

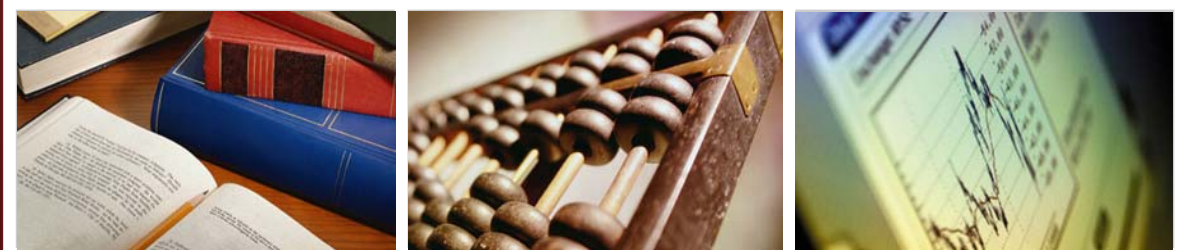


UMASS DONAHUE INSTITUTE • RESEARCH & EVALUATION GROUP

MassHousing Tenancy Preservation Program

Evaluation Report

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Summary

Introduction

Tenancy Preservation Program Overview

Comprehensive prevention efforts that include effective, targeted interventions represent a critical step toward “closing the front door” to homelessness. The Tenancy Preservation Program (TPP) of Massachusetts is an effort designed to prevent the destabilizing effects of eviction and the impact of housing instability and homelessness for an extremely vulnerable population—those with disabilities. A collaborative effort of MassHousing, Massachusetts Housing Court, regional service providers, and state agencies within the Executive Office of Housing and Economic Development, the Executive Office of Health and Human Services, and the Executive Office of Elder Affairs, TPP aims to preserve tenancy among individuals and families at imminent risk of eviction for whom the grounds for eviction are directly related to a disability.

There are five housing court divisions across the Commonwealth. TPP currently operates in all five housing court divisions and serves tenants in Berkshire, Bristol, Essex, Franklin, Hampden, Hampshire, Plymouth, and Worcester counties. TPP also operates in Boston, as well as nearly half of the cities and towns in Middlesex and one community in Norfolk County. TPP does not provide services in communities lacking divisions of housing court. Thus, TPP does not operate in Barnstable, Dukes, or Nantucket counties, and it is unavailable in all but one community in Norfolk County. In addition, three communities in Suffolk County and 31 communities in Middlesex County are not under housing court jurisdiction, and therefore lack TPP services.

TPP currently is administered by six community-based agencies across the Commonwealth. Each program has a Program Director that may or may not carry a caseload. Program budgets and staffing vary across the six sites.

Since TPP’s inception, MassHousing has provided oversight and brokered funding for the program from state agencies, notably the Department of Housing and Community Development (DHCD), as well as the Department of Transitional Assistance (DTA), the Department of Housing and Community Development (DHCD), and the Department of Mental Health (DMH). As MassHousing and individual programs secured additional funding from the state, municipalities, local agencies, foundations, and federal sources such as the Community Development Block Grant (CDBG) and the Emergency Shelter Grant (ESG), TPP expanded across the Commonwealth.

Program Evaluation

In 2007, MassHousing contracted with the University of Massachusetts Donahue Institute to evaluate TPP. The evaluation focused on understanding the extent to which tenant, household, and programmatic characteristics impacted outcomes, as well as documenting the cost of providing TPP services. Specifically, the evaluation documented:

- The number of tenancies and individuals served by the program
- The characteristics of tenancies and individuals served by the program
- Variations in program characteristics and implementation across courts and sites
- Program outcomes
- Variations in outcomes by tenant, household, and program characteristics
- Program costs
- Areas for improvement or expansion



The TPP evaluation included a variety of data collection methods designed to gather both qualitative and quantitative data about the statewide effort and individual programs. While most of the data collection focused on gathering tenant-level information, contextual information about the program was also gathered from meetings, site visits, and observations. Specific data collection activities included:

- Ongoing meetings with key stakeholders, including David Eng, MassHousing; the Honorable Dina Fein, Western Division Housing Court; and the TPP Statewide Steering Committee (SSC)
- Ongoing meetings with Program Directors
- Program site visits and discussions with Local Advisory Committees
- Court observations on Summary Process day with each of the six programs
- Tenant-level data on cases and consults from the six programs

Program Model

TPP acts as a neutral intermediary between landlord and tenant, and works with housing courts, public and private housing providers, plaintiff and defendant attorneys, and social service agencies to resolve tenancy problems. Typically, this involves identifying needed services, developing a service plan, managing and monitoring adherence to the plan, locating more appropriate housing if the tenancy cannot be saved, and coordinating with appropriate organizations if the problem cannot be resolved.

By design, TPP is a collaborative program. The most obvious collaborative relationship is that which exists between the programs and the housing court divisions across the Commonwealth. In all cases there is a defined working relationship between each housing court division and its corresponding TPP. Some programs, such as Boston and Northeast TPP, have offices within the courthouse. Other programs work so closely with the court that it is sometimes necessary for TPP staff to create professional boundaries so as not to be regarded as court staff.

Beyond its collaborative relationship with the court, there are a number of significant relationships that are critical to the implementation of TPP, including those with Legal Services and private attorneys, local housing authorities, landlords and property managers, local and state agencies, and community-based service providers.

The “housing” of TPP broadly within the structure of the court is not merely a matter of programmatic convenience; the court’s involvement is essential in establishing the tenant’s right to reasonable accommodation, a critical element of the TPP model. In order to become a TPP case, a tenant must have a disability and show that the disability is related to the lease violation. In doing so, the tenant establishes a right to reasonable accommodation, allowing the court to postpone eviction proceedings until a suitable reasonable accommodation can be identified and implemented. TPP plays a key role in identifying and establishing the components of a reasonable accommodation, which often takes the form of a service plan.

An accommodation might take the form of the tenant agreeing to modify his or her behavior or the tenant agreeing to have a third party (e.g., a representative payee) manage public benefits on his or her behalf to ensure that rent is paid on time. However, in those cases where an accommodation is not immediately apparent, it could mean ceasing or postponing eviction proceedings until the tenant has the opportunity to access services that may help with altering behavior or identifying other accommodations that may help the tenant comply with the lease.

Eligibility

In FY08, over 23,000 Summary Process cases passed through the Massachusetts Housing Court, fewer than 2% of which became TPP cases. In order to determine which of the many cases passing through the housing court department are appropriate for TPP, each site has developed locally appropriate eligibility criteria. At minimum, all six programs share the same core eligibility criteria:

1. Tenant must have a disabling physical, mental, developmental, or health condition.
2. Lease violation(s) must be directly linked to disability.

Establishing the existence of a disability and linking the disability to the lease violations is required for a reasonable accommodation. Although a disability must be present for TPP involvement, neither the court nor TPP require that it be formally diagnosed or documented in order to refer or open a case. Further, it is important to note that consistent with the Massachusetts Supreme Judicial Court's interpretation of the law, substance use disorders and age-related conditions, such as dementia, qualify as disabilities for TPP services.

Although identifying tenants with disabilities and subsequently linking the disability to presenting lease violations is critical to TPP implementation, qualitative data from the program site visits and the court observations suggest that the process of identifying tenants with disabilities varied considerably within and across programs. Despite variations in identifying tenants with disabilities, to some extent initial identification almost always begins with the referral source.

In instances when the court identifies the disability, site visits and court observations suggest that there is no consistent protocol for or method of screening all tenants facing eviction for the existence of a disabling condition. For instance, among court personnel there is no one designated person responsible for identifying a disability, nor are there set protocols for determining the existence of a disability. Based on data gathered throughout the evaluation, there is no screening process or particular set of questions regularly asked of tenants to uncover a disability. Instead, court personnel continually gather clues about the existence of a disability based on information revealed throughout each proceeding as the tenant describes his or her current housing situation or tells his or her story.

In some programs, additional eligibility criteria are used as a mechanism for assigning priority to cases. For instance, most programs require that a Notice to Quit is issued in order to be eligible, and one program requires that a Summons and Complaint is issued to open a case. Including this additional criteria allows TPP workers to give priority attention to those cases further along in the process and thus at the greatest risk of imminent eviction. In addition, some programs focus efforts on tenants in public or subsidized housing. Again, this allows programs to prioritize cases that risk losing their subsidy as well as their housing if there is an eviction.

However, some programs have established additional eligibility criteria related to the concept of "preservable" tenancies. For some programs, a preservable tenancy requires both parties (landlord and tenant) be willing to work with TPP. In other programs, preservable suggests that there is an ability to pay rent either through sufficient income or a housing subsidy. In other words, TPP often will not open cases where tenants simply do not have sufficient funds for rent even if they do have a disability. In some situations, preservable relates to when the tenant is referred to TPP. In cases where a tenant is referred too far along in the eviction process to preserve the tenancy, the case is often not opened. Although the case may not be opened, TPP will often provide referrals to housing search and placement or other homeless services as appropriate.

The concept of preservable tenancy is critical to understanding this program. For the most part, TPP operates within a relatively short period of time—after an eviction notice is served and before an eviction judgment is ordered.

During this period, TPP workers assess the tenant's eligibility, understand the relationship between the disability and the lease violation, assess supports and services, develop a service plan, and work with the tenant to adhere to the service plan. If early on in the process TPP determines that a tenant does not meet core eligibility or that there is simply nothing that can be done to preserve the tenancy, TPP will not open the case. This is not a matter of taking easy cases. On the contrary, the characteristics of the cases and their documented issues make it clear that these tenants have complex and difficult problems to address. They are, however, cases where TPP workers believe that with the right mix of support and services an eviction can be avoided. Furthermore, data gathered throughout the evaluation suggest that a sizeable number of the "non-preservable tenancies" are assisted either minimally or significantly through consultation.

Results

Tenant and Household Characteristics

As part of this evaluation, data were gathered on TPP cases from January 1, 2008 through June 30, 2009, including cases that were opened prior to January 1 and cases that remained open after the conclusion of data collection. During the 18 months of data collection, TPP worked with 676 unique tenancies across the Commonwealth. The 676 cases amounted to 732 adults (excluding the adult children of householders), 581 minor children, and 106 adult children served overall.

The 1,419 residents assisted through the program were predominantly from single adult households (47.8% of cases) or single adult households with one or more children (44.2%). Fewer than 10% of tenancies were households containing two or more adults.

Overall, 324 households had one or more children present and 352 consisted of a single adult or multiple adults with no children. The mean age of householders served was 46.8 years. Householders with children were significantly younger (38.4 years) than householders without children (54.5 years).

Nearly one-half of all TPP cases were tenants of a local housing authority (48.7%), and an additional 35.9% were in subsidized housing through either project-based (28.1%) or individual (7.8%) subsidies. Although nearly 85% of TPP cases were in some form of subsidized housing, 15.3% of all cases were in unsubsidized housing or some other form of housing, such as assisted living facilities or sober house situations.

Three-quarters of all TPP cases were households headed by women. Households with children were significantly more likely to be headed by women than adult-only households (94.8% compared to 58.2%). Households with children were also more likely to be Spanish-speaking (12.7%) and more likely to have ever experienced domestic violence (50.6%) than households without children (6.5% and 27.2%, respectively).

Nearly one-third of TPP cases report at least one episode of homelessness in the past, and 12.3% have a history of chronic homelessness. Previous episodes of homelessness or chronic homelessness do not vary by household composition or gender. However, householders younger than 50 years of age were more likely to have ever experienced homelessness than older householders.

Overall, only 40 of the 676 householders served were veterans. Despite being a relatively small sub-group of TPP tenants, veterans were significantly more likely to have ever experienced homelessness (52.5%) or to have experienced chronic homelessness (27.5%) than non-veterans (29.9% and 11.3%, respectively).

The householders' history of domestic violence is known for 491 of the 676 tenancies served. Of those with a history of domestic violence, 41.3% also have a history of homelessness and 15.9% have experienced chronic homelessness. Those with histories of domestic violence are significantly more likely than those with no past experience to have ever been homeless (41.3% compared to 27.5%).

Disability

Every TPP household had at least one individual with a disabling condition. In nearly every case (670 of the 676 cases) the head of household had a documented disability. Furthermore, in 536 of the 676 cases, the head of household was the sole tenant with a documented disability.

However, in 20% of cases where the head of household had a documented disability, either another member of the household also had a disability, or multiple additional members of the household had a disabling condition. In other words, TPP served 134 households where the head of household and at least one other individual had a disabling condition, and in 44 cases, the head of household plus two or more other residents had a disabling condition.

In the six cases where the head of household did not have a disabling condition, two were situations where another adult in the household had a disability, and the other four involved one or more minor children with disabilities.

Mental illness (76.2%) was by far the most common disabling condition among heads of household, followed by physical or medical disabilities (33.9%), and substance abuse (21.7%).

Overall, the disabling condition(s) reported among 43.4% of heads of household could be categorized as solely mental health related. Although mental health conditions continued to be the most common disability, householders with children were significantly more likely than those without children to have this be the sole disability category reported (58.2% compared to 30.1%). Relatively few householders had substance abuse as the only reported disability (1.9%).

Co-occurring disabilities were fairly common among TPP cases; 17.9% of householders had co-occurring mental health and physical/medical conditions, 10.9% had co-occurring substance abuse and mental health conditions, and 1.9% had co-occurring substance abuse and physical/medical conditions. In addition, 7.2% of householders had conditions that were classified as substance abuse, mental health, and physical/medical (48 heads of household). Households without children were significantly more likely than those with children to have more than one disability; 45.4% of adult-only households had a co-occurring or tri-occurring disability, compared to 29.6% of households with children.

In addition to household composition, the nature of the disability varies by the characteristics of the heads of household. Twenty-two percent of householders had a substance abuse disability either as the sole disability or in combination with other disabilities. Householders with a history of homelessness (31.8%) and householders younger than 50 years of age (24.6%) were more likely than their counterparts to have a substance abuse disability. Having a disability related to mental health was significantly more common among female heads of household and younger householders (84.4% and 87.4%) than male heads of household and older householders (63.8% and 68.1%).

The presence of multiple disabilities (e.g., mental health and substance abuse) did not vary by gender or age. However, it is important to note that householders with a history of homelessness were more likely than those who have never been homeless to have co-occurring or tri-occurring disabilities (43.1% compared to 35.8%).

Presenting Problem

In general, the presenting problem(s) documented for each TPP case were an indication of the nature of the lease violation(s) threatening the tenancy. Presenting problems range from issues related to non-payment to disturbances and conflict to unsanitary conditions and hoarding. Nearly one-fifth (17.6%) of the 676 cases documented between January 1, 2008 and June 30, 2009 had three or more presenting problems, 61.7% had one documented problem, and 20.7% had two documented problems.

The most common presenting problem was, by far, non-payment of rent and/or utilities (61.4%). While a significant number of cases had additional presenting problems, it is worth noting that 45.1% of all documented cases presented with non-payment as the only issue threatening the tenancy. An additional 16.3% presented with non-payment in combination with one or more other issues. Nearly 39% of TPP cases presented with one or more issues other than non-payment. Of these 261 cases, 112 (42.9%) had one presenting problem, 80 (30.7%) had two problems, and 69 (26.4%) had three or more.

The nature of the presenting problem varies significantly by household composition, and to some degree, the gender of the head of household. For instance, households with children were significantly more likely than households without children to present with: issues related to non-payment (76.9% compared to 47.2%); noncompliance with administrative requirements (10.8% compared to 5.4%); and failure to recertify (8.0% compared to 3.7%).

In comparison, presenting problems related to unsanitary conditions, disturbances, safety concerns, hoarding, and criminal activity were more prevalent among households where no minor or adult children were present.

Program Characteristics

Although four of the six programs require that at minimum a Notice to Quit has been issued to open a case, data demonstrate that every program had at least one case where the referral was made before an eviction notice was issued. In fact, 12.6% of all cases were referred before a Notice to Quit was issued. However, more than one-half (53.5%) of tenants were referred to TPP after a Summons and Complaint was issued.

Overall, 36.9% of TPP cases were referred by the housing court, followed by local housing authorities (20.6%), Legal Services or the tenant's attorney (16.6%), and community agencies (14.5%). Although case data demonstrate that primary referral sources vary by program, observations in court did not clearly reflect any program-specific pattern or referral protocol when involving TPP. On the contrary, TPP was flexible and open to all referral sources and situations. While in court, many referrals happened informally, starting off as discussions between TPP and the court or other providers and progressing as TPP was introduced to the tenant(s), as appropriate. However, some programs have a more established protocol for receiving court referrals.

Beyond the mere differences across programs, what is most interesting about the referral source data is that more than one-fourth of TPP referrals came directly from the tenant's landlord or the landlord's representative. Given that these referral sources are also the entities initiating the eviction process, the referral itself suggests a strong working relationship with TPP and an inherent interest on the part of the landlord or property manager to preserve the tenancy.

The range of referral sources and the timing of referrals speak to TPP's collaborative, working relationships. The fact that 3 out of 10 referrals occurred prior to the Summons and Complaint stage of the eviction process, and that the

bulk of these referrals come from community partners and housing providers, suggests that the program has moved beyond merely accepting referrals within the court to being willing to work with partners earlier in the eviction process.

Of the 676 documented cases, TPP closed 526 during the study period. The mean duration in which a case was open was 148.8 days, or just under five months. Nearly 40% of cases concluded within a two-month period, and an additional one-third were open three to five months.

Outcomes by Characteristics

Once TPP becomes involved with a troubled tenancy, the program is highly successful in achieving a positive outcome for tenants. Eighty-two percent of closed cases resulted in stable housing either through the preservation of the existing tenancy (72.2%) or moving to more appropriate housing (9.7%). The preservation of tenancy or transition to more appropriate housing among these nearly 400 TPP cases represents the stabilization of housing for 830 adults and children across the Commonwealth.

An additional 7.2% of closed cases resulted in “other” housing placements, including living with family and friends or placement in an institution. While these cases did not result in homelessness, the stability of the housing situation is unknown. For instance, being housed with family or friends may, in fact, be a stable situation or it may indicate a situation where tenants are “doubling up” and lacking housing stability.

Only 10.9% of closed cases resulted in eviction or termination from TPP. Although these cases resulted in eviction or termination, it is important to note that only 1.4% of all closed cases are known to have resulted in eviction to a shelter or the street.

Overall, households with children are no more or less likely than households without children to have achieved a successful tenancy outcome. This is somewhat surprising considering that households consisting of adults only were more likely to present with lease violations that may be more difficult to address, such as disturbances, hoarding, and criminal activity. Furthermore, adult-only households were more likely to have a householder with co-occurring and tri-occurring disabilities than households with children.

Analysis of tenancy outcomes by householder characteristics yielded no significant differences in outcome. Analyses included comparisons by gender, age, primary language spoken, veteran status, and history of domestic violence.

Analysis of tenancy outcomes by severity demonstrated that the householder’s history of homelessness and the nature of his or her disability were not associated with positive tenancy outcomes. However, the nature of the presenting lease violation(s) did appear to have an effect.

Tenancies that presented solely with non-payment of rent or utilities were significantly more likely than all others to result in a positive outcome. In fact, nearly 9 out of 10 non-payment cases resulted in the preservation of the existing tenancy or a transition to more appropriate housing. Cases that presented with a single issue other than non-payment were the second most likely group to have achieved a positive outcome; 8 out of 10 tenancies with a single presenting problem other than non-payment achieved a successful outcome.

Analysis of tenancy outcomes by programmatic factors included type of housing, timing of referral, referral source, and service provision (duration and effort).

Tenants of local housing authorities were more likely than those of other housing types to have had the tenancy preserved or to have moved to more appropriate housing. Given this, it is not surprising that having been referred to TPP by a local housing authority is also correlated with a positive outcome.

Although a significant number of referrals occurred prior to the beginning of the eviction process (12.6%) or prior to the issuance of a Summons and Complaint (18.2%), the extent to which early referral has a beneficial impact on outcomes is unclear. In fact, patterns in the data seem to suggest that cases referred before the eviction process commences are less likely to have positive outcomes. One possible explanation for this pattern was discussed during site visits where many TPP staff spoke about the influence of the court and the stress of an impending eviction as strong motivational factors for tenants to change behavior.

Consultations

During the course of the evaluation, TPP provided services related to 676 tenancies. However, the 676 TPP cases served do not fully reflect the number of tenancies assisted by the program. In addition to officially opened cases, TPP provided considerable “consultation” services directly to tenants or through other service providers over the course of the evaluation period. In fact, data were submitted on 773 consults between May 1, 2008 and June 30, 2009.

It is important to distinguish TPP consults from the many requests for technical assistance, information, or referrals that TPP providers receive daily. Unlike, for instance, a one-time call from an area provider seeking advice for a client, consultations documented through this evaluation are those situations where: a) TPP staff interacts directly with a tenant or has significant awareness of the presenting problem(s) for an identifiable tenant, and b) where the tenant is not eligible or not yet eligible for TPP services. In other words, consultations mimic cases but are not classified as such, with service provision ranging from a single interaction to substantial investments of time.

Although the provision of services to tenants who are not official cases has been part of TPP from the start, the extent and nature of consultation services was not documented prior to this evaluation. Consultations occur for a number of reasons. A common type of consult occurs in situations where TPP has the expertise to assist a tenant but not necessarily preserve the tenancy. This situation is likely to occur when tenants are referred at a point in which it is too late to save the tenancy and TPP workers assist with crisis management by making referrals to other services and providing as many resources to the tenant as possible. One example, which took place during the court observations, was a family of two adults and three children who signed a move-out agreement and probably did so too quickly. Although TPP was not able to assist with preserving the tenancy, the worker met with the family and provided emotional support as well as referrals for public assistance and emergency shelter.

Another common type of consultation was those situations where a tenant received services for a period of time before becoming a TPP case. This may occur for a number of reasons. At times, TPP provides consultation when they are unsure if the tenant meets eligibility criteria. For instance, one TPP staff member referred to the consult portion of the whole case as an “investigation phase.” Some programs use consultation as a mechanism for working with tenants who are eligible for services but are on the waiting list. In these situations, TPP engages the tenant and provides the services necessary to manage the situation before they are able to fully open the case.

