: (978) 273-4382 Office: (978) 851-7261 X 4057 Fax: (978) 851-3346
		Boston		

Jonathan McCurdy	Home Visitor	10 Malcolm X Blvd. Roxbury, MA 02119	BFH (assessment center)	Cell: (617) 413-7256 Office: (617) 541-2871 Fax: (617) 541-2861
Christine Dixon	Home Visitor	10 Malcolm X Blvd. Roxbury, MA 02119	BFH	Office: (617) 541-2876 Cell: (617) 447-5763 Fax: (617)541-2861
Leslie Rosenblatt	Home Visitor	10 Malcolm X Blvd. Roxbury, MA 02119	BFH (former Davis Square homeless families)	Cell: (617) 519-1269 Office: (617) 541-4074 Fax: (617) 541-2861
Joseline Cabrera	Home Visitor	10 Malcolm X Blvd Roxbury, MA 02119	BFH	Cell: (978) 337-8764 Office: (617) 541-2877 Fax: (617) 541-2861
		Central		
Lila Coverstone	Home Visitor	181 Beaman St West Boylston, MA 01583	Worcester	Cell: (508)-340-8468 Office: (508)-792-7880 X2348 Fax: (508) 792-7706
Cristina Nunez	Home Visitor	180 Beaman St. West Boylston, MA 01583	Worcester	Cell: (978) 844-0468 Office: (508) 792-7880 X2326 Fax: (508) 792-7706
		West		
Evelyn Montanez	Home Visitor	23 Service Center Northampton, MA 01060	Springfield	Office: (413)586-7525 X1189 Cell: (413)-478-1729 Fax: (413)784-1037
Neil Broome	Home Visitor	23 Service Center Northampton, MA 01060	Holyoke	Office: (413)586-7525 X1160 Cell: (413)478-0313 Fax: (413)784-1037
		Southeast		
Tanya Taylor	Home Visitor	5 Randolph St Canton, MA 02021	Plymouth	Cell: (508) 208-0190 Office: (781) 774-6623 Fax: (781)774-6618
Janet Leigh	Home Visitor	5 Randolph St Canton, MA 02021	Hyannis	Cell: (508) 965-1997 Office: (781) 774-6738 Fax: (781)774-6618
Lorraine Art	Home Visitor	5 Randolph St Canton, MA 02021	New Bedford	Cell: (508) 965-5928 Office: (781) 774-6743 Fax: (781)774-6618

Project RISE Staff Contact List

Susan Dargon-Hart, Director Main Cambridge #: 617-661-3991

Kathleen Egan, Clinical Supervisor Main Cambridge #: 617-661-3991

Western Mass Region (out of Holyoke office):

Monty Gada Work cell: 413-207-1643

Kimberly Daniels Work cell: 413-207-1644

Amarilis Martinez Work cell: 413-207-1645

Central Mass Region (out of Worcester office):

Glinda Guzman Work cell: 508-340-8155

Dana Johnson Work cell: 508-612-9326

Southeast Region (out of Cambridge office):

Robin Hester Work cell: 617-680-4107

Northeast Region (out of Cambridge office):

Christine LaClair Work cell: 617-306-6213

Boston/Cambridge/Somerville Region (out of Cambridge office):

Evangeline Cobb Work cell: 617-519-4201

Cecily Donegan (MSW Intern) Work cell: 617-913-9262

Boston/Cambridge/Somerville/Framingham Region (out of Cambridge office):

Dolly Almonte Work cell: 617-780-4343

Suzanne Macaluso Work cell: 617-780-4340