Reason Not Eligible

For the most part, consultations are the result of referrals that, in some way, do not meet TPP eligibility. In some cases, tenants simply do not meet the core case eligibility criteria: 1) tenant must have a disabling physical, mental, developmental, or health condition and, 2) lease violation(s) must be directly linked to disability. However, this is a relatively small group of consultations overall. Eight percent of consultations were not eligible to become cases because the tenant lacked a disability and a similar percentage of consultations had a disability, but it was not related to the lease violation (7.0%).

The most common reason for opening a consult instead of case was a determination by TPP that the tenancy was not preservable (35.6%). The majority of unpreservable tenancies were related to a lack of sufficient rental funds (62.5%). In other words, nearly two-thirds of the 275 unpreservable tenancies were simply situations where the tenant could not afford the rent. However, 28.7% of consultations were deemed unpreservable as a result of an agreement to vacate or an eviction being ordered. While some of these situations may have represented preservable tenancies if TPP had been involved earlier, once the order is signed, TPP is unable to reverse the decision and therefore work with the tenants on a consultation basis. Finally, a relatively small number of unpreservable tenancies are the result of building condemnation or foreclosure on the landlord.

In nearly one-fourth of situations, a consultation was started on an eligible tenant because the tenant was simply not interested or not willing to work with TPP (23.7%). When a tenant is resistant, TPP will not immediately open a case in order to reserve case slots for tenants who are motivated to avoid an eviction. However, in situations where the tenant is hesitant to work with TPP, TPP may feel compelled to provide assistance due to the nature of the case or the source of the referral. Other times, TPP will open a consult for an uninterested tenant when they believe the disinterest is directly related to the nature of the disability.

Similarly, 11.0% of consults were the result of the landlord's unwillingness to work with TPP. In these situations, TPP used the consultation time as a means to work with the landlord and establish a relationship. If TPP was successful in gaining the landlord's trust, a case was opened. If the landlord adamantly refused to work with TPP, the consultation consisted of providing advice and referrals to support the tenant through the eviction process.

In addition, 9.7% of tenants became consultations because they already had a caseworker or another type of case management service in place (e.g., DMH caseworker). In these situations, TPP used the consultation as a way to work closely with the agency or provider already involved with the tenant to help the service provider with the necessary resources, assistance, support, and referrals to preserve the tenancy. Finally, consultations also occurred when full caseloads precluded staff from opening additional cases and minimal services were provided while the tenant was on the waiting list (9.6%).

Despite being initially deemed ineligible and opened as consultations, 18.4% of consults eventually became cases. An additional 30.9%, through direct or indirect contact with TPP, resulted in preserved tenancies. And for the remaining 50.6% with less desirable or poor outcomes, if it weren't for consultation services, they would have received no assistance in "softening the blow" of their loss of housing. Furthermore, of the subset of consultations that were ineligible because the tenancy was considered unpreservable, 11.0% eventually became cases, 16.3% resulted in tenancy preservation or a move to more appropriate housing, and 17.0% avoided homelessness by moving into other housing. This suggests that even in those instances where eviction or homelessness seemed the likely outcome, TPP's intervention through consultation was a factor in avoiding a negative outcome nearly half of the time.

Tenancy Preservation Program Cost

The total FY09 TPP budget was just under \$1.7 million. With those funds, TPP employed approximately 25 staff across the Commonwealth. While much of the recognized efforts of TPP focus on work with tenants who become cases, this report clearly establishes that the programs have a much greater reach. Not only do the programs serve TPP cases, but they also work with tenants on a consultation basis, as well as provide technical assistance and support to the court and other providers on matters related to housing but unrelated to the core mandate of TPP. The amount of effort expended on the latter is not quantified by any of the programs. As a result, considering the cost of implementing TPP is limited to case and consult services.

Over the course of FY09, TPP assisted 499 tenancies as cases and 649 tenancies through consultation services. Given that 19% of consults became cases (n=125), the actual number of unique tenancies assisted during FY09 was 1,023 (499 cases and 524 consults that did not become cases).

On average, programs spent approximately 71% of documented time serving cases and 29% of time serving consults. If the overall budget were allocated using these proportions, TPP spent approximately \$1,186,130 serving cases in FY09 and \$484,475 serving consults during the same period. Using these budget figures, the cost per case (case budget/number cases) was \$2,377 and the cost per consult (consult budget/number consults) was \$925.

Cost per case did not vary by the householder's gender. However, among all cases, households without children were significantly more costly than those with children. Furthermore, cost per case was significantly higher among householders who primarily speak a language other than English. This may be related to the need for translation services driving up effort and expense.

In terms of the three severity measures, householders with a history of homelessness and those with multiple disabilities are no more expensive to serve than those who have never been homeless or who have a single disability. However, tenancies that were at risk for lease violations other than non-payment of rent or utilities were significantly more expensive to serve than cases where non-payment was an issue. In other words, tenancies at-risk due to behavioral issues required more effort than non-payment cases, and therefore were more costly.

Eviction, whether or not it results in homelessness, is costly to tenants, landlords, and communities. Tenants experience the disruption and instability associated with the eviction, and they may incur costs related to moving and loss of property. Tenants of subsidized housing risk losing a scarce affordable housing option; this is of particular concern for a majority of TPP cases and consults. Landlords are saddled with the cost of the eviction, court filing fees, attorneys' fees, sheriff's fees, lost work days for court hearings, moving costs, and storage costs for belongings, as well as any repairs and vacancy costs of the rental unit. Communities and governments support the judicial system, as well as the public resources required for emergency assistance.

The characteristics of the TPP population and their risk factors for homelessness suggest that:

- Without intervention, this group is at high risk of eviction.
- For nearly 85% of cases and 56% of consults, an eviction is likely to result in an immediate loss of subsidy or, at minimum, jeopardizes the long-term security of the subsidy.
- Loss of subsidy creates a substantial barrier to rapid re-housing.
- Barriers to rapid re-housing often result in the need for emergency shelter or, when that is not an option, extremely unstable or unsafe housing (e.g., couch surfing, overcrowded living situations, substandard housing, on-the-street homelessness).

Considering that one's inability to access affordable housing is a primary predictor of homelessness and that research suggests housing subsidies are a key factor in reducing and ending homelessness for families, the loss of a housing subsidy certainly contributes to the probability of relying on unstable housing or becoming homeless.

According to the Report of the Special Commission Relative to Ending Homelessness in the Commonwealth, in 2007, DTA provided shelter to 5,000 families, representing roughly 5,000 adults and 10,000 children at an average cost of \$98 per night.¹ Culhane's research using DTA records documented average family shelter stays ranging from 105 days for temporary shelter users to 444 days among long-stay shelter users, resulting in costs of \$11,550 for the shortest-term users and nearly \$50,000 for the long-term users.²

Of the 499 FY09 TPP cases, 237 were families. This amounts to approximately 48% of the FY09 TPP case budget spent serving families (\$569,342). At a cost of \$110 per shelter night, \$569,342 purchases a total of 5,176 family shelter nights. In other words, the case budget spent serving families is equal to sheltering 49 temporary use families for an average of 105 nights or 12 longer-term shelter families for an average of 444 nights.¹

Of the 237 families served in FY09, 165 were closed cases as of the end of the fiscal year. At a cost of \$2,130 per family, TPP was able to stabilize housing for 143 of the 165 families served. This equals housing stabilization for nearly 87% of families served.

The Special Commission's Report further documented that an estimated 24,000 individuals are homeless annually in Massachusetts and that providing shelter to a single homeless adult costs an average of \$1,000 per month (\$32 per night) on average. The Commission noted that this amount does not include any case management or other services that a shelter program provides, nor does it include the high costs of health related expenses.

Of the 262 tenants without children served in FY09, 184 were closed cases as of the end of the fiscal year. At a cost of \$2,593 per household without children, TPP was able to stabilize 149 of the 184 tenants served. This equals housing stabilization for 81% of tenants without children.

ⁱ Calculations based on \$110 per night for family shelter as documented in Culhane's "Testing a Typology of Family Homelessness Based on Patterns of Public Shelter Utilization in Four US Jurisdictions: Implications for Policy and Program Planning."

Conclusion and Recommendations

The need for TPP services is greater than program capacity.

- The 2007 American Community Survey estimates that 11.4% of adults aged 21 to 64 years in Massachusetts have a disability. Even excluding the elderly and having a more conservative definition of disability than used for TPP, if this percent were applied to the number of disposed eviction cases (FY08 = 23,441), then it is possible that nearly 2,600 eviction cases could be eligible for TPP services. By comparison, TPP was able to serve 499 cases in FY09.
- Five of the six programs had a waiting list for services during all or some part of FY09.
- During FY09, TPP opened 652 consultations. In general, consultation occurs when TPP workers are unable to open a case. In some situations, caseloads preclude staff from opening an additional case and minimal services are provided while the tenant is on the waiting list. In other situations, tenants do not meet program eligibility criteria, but TPP workers feel duty-bound to provide assistance due to the nature of the circumstances or until eligibility can be established. Regardless, the frequency of requests for assistance and the nature of the consultations speak directly to existing gaps in services. In addition to issues of staff capacity, the nature of consultations indicate the following service gaps, including the lack of:
 - housing search and placement services for those eligible tenants who first come to TPP when preserving the tenancy is no longer an option.
 - services for tenants experiencing extremely tragic circumstances, but lacking a disability that would trigger the use of reasonable accommodation. Due to the current economic climate and increasing frequency of foreclosures among landlords, requests for assistance of this nature appear to be on the rise.
 - capacity to address the “early warning” referrals coming directly from landlords, management companies, housing authorities, and community agencies that are increasingly contacting TPP at the first sign of a troubled tenancy.
 - expertise among frontline case workers in Massachusetts who lack the knowledge or experience necessary to assist clients facing eviction.
 - services for homeowners facing foreclosure.

Several significant inconsistencies exist across programs that may result in unequal access to TPP services. Specific inconsistencies that merit consideration and possible modification include:

- Eligibility criteria related to preservability with particular attention to issues of tenant and landlord willingness to engage with TPP
- Identification by the court of TPP at the beginning of Summary Process sessions
- Protocols for managing eligible wait listed tenants with particular focus on the role of consultations
- Practices related to caseloads and case duration with a particular focus on the role of consultations

Demonstrating TPP’s effectiveness in achieving outcomes that result in a significant return on investment requires a better understanding of evictions in the Commonwealth. To that end, the SSC should explore strategies for tracking evictions, including:

- The number of evictions, the characteristics of those evicted, and the consequences of eviction

Introduction

Comprehensive prevention efforts that include effective, targeted interventions represent a critical step toward “closing the front door” to homelessness. The Tenancy Preservation Program (TPP) of Massachusetts is an effort designed to prevent the destabilizing effects of eviction and the impact of housing instability and homelessness for an extremely vulnerable population—those with disabilities. A collaborative effort of MassHousing, Massachusetts Housing Court, regional service providers, and state agencies within the Executive Office of Housing and Economic Development, the Executive Office of Health and Human Services, and the Executive Office of Elder Affairs. TPP aims to preserve tenancy among individuals and families at imminent risk of eviction for whom the grounds for eviction are directly related to a disability.

Since TPP’s inception, MassHousing has collected data about the number of tenants served, their demographic characteristics, and broad outcomes. Overall, these data demonstrate that TPP is effective in preserving tenancy. However, MassHousing was interested in understanding what effect, if any, tenant characteristics or program characteristics have on success, as well as understanding the cost benefits associated with TPP. To that end, MassHousing contracted with the UMass Donahue Institute (the Institute) to develop and implement an evaluation of TPP.

The TPP evaluation seeks to address the following questions:

1. Is TPP effective at achieving desired outcomes for enrolled tenants?
2. What are the core program components of TPP? How do the components vary across sites? Are certain program characteristics more or less likely to achieve positive outcomes?
3. Do findings indicate areas for improvement, increased uniformity, expansion, or enhancement?
4. What is the return on investment in TPP? Does investment in TPP result in the cost avoidance of other public dollars on higher-priced services?

The information presented in this report is a compilation of qualitative and quantitative data gathered over two years. The success of this evaluation effort would not have been possible without the cooperation of the TPP directors and staff who graciously completed data collection forms and readily responded to all manner of requests for information about their programs.

The following section provides an overview of the various data collection efforts employed to evaluate this program.

Methodology

The TPP evaluation included a variety of data collection methods designed to gather both qualitative and quantitative data about the statewide effort and individual programs. While most of the data collection focused on gathering tenant-level information, contextual information about the program was also gathered from meetings, site visits, and observations. Specific data collection activities included:

- Ongoing meetings with key stakeholders, including David Eng, MassHousing; the Honorable Dina Fein, Western Division Housing Court; and the TPP Statewide Steering Committee (SSC)
- Ongoing meetings with Program Directors
- Program site visits and discussions with Local Advisory Committees
- Court observations on Summary Process day with each of the six programs
- Tenant-level data on cases and consults from the six programs

Copies of data collection forms and site visit protocols can be found in Appendix A.

Meetings and Site Visits

Throughout the course of the evaluation, Institute staff met with key stakeholders within MassHousing and the Massachusetts Housing Court to discuss the direction of the evaluation, the evaluation plan, and strategies for gathering complete and accurate data. In addition, Institute staff attended regularly scheduled meetings with the SSC and Program Directors to present preliminary findings and gather feedback about how to interpret findings.

In order to understand programmatic similarities and differences across the programs, site visits were conducted with each of the six programs across the Commonwealth and discussions were held with each program's Local Advisory Committee (Table 1). The purpose of the site visits was to understand the core program components of TPP, how the components vary across sites, and what models, if any, are more or less likely to achieve positive outcomes.

Site visits included discussions with the Local Advisory Committees to collect site-specific information from advisory members about the goals, implementation, and impact of TPP, as well as meetings with the staff to collect site-specific detailed information about how the program is implemented. Specific areas of interest included: referral sources, eligibility requirements, relationship to housing court, provision of case management services, closing cases, and the role of the Local Advisory Committee. Information gathered through site visits informs each program's unique characteristics, style, and approaches to implementation.

Table 1: Site Visit Schedule by Program

Program	Local Advisory Committee		TPP Staff Meeting	
	Date	Number Participating*	Date	Number Participating*
Berkshire	2/7/2008	9 (2 TPP staff)	2/7/2008	3
Boston	1/16/2008	10 (5 TPP staff)	1/16/2008	7* *
Northeast	2/29/2008	11 (2 TPP staff)	2/29/2008	2
Southeast	2/26/2008	7 (1 TPP staff)	2/26/2008	3
Western MA	3/3/2008	10 (5 TPP staff)	2/20/2008	7
Worcester	1/22/2008	12 (4 TPP staff)	1/30/2008	4
* Numbers do not include UMass Donahue Institute or MassHousing participants.				
**In addition to staff, the Chief Housing Specialist and a Housing Court Judge participated for part of the staff discussion.				

Court Observations

In April 2009, Institute staff observed TPP workers from each program on one Summary Process court day for their housing court division. As shown in Table 2, approximately 21 hours of court observation took place with a combination of TPP directors and staff. However, the 21 hours of observation represent only one court session per program. As a result, findings based upon court observations may not be representative of typical program implementation.

The purpose of conducting court observations was to determine how TPP workers spend time in court, how and by whom disabilities are indentified, and what role TPP plays in court proceedings. In order to gather accurate and consistent data across programs, a series of post-observation questions for the accompanied staff person were developed and asked of each TPP worker. In addition, a

Program & Court Location	Person Observed	Date	Time in Court	Hours of Observation
Berkshire TPP: Pittsfield	Director	4/22/2009	9:00am - 12:00pm	3.02
Boston TPP: Boston	Director & Staff	4/30/2009	9:00am - 1:00pm 2:15pm - 3:30pm	4.53
Northeast TPP: Lynn	Staff	4/28/2009	9:00am - 12:00pm	3.13
Southeast TPP: Brockton	Staff	4/29/2009	9:00am - 12:15pm	3.20
Western MA TPP: Springfield	Director	4/23/2009	9:00am - 12:00pm 2:00pm - 3:30pm	4.17
Worcester TPP: Worcester	Staff	4/16/2009	9:00am - 12:00pm	2.95

court observation recording form was developed to track specific activities, time spent per activity, the nature of the work (case, consult, referral, etc.), and parties involved.

Tenant-Level Data

Prior to this evaluation, TPP directors reported monthly aggregate data about cases to MassHousing. In addition to reporting on new and closed cases, directors provided aggregate summaries of tenant characteristics and outcomes. However, in order to determine the extent to which individual program characteristics or tenant characteristics influence outcomes, it was necessary to gather tenant-level data about each case and the amount of service provided. To that end, two forms were developed for staff to report on cases and track service provision. These forms were the Active and New Cases Form and the Contact Log.

An Active and New Case Form was completed for every open case. This form served as part of a comprehensive intake packet and recorded individual demographic information as well as information about the tenant's case, previous homelessness, and other members of the household. Ideally, this form was completed when the tenant's case was opened. Programs began using the form in March 2008. Although it was new in March, staff were asked to complete a form for every open case since January 1, 2008, including those cases that were originally opened prior to January 1 but continued to be active into 2008. Active and New Case forms were completed on every case through June 30, 2009.

Additionally, staff members completed a Monthly Contact Log for each open case every month. For example, if a case worker had seven cases, she or he would have completed seven Contact Logs (one per tenant) every month documenting all direct work with the tenant, as well as work done on behalf of the tenant. A Contact Log was completed for each open case regardless of how many days the case was open each month or how much contact there had been during that month.

The Contact Log was comprised of two parts. The first part gathered descriptive information about the case, including critical dates, case status, legal representation, service referrals, tenancy outcomes, and in those cases where the tenancy was not preserved, consequences of lost tenancy and post-eviction service referrals. The second part of the form gathered information about dates of contact, time spent on days of contact, and the purpose or reason for that contact.

The programs began using the Contact Log form in March 2008 and were required to document all contact starting on March 1, 2008. Most programs submitted Contact Logs beginning in March, and a few programs went back and documented their time for January and February 2008 as well. Contact Logs were completed on all open cases through June 30, 2009.

During the course of site visits, Steering Committee meetings, and conversations with staff and stakeholders, it became clear that gathering data solely on open TPP cases would likely underestimate the effort expended by TPP to preserve tenancies. As a result, a third form was created to document case consultations. Case consultation refers to those instances where TPP staff interacts directly with the tenant or has significant awareness of the presenting problem(s) for an identifiable tenant, and where the tenant is not eligible or not yet eligible for TPP services. In other words, case consultations are “cases” which aren’t officially regarded as such because the tenant is not strictly eligible for services. Depending upon the circumstances, time spent on case consultations may vary from a single interaction to substantial investments of time.

Consultations were documented on Consult Logs. This form was used to gather information about a tenant receiving assistance from TPP even though the tenant was not technically eligible to receive services or was on the waiting list. Each form gathers general information about the individual receiving consultation, and includes space to document contact with the individual. While the majority of consultations are fairly short in duration, occurring over a few days or weeks, some (especially those instances where a person is on the TPP waiting list) lasted for several weeks or months.

TPP staff were required to begin filling out the Consult Log when consultation commenced. Ongoing interactions with the individual were documented as they occurred. Unlike Contact Logs, which were submitted monthly, Consult Logs were submitted when contact with the individual ceased. In other words, these forms were only submitted when the TPP worker felt confident that the individual would no longer receive consultation or when the individual became a TPP case.

Programs began using the form in May 2008. Consult Logs were mailed to all program sites on May 7 and programs began using them as soon as they arrived. Again, while most TPP staff started documenting consults in mid-May, a few workers went back to record time spent earlier in the year when the active consults first began. Consult Logs were submitted on all complete and active consultations through June 30, 2009.

Tenancies Served

Tenant-level data collection began in March 2008. At that time, programs were required to submit Active and New Case forms on every tenancy that received any services on or after January 1, 2008, regardless of when the case began. However, programs were not required to retroactively report Contact Log data. Rather, information about the type and

amount of service provided, as well as the outcome of closed cases, was only gathered on active cases beginning in March 2008.

The timing of data collection activities is important to note as it influences the number of tenancies that can be included in various analyses presented in this report. Table 3 provides a summary of the tenancies tracked from January 1, 2008 through June 30, 2009.

In total, tenant-level data were gathered on 676 unique tenancies served. Of these, 636 have some documented service delivery time. The 40 cases with no documented time are those cases that were closed before March 1, 2008 when submission of Contact Logs began. As a result, these cases do not have any documented service delivery time or case outcome information.

Over half of the cases (55.5%) with documented time have complete records, meaning that all of the effort associated with the case from intake to conclusion is documented. Because these 353 tenancies represent closed cases, information about outcome is also available.

Throughout this report, information related to tenancy, household, or individual characteristics is presented for all 676 cases. Information pertaining to case outcomes is presented for the 486 closed cases. However, when summarizing the relationship between the level of effort and outcome, analysis is restricted to the 353 closed cases that have complete documentation of service contact time. Closed cases with complete documentation (353) of contact time are also used to present information about case duration, level of effort, and service delivery days.

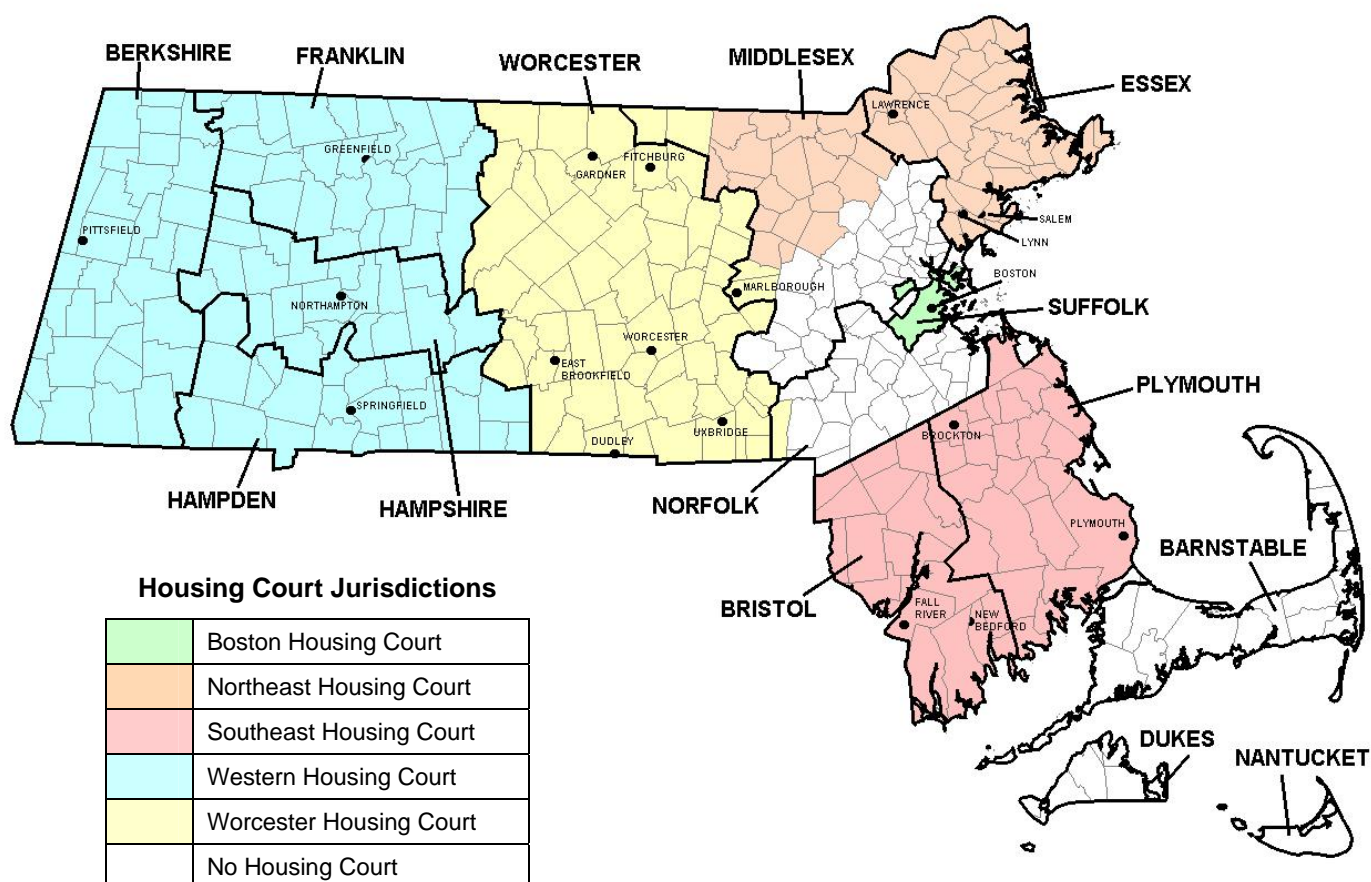
Table 3: Tenancies Served	
Case Category Description	Number
Total Cases Documented January 1, 2008 through June 30, 2009	676
Cases Opened Prior to January 1, 2008	126
New Cases Opened January 1, 2008 through June 30, 2009	550
Total Cases with <u>Any</u> Contact Time Reported*	636
Cases with Complete Time (Case was Opened and Closed between 3/1/08 and 6/30/09)	353
Cases with Partial Time Reported (Case was Opened before 3/1/08 or continued after 6/30/09)	283
Total Closed Cases January 1, 2008 through June 30, 2009	526
Total Closed Cases March 1, 2008 through June 30, 2009	486
Closed Cases with Complete Time (Case was Opened and Closed between 3/1/08 and 6/30/09)	353
Closed Cases with Partial Time Reported (Case was Opened before 3/1/08)	133
* Submission of Contact Logs was not required for the 40 TPP Cases closed between January 1, 2008 and March 1, 2008. As a result, these cases do not have any documented service delivery time or case outcome information.	

Tenancy Preservation Program Overview

In 1998, representatives from the Western Division Housing Court, MassHousing, local housing authorities, housing providers, the Department of Mental Health (DMH), the Department of Public Health Bureau of Substance Abuse Services (DPH), the Department of Mental Retardation (DMR), and a variety of social service agencies came together to develop an intervention to assist individuals at risk of eviction.³ Developed in response to a perceived gap in resources for effectively addressing the issues of tenants with mental health disabilities, the original designers of TPP constructed a pilot program to support the preservation of at-risk tenancies and the prevention of homelessness. Shortly after its inception, the Western Massachusetts TPP pilot expanded to serve individuals and families throughout Hampden County.

As shown in Figure 1, there are five housing court divisions across the Commonwealth. TPP currently operates in all five housing court divisions and serves tenants in Berkshire, Bristol, Essex, Franklin, Hampden, Hampshire, Plymouth, and Worcester counties. TPP also operates in Boston, as well as nearly half of the cities and towns in Middlesex and one community in Norfolk County. TPP does not provide services in communities lacking divisions of housing court. Thus, TPP does not operate in Barnstable, Dukes, or Nantucket counties, and it is unavailable in all but one community in Norfolk County. In addition, three communities in Suffolk County and 31 communities in Middlesex County are not under housing court jurisdiction, and therefore lack TPP services.

Figure 1: Massachusetts Housing Court Jurisdictions



TPP currently is administered by six community-based agencies across the Commonwealth. Each program has a Program Director that may or may not carry a caseload. Program budgets and staffing vary across the six sites.

As shown in Table 4, each of the housing courts is covered by one TPP provider, with the exception of the Western Division. Western Housing Court TPP is administered by one provider in Berkshire County and another in Hampden, Hampshire, and Franklin Counties. Throughout this report, TPP in Berkshire County is referred to as Berkshire or Berkshire TPP, and the program in Hampden, Hampshire, and Franklin Counties will be referred to as Western MA TPP.

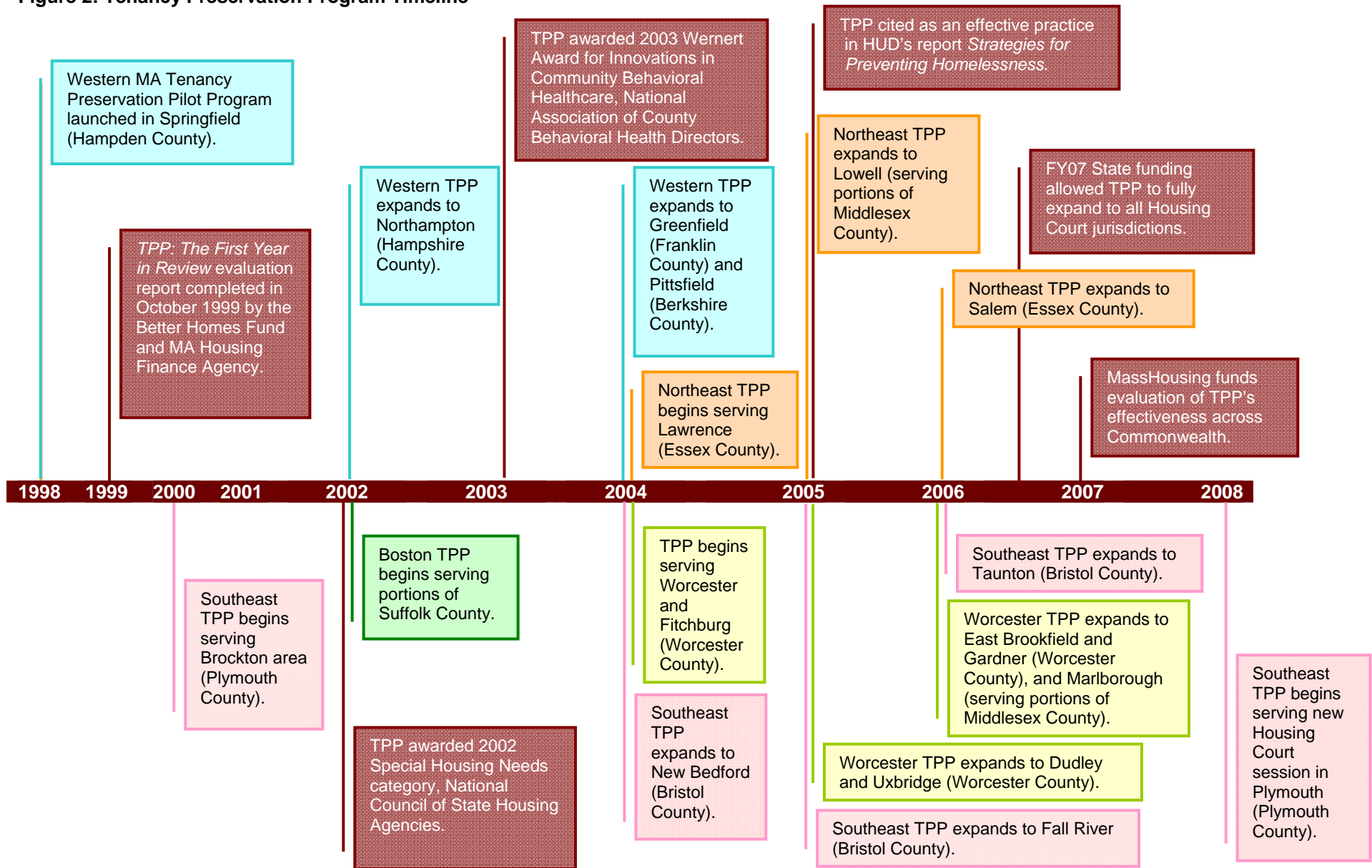
Table 4: TPP Providers and Service Area by Housing Court

Housing Court	TPP Provider	Service Area	FY09 Budget	FY09 Staffing Full Time Equivalents (FTE)
Boston	Bay Cove Human Services	City of Boston	\$381,254	5
Northeast	Eliot Community Human Services	Essex County and selected towns in Middlesex County	\$146,000	2
Southeast	Father Bills & MainSpring	Bristol and Plymouth Counties	\$337,480	5
Western Western MA	Mental Health Association	Hampden, Hampshire, and Franklin Counties	\$452,216	7
Western Berkshire	Berkshire County Regional Housing Authority	Berkshire County	\$109,000	2
Worcester	Community Healthlink	Worcester County and selected towns in Middlesex and Norfolk Counties	\$244,655	4

Since TPP's inception, MassHousing has provided oversight and brokered funding for the program from state agencies, notably the Department of Housing and Community Development (DHCD), as well as the Department of Transitional Assistance (DTA), the Department of Housing and Community Development (DHCD), and the Department of Mental Health (DMH). As MassHousing and individual programs secured additional funding from the state, municipalities, local agencies, foundations, and federal sources such as the Community Development Block Grant (CDBG) and the Emergency Shelter Grant (ESG),⁴ TPP expanded across the Commonwealth.

In the last decade, TPP grew from a pilot program in Springfield to a statewide program covering all housing court jurisdictions (Figure 2). In that time, there have been three assessments of the Hampden County program—the first occurring after the initial year of the pilot program, another as part of the U.S. Department of Housing and Urban Development's (HUD) analysis of promising prevention strategies, and the third as part of the Homelessness Prevention Initiative. In addition, TPP has been honored with two national awards for its work in preventing homelessness.

Figure 2: Tenancy Preservation Program Timeline



TPP is overseen by a Statewide Steering Committee (SSC). The SSC serves in both an advisory and a monitoring role. In addition, members of the SSC plan and advocate for continued funding and TPP expansion. The SSC, chaired since 2003 by the Honorable Dina Fein and coordinated by representatives from MassHousing, consists of the directors of each of the six programs and representatives from the following stakeholder agencies or groups:

- Massachusetts Department of Housing and Community Development (DHCD)
- Massachusetts Department of Mental Health (DMH)
- Massachusetts Department of Developmental Services (DDS), formerly known as Department of Mental Retardation
- Massachusetts Department of Public Health (DPH), Bureau of Substance Abuse Services
- Massachusetts Department of Children and Families (DCF), formerly known as Department of Social Services
- Massachusetts Department of Transitional Assistance (DTA)
- Massachusetts Executive Office of Elder Affairs (EOEA)
- Massachusetts Rehabilitation Commission
- Legal Assistance Corporation of Central Massachusetts
- Massachusetts Law Reform Institute
- Mental Health Legal Advisors Committee
- Peabody Properties
- Technical Assistance Collaborative
- UMass Boston Center for Social Policy

At the local level, programs convene a Local Advisory Committee (LAC). In general, the local committees mirror the SSC in composition. However, members tend to be regional or local representatives of the departments, agencies, and stakeholder groups represented on the SSC.

As part of the site visits, evaluators attended one LAC meeting for each of the programs. During the meetings committee members were asked a series of questions about TPP, including the goal of the program, the role of the committee, and how the program is implemented. In general, the role and function of local committees changes depending upon the needs of the individual programs. Regardless of specific activities, the committees perceived their role as supporting TPP. As one member stated, “they [the programs] preserve tenancies, we preserve TPP.”

When no specific need exists, LACs convene regularly for the purpose of information sharing. Committee members bring information from their various agencies about funding, policy shifts, program initiatives, etc., and through sharing information members strive to improve service coordination and awareness of the current service climate. Additionally, the committees use the regular meeting as a networking opportunity where they build stronger relationships with each other. However, when a specific need exists such as guidance on procedural or program policy issues, the LAC advises as appropriate. Although this role was more common when programs were in the start-up phase, LAC members still serve as advisors when necessary.

In addition, some programs discuss actual cases during the meetings as a way to illustrate TPP’s work, as well as to use the committee as a sounding board for difficult cases. Most of the programs prepare TPP summary statistics to share with the committee and may ask for guidance on how to set program priorities, manage a waiting list, or address perceived service delivery barriers.

In general, all of the committees function similarly, with the exception of Berkshire TPP. At the time of the site visit, Berkshire TPP did not have a set group that met regularly. Although at one time they had a functioning LAC, the members felt the meetings were redundant given the small community of providers and how frequently they all interacted in their daily work lives. Instead, Berkshire convened a group of stakeholders and common referral sources to discuss TPP and provide their perspectives on the Berkshire County program.

Goal of the Tenancy Preservation Program

During program site visits and Local Advisory Committee meetings, staff and committee members were asked to describe the goal of TPP. At least one participant at five of the six program sites described TPP's overarching goal as preventing homelessness. Although staff were more likely to narrow the ultimate program goal to "preserving tenancies," there was little doubt that those involved with TPP view the program as a component on the spectrum of homelessness prevention interventions. As noted by one advisory committee member:

"Knowing that homelessness is such a difficult problem for us to solve, TPP was designed as a program to prevent homelessness from the very beginning. We recognized that, particularly for subsidized tenants, who are the tenants who we were going to be serving in this program primarily, if they were to lose their housing which was often the best housing they have had, at the most affordable rent they've ever had—if they were to lose that housing then it's a double whammy because not only have they lost very good housing that's affordable, their ability to get back into subsidized housing was going to be that much more difficult if there is an eviction on their record."

Reluctance on the part of some staff and advisory members to classify TPP more broadly as homelessness prevention relates specifically to the lack of housing search and placement resources. TPP's primary goal is to preserve existing tenancies or, in some cases, to work to obtain more appropriate housing by actively pursuing more appropriate housing for tenants who can not remain in their housing. However, the programs do not have the infrastructure to support routine housing search and placement for those who otherwise meet eligibility criteria but are already homeless or imminently facing homelessness as a result of an eviction. In addition to housing search and placement services requiring a different skill set from the clinical background of most staff, program resources do not exist to support the intensive time required to provide such services for persons made recently homeless or facing homelessness who are not part of the TPP caseload.

In addition to program goals directly related to housing, TPP staff and advisory members articulated a range of goals related to tenant, landlord, court, and community education; engaging service providers; lessening the burden on the court by providing expert consultation; and influencing policy (Table 5).

TPP and the Continuum of Homelessness Prevention Interventions

In recent years, much emphasis has been placed on ending homelessness across the nation and across the Commonwealth of Massachusetts. Though much of the attention centers on efficiently and effectively moving individuals and families experiencing homelessness into permanent housing, homelessness prevention is undoubtedly a key component in combating and ending homelessness. Described by the National Alliance to End Homelessness (NAEH) as "closing the front door," homelessness prevention refers to strategies that target those who will become homeless absent any intervention, with the goal of avoiding new cases of homelessness or reducing episodes of repeat homelessness.⁵ NAEH's 10-year plan to end homelessness clearly proposes that ending homelessness requires both prevention and intervention to help those who are homeless attain and maintain housing.⁶

The importance of homelessness prevention is underscored in the December 2007 report of the Governor's Special Commission Relative to Ending Homelessness in the Commonwealth, which states: "Today, the system starts with placement in shelter for those presenting as homeless; tomorrow, we envision a system that starts with stabilizing existing tenancies to prevent homelessness, re-housing people before they enter shelter, and linking people to the appropriate community supports to find and keep stable housing situations and improve their economic position

[emphasis added].⁷ Research suggests that homelessness prevention strategies not only reduce entry into homelessness,⁸ but lower societal costs of homelessness, such as shelter stays, court costs, emergency room visits, arrests, incarceration, and treatment.⁹ Closing the front door to homelessness is therefore as important as service provision for those who are already homeless.¹⁰

Table 5: Goal of TPP as Articulated by TPP Staff and Advisory Committee Members

Goal of TPP	Program Site					
	Berkshire	Boston	Northeast	Southeast	Western MA	Worcester
Preserve tenancies	✓	✓	✓	✓	✓	✓
Prevent homelessness – keep tenants out of shelter	✓	✓	✓	✓	✓	
Prevent eviction from becoming public record			✓			
Preserve subsidy	✓		✓		✓	
Locate alternative or more appropriate living situations	✓	✓	✓		✓	
Teach tenant to be a good tenant					✓	
Advocate for the tenant in court		✓				
Increase tenants' awareness of mental illness or other main issues			✓	✓		
Address underlying issues of tenancy in jeopardy				✓		
Engage service providers (existing or new) or connect tenants with better services	✓	✓	✓		✓	✓
Act as mediator between tenant and landlord				✓		
Help tenants and landlords avoid crisis situations	✓			✓		
Provide consultation on how to work with tenant				✓		✓
Influence court system and property management policies		✓				
Lessen burden on the court					✓	
Increase landlords' awareness that evictions are not worth the cost					✓	
Educate landlords, housing authorities, communities, and court about disabilities				✓	✓	
Buy time for agencies to find a solution	✓					
Increase safety	✓					

Describing TPP broadly as homelessness prevention is consistent with existing models of prevention. Using the public health model of prevention as a guide,¹¹ HUD's Strategies for Preventing Homelessness recognizes three levels of intervention: primary prevention, secondary prevention, and tertiary intervention.¹² Within the context of homelessness, primary prevention focuses on preventing first incidences of homelessness. Secondary prevention refers to intervention efforts that quickly respond to initial episodes of homelessness, with the aim of reducing the length of first-time homelessness. Secondary prevention may also include intervention targeting those at immediate risk of lost housing in order to prevent recurring episodes. Tertiary interventions are directed at more advanced stages of homelessness and focus on ending chronic or episodic homelessness altogether.^{13, 14}

An extensive review of the nature and responses to homelessness throughout the nation's history presented at the 2007 National Symposium on Homelessness Research suggests that three distinct approaches to prevention can be identified in the literature:

1. Prevention through placement following long periods of custodial care
2. Prevention of relapse specifically delivered to formerly homeless people and intended to prevent a recurrences of homelessness
3. Prevention directed at housed persons who exhibit risk factors likely to lead to the loss of housing (often specifically targeting beneficiaries of social service programs)¹⁵

TPP encompasses two of the three broadly defined approaches in that it is specifically directed at a defined high-risk population on the verge of eviction and seeks to prevent relapse for those tenants with histories of homelessness.

Table 6: Homelessness Prevention Interventions

Type of Intervention		
Primary	Secondary	Tertiary
Interventions designed to prevent initial episodes of homelessness.	Interventions intended to reduce the length of first-time homelessness or prevent recurring episodes.	Interventions aimed at ending the cycle of chronic homelessness.
Targets individuals and families at-risk of homelessness.	Targets individuals and families who have recently become homeless or who have experienced homelessness in the past.	Targets individuals and families with extended episodes of homelessness or multiple occurrences of homelessness.
Examples include:	Examples include:	Examples include:
<ul style="list-style-type: none"> Financial literacy programming Emergency funds for rent or utility arrears Representative payee services Links to entitlement resources Discharge planning Eviction counseling Landlord-tenant mediation Court-based intervention Home-based support services 	<ul style="list-style-type: none"> Housing search and placement Emergency funds for rent or utility arrears Representative payee services Links to entitlement resources Discharge planning Landlord-tenant mediation Court-based intervention Home-based support services 	<ul style="list-style-type: none"> Rapid Re-housing Post-housing placement case management Long-term supportive casework

Table 6 offers examples of primary, secondary, and tertiary homelessness prevention interventions. The overlap between primary and secondary interventions speaks to the fact that many interventions designed to prevent first-time homelessness are also used to prevent repeat occurrences of homelessness among housed individuals and families at risk of losing their housing.

Within this model of prevention, TPP is considered either primary or secondary prevention depending upon the tenant's history of homelessness and current circumstances. Data gathered from January 1, 2008 through June 30, 2009 reveal that nearly one-third (31.2%) of tenants receiving TPP services have at least one previous episode of homelessness and that 12.3% of cases have a history of chronic homelessness. As such, TPP serves as primary prevention for about two-thirds of its cases and secondary prevention for those with past episodes of homelessness, including those who meet the criteria for chronic homelessness. Furthermore, it is interesting to note the overlap between the specific primary and secondary prevention activities presented in Table 6 and the TPP goals summarized in Table 5.

Within the continuum of homelessness prevention services, there are a number of interventions that target troubled tenancies and possible eviction. While TPP is designed to intervene at the point where a tenancy is moving through the eviction process, the program model is not a broad-based eviction prevention program.

In FY08, 23,441 Summary Process cases were disposed in the Massachusetts Housing Court. Although each of these cases is tracked by the court, currently there is no readily available information about the outcome of these cases. Specifically, there is no published information about how many Summary Process cases entered and disposed in the Commonwealth result in eviction or how many evictions end in homelessness or unstable housing. However, a onetime review of the Boston Housing Court's 2006 cases found that 2,009 of 4,597 cases (44%) resulted in eviction and that fully one-half of these evictions were from subsidized housing.¹⁶ Given that eviction from subsidized housing generally translates into a loss of subsidy, it is safe to assume that the estimated 1,000 Boston evictions from subsidized housing resulted in homelessness, or at best, unstable housing situations.

The lack of information about the total number of evictions that occur within and outside the court system and the incidence of subsequent homelessness or unstable housing as a result of eviction is not unique to Massachusetts. Nationally, there is little information about the adverse effect of eviction on housing stability or the likelihood of homelessness. A Canadian study completed in 2006 attempted to document the relationship between eviction, housing instability, and homelessness. Researchers concluded that "services and programs with a mandate to prevent evictions can by no means be assumed to result in the prevention of absolute homelessness."¹⁷ However, they reached this conclusion in large part because they found that "eviction prevention services often do not reach those households facing the highest risk of absolute homelessness – that is, those in need of multiple supports due to addiction, mental illness, or other complex difficulties."

In an early study of TPP in Western MA that compared TPP cases to eligible tenants who were waitlisted, researchers found that "TPP appears to have preserved original housing for twice as many people as would have retained it without TPP services."¹⁸ The study found that 85% of served tenants remained in their original housing or moved to alternative housing, compared to only 24% of those who were eligible but were on the waiting list and did not receive services.

In order to assess the extent to which TPP prevents homelessness among tenants facing eviction, it is important to understand the characteristics of tenants served, the severity of their needs, and the likelihood of achieving a positive outcome across various sub-populations. Overall, the data presented in the following section demonstrate that TPP targets tenancies with the greatest risk factors for homelessness.

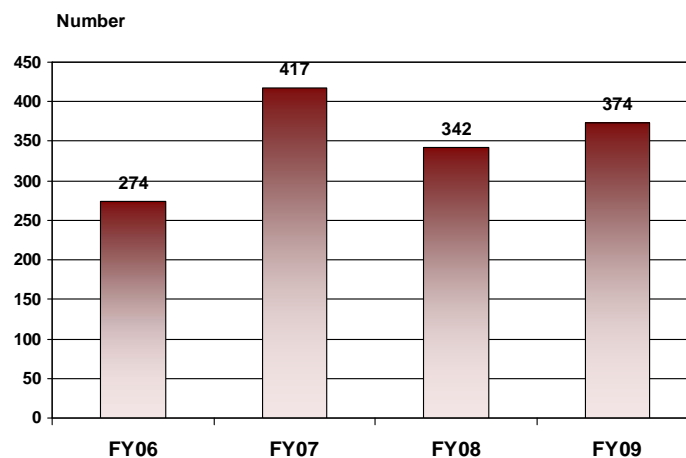
Tenancy Preservation Program Outcomes

Tenants Served

Each year, TPP intervenes in the lives of Massachusetts residents experiencing crises related to housing. Data gathered since FY06 show a significant increase in new cases from FY06 to FY07 as the program expanded across the Commonwealth (Figure 3).

However, due to staffing turnover and vacancies in some programs, the number of new cases declined in FY08 but rebounded somewhat in FY09. Between July 1, 2008 and June 30, 2009, the six TPP programs opened 374 new cases across the Commonwealth. The average annual number of new cases from FY07 through FY09 was 378 cases.

**Figure 3: Number New TPP Cases Opened Each Year
Fiscal Years 2006 - 2009**



However, new cases alone do not adequately demonstrate the reach of TPP. When FY09 began on July 1, 2009, TPP workers were involved with 125 existing cases, many of which received ongoing services well into the fiscal year. Therefore, the best measure of TPP's impact is to look at all tenancies assisted during a given period of time. For instance, TPP worked with a total of 499 unique tenancies in FY09, some of which were cases opened before the fiscal year began and some of which remained active beyond the end of the fiscal year.

As part of this evaluation, data were gathered on TPP cases from January 1, 2008 through June 30, 2009, including cases that were opened prior to January 1 and cases that remained open after the conclusion of data collection. During the

18 months of data collection, TPP worked with 676 unique tenancies across the Commonwealth. The 676 cases amounted to 732 adults (excluding the adult children of householders), 581 minor children, and 106 adult children served overall.

Table 7: Total Tenancies and Residents Served by TPP

	Number	Percent
TPP Cases: January 1, 2008 – June 30, 2009	676	100.0%
Number Residents Served:	1,419	100.0%
Adults	732	51.6%
Minor Children	581	40.9%
Adult Children	106	7.5%
Number Tenancies Served:	676	100.0%
Single Adult	323	47.8%
Single Adult and 1 or more Children*	298	44.1%
2 Adults and 1 or more Children*	26	3.8%
2 or more Adults and no Children	29	4.3%
* Of the 324 households with one or more children, 43 have only adult children in the household.		

As shown in Table 7, the 1,419 residents assisted through the program were predominantly from single adult households (47.8% of cases) or single adult households with one or more children (44.2%). Fewer than 10% of tenancies were households containing two or more adults.

Overall, 324 households had one or more children present and 352 consisted of a single adult or multiple adults with no children. Nearly one-half of all TPP cases were tenants of a local housing authority (48.7%), and an additional 35.9% were in subsidized housing through either project-based (28.1%) or individual (7.8%) subsidies. Although nearly 85% of TPP cases were in some form of subsidized housing, 15.3% of all cases were in unsubsidized housing or some other form of housing, such as assisted living facilities or sober house situations.ⁱⁱ

Table 8: Characteristics of Tenancies Served by Household Composition

	<u>Household Composition</u>		<u>Total</u>
	<u>Households with Children*</u>	<u>Households without Children**</u>	
TPP Cases: January 1, 2008 – June 30, 2009	324	352	676
Type of Housing			
Percent Local Housing Authority	49.4	48.0	48.7
Percent MassHousing / Project-based Subsidy	33.7	23.0	28.1
Percent Individual Subsidy	8.3	7.4	7.8
Percent Unsubsidized and Other	8.6	21.6	15.3
Head of Household Characteristics			
Percent Female	94.8	58.2	75.7
Mean Age	38.40 years	54.47 years	46.78 years
Percent African American	25.6	13.9	19.5
Percent Latino	23.5	9.1	16.0
Percent White	50.9	76.4	64.2
Percent Other	0.6	1.4	1.0
Percent Primarily Spanish Speaking	12.7	6.5	9.5
Percent Veteran	2.2	9.4	5.9
Percent Ever Experienced Domestic Violence***	50.6	27.2	38.5
<p>* Includes households with one or more minor or adult children. Of the 324 households with one or more children, 43 have only adult children in the household.</p> <p>**Includes single adults living alone, as well as households with two or more adults and no minor or adult children.</p> <p>*** Past experience with domestic violence may be underreported in these data as some programs did not routinely collect this information. Overall, past experience with domestic violence was “unknown” for 27.4% of TPP cases (87 households with children and 98 households without children). These 185 cases were removed before calculating the percentages.</p>			

ⁱⁱ In total, there were four cases in assisted living or a sober house. Boston and Worcester each had one case in assisted living and Southeast and Worcester each had one case in a sober house.

Three-quarters of all TPP cases were households headed by women. Households with children were significantly more likely to be headed by women than adult-only households (94.8% compared to 58.2%). Households with children were also more likely to be Spanish-speaking (12.7%) and more likely to have ever experienced domestic violence (50.6%) than households without children (6.5% and 27.2%, respectively).

The Berkshire and Northeast programs were less likely than other programs to assist households with children (Figure 4). Approximately one-fourth of Berkshire and Northeast cases were households with children, compared to one-half or more of the cases assisted by other programs. Consistent with serving households without children, these programs also served a somewhat older population. More than one-half of Berkshire cases and 76.6% of Northeast cases had a householder aged 50 years or older (Figure 5). In addition, Northeast TPP was less likely to serve female-headed households than were the other programs (Figure 6).

Figure 4: Household Composition by Program (n=676)

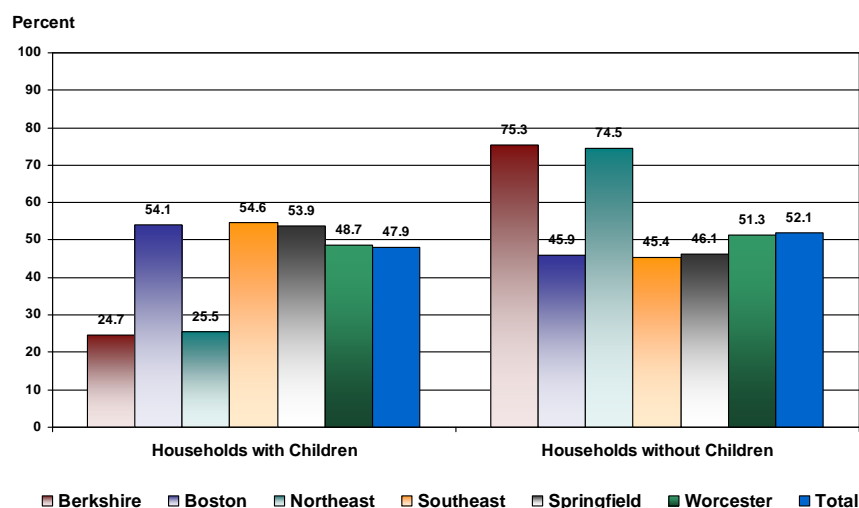
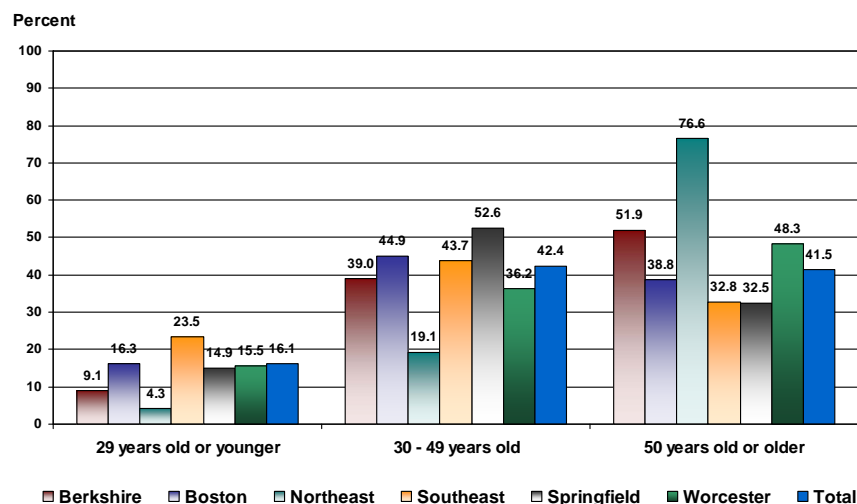
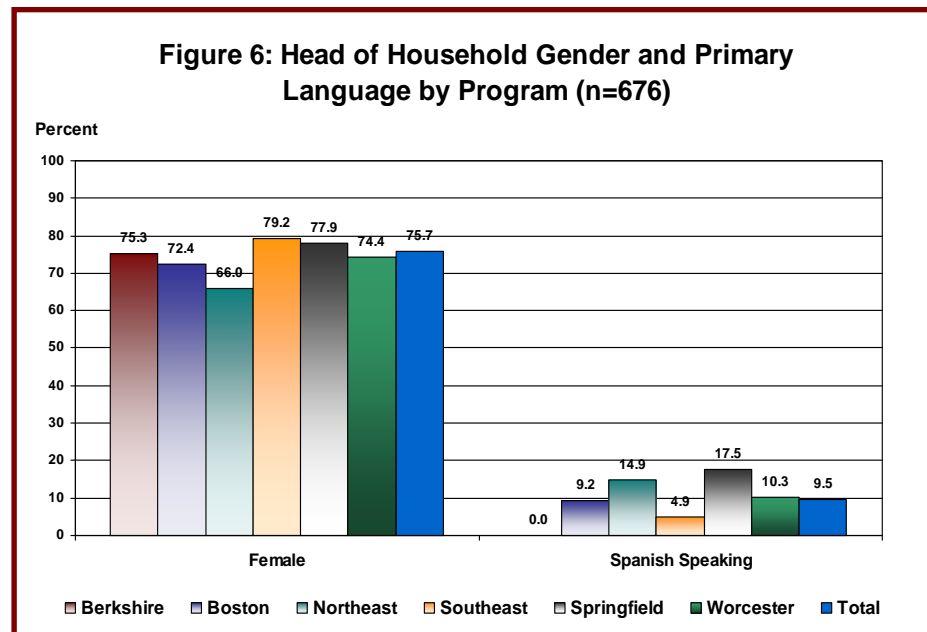


Figure 5: Head of Household Age by Program (n=676)





Severity of Need

In addition to the personal risk factors of TPP tenants (e.g., poverty, linguistic isolation, history of domestic violence) presented in the previous section, the needs of the population being served are further evidenced by three specific characteristics of the tenancy: a history of homelessness, the presence of disabling conditions, and the number of presenting problems. Using these indicators, the complexity and severity of TPP cases is clear. TPP is reaching the most vulnerable of those who find themselves facing eviction.

History of Homelessness

Nearly one-third of TPP cases report at least one episode of homelessness in the past, and 12.3% have a history of chronic homelessness (Table 9). Previous episodes of homelessness or chronic homelessness do not vary by household composition or gender. However, householders younger than 50 years of age were more likely to have ever experienced homelessness than older householders.

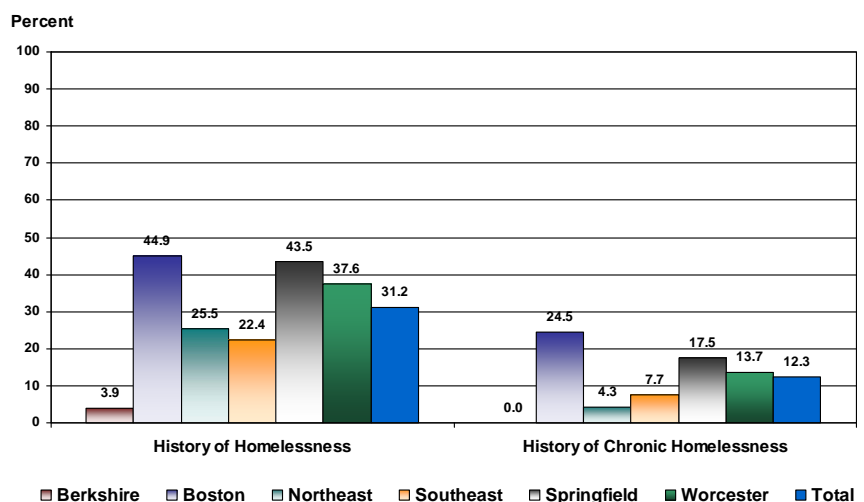
Overall, only 40 of the 676 householders served were veterans. Despite being a relatively small sub-group of TPP tenants, veterans were significantly more likely to have ever experienced homelessness (52.5%) or to have experienced chronic homelessness (27.5%) than non-veterans (29.9% and 11.3%, respectively).

Table 9: History of Homelessness by Household and Householder Characteristics

	<u>Household Composition</u>		<u>Householder Gender</u>		<u>Total</u>
	<u>Households with Children</u>	<u>Households without Children</u>	<u>Female</u>	<u>Male</u>	
TPP Cases: January 1, 2008 – June 30, 2009	324	352	512	163	676
Percent Ever Homeless	30.9	31.5	30.1	35.0	31.2
Percent with History of Chronic Homelessness*	11.7	12.8	11.3	15.3	12.3
	<u>Householder Age</u>		<u>Householder Veteran</u>		<u>Total</u>
	<u>Younger than 50 Years</u>	<u>50 Years and Older</u>	<u>Yes</u>	<u>No</u>	
TPP Cases: January 1, 2008 – June 30, 2009	395	280	40	635	676
Percent Ever Homeless	34.4	26.8	52.5	29.9	31.2
Percent with History of Chronic Homelessness*	13.7	10.4	27.5	11.3	12.3
<p>* Chronic homelessness is defined as at least one episode of homelessness lasting 12 months or more or four or more episodes of homelessness in a three-year period. Although the HUD definition of chronic homelessness only applies to unaccompanied adults, it is worth noting how many households with children also fit the definition.</p> <p>NOTE: The totals for Gender, Age, and Veteran Status do not add to 676. In the case of Gender, one householder is transgender. Age and Veteran Status are each missing data for a single householder.</p> <p>SIGNIFICANCE: Percentages in <i>bold italics</i> represent statistically significant differences ($p \leq .05$).</p>					

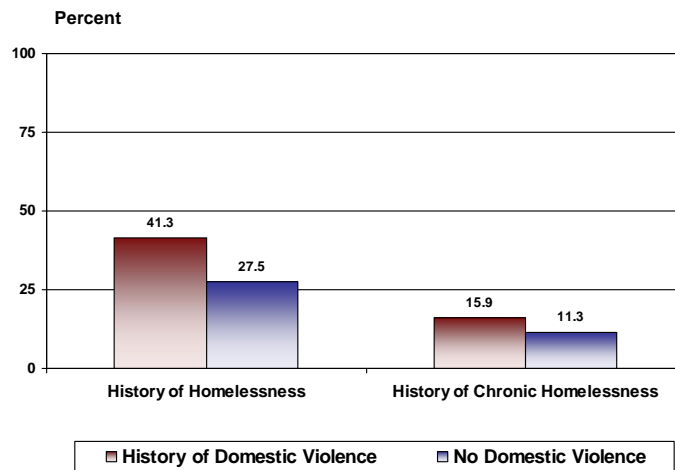
Of the six programs, Boston and Western MA were the most likely to have served tenants with a history of homelessness (Figure 7). More than 4 in 10 householders in these programs had experienced homelessness at least once. Furthermore, one-fourth of Boston cases also had experienced what could be classified as chronic homelessness.

Figure 7: Head of Household History of Homelessness by Program (n=676)



The householders' history of domestic violence is known for 491 of the 676 tenancies served. Of those with a history of domestic violence, 41.3% also have a history of homelessness and 15.9% have experienced chronic homelessness (Figure 8). Those with histories of domestic violence are significantly more likely than those with no past experience to have ever been homeless (41.3% compared to 27.5%).

Figure 8: Homelessness and Chronic Homelessness by History of Domestic Violence (n=491)



Disability

Every TPP household had at least one individual with a disabling condition. In nearly every case (670 of the 676 cases) the head of household had a documented disability. Furthermore, in 536 of the 676 cases, the head of household was the sole tenant with a documented disability.

However, in 20% of cases where the head of household had a documented disability, either another member of the household also had a disability, or multiple additional members of the household had a disabling condition (Figure 9). In other words, TPP served 134 households where the head of household and at least one other individual had a disabling condition, and in 44 cases, the head of household plus two or more other residents had a disabling condition.

In the six cases where the head of household did not have a disabling condition, two were situations where another adult in the household had a disability, and the other four involved one or more minor children with disabilities.

As shown in Figure 10, mental illness (76.2%) was by far the most common disabling condition among heads of household, followed by physical or medical disabilities (33.9%), and substance abuse (21.7%).

Figure 9: Number of Persons with Disabling Condition in Household (n=670)

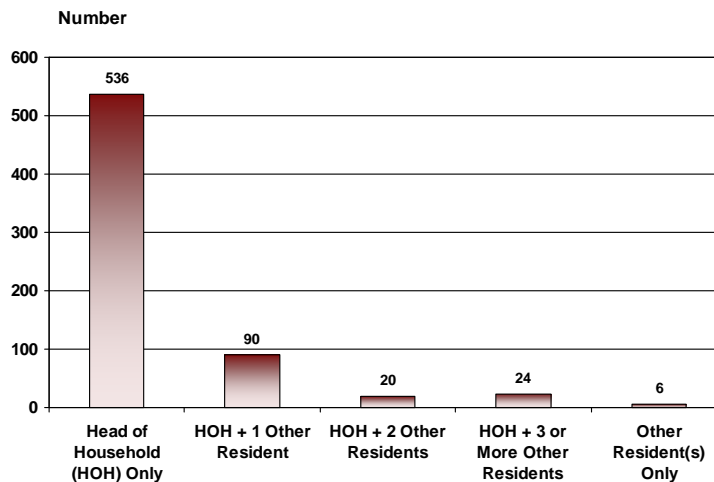
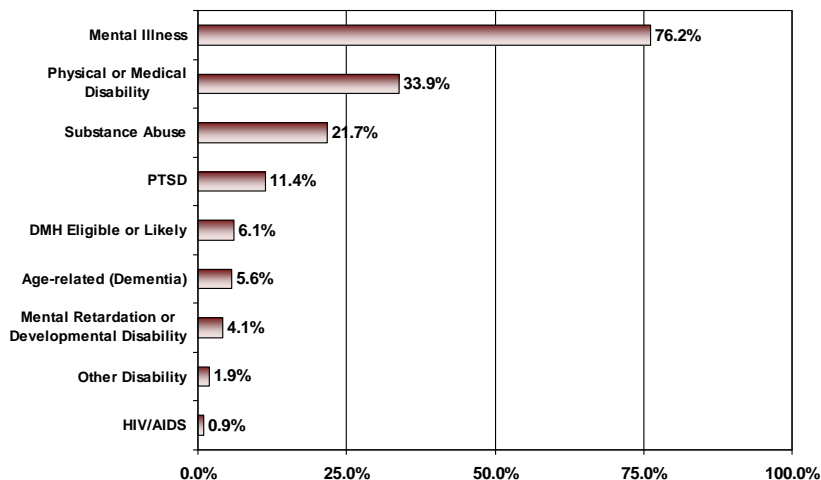
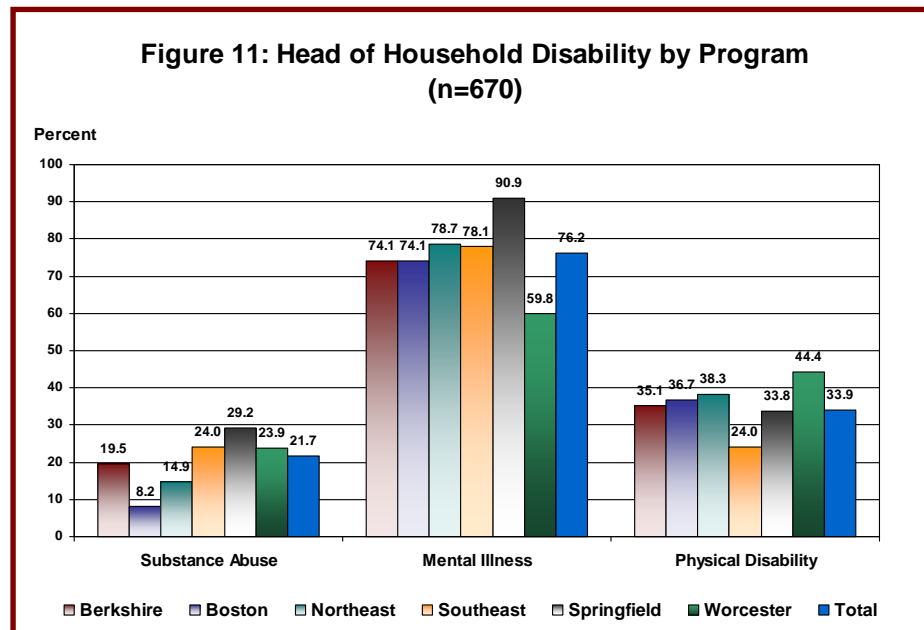


Figure 10: Head of Household Disability (n=670)



There was some variation across programs in the householder's disability (Figure 11). For instance, the Western MA program was the most likely of the six to have served householders with substance abuse and mental illness. In fact, more than 90% of householders had a mental health condition, compared to less than 80% of householders in the other five programs.



In order to better understand the nature and severity of the tenants' disabilities, mutually exclusive categories were created from the conditions listed above and are presented in Table 10. Overall, the disabling condition(s) reported among 43.4% of heads of household could be categorized as solely mental health related. Although mental health conditions continued to be the most common disability, householders with children were significantly more likely than those without children to have this be the sole disability category reported (58.2% compared to 30.1%). Relatively few householders had substance abuse as the only reported disability (1.9%).

Co-occurring disabilities were fairly common among TPP cases; 17.9% of householders had co-occurring mental health and physical/medical conditions, 10.9% had co-occurring substance abuse and mental health conditions, and 1.9% had co-occurring substance abuse and physical/medical conditions. In addition, 7.2% of householders had conditions that were classified as substance abuse, mental health, and physical/medical (48 heads of household). Households without children were significantly more likely than those with children to have more than one disability; 45.4% of adult-only households had a co-occurring or tri-occurring disability, compared to 29.6% of households with children.

Table 10: Head of Household Disability by Household Composition

	Household Composition		Total
	Households with Children	Households without Children	
TPP Cases: January 1, 2008 – June 30, 2009	318	352	670
Head of Household Disability Category:			
Percent Substance Abuse Only	1.6	2.3	1.9
Percent Mental Health Only*	58.2	30.1	43.4
Percent Physical/Medical Condition Only**	10.1	21.3	16.0
Percent Co-occurring Substance Abuse and Mental Health	8.2	13.4	10.9
Percent Co-occurring Mental Health and Physical/Medical	16.7	19.0	17.9
Percent Co-occurring Substance Abuse and Physical/Medical	0.9	2.8	1.9
Percent Tri-occurring	3.8	10.2	7.2

* The head of household falls into this category if they presented with one or more of the three mental health-related disabling conditions (mental illness, DMH eligible or likely, or PTSD) only.

** The head of household falls into this category if they presented with one or more of the three medical or physical health-related disabling conditions (MR/DD, age-related, HIV/AIDS, physical/medical) only.

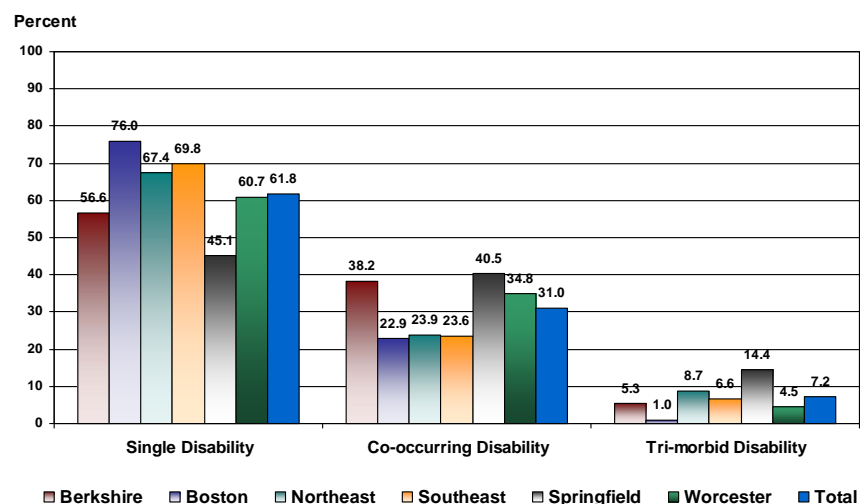
NOTE: Table includes the 670 heads of household with one or more reported disabling conditions.

SIGNIFICANCE: Percentages in **bold italics** represent statistically significant differences ($p \leq .05$).

As shown in Figure 12, Western MA TPP was more likely than other programs to serve householders with co-occurring and tri-occurring disabilities. This means that approximately 55% of all householders with mental illness also had an additional disabling condition(s), such as substance abuse or limitations due to physical or medical disabilities.

In addition to household composition, the nature of the disability varies by the characteristics of the heads of household. As shown in Table 11, 21.9% of householders had a substance abuse disability either as the sole disability or in combination

Figure 12: Head of Household Severity of Disability by Program (n=670)



with other disabilities. Householders with a history of homelessness (31.8%) and householders younger than 50 years of age (24.6%) were more likely than their counterparts to have a substance abuse disability. Having a mental health-related disability was significantly more common among female heads of household and younger householders (84.4% and 87.4%) than male heads of household and older householders (63.8% and 68.1%).

The presence of multiple disabilities (e.g., mental health and substance abuse) did not vary by gender or age. However, it is important to note that householders with a history of homelessness were more likely than those who have never been homeless to have co-occurring or tri-occurring disabilities (43.1% compared to 35.8%).

Table 11: Head of Household Disability by Household and Householder Characteristics

	<u>Household Composition</u>		<u>Householder Gender</u>		<u>Total</u>
	<u>Households with Children</u>	<u>Households without Children</u>	<u>Female</u>	<u>Male</u>	
TPP Cases: January 1, 2008 – June 30, 2009	318	352	506	163	670
HOH Disability Includes, but is Not Necessarily Limited to:*					
Percent Substance Abuse	14.5	28.7	20.2	27.6	21.9
Percent Mental Health Condition (mental illness, DMH eligible/likely, PTSD)	86.8	72.7	84.4	63.8	79.4
Percent Physical / Medical Condition (MR/DD, age-related, HIV/AIDS, physical/medical)	31.4	53.4	38.7	56.4	43.0
	<u>Householder History of Homelessness</u>		<u>Householder Age</u>		<u>Total</u>
	<u>One or More Episodes</u>	<u>Never Homeless</u>	<u>Younger than 50 Years</u>	<u>50 Years and Older</u>	
TPP Cases: January 1, 2008 – June 30, 2009	211	459	390	279	670
HOH Disability Includes, but is Not Necessarily Limited to:*					
Percent Substance Abuse	31.8	17.4	24.9	17.9	21.9
Percent Mental Health Condition (mental illness, DMH eligible/likely, PTSD)	83.9	77.3	87.4	68.1	79.4
Percent Physical / Medical Condition (MR/DD, age-related, HIV/AIDS, physical/medical)	38.4	45.1	32.8	57.3	43.0
<p>* The three reported disability categories are not mutually exclusive. HOHs with co-occurring or tri-occurring disabilities are included multiple groups. For example, the 35 HOHs with tri-occurring disabilities of substance use, mental health conditions, and physical/medical conditions are in all three categories.</p> <p>NOTE: Table includes the 670 heads of household with one or more reported disabling conditions.</p> <p>SIGNIFICANCE: Percentages in bold italics represent statistically significant differences ($p \leq .05$).</p>					

Presenting Problem

In general, the presenting problem(s) documented for each TPP case were an indication of the nature of the lease violation(s) threatening the tenancy. Presenting problems range from issues related to non-payment to disturbances and conflict to unsanitary conditions and hoarding. Nearly one-fifth (17.6%) of the 676 cases documented between January 1, 2008 and June 30, 2009 had three or more presenting problems, 61.7% had one documented problem, and 20.7% had two documented problems.

As shown in Figure 13, the most common presenting problem was, by far, non-payment of rent and/or utilities (61.4%). While a significant number of cases had additional presenting problems, it is worth noting that 45.1% of all documented cases presented with non-payment as the only issue threatening the tenancy (Figure 14). An additional 16.3% presented with non-payment in combination with one or more other issues.

Nearly 39% of TPP cases presented with one or more issues other than non-payment. Of these 261 cases, 112 (42.9%) had one presenting problem, 80 (30.7%) had two problems, and 69 (26.4%) had three or more.

Figure 13: Presenting Problem (n=676)

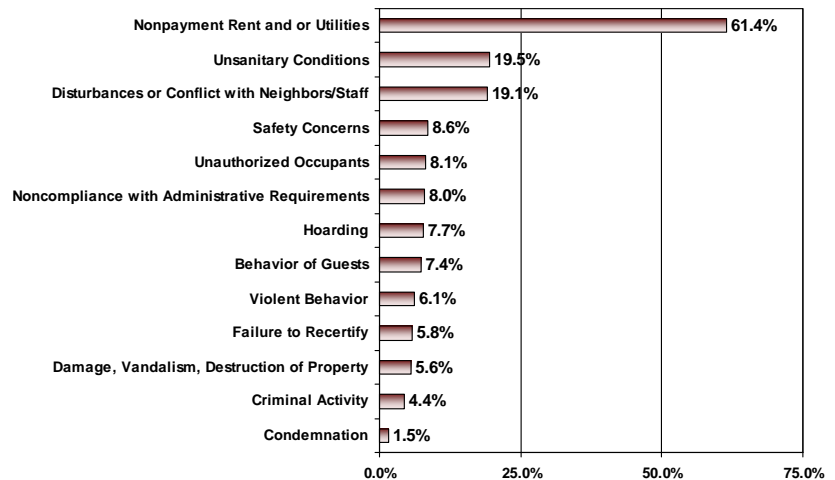
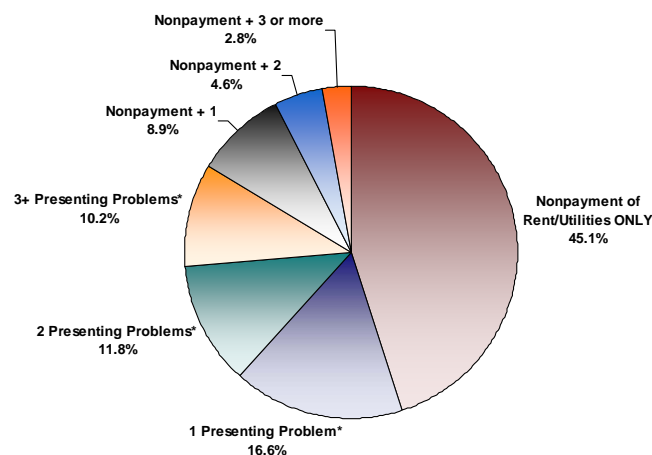
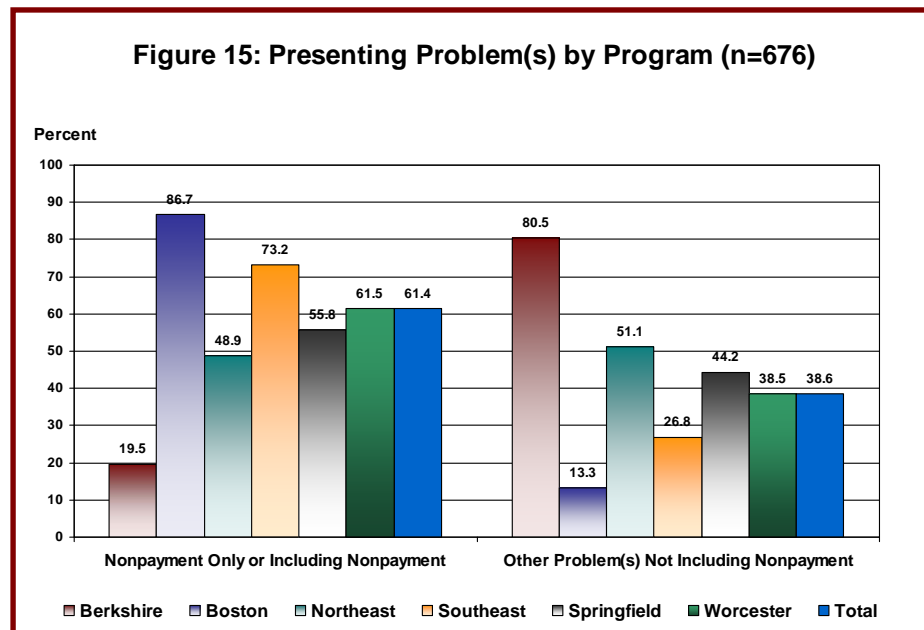


Figure 14: Severity of Presenting Problems (n=676)



* Presenting Problem does not include Nonpayment of Rent or Utilities.

The nature of presenting lease violations among TPP cases varied significantly across programs (Figure 15). Berkshire TPP was the least likely of the programs to assist cases that involved non-payment of rent as one of the presenting problems. In fact, 80.5% of Berkshire's cases involved behavioral issues. On the other hand, 86.7% of Boston's cases did involve non-payment of rent or utilities. Of the 85 cases presenting with issue related to non-payment, 77 cases were solely non-payment. In other words, roughly 79% of Boston's cases had no issues other non-payment of rent or utilities.



The nature of the presenting problem varies significantly by household composition, and to some degree, the gender of the head of household (Table 12). For instance, households with children were significantly more likely than households without children to present with: issues related to non-payment (76.9% compared to 47.2%); noncompliance with administrative requirements (10.8% compared to 5.4%); and failure to recertify (8.0% compared to 3.7%).

In comparison, presenting problems related to unsanitary conditions, disturbances, safety concerns, hoarding, and criminal activity were more prevalent among households where no minor or adult children were present.

Table 12: Presenting Problems by Household and Householder Characteristics

	<u>Household Composition</u>		<u>Householder Gender</u>		<u>Total</u>
	<u>Households with Children</u>	<u>Households without Children</u>	<u>Female</u>	<u>Male</u>	
TPP Cases: January 1, 2008 – June 30, 2009	324	352	512	163	676
Percent of:					
Non-payment Rent or Utilities	76.9	47.2	65.0	50.3	61.4
Unsanitary Conditions	13.3	25.3	17.6	25.8	19.5
Disturbances or Conflict with Neighbors/Staff	11.1	26.4	17.0	25.2	19.1
Safety Concerns	1.9	14.8	7.6	11.7	8.6
Noncompliance with Administrative Requirements	10.8	5.4	9.0	4.9	8.0
Hoarding	3.1	11.9	7.4	8.6	7.7
Failure to Recertify	8.0	3.7	6.8	2.5	5.8
Criminal Activity	2.8	6.0	3.5	7.4	4.4
	<u>Householder History of Homelessness</u>		<u>Householder Primary Language</u>		<u>Total</u>
	<u>One or More Episodes</u>	<u>Never Homeless</u>	<u>English</u>	<u>Spanish or Other*</u>	
TPP Cases: January 1, 2008 – June 30, 2009	211	465	395	280	676
Percent of:					
Non-payment Rent or Utilities	67.3	58.7	61.0	65.2	61.4
Unsanitary Conditions	17.1	20.6	19.9	15.9	19.5
Disturbances or Conflict with Neighbors/Staff	18.5	19.4	19.6	14.5	19.1
Safety Concerns	10.0	8.0	9.2	2.9	8.6
Noncompliance with Administrative Requirements	8.1	8.0	7.2	14.5	8.0
Hoarding	6.2	8.4	8.2	2.9	7.7
Failure to Recertify	4.7	6.2	5.8	5.8	5.8
Criminal Activity	3.8	4.7	4.3	5.8	4.4
<p>* This category includes four householders who primarily spoke a language other than Spanish, including French, Russian, Portuguese, and Haitian Creole.</p> <p>NOTE: The totals for Gender and Primary Language do not add to 676. In the case of Gender, one householder is transgender. Primary Language is missing data for a single householder.</p> <p>SIGNIFICANCE: Percentages in <i>bold italics</i> represent statistically significant differences ($p \leq .05$).</p>					

Risk Factors for Homelessness

Table 13 lists known risk factors for homelessness and corresponding data, when available, about TPP cases. While TPP cases do not highly correspond to all known risk factors, it is important to note that two characteristics of TPP cases highly correspond with known risk factors—disability and need for affordable/subsidized housing.

Table 13: Risk Factors ¹⁹ for Homelessness and TPP Case Characteristics				
Risk Factors for Chronic Homelessness	TPP Case Data	Household Composition		Total
		Households <u>with</u> Children*	Households <u>without</u> Children**	
Chronic health conditions, mental illness, and/or substance abuse disorders	Percent with chronic health conditions, mental illness, and/or substance abuse disorders	100.0	100.0	100.0
Limited or no social support networks	Percent householders with “no services” at Intake	37.8	31.1	34.3
Domestic violence and/or other victimization or trauma-related factors	Percent with known history of domestic violence	50.6	27.2	38.5
	Percent with PTSD at Intake	12.3	10.5	11.4
Family instability as a child	--- No comparable data available ---	---	---	---
Combat experiences for veterans	Percent Veteran	2.2	9.4	5.9
Risk Factors for Family Homelessness	TPP Case Data	Household Composition		Total
		Households <u>with</u> Children*	Households <u>without</u> Children**	
Young head of household	Mean age of householder	38.4 years	54.5 years	46.8 years
	Percent 29 years of age or younger	28.2	5.1	16.1
	Percent 35 years of age or younger	44.0	7.4	24.9
Pregnant or recent childbirth	Percent of households with one or more children 2 years of age or younger	25.3	---	25.3
Involvement with Child Welfare	--- No comparable data available ---	---	---	---
Frequent moves	--- No comparable data available ---	---	---	---
Needs affordable housing / subsidy	Percent in some form of affordable or subsidized housing	91.4	78.4	84.6
Domestic violence and/or other victimization or trauma-related factors	Percent with known history of domestic violence	50.6	27.2	38.5
	Percent with PTSD at Intake	12.3	10.5	11.4

Having a chronic health conditions, mental illness, and/or substance abuse disorder is a major risk factor for homelessness. Because TPP targets troubled tenancies where a disabling condition is directly related to the lease violation, every served tenancy had at least one person with a disability. In 99% of the cases, the head of household had a disability and in 20% of the cases, the head of household and one or more additional household members had a disability. In addition to having a disabling condition, 85% of tenancies were receiving some form of housing subsidy.

The efficacy of housing subsidies in preventing homelessness and maintaining stable housing has been clearly documented.^{20, 21, 22, 23, 24} Conversely, the loss of a housing subsidy due to eviction is devastating. Generally speaking, eviction from public housing or project-based subsidized housing automatically results in the loss of the subsidy. This is because the subsidy is attached to the unit and not the tenant. Therefore, once removed from the unit, the tenant no longer has access to that subsidy. Although eviction for tenants with tenant-based subsidies does not automatically result in the termination of assistance, tenants are at increased risk of having their continued eligibility terminated through an administrative process for an alleged breach of program rules.

Ultimately, the loss of subsidy means that the household would either be placed on a waiting list or, in many cases, prohibited from reapplying for public or subsidized housing for a certain period of time. In addition, eviction from public or subsidized housing for certain reasons may also result in one not being eligible for emergency homeless shelter. Whether a family or individual ends up back on the waiting lists or barred from reapplying for subsidy programs, they are at grave risk of extended homelessness because they often will not be able to find suitable, affordable housing once the subsidy is gone.

During a site visit, one housing court judge remarked that the tenants served by TPP are among the most vulnerable seen by the court, stating:

[TPP is] a resource to resolve what often are intractable problems if viewed as a purely legal argument. Ninety-five percent of referred tenants are in a position that if a case went before a judge on the merits, they would lose; simple and clear as that. You need to understand that as a starting point for this entire program. Without the diversion to a resource like TPP, these tenants would inevitably lose the case because either they could not articulate a defense or they may not even recognize a problem that could be resolved or they are just overwhelmed coming into the court.

Outcomes by Characteristics

As shown in Figure 16, once TPP becomes involved with a troubled tenancy, the program is highly successful in achieving a positive outcome for tenants. Eighty-two percent of closed cases resulted in stable housing either through the preservation of the existing tenancy (72.2%) or moving to more appropriate housing (9.7%). The preservation of tenancy or transition to more appropriate housing among these nearly 400 TPP cases represents the stabilization of housing for 830 adults and children across the Commonwealth.

An additional 7.2% of closed cases resulted in “other” housing placements, including living with family and friends or placement in an institution. While these cases did not result in homelessness, the stability of the housing situation is unknown. For instance, being housed with family or friends may, in fact, be a stable situation or it may indicate a situation where tenants are “doubling up” and lacking housing stability. Furthermore, while being placed in an institution may appear to be a move into more appropriate housing, the exact nature of the institutional placement is unknown. For example, institutional placement may be short-term hospitalization, incarceration, or treatment, and cannot be assumed to indicate longer-term placement in, for example, a nursing home. In all, only seven of the 486 closed cases resulted in institutionalization. Finally, only 10.9% of closed cases resulted in eviction or termination from TPP.

Although 10.9% of cases resulted in eviction or termination, it is important to note that only 1.4% of all closed cases are known to have resulted in eviction to a shelter or the street (Figure 17). The ultimate outcome in terms of homelessness and housing instability for the remaining cases is unknown. For instance, in the situation where tenants refused TPP services or were non-compliant and the case was terminated, staff did not know the disposition of the court case or the impact of the outcome on housing.

Figure 16: Tenancy Outcomes (n=486)

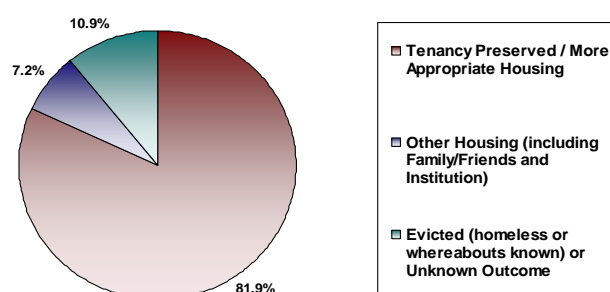
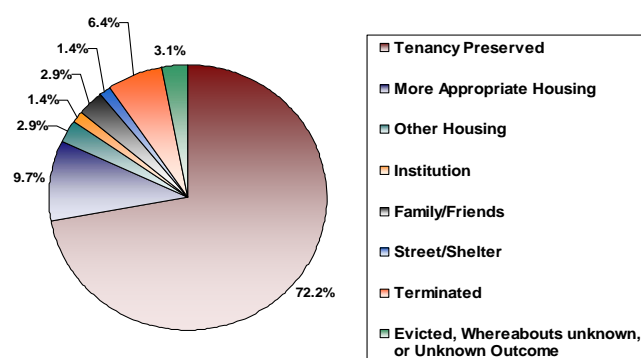


Figure 17: Tenancy Outcomes (n=486)



The remainder of this section summarizes the extent to which outcome varies by householder characteristics and characteristics of the case. Although outcomes related to “other housing,” “institutional placement,” or housing with “family or friends” may represent positive stable situations, the exact nature of these tenancies is unknown. Therefore, for the purposes of the analysis, the “positive outcome” is defined as the preservation of the existing tenancy or a transition to more appropriate housing.

Because TPP has been tracking case outcomes over time, the high rate of tenancy preservation or moving tenants into more appropriate housing was not unexpected. However, prior to conducting this evaluation, what had not been documented is the extent to which outcomes vary by household or householder characteristics. As the following discussion of outcomes demonstrates, TPP achieves positive outcomes for tenants regardless of household or householder characteristics with one exception—the nature of the presenting lease violation.

Household and Family Composition

Overall, households with children are no more or less likely than households without children to have achieved a successful tenancy outcome (Table 14). This is somewhat surprising considering that households consisting of adults only were more likely to present with lease violations that may be more difficult to address, such as disturbances, hoarding, and criminal activity. Furthermore, adult only households were more likely to have a householder with co-occurring and tri-occurring disabilities than households with children.

Table 14: Outcome by Household and Family Composition

	<u>Household Composition</u>		<u>Single Adult</u>	<u>Family Composition</u>			<u>Total</u>
	<u>Households with Children</u>	<u>Households without Children</u>		<u>1 Adult HOH with Children</u>	<u>2 Adult HOHs with Children</u>	<u>2 or More Adults, No Children</u>	
TPP Closed Cases: March 1, 2008 – June 30, 2009	230	256	238	208	22	18	486
Percent Outcome:							
Tenancy Preserved / More Appropriate Housing	83.9	80.1	79.4	85.1	72.7	88.9	81.9
Other Housing (including Family/Friends and Institution)	4.8	9.4	10.1	4.3	9.1	0.0	7.2
Evicted (homeless or whereabouts unknown) or Terminated case	11.3	10.5	10.5	10.6	18.2	11.1	10.9

Although there appears to be variation in outcome by family composition, it is important to note that these differences are not statistically significant. It is also interesting to note that outcome does not vary by household size or number of children.

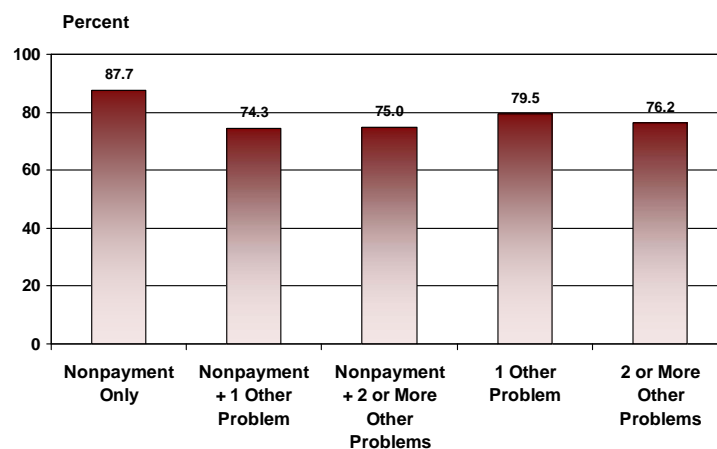
Demographic Characteristics and Severity

Analysis of tenancy outcomes by householder characteristics yielded no significant differences in outcome. Analyses included comparisons by gender, age, primary language spoken, veteran status, and history of domestic violence.

Analysis of tenancy outcomes by severity demonstrated that householder's history of homelessness and the nature of his or her disability were not associated with positive tenancy outcomes. However, the nature of the presenting lease violation(s) did appear to have an effect.

As shown in Figure 18, tenancies that presented solely with non-payment of rent or utilities were significantly more likely than all others to result in a positive outcome. In fact, nearly 9 out of 10 non-payment cases resulted in the preservation of the existing tenancy or a transition to more appropriate housing. Cases that presented with a single issue other than non-payment were the second most likely group to have achieved a positive outcome; eight out of 10 tenancies with a single presenting problem other than non-payment achieved a successful outcome.

Figure 18: Positive Outcome (Tenancy Preserved or More Appropriate Housing) by Presenting Problem (n=486)



Tenancy Preservation Program Model

The description of TPP provided in the Tenancy Preservation Program Operations Manual is generally consistent with information gathered through the evaluation. As described in the manual, TPP acts as a neutral intermediary between landlord and tenant, and works with housing courts, public and private housing providers, plaintiff and defendant attorneys, and social service agencies to resolve tenancy problems, identify needed services, develop a treatment plan, locate alternative housing if the current tenancy cannot be saved, and coordinate with appropriate organizations if the problem cannot be resolved.²⁵

This section of the report moves beyond the general description of TPP services to assessing how programs implement services, as well as highlighting the programmatic differences across the sites. In order to place program implementation in context, it is important to understand the Massachusetts eviction process and the concept of reasonable accommodation.

Eviction Process and Reasonable Accommodation

Although much of the work of preserving a tenancy occurs outside of the courtroom, TPP's introduction to tenants and initial involvement with tenants often begins in court at some point during the eviction process. Given the relationship between TPP and housing court and the fact that TPP involvement generally begins at some point during the eviction process, it is important to understand how evictions are conducted in the Commonwealth.

In Massachusetts, the eviction process begins when a landlord issues a tenant a Notice to Quit. A Notice to Quit (commonly referred to as an eviction notice) may be issued for nonpayment of rent or other causes. Every Notice to Quit must state the date by which the landlord wants the tenant to leave the unit. However, a tenant does not have to move out when the Notice to Quit is received. After the time period given in the Notice to Quit expires, the landlord must then bring the tenant to court for an eviction trial.

In almost all cases, landlords, including private owners, housing authorities, and owners of subsidized housing complexes, must start the eviction process with a Notice to Quit (there are a few exceptions, primarily involving cases where the apartment has been used for illegal activity including using or selling drugs. Also, in cases where a lease has expired and the landlord has not taken rent from the tenant after the expiration, the landlord does not have to give a Notice to Quit). Housing authorities have additional legal requirements when starting an eviction action. Prior to filing a Notice to Quit, housing authorities must notify their tenants of the intention to terminate a lease and provide tenants with information about how to utilize the informal conference and grievance process.²⁶ This process is a mechanism to resolve disputes between residents in public housing and a housing authority without having to go to court.ⁱⁱⁱ

Summary Process is the name for the formal eviction court process and begins when the landlord files a Complaint in housing court.²⁷ A sheriff or constable serves a Summons and Complaint to the tenant which informs the tenant of the scheduled court hearing date. The tenant is responsible for filing an Answer with the court by the deadline indicated on the Complaint. The Answer is a written response by the tenant stating why the eviction should not occur and raising claims that the tenant has against the landlord. In addition to filing an Answer, the tenant can also file a Discovery

ⁱⁱⁱ The laws regarding informal conferences and grievance panels are complicated and vary in state and federal public housing. In some cases, a housing authority does not have to provide a tenant with a grievance panel before issuing a Note to Quit. For more information, see Massachusetts Law Reform Institute. (2006, August). *Using Your Public Housing Grievance Process*, available at <http://www.masslegalhelp.org/uploads/JK/yE/JKyEiS3egLK9goSICNSZgg/GrievancePublicHousing2006.pdf>.

Demand, which asks for information from the landlord (including written answers to questions and the production of relevant documents). If a tenant files both an Answer and a Discovery Demand by the deadline (typically, about a week before the trial date on the Complaint), the trial is postponed for two weeks.

If the tenant fails to appear at the court hearing, the tenant automatically loses the proceeding by default.²⁸ If the tenant does not get the court's permission to set aside the default judgment, the physical eviction can occur 13 days after the court date. If the tenant is present at the hearing, the court may have the parties try to negotiate an agreement, or the court can hold a hearing. At the hearing, the court can find for the landlord, meaning that the landlord gets permission to evict the tenant, or the court can find for the tenant, meaning that the tenant does not have to move out as a result of the eviction action. Sometimes, the court can decide to allow the landlord to evict the tenant but will delay the eviction for a specified time period. If the court rules in favor of the landlord, the tenant has the opportunity to appeal the ruling within 10 days of the judgment. If the tenant does not appeal the eviction ruling and has not moved out by a designated date, the landlord can ask the judge for an "execution," which is the document that authorizes the constable or sheriff to remove the tenant from the premises. A landlord can also ask for the execution in eviction cases where a tenant has agreed in court to move out but does not move by the agreed-upon date.

When the landlord gets the execution, it is given to a sheriff or constable. The constable or sheriff must give the tenant 48 hours notice of the physical eviction, and the constable or sheriff must also be present at the eviction. At any time after a tenant loses an eviction case, before being physically evicted, the tenant can go to court and ask for a "stay of execution," which is a request for more time before he or she has to move out. This request for a stay can also be made in any case in which the tenant has agreed to move out but cannot move out on the agreed upon date. Although the court does not have to grant a tenant's request for a stay of execution, a judge does have the latitude to stay an eviction. If the eviction was a no-fault eviction, a judge may grant a stay of execution if the tenant can demonstrate that he or she is unable to find another place to live or the eviction is not his or her fault. A stay of execution permits the tenant to stay in the apartment for up to six months (the elderly or persons with disabilities can request a stay of up to one year). In the case of tenants with disabilities, the concept of reasonable accommodation may be used to postpone or dismiss eviction proceedings.

After a physical eviction, the landlord is responsible for paying the costs of moving the tenant's property to a storage facility. The landlord can, however, request tenant reimbursement for those costs. In addition, the tenant is responsible for paying monthly storage fees.

There are several federal laws that protect persons with disabilities from discriminatory treatment; the most far reaching is the Fair Housing Amendments Act (FHAA).^{iv} In 1988, FHAA amended Title VIII of the Civil Rights Act of 1968 to extend protections against discrimination in housing sales, rentals, or financing to persons with mental and physical disabilities.²⁹ As such, housing protections were extended to persons who:

- have a physical or mental disability that substantially limits one or more major life activities,
- have a record of such a disability, or
- are regarded as having such a disability.

In addition to the federal laws, housing providers must also comply with state anti-discrimination laws. In Massachusetts, Chapter 151B is comparable to the FHAA in that it relies upon the federal wording to define a person with a disability. However, the Massachusetts Supreme Judicial Court has interpreted physical or mental impairment in

^{iv} Other federal laws protecting tenants include Section 504 of the Rehabilitation Act of 1973, which prohibits disability discrimination in any program or activity receiving federal financial assistance and the Americans with Disabilities Act, Title II of which prohibits disability discrimination in programs, services, and activities provided or made available by public entities such as state and local public housing.

Chapter 151B to include “almost any condition, disease, illness, disfigurement, or disorder (e.g., alcoholism, AIDS, emotional disorder, mental retardation, cerebral palsy, and HIV infection) if it limits at least one thing a person would normally do. This law clearly protects individuals with AIDS, HIV, psychiatric disabilities, alcoholism, as well as individuals who have a history of psychiatric disability or are perceived as having a psychiatric disability.”³⁰ Furthermore, Massachusetts differs significantly from federal courts in that the use of corrective devices is not relevant to the determination of disability and that the law does not explicitly exclude individuals who currently use illegal drugs from protection.

According to the FHAA, housing discrimination includes “a refusal to make reasonable accommodations in rules, policies, practices, or services, when such accommodations may be necessary to afford such person equal opportunity to use and enjoy a dwelling.”³¹ A reasonable accommodation “is a change, exception, or adjustment to a rule, policy, practice, or service.”³² In terms of eviction, the law means a landlord cannot necessarily evict a tenant with a disability solely because of behavior related to the tenant's disability even when a tenant without a disability would legitimately be subject to eviction for the same behavior. The landlord must make an accommodation and preserve the tenancy if: 1) he or she is able to modify existing policies to permit a tenant with a disability to maintain tenancy in the unit, and 2) the modifications do not present an undue burden to the landlord.³³

It is important to note that the reasonable accommodation requirement must satisfy a few conditions. A tenant must demonstrate that his or her disability is the reason for noncompliance with the lease. The tenant must also substantiate that an accommodation will permit the tenant to maintain compliance with his or her lease. However, court rulings have indicated that even if a tenant (who has notified the landlord of his or her disability or whose landlord knows of the disability) does not request an accommodation (particularly in the case of persons with mental disabilities), this does not relieve the landlord of the responsibility of identifying and implementing a reasonable accommodation.³⁴

Accommodations may take many forms. An accommodation might take the form of the tenant agreeing to modify his or her behavior or the tenant agreeing to have a third party (e.g., a representative payee) manage public benefits on his or her behalf to ensure that rent is paid on time. However, in those cases where an accommodation is not immediately apparent, it could mean ceasing or postponing eviction proceedings until the tenant has the opportunity to access services that may help with altering behavior or identifying other accommodations that may help the tenant comply with the lease.

Reasonable accommodation is a critical element of the TPP model. In order to become a TPP case, a tenant must have a disability and show that the disability is related to the lease violation. In doing so, the tenant establishes a right to reasonable accommodation, allowing the court to postpone eviction proceedings until a suitable reasonable accommodation can be identified and implemented. TPP plays a key role in identifying and establishing the components of a reasonable accommodation, which often takes the form of a service plan.

The following discussion focuses on how TPP is implemented within the broader context of eviction proceedings, and to what extent, if any, implementation varies across programs. Specific implementation areas include:

- Eligibility
- TPP and Housing Court
- Consultations
- Service Provision

Eligibility

Core Program Criteria

In FY08, over 23,000 Summary Process cases passed through the Massachusetts Housing Court, less than 2% of which became TPP cases. In order to determine which of the many cases passing through the housing court department are appropriate for TPP, each site has developed locally appropriate eligibility criteria. At minimum, all six programs share the same core eligibility criteria:

3. Tenant must have a disabling physical, mental, developmental, or health condition.
4. Lease violation(s) must be directly linked to disability.

Establishing the existence of a disability and linking the disability to the lease violations is required for a reasonable accommodation. Although a disability must be present for TPP involvement, neither the court nor TPP require that it be formally diagnosed or documented in order to refer or open a case. Further, it is important to note that consistent with the Massachusetts Supreme Judicial Court's interpretation of the law, substance use disorders and age-related conditions, such as dementia, qualify as disabilities for TPP services.

Although identifying tenants with disabilities and subsequently linking the disability to presenting lease violations is critical to TPP implementation, qualitative data from the program site visits and the court observations suggest that the process of identifying tenants with disabilities varied considerably within and across programs. Despite variations in identifying tenants with disabilities, to some extent initial identification almost always begins with the referral source. However, the extent to which referral sources clearly and adequately identify a disability prior to referral is imprecise.

For instance, during a site visit one program stated that providers and court staff liberally refer any tenant possibly appropriate for a TPP intervention in the hopes that the tenancy can be preserved. Another program described referral sources coming to TPP to ask for help regularly with tenant and housing issues regardless of knowledge of a disability. As a result, these sources refer tenants regardless of eligibility in the hope that TPP can be of some assistance.

When asked to describe what data referral sources use to gather information about disabilities, TPP staff from various programs suggested that the court and other providers may just "have a feeling" the tenant is eligible for TPP services. However, referral sources such as housing authorities, community agencies, or Legal Services may have an intake process or other documentation containing information about the existence of disabling conditions, which helps to inform an appropriate referral. Unfortunately, limited direct information is available about how referral sources other than the court identify disabilities.

In instances when the court identifies the disability, site visits and court observations^v suggest that there is no consistent protocol for or method of screening all tenants facing eviction for the existence of a disabling condition. For instance, among court personnel there is no one designated person responsible for identifying a disability nor are there set protocols for determining the existence of a disability. Based on data gathered throughout the evaluation, there is no screening process or particular set of questions regularly asked of tenants to uncover a disability. Instead, court personnel continually gather clues about the existence of a disability based on information revealed throughout each proceeding as the tenant describes his or her current housing situation or tells his or her story. One TPP worker described the identification of disabilities as "going by the court personnel's gut feeling and [the tenant's] behavioral cues." This suggests that the court may not always ask directly about the presence of a disability, but that personnel

^v Each program had one court observation. It is, therefore, important to note that findings based upon the 21 hours of observation may not be representative of typical program implementation.

rely on signals and indicators to identify a disability.

Specific signals and indicators of the presence of a disability range from “hard proof,” such as the tenant receiving disability income or having a documented disability diagnosis, to lifestyle or behavioral issues, such as ongoing conflict or the condition of the rental unit. Additional observable cues during proceedings include if the tenant is crying, interrupting frequently, confused, scattered, or simply if the tenant looks mentally unsound in some way. For instance, during one court observation, a judge used a combination of hard evidence related to a delay in disability income and the tenant’s physical appearance and mannerisms to make a referral to TPP.

Although court staff seem fairly adept at identifying disabilities based on information gathered through the proceedings, the lack of a systematic protocol of identifying disabilities means that TPP eligible tenants may slip through the cracks at times. If a tenant does not appear to have a disability and doesn’t give any indication that he or she has a disability, the disability might go unnoticed and the tenant wouldn’t get a chance to work with TPP even if the tenant was an appropriate match.

In order to address this issue, some courts refer very liberally to TPP, in the hopes that every possible TPP eligible tenant is screened by TPP and opened as a case or consult while other courts gather more detailed information before making a specific referral to TPP. In addition, it is also interesting to note that during one court observation, the judge introduced TPP in her opening remarks. As a result, she afforded all the tenants in the courtroom the opportunity to self-identify as having a disability and to approach TPP as a self-referral. By simply providing this information to all tenants, the judge increased the likelihood that those eligible for TPP were aware of their rights and resources.

Finally, while screening and assessing tenant eligibility is a critical element in deciding to open a case or consult, TPP staff are not responsible for making, and for the most part do not make, the initial identification of tenants with disabilities. Although there are some exceptions, TPP does not get involved in identifying disabled tenants unless asked by a referral source, such as the court, Legal Services, landlords, or landlord attorneys.

Additional Program Criteria

Beyond the core program criteria, five of the six programs have additional factors for determining eligibility for services. In some cases, the additional criteria are used as a mechanism for assigning priority to cases. For instance, most programs require that a Notice to Quit is issued in order to be eligible, and the Hampden County portion of the Western MA program requires that a Summons and Complaint is issued to open a case. Including this additional criteria allows TPP workers to give priority attention to those cases further along in the process and thus at the greatest risk of imminent eviction. In addition, some programs focus efforts on tenants in public or subsidized housing. Again, this allows programs to prioritize cases that risk losing their subsidy as well as their housing if there is an eviction.

However, some of the additional eligibility criteria are related to the concept of “preservable” tenancies. For some programs, a preservable tenancy requires both parties (landlord and tenant) be willing to work with TPP. In other programs, preservable suggests that there is an ability to pay rent either through sufficient income or a housing subsidy. In other words, TPP often will not open cases where tenants simply do not have sufficient funds for rent even if they do have a disability. In some situations, preservable relates to when the tenant is referred to TPP. In cases where a tenant is referred too far along in the eviction process to preserve the tenancy, the case is often not opened. Although the case may not be opened, TPP will often provide referrals to housing search and placement or other homeless services as appropriate.

The concept of preservable tenancy is critical to understanding this program. For the most part, TPP operates within a relatively short period of time—after an eviction notice is served and before an eviction judgment is ordered. During this period, TPP workers assess the tenant’s eligibility, understand the relationship between the disability and the lease violation, assess supports and services, develop a service plan, and work with the tenant to adhere to the service plan. If early on in the process TPP determines that a tenant does not meet core eligibility or that there is simply nothing that can be done to preserve the tenancy, TPP will not open the case. This is not a matter of taking easy cases. On the contrary, the characteristics of the cases and their documented issues make it clear that these tenants have complex and difficult problems to address. They are, however, cases where TPP workers believe that with the right mix of support and services an eviction can be avoided. Furthermore, data gathered throughout the evaluation suggest that a sizeable number of the “non-preservable tenancies” are assisted either minimally or significantly through consultation.

Table 15: Type of Housing by Program Site

Type of Housing	Program Site													
	Berkshire		Boston		Northeast		Southeast		Western MA		Worcester		All Programs	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Local Housing Authority	26	33.8	36	36.7	<u>26</u>	<u>55.3</u>	<u>142</u>	<u>77.6</u>	56	36.4	<u>43</u>	<u>36.8</u>	<u>329</u>	<u>48.7</u>
MassHousing or Project-based Subsidy	20	26.0	<u>50</u>	<u>51.0</u>	11	23.4	17	9.3	<u>63</u>	<u>40.9</u>	29	24.8	190	28.1
Unsubsidized, Other Housing and Group Housing*	<u>27</u>	<u>35.1</u>	9	9.2	9	19.1	17	9.3	9	5.8	33	28.2	104	15.4
Individual Subsidy	4	5.2	3	3.1	1	2.1	7	3.8	26	16.9	12	10.3	53	7.8
TOTAL	77	100.0	98	100.0	47	100.0	183	100.0	154	100.0	117	100.0	676	100.0

* Group Housing includes facilities such as assisted living and sober housing.

NOTE: Numbers and percentages in **Bold Underline** represent the most common type of housing overall and for each program.

Although five of the six programs consider additional factors beyond the core eligibility criteria, it is important to note that none of the programs are rigid in requiring that additional criteria always be met. For instance, although four of the six programs require that tenants either have subsidized housing or be able to demonstrate an ability to afford rent in order to be eligible for TPP, 104 cases were for unsubsidized tenancies (Table 15). Of these 104, 34.6% (36) were opened by Berkshire or Northeast TPP, the two programs not requiring a subsidy or ability to pay among eligibility criteria. However, 26 of the 104 cases were from the two programs that require tenants have a subsidy or be in public housing to be eligible for TPP (Western MA had 9 unsubsidized cases and Southeast had 17 unsubsidized cases).

In addition to being related to established eligibility criteria, variations across programs in tenants’ housing demonstrate differences in program implementation. While nearly half of all TPP cases resided in local housing authority units (48.7%), Southeast TPP was significantly more likely to assist housing authority tenants than all other programs. On the other hand, the Boston and Western MA programs were more likely than others to work with tenants in MassHousing or project-based subsidy units.

Similarly, four of the six programs require that at minimum a Notice to Quit has been issued. However, during the site visits, program staff reported that the timing of referrals is “all over the map” or that the “court can refer tenants at any point in the process.” Furthermore, case data demonstrate that every program had at least one case where the referral

was made before the Notice to Quit was issued. In fact, 12.6% of all cases were referred before a Notice to Quit was issued (Table 16). Although there is sometimes a lag between when a tenant is referred and when a case officially opens, the data demonstrate that of the cases with pre-Notice to Quit referrals, 40% became open cases that same day, 55% became cases within one week, and 65% became cases within two weeks of referral.

Table 16: Timing of Referral by Program

Timing of Referral	Program Site													
	Berkshire		Boston		Northeast		Southeast		Western MA		Worcester		All Programs	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Before Notice to Quit	27	39.1	10	10.2	4	8.7	14	7.7	6	4.1	22	19.1	83	12.6
After Notice to Quit	24	34.8	11	11.2	8	17.4	38	20.9	18	12.2	21	18.3	120	18.2
After Summons and Complaint Issued	14	20.3	62	63.3	29	63.0	63	34.6	115	77.7	69	60.0	352	53.5
Post Eviction Order / Agreement to Vacate	4	5.8	15	15.3	5	10.9	67	36.8	9	6.1	3	2.6	103	15.7
TOTAL	69	100.0	98	100.0	46	100.0	182	100.0	148	100.0	115	100.0	658*	100.0

* Not included on this table are 18 cases in which Timing of Referral is marked as "Other." Examples of "Other" responses include after TRO, after condemnation order, and after failure to pass Section 8 inspection.

NOTE: Numbers and percentages in **Underline** represent the most common timing of referral overall and for each program.

It was generally acknowledged that TPP usually gets involved initially when a tenant comes to court. The Northeast, Southeast, and Western MA programs noted that staff often encounter tenants initially during mediation. The one exception to this pattern is Berkshire TPP, which acknowledged receiving referrals earlier in the eviction process. As shown in Table 16, 53.5% of tenants were referred to TPP after a Summons and Complaint was issued. The percent of tenants referred during this stage of the eviction process ranged from 20.3% of Berkshire TPP cases to 77.7% of Western MA cases. Initial referral after the issuance of the Summons and Complaint was the most common timing of referral for all but two programs—Berkshire TPP and Southeast TPP.

Berkshire TPP received 39.1% of its case referrals before the Notice to Quit was issued. Berkshire's receiving referrals early in the eviction process is likely a function of the referral source. Berkshire TPP was the least likely of the programs to receive referrals from housing court and most likely to receive them from community-based service providers. Therefore, it is not surprising that nearly 40% of Berkshire cases were referred prior to receiving an eviction notice, and 34.8% were referred after the notice but before the tenant went to court. Southeast TPP cases also had an unusual pattern related to timing of case referrals. Of the 182 TPP cases served, 67 (36.8%) were referred after an order for eviction or agreement to vacate.

In general, adhering to eligibility criteria is a program strategy for managing the high demand for services and the increasing pressure to take on more cases. Conversely, the relaxing of eligibility criteria most often occurs when caseloads are down and waiting lists are low or non-existent. For example, when TPP workers are not at maximum capacity, the Notice to Quit criteria may be relaxed so that services can begin earlier in the process. Similarly, when

caseloads are manageable, TPP workers may take the opportunity to work with tenants in unsubsidized housing where nonpayment is often a more difficult issue to address.

TPP and Housing Court

By design, TPP is a collaborative program. The most obvious collaborative relationship is that which exists between the programs and the housing court divisions across the Commonwealth. In all cases, there is a defined working relationship between each housing court division and its corresponding TPP. Some programs, such as Boston and Northeast TPP, have offices within the courthouse. Other programs work so closely with the court that it is sometimes necessary for TPP staff to create professional boundaries so as not to be regarded as court staff.

Much of TPP's direct work with the court occurs each week when programs spend between 3 and 22 hours at court on Summary Process days. Of the six programs, Berkshire and Boston TPP are the only programs that cover a single court. Although Berkshire TPP covers a large geographic area, housing court is only available in Pittsfield. Boston TPP has office space in the court building allowing TPP staff to be available at any time. The other four programs cover multiple sessions. The two Northeast staff members cover four morning sessions in Lynn, Lowell, Lawrence, and Salem. Southeast TPP attends five housing court sessions located in New Bedford, Fall River, Brockton, Taunton/Attleboro, and Plymouth, most of which take place in the morning. Western MA TPP attends one full-day session in Northampton, one half-day session in Greenfield, and a day and a half of sessions in the Springfield Housing Court. At the time of court observations, Worcester TPP was understaffed and was covering half-day sessions in Marlboro, Uxbridge, East Brookfield, Dudley, and Worcester. Although Gardner and Fitchburg are within the Worcester program's area, there was no assigned staff person regularly attending these sessions.

During court observations on selected Summary Process days, TPP had frequent interactions with court staff related to TPP cases and consults, as well as situations that were not appropriate for TPP services. During these interactions, TPP workers were observed in a variety of roles, with engagement ranging from providing basic technical assistance to full service provision when working on a case or consult.

The degree to which TPP was involved with court cases varied. For instance, during mediation TPP's participation ranged from observer to consultant to active participant, depending upon the specific circumstances and on their prior knowledge of the situation. When TPP had no prior knowledge of a situation, program staff were apt to act as observers, providing suggestions or referrals when asked. However, when the mediation involved a TPP case, staff were observed taking a more active role in the process. In courtroom hearings, TPP staff most often observed proceedings, but all staff made it clear that they would report on specific cases if asked by the judge.

Throughout the court observations, interactions between TPP and court personnel demonstrated that TPP is considered a valuable resource for their expertise in handling difficult situations. For example, court personnel in a number of sessions approached TPP for assistance dealing with tenants (and sometimes homeowners) with complex problems or who were extremely emotional due to the circumstances. Whenever possible, TPP provided assistance even when it was clear that the court case was not eligible for TPP services. In one court, at the request of a housing specialist, TPP participated in a mediation related to a foreclosure. In addition to providing referrals and suggestions for emergency assistance, it was evident that TPP played an important role in softening the emotional blow the family was feeling.

Regardless of the closeness in physical proximity or the strength of their collaborative efforts, the relationship between TPP and the court is defined ultimately by how the court views its own mandate. In other words, the programmatic structure and functioning of TPP are, to some extent, related to the judicial philosophy and culture of the respective

housing court divisions. In those divisions that view the court's role as limited to resolving the presenting dispute, TPP is viewed less as an extension of the court, and more as a resource available to those eligible for services. As such, TPP does not advise the court nor does it serve any monitoring role. Furthermore, in those divisions, participation in TPP is not generally ordered by the court, and as a result, it is up to the program to secure the cooperation of the tenant and landlord.

During one of the site visits, this view of the court and TPP within the court was expressed by one justice who stated, "I see TPP as an opportunity, a valuable resource that tenants who otherwise meet the categorical eligibility requirements should be made aware of in appropriate cases. Give them the opportunity and let them make a choice, and if they choose not to cooperate, I'll proceed with the case. I'm not going to punish the tenant for not accepting services, but they've lost an opportunity to resolve it."

In other divisions, the court views its proper role as both resolving the presenting disputes, and attempting, as articulated by one justice, "to do something about the underlying problem." Under this paradigm, TPP serves as an extension of the court in that it uses the order of the court to require cooperation from the tenant and landlord to address the primary issues. As such, TPP becomes an active participant in "problem-solving justice."^{vi35} Courts with this view may be more likely to include TPP in identifying tenants with disabilities, request staff participation in mediation and court appearances, and rely on TPP to monitor and report on progress.

During site visits, TPP staff and advisory members were asked to describe the relationship between TPP and housing court. Initial responses to this question generally invoked descriptions of strong working relationships. When asked to elaborate on how the court views TPP, site-visit participants tended to talk about program independence, mandating participation, neutrality, and monitoring and reporting roles. Participants also spoke about whether TPP is viewed as a resource to the tenant, the court, or both. Table 17 provides a summary of commonly referenced views held by the court and attempts to classify each as either a problem-solving court or a dispute resolution court.

The varying views of the role of the court impact how TPP operates across the board, from program eligibility to referrals to monitoring. For instance, in courts where TPP is viewed as a resource for the tenant, program eligibility requires that tenants and landlords agree to cooperate because the court does not order TPP involvement. Another area highly impacted by the court's views is the amount of information and reporting admitted to the court record. While all of the programs are careful about how much information about tenants is admitted to the record, some courts prefer not to receive any reports about the tenant's progress or compliance directly from TPP. In contrast, other courts use TPP to gather as much information as possible to inform judicial decisions.

In reality, it is difficult to definitively classify the programs as engaged in either problem-solving or dispute resolution. Instead, programs fall somewhere in between, with some operating in courts more focused on the presenting lease violations and others operating in courts that want to reach beyond the case to the underlying issues. While evaluation data suggest that the court's view of its own mandate and the role of TPP have an impact on implementation, it remains unclear to what extent, if any, these philosophical differences impact tenant outcomes.

^{vi} In *Good Courts*, the authors identify five key elements to problem-solving justice, including: "a tailored approach to justice, creative partnerships, informed decision making, accountability, and a focus on results." Berman, G. & Feinblatt, J. (2005). *Good Courts: The case for problem solving justice*. New York: The New Press.

Table 17: Relationship between TPP and Housing Court

TPP is viewed by court as:	Problem Solving	Dispute Resolution
Independent Program: TPP staff works collaboratively with the court, but are not employees of the court.	✓	✓
Voluntary Service: TPP is offered as a resource not a requirement.		✓
Objective, Neutral Third Party: TPP does not serve as an advocate for tenant in court.	✓	✓
Resource to the Court: TPP provides information to court about disability and related issues, conducts assessments, and offers clinical opinions.	✓	
Resource to Tenant: TPP develops service plan and works with tenant to comply with service plan and mediation agreements.	✓	✓
Monitor Tenant's Progress or Compliance: TPP monitors tenant's compliance with service plan or mediation agreements by following-up with tenant, landlord, service providers, etc.	✓	✓
Report on Tenant's Progress or Compliance: TPP provides verbal or written reports on tenant's compliance and progress.	✓	

TPP Collaborators and Referral Sources

Beyond its collaborative relationship with the court, there are a number of significant collaborative relationships that are critical to the implementation of TPP, including relationships with Legal Services and private attorneys, local housing authorities, landlords and property managers, local and state agencies, and community-based service providers. The most clearly observed of these relationships was that which existed between TPP and Legal Services.

During the court observations,^{vii} Legal Services was available and had a noticeable presence in five of the six courts. In the Boston and Lynn Housing Courts, Legal Services had tables set up so tenants could easily approach them for assistance. In the Springfield Housing Court, Legal Services had a room in which tenants could “walk-in” for assistance. Worcester and Pittsfield Housing Courts also had Legal Services representatives available in the courthouse, but the attorneys weren’t quite as visible to tenants.

Regardless of the physical setup, TPP worked very closely with Legal Services. The observed ongoing communication between TPP and Legal Services seemed efficient and effective. For instance, at a number of the sessions, TPP

^{vii} Each program had one court observation. It is, therefore, important to note that findings based upon the 21 hours of observation may not be representative of typical program implementation.

workers periodically checked in with Legal Services to discern if they were working with any tenants who might be eligible for TPP. Similarly, Legal Services would regularly approach TPP for advice about the proper course of action to help a tenant who was a TPP case or consult, and would occasionally seek advice from TPP even when the situation did not involve parties eligible for TPP services.

Of the six courts observed, Brockton Housing Court was the only session observed in which Legal Services did not have a noticeable presence. It was unclear whether or not they had any representatives available for assistance that day or if the Legal Services staff in the court were there to work on specific cases already assigned. Southeast TPP attributed this lack of presence in court to the fact that Legal Services routinely has an extensive waiting list that prohibits them from offering the same level of service provision offered in other courts.

Although not as consistently as the observed interactions between TPP and Legal Services, TPP staff routinely were approached by many parties referring tenants or seeking assistance. However, there was no clear pattern in these interactions. What was noticeable was that TPP was an available and accessible resource and did not place limits or boundaries on their assistance. In other words, they always did their best to be of help whenever possible, particularly when they were not already assisting a case or consult.

When not actively engaged in a specific activity, TPP workers remained in the courthouse. Based on court observations, roughly one-third of the time in court was spent simply being available if needed. While to some this may seem to be an inefficient use of staff time, it is a crucial component of TPP's work. Being available to court personnel, Legal Services, housing authority staff and attorneys, landlords and property managers, community agency staff, and tenants seeking assistance allowed for easy access to the program and fostered the belief that TPP is approachable and ready to help.

Based on the single court observations for each program, the amount of time TPP workers spent in court while uninvolved in a specific activity varied across programs. Berkshire TPP was the least utilized program during the Summary Process session in Pittsfield as there was very little TPP related activity on the day of the observation. Court observations for the Southeast (Brockton) and Northeast (Lynn) programs documented a fair amount of time where staff were waiting for referrals or simply observing cases. Conversely, the Boston, Worcester, and Springfield Summary Process sessions were all extremely busy, and for the most part TPP was actively engaged in one activity after another. Again, it is important to remember that the extent to which the observations represent typical Summary Process sessions is unknown. However, follow-up conversations with TPP workers confirmed that, in all sessions, there is a possibility for "downtime" where workers are available, but may not be actively engaged in programmatic activity.

By being readily available and on-site to problem solve, TPP strengthens its collaborative relationships, and in doing so increases the likelihood that appropriate tenants are referred for services. According to TPP staff and advisory committee members, programs are open to receiving referrals from all sources. However, each of the programs noted that housing court referrals receive priority. And although staff and advisory committee members reported that the majority of TPP referrals come from housing court, Southeast TPP noted that local housing authorities represented the bulk of their referrals, and Berkshire noted that many of their referrals come from local human service agencies.

TPP case data confirmed staff and advisory members' perceptions about referral patterns (Table 18). Overall, 36.9% of TPP cases were referred by the housing court, followed by local housing authorities (20.6%), Legal Services or the tenant's attorney (16.6%), and community agencies (14.5%). Furthermore, case data confirmed that the most common referral source among Southeast TPP cases was local housing authorities and that the most common referral source among Berkshire TPP cases was local community agencies.

It is also interesting to note that slightly more than one-third of Western MA and Northeast TPP cases were from Legal Services. This is not surprising given the close working relationship between TPP and Legal Services that was observed during Summary Process sessions in most of the courts. Not surprisingly, these programs also have the highest percentages of tenants that had some form of legal representation throughout the duration of the case. In fact, 75.0% of Northeast cases and 50.0% of Western Massachusetts cases had some legal assistance.

Although case data demonstrate that primary referral sources vary by program, observations in court did not clearly reflect any program-specific pattern or referral protocol when involving TPP. On the contrary, TPP was flexible and open to all referral sources and situations. While in court, many referrals happened informally, starting off as discussions between TPP and the court or other providers and progressing as TPP was introduced to the tenant(s) as appropriate. However, some programs have a more established protocol for receiving court referrals.

Table 18: Source of Referral by Program Site

Source	Program Site													
	Berkshire		Boston		Northeast		Southeast		Western MA		Worcester		All Programs	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Housing Court	13	16.9	33	34.0	20	42.6	51	27.9	73	47.4	59	50.4	249	36.9
Local Housing Authority or HA Attorney	14	18.2	14	14.4	3	6.4	77	42.1	11	7.1	20	17.1	139	20.6
Legal Services or Tenant's Attorney	6	7.8	16	16.5	16	34.0	13	7.1	54	35.1	7	6.0	112	16.6
Community Agency*	33	42.9	18	18.6	3	6.4	23	12.6	4	2.6	17	14.5	98	14.5
Self**	8	10.4	0	0.0	1	2.1	15	8.2	4	2.6	4	3.4	32	4.7
Landlord / Property Manager (including MassHousing site), or Plaintiff's Attorney	3	3.9	16	16.5	4	8.5	4	2.2	8	5.2	10	8.5	45	6.7
TOTAL	77	100.0	97	100.0	47	100.0	183	100.0	154	100.0	117	100.0	675	100.0

* Community Agency also includes Boards of Health and Elder Services.

** Self-referrals also include family, friends, and former TPP cases.

NOTE: Numbers and percentages in **Bold Underline** represent the most common referral source overall and for each program.

Information gathered through site visits or court observations found that, for instance, Western MA TPP received most of its housing court referrals from the judge, whereas Southeast TPP generally received its housing court referrals from the chief housing specialist or her staff. Unfortunately, the specific source of the housing court referral is not always clear. Although Boston TPP receives most of its referrals through the housing specialist, many of those referrals were initiated by the judge and made via the housing specialist department. Of the six programs, Berkshire TPP stands out in how relatively few direct housing court referrals it receives despite sharing the same court personnel as Western MA TPP. The most common referral sources among Berkshire cases were community agencies and local housing authorities.

Beyond the mere differences across programs, what is most interesting about the referral source data is that more than one-fourth of TPP referrals came directly from the tenant's landlord or the landlord's representative. Given that these referral sources are also the entities initiating the eviction process, the referral itself suggests a strong working relationship with TPP and an inherent interest on the part of the landlord or property manager to preserve the tenancy.

The timing of the referral varies significantly by the source of the referral. As shown in Table 19, referrals from housing authorities, landlords, or community agencies are more likely to occur early in the eviction process before a Notice to Quit is issued than referrals from the court or legal community. By comparison, three-quarters of all housing court referrals occurred after the issuance of a Summons and Complaint, and an additional one-fifth occurred after an eviction order or agreement to vacate.

The range of referral sources and the timing of referrals speak to TPP's collaborative, working relationships. The fact that 3 out of 10 referrals occurred prior to the Summons and Complaint stage of the eviction process, and that the bulk of these referrals come from community partners and housing providers, suggests that the program has moved beyond merely accepting referrals within the court to being willing to work with partners earlier in the eviction process. However, the extent to which this is beneficial in terms of outcomes is unclear. During site visits, many TPP staff spoke about the influence of the court and the stress of an impending eviction as strong motivational factors for tenants to change behavior. As a result, it is unclear that TPP's effectiveness increases when they are involved earlier in the process.

Table 19: Timing of Referral by Referral Source

	Referral Source						TOTAL
	Housing Court	Local Housing Authority or HA Attorney	Legal Services or Tenant's Attorney	Community Agency*	Self**	Landlord / Property Manager or Attorney***	
TPP Cases	240	138	111	92	32	44	657****
Percent Timing of Referral							
Before Notice to Quit	2.9	22.5	2.7	28.3	12.5	25.0	12.5
After Notice to Quit	2.9	19.6	23.4	35.9	46.9	27.3	18.3
After Summons and Complaint Issued	74.6	41.3	64.0	22.8	25.0	36.4	53.6
Post Eviction Order / Agreement to Vacate	19.6	16.7	9.9	13.0	15.6	11.4	15.7

* Community Agency also includes Boards of Health and Elder Services.

** Self-referrals also include family, friends, and former TPP cases.

*** Also includes referrals from MassHousing sites.

****Not included on this table are 18 cases in which Timing of Referral is marked as "Other." Examples of "Other" responses include after TRO, after condemnation order, and after failure to pass Section 8 inspection. In addition, referral source is missing for one record.

NOTE: Percentages in **Bold Underline** represent the most common timing of referral overall and for each program.

Consults

During the course of the evaluation, TPP provided services related to 676 tenancies (Table 20). However, the 676 TPP cases served do not fully reflect the number of tenancies assisted by the program. In addition to officially opened cases, TPP provided considerable “consultation” services directly to tenants or through other service providers over the course of the evaluation period. In fact, data were submitted on 773 consults between May 1, 2008 and June 30, 2009 (Table 20).

Table 20: Cases and Consults by Program Site

	Program Site						Total
	Berkshire	Boston	Northeast	Southeast	Western MA	Worcester	
Total Cases: January 1, 2008 – June 30, 2009	77	98	47	183	154	117	676
Total Consults: May 1, 2008 – June 30, 2009	52	192	34	251	88	156	773
Cases Opened in FY09	47	61	19	87	77	83	374
# Cases that Began as Consults	0	58	4	34	20	11	127
% Cases that Began as Consults	0.0	95.1	21.1	39.1	26.0	13.3	34.0
Consults Opened in FY09	47	164	32	188	77	144	652
FY09 Completed Consults	47	130	23	180	74	137	591
# Consults that Became Cases	0	46	4	30	20	11	111
% Consults that Became Cases	0.0	35.4	17.4	16.7	27.0	8.0	18.8
NOTE: The number of “Cases that Began as Consults” only accounts for cases in which the consult portion started on or after May 1, 2009. If the consult began before May 1, 2009, there is no record of the initial consult. Therefore, the percentage of Cases that Began as Consults may be underreported.							

When looking solely at the number of cases and consults newly opened during FY09, it is clear that, overall, TPP opened 1.7 consults for every opened case with significant variation across programs. For instance, the Berkshire and Western MA programs opened the same number of cases and consults during the FY09 period. On the other hand, Boston TPP opened 2.7 consults for every case opened in the same period, and Southeast TPP opened 2.2 consults for every case. In addition to variation in the sheer number of consults opened, there is significant variation in the proportion of consults that eventually became TPP cases.

As shown in Table 20, 591 of the 652 newly opened consults in FY09 were completed in FY09. Of these, 18.8% of the completed consults became TPP cases. The percentage of consults that became cases varied significantly across programs, from none of the Berkshire TPP consults to 35.4% of the Boston TPP consults. More interesting is the variation in the percentage of cases opened in FY09 that began as a consultation. Again, Berkshire TPP had no situations in which a case began as a consult. However, 58 of Boston’s 61 new cases (95.1%) in FY09 began as consultations. This is significantly higher than all other programs and suggests that Boston routinely works with

tenants before determining whether or not to open a case. As a result, more than one-third of Boston's consults are more accurately described as being pre-case work rather than consultation.

Of the 111 consults that became cases, 49 (44.1%) were consults as a result of being on the waiting list for TPP services. However, among Western MA, Southeast, and Northeast consults that became cases, the percentages that were consults as a result of being on a waiting list were significantly higher than the other programs (85%, 80%, and 75%, respectively).

It is important to distinguish TPP consults from the many requests for technical assistance, information, or referrals that TPP providers receive daily. Unlike, for instance, a one-time call from an area provider seeking advice for a client, consultations documented through this evaluation are those situations where: a) TPP staff interacts directly with a tenant or has significant awareness of the presenting problem(s) for an identifiable tenant, and b) where the tenant is not eligible or not yet eligible for TPP services. In other words, consultations mimic cases but are not classified as such, with service provision ranging from a single interaction to substantial investments of time.

Although the provision of services to tenants who are not official cases has been part of TPP from the start, the extent and nature of consultation services was not documented prior to this evaluation. Consultations occur for a number of reasons. A common type of consult occurs in situations where TPP has the expertise to assist a tenant but not necessarily preserve the tenancy. This situation is likely to occur when tenants are referred at a point in which it is too late to save the tenancy and TPP workers assist with crisis management by making referrals to other services and providing as many resources to the tenant as possible. One example, which took place during the court observations, was a family of two adults and three children who signed a move-out agreement and probably did so too quickly. Although TPP was not able to assist with preserving the tenancy, the worker met with the family and provided emotional support as well as referrals for public assistance and emergency shelter.

Another common type of consultation was those situations where a tenant received services for a period of time before becoming a TPP case. This may occur for a number of reasons. At times, TPP provides consultation when they are unsure if the tenant meets eligibility criteria. For instance, one TPP staff member referred to the consult portion of the whole case as an "investigation phase." Some programs use consultation as a mechanism for working with tenants who are eligible for services but are on the waiting list. In these situations, TPP engages the tenant and provides the services necessary to manage the situation before they are able to fully open the case.

Consultations, for the most part, occur when TPP workers feel compelled to help ineligible tenants or tenants with unpreservable tenancies because of the tragic nature of the situation or because of a relationship with the referral source. For many ineligible tenants, there is still much TPP can do to help through guidance, referral, or direct intervention. Referral sources, service providers, and tenants rely on the expertise of TPP workers to troubleshoot difficult situations. In addition to having a great deal of knowledge about housing and the eviction process, TPP workers have significant prior work experience in the areas of homelessness, corrections, treatment, and health services, making TPP a unique and valuable resource in the community.

Reason Not Eligible

For the most part, consultations are the result of referrals that, in some way, do not meet TPP eligibility. In some cases, tenants simply do not meet the core case eligibility criteria: 1) tenant must have a disabling physical, mental, developmental, or health condition and, 2) lease violation(s) must be directly linked to disability. However, this is a relatively small group of consultations overall. As shown in Figure 19, 7.5% of consultations were not eligible to become cases because the tenant lacked a disability and a similar percentage had a disability but it was not related to the lease violation (7.0%).

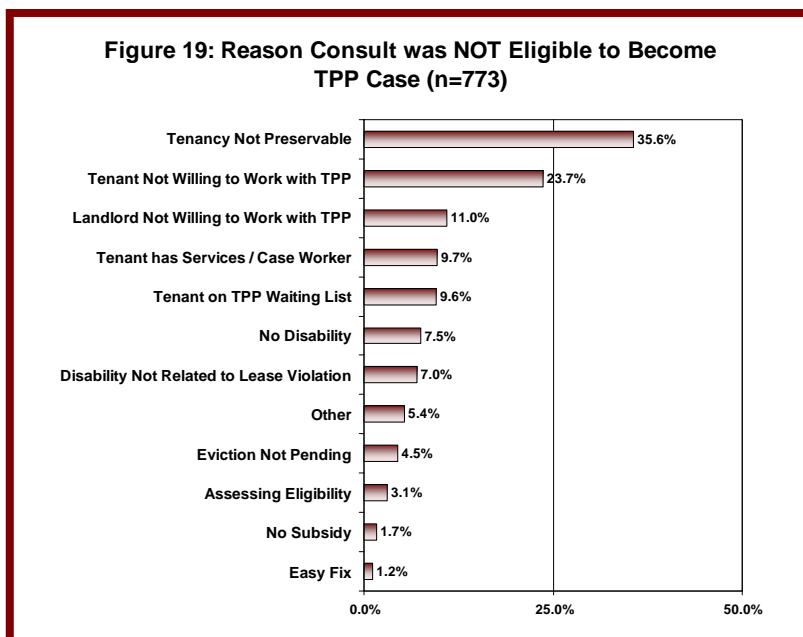
The most common reason for opening a consult instead of case was a determination by TPP that the tenancy was not preservable (35.6%). As shown in Table 21, the majority of

unpreservable tenancies were related to a lack of sufficient rental funds (62.5%). In other words, nearly two-thirds of the 275 unpreservable tenancies were simply situations where the tenant could not afford the rent. However, 28.7% of consultations were deemed unpreservable as a result of an agreement to vacate or an eviction being ordered. While some of these situations may have represented preservable tenancies if TPP had been involved earlier, once the order is signed, TPP is unable to reverse the decision and therefore work with the tenants on a consultation basis. Finally, a relatively small number of unpreservable tenancies are the result of building condemnation or foreclosure on the landlord.

In nearly one-fourth of situations, a consultation was started on an eligible tenant because the tenant was simply not interested or not willing to work with TPP (23.7%). When a tenant is resistant, TPP will not immediately open a case in order to reserve case slots for tenants who are motivated to avoid an eviction. However, in situations where the tenant is hesitant to work with TPP, TPP may feel compelled to provide assistance due to the nature of the case or the source of the referral. Other times, TPP will open a consult for an uninterested tenant when they believe the disinterest is directly related to the nature of the disability.

Similarly, 11.0% of consults were the result of the landlord's unwillingness to work with TPP. In these situations, TPP used the consultation time as a means to work with the landlord and establish a relationship. If TPP was successful in gaining the landlord's trust, a case was opened. If the landlord adamantly refused to work with TPP, the consultation consisted of providing advice and referrals to support the tenant through the eviction process. Consultations that resulted from the landlord's unwillingness to work with TPP were most common among the Boston and Worcester programs.

In addition, 9.7% of tenants became consultations because they already had a caseworker or another type of case management service in place (e.g., DMH caseworker). In these situations, TPP used the consultation as a way to work closely with the agency or provider already involved with the tenant to help the service provider with the necessary resources, assistance, support, and referrals to preserve the tenancy. Finally, consultations also occurred when full



caseloads precluded staff from opening additional cases and minimal services were provided while the tenant was on the waiting list (9.6%).

Table 21: Reason NOT Eligible by Program
Consult Data 5/1/2009 – 6/30/2009

Reason NOT Eligible	Program Site						All Programs
	Berkshire	Boston	Northeast	Southeast	Western MA	Worcester	
TPP Consults: May 1, 2008 – June 30, 2009	52	192	34	251	88	156	773
Percent Tenancy Not Preservable	28.8	35.4	11.8	32.3	21.6	56.4	35.6
Percent Tenant Not Willing to Work with TPP	19.2	46.4	5.9	19.9	17.0	10.9	23.7
Percent Landlord Not Willing to Work with TPP	0.0	16.7	0.0	8.8	4.5	17.3	11.0
Percent Tenant has Services / Case Worker	15.4	8.3	26.5	10.0	4.5	8.3	9.7
Percent Tenant on TPP Waiting List	0.0	1.0	29.4	11.6	27.3	5.8	9.6
Percent No Disability	9.6	3.1	0.0	8.0	8.0	12.8	7.5
Percent Disability Not Related to Lease Violation	9.6	1.0	2.9	5.2	5.7	17.9	7.0
Percent Other*	26.9	7.8	29.4	14.7	36.4	9.6	15.9
Reason Tenancy NOT Preservable							
Number of Tenancy Not Preservable Responses	15	68	4	81	19	88	275
Insufficient Rental Funds	46.7	77.9	50.0	59.3	36.8	62.5	62.5
Post-eviction Order or Move-out Agreement	46.7	17.6	0.0	23.5	47.4	36.4	28.7
Other or Unknown Reason**	26.7	5.9	50.0	22.2	15.8	12.5	15.3
<p>* Other reasons include "Eviction Not Pending" (35), "Assessing Eligibility" (24), "No Subsidy" (13), and "Easy fix" (9).</p> <p>** Other reasons include "Building Condemned" and "Foreclosed" (7).</p> <p>NOTE: These categories are NOT mutually exclusive and therefore do not add up to 100%. Overall, 644 of the 773 consults had only one reason not eligible, the rest had two or more.</p>							

Differences across programs in the reason a tenant was ineligible suggest differences in how the programs view and use consultations. For example, Boston TPP was more than twice as likely as the other programs to have opened a consultation as a result of tenant unwillingness to cooperate (Table 21). Similarly, Boston and Worcester were more likely than the other programs to cite landlord unwillingness to work with TPP as a reason to open a consultation rather than a case. In these situations, consults are used as a pre-case strategy to attempt to secure compliance before opening a case or to provide some measure of service in situations where compliance with TPP is an issue.

On the other hand, the Northeast and Western MA programs were more than twice as likely as any other program to provide consultation to eligible tenants while they were on the waiting list. In thinking about the use of consultation time as a means to serve tenants on the waiting list, it is important to consider that not all programs routinely have a waiting list.

Case versus Consult Characteristics

In general, meeting established eligibility criteria is what differentiates cases from consults. However, cases and consults often share similar characteristics. For instance, across the programs, the percentage of female householders was similar (Table 22). Although there was some slight variation within the programs, the majority of householders were female. In terms of the age of the householder, cases and consults were virtually the same. Given that gender and age are not included in determining eligibility, one would not expect significant differences when comparing cases and consults.

Type of housing, however, is an eligibility criterion for some programs. As such, there are some interesting differences when comparing cases and consults (Table 22). First, housing authority units were the most common housing type among cases (48.7%), whereas unsubsidized housing was most common among consults (41.9%). This pattern existed for three of the six programs—Northeast, Southeast, and Worcester. Unsubsidized units were also the most common housing among Western MA consults, unlike cases which were predominantly MassHousing or project-based subsidies. This pattern supports the notion that tenants living in unsubsidized housing receive lower case priority in most of the TPP programs.

As shown in Table 23, presenting problem did not differ dramatically between case and consult tenancies overall. Although there were some differences within the programs, for the most part, the pattern of presenting lease violations was generally consistent.

Overall, housing court is the most common case and consult referral source; 36.9% of cases and 37.8% of consults were referred by the court (Table 24). Furthermore, the percentage of court referrals overall is virtually the same. However among the programs where housing court was the most common referral source for both cases and consults, only Boston had similar percentages for cases and consults. However, Western MA and Worcester both saw a higher proportion of consult referrals coming from the court than case referrals. The most common case referral source for the Southeast program was the local housing authority (42.1%), compared to consult referrals most commonly coming from community providers (40.3%). The most common case referral source for the Berkshire program was community providers (42.9%), compared to consult referrals most commonly coming from local housing authorities (38.0%).

Across all programs, the court was most likely to refer tenants who became consults as a result of their tenancy being assessed as unpreservable. In fact, one-half of consults referred by the court were classified as unpreservable and therefore not opened as TPP cases. By comparison, only 10% of consults classified as unpreservable were referred by a housing authority. Overall, slightly less than 10% of consults were ineligible for lacking a disability, with no variation across referral sources. This suggests that referral sources are aware of the disability criterion and competent in referring tenants who have disabilities even when they do not meet other eligibility criteria. Among one-fifth of self-referrals, ineligibility to become a case was due to the tenant's disability not being related to the lease violation(s). Ineligibility for this reason was significantly higher among self-referrals than any other referral source. Finally of note is the fact that of the 33 consults originally referred by a landlord or property manager, 21 were not opened as a case because the tenant was unwilling to work with TPP, representing 63.6% of all consults referred by a landlord or property manager.

Without doubt, the most striking difference between cases and consults is related to outcome. While over 80% of cases resulted in tenancy preservation or more appropriate housing, fewer than one-third of consults had the same result (Table 25). Eviction, homelessness, and termination^{viii} were four times more likely among consults than cases (39.9% compared to 10.9%). The percentage of cases and consults that moved to other housing was similar overall, as well as similar across the programs, with one exception—Southeast TPP had a much higher percentage of consults moving to other housing than cases (16.0% compared to 3.5%).

Despite being initially deemed ineligible and opened as consultations, 18.4% of consults eventually became cases. An additional 30.9%, through direct or indirect contact with TPP, resulted in preserved tenancies. And for the remaining 50.6% with less desirable or poor outcomes, if it weren't for consultation services, they would have received no assistance in “softening the blow” of their loss of housing. Furthermore, of the subset of consultations that were ineligible because the tenancy was considered unpreservable, 11.0% eventually became cases, 16.3% resulted in tenancy preservation or a move to more appropriate housing, and 17.0% avoided homelessness by moving into other housing. This suggests that even in those instances where eviction or homelessness seemed the likely outcome, TPP's intervention through consultation was a factor in avoiding a negative outcome nearly half of the time.

^{viii} With both cases and consults, “termination” refers to situations in which service ends either because program staff are not able to continue work due to issues such as compliance or safety, or the tenant no longer wishes to receive services. In these situations, the housing outcome is often unknown.

Table 22: Comparison of TPP Case and Consult Tenant Characteristics by Program
Case Data 1/1/2008 – 6/30/2009; Consult Data 5/1/2009 – 6/30/2009

	Program Site													
	Berkshire		Boston		Northeast		Southeast		Western MA		Worcester		All Programs	
	Case	Consult	Case	Consult	Case	Consult	Case	Consult	Case	Consult	Case	Consult	Case	Consult
# Tenancies	76	52	98	98	47	20	183	209	154	63	117	138	675	580
% Female HOH	76.3	61.5	72.4	71.4	66.0	55.0	79.2	76.6	77.9	68.3	74.4	73.2	75.9	71.9
# Tenancies	77	51	98	89	47	16	183	207	154	45	116	96	675	504
Mean Age HOH**	51.3	48.7	46.1	43.9	57.1	53.4	44.4	44.5	44.1	42.1	47.5	45.0	46.8	45.0
Age Range	20-85	22-82	20-88	21-72	27-86	30-80	19-88	17-89	19-84	21-80	20-81	18-92	19-88	17-92
% 60+ years old	27.3	25.5	19.4	16.9	38.3	31.3	19.1	20.8	11.0	6.7	17.1	16.7	19.2	18.8
# Tenancies	77	52	98	98	47	20	183	209	154	63	117	138	676	580
% Housing Type														
Housing Authority	33.8	<u>40.4</u>	36.7	23.5	<u>55.3</u>	30.0	<u>77.6</u>	34.0	36.4	19.0	<u>36.8</u>	4.3	<u>48.7</u>	24.0
Unsubsidized, Group Housing, Other*	<u>35.1</u>	30.8	9.2	14.3	19.1	<u>35.0</u>	9.3	<u>36.8</u>	5.8	<u>39.7</u>	28.2	<u>75.4</u>	15.4	<u>41.9</u>
MH or Project-based Subsidy	26.0	13.5	<u>51.0</u>	<u>48.0</u>	23.4	25.0	9.3	11.5	<u>40.9</u>	28.6	24.8	11.6	28.1	20.2
Individual Subsidy	5.2	7.7	3.1	13.3	2.1	5.0	3.8	16.7	16.9	11.1	10.3	6.5	7.8	11.9
"Homeless (without housing)" or type of housing "unknown"	--	7.7	--	1.0	--	5.0	--	1.0	--	1.6	--	2.2	--	2.1

* For Consults, percentages also include "Residential Facility" and "Homeowner".

NOTE: Data reported on consults are only for completed consults that did NOT become cases.

NOTE: Case and consult totals do not equal 676 and 580, respectively due to missing data. One case householder is transgender and not included. One householder is missing age in the case data and 76 householders are missing age in the consult data.

NOTE: Percentages in **Bold Underline** represent the most common type of housing overall and for each program.

Table 23: Comparison of TPP Case and Consult Presenting Problems by Program
Case Data 1/1/2008 – 6/30/2009; Consult Data 5/1/2009 – 6/30/2009

	Program Site													
	Berkshire		Boston		Northeast		Southeast		Western MA		Worcester		All Programs	
	Case	Consult	Case	Consult	Case	Consult	Case	Consult	Case	Consult	Case	Consult	Case	Consult
Number Tenancies	77	52	98	98	47	20	183	209	154	63	117	138	676	580
Presenting Problem														
Non-Payment ONLY	5.2	25.0	<u>78.6</u>	<u>65.3</u>	25.5	30.0	<u>63.4</u>	<u>50.2</u>	26.0	<u>39.7</u>	<u>47.9</u>	<u>60.9</u>	<u>45.1</u>	<u>51.2</u>
Non-Payment +1 Issue	9.1	3.8	6.1	4.1	14.9	0.0	3.8	7.2	16.2	15.9	6.8	6.5	8.9	6.9
Non-Payment +2 or more Issues	5.2	3.8	2.0	1.0	8.5	15.0	6.0	6.7	13.6	22.2	6.8	2.2	7.4	6.4
1 Issue Excluding Non-Payment	33.8	<u>50.0</u>	7.1	19.4	19.1	20.0	15.3	24.4	14.3	7.9	17.1	21.0	16.6	23.1
2 or more Issues Excluding Non-Payment	<u>46.8</u>	17.3	6.1	10.2	<u>31.9</u>	<u>35.0</u>	11.5	11.5	<u>29.9</u>	14.3	21.4	9.4	22.0	12.4

NOTE: Data reported on consults are only for completed consults that did NOT become cases.

NOTE: Percentages in **Bold Underline** represent the most common presenting problem category overall and for each program.

Table 24: Comparison of TPP Case and Consult Referral Source by Program
Case Data 1/1/2008 – 6/30/2009; Consult Data 5/1/2009 – 6/30/2009

	Program Site													
	Berkshire		Boston		Northeast		Southeast		Western MA		Worcester		All Programs	
	Case	Consult	Case	Consult	Case	Consult	Case	Consult	Case	Consult	Case	Consult	Case	Consult
Number Tenancies	77	50	97	96	47	19	183	206	154	60	117	135	675	566
Percent Referral Source														
Housing Court	16.9	0.0	<u>34.0</u>	<u>33.3</u>	<u>42.6</u>	<u>31.6</u>	27.9	25.2	<u>47.4</u>	<u>58.3</u>	<u>50.4</u>	<u>65.9</u>	<u>36.9</u>	<u>37.8</u>
Housing Authority or HA Attorney	18.2	<u>38.0</u>	14.4	13.5	6.4	10.5	<u>42.1</u>	10.7	7.1	5.0	17.1	0.0	20.6	10.4
Legal Services or Tenant's Attorney	7.8	4.0	16.5	15.6	34.0	26.3	7.1	5.3	35.1	28.3	6.0	3.7	16.6	9.7
Community Provider or State Agency	<u>42.9</u>	30.0	18.6	16.7	6.4	26.3	12.6	<u>40.3</u>	2.6	0.0	14.5	14.8	14.5	24.6
Landlord, Property Manager or Attorney*	3.9	2.0	16.5	18.8	8.5	5.3	2.2	3.9	5.2	1.7	8.5	3.0	6.7	5.8
Self (including former clients and family/friends)	10.4	26.0	0.0	2.1	2.1	0.0	8.2	14.6	2.6	6.7	3.4	12.6	4.7	11.7

* This category also includes referrals from MassHousing property managers.

NOTE: Data reported on consults are only for completed consults that did NOT become cases.

NOTE: Case and consult totals do not equal 676 and 580, respectively due to missing data. One case and 14 consults were classified as "don't know" or "other" and are not included on this table.

NOTE: Percentages in **Bold Underline** represent the most common referral source overall and for each program.

Table 25: Comparison of TPP Case and Consult Outcomes by Program
Case Data 1/1/2008 – 6/30/2009; Consult Data 5/1/2009 – 6/30/2009

	Program Site													
	Berkshire		Boston		Northeast		Southeast		Western MA		Worcester		All Programs	
	Case	Consult	Case	Consult	Case	Consult	Case	Consult	Case	Consult	Case	Consult	Case	Consult
Number Tenancies	54	52	59	157	28	25	144	243	108	85	93	149	486	711
% Outcomes														
Tenancy Preserved / More Appropriate Housing	<u>74.1</u>	40.4	<u>93.2</u>	33.1	<u>78.6</u>	<u>32.0</u>	<u>88.9</u>	<u>38.7</u>	<u>72.2</u>	22.4	<u>80.6</u>	17.4	<u>81.9</u>	30.9
Other Housing	9.3	15.4	1.7	3.2	14.3	16.0	3.5	16.0	10.2	5.9	9.7	10.1	7.2	10.7
Evicted (homeless or whereabouts unknown), Terminated, or Outcome unknown	16.7	<u>44.2</u>	5.1	26.1	7.1	<u>32.0</u>	7.6	31.3	17.6	<u>45.9</u>	9.7	<u>65.1</u>	10.9	<u>39.9</u>
Became TPP Case	--	0.0	--	<u>37.6</u>	--	20.0	--	14.0	--	25.9	--	7.4	--	18.4

NOTE: Table includes data on completed cases and consults with outcome information.

NOTE: Percentages in **Bold Underline** represent the most common outcome overall and for each program.

Service Provision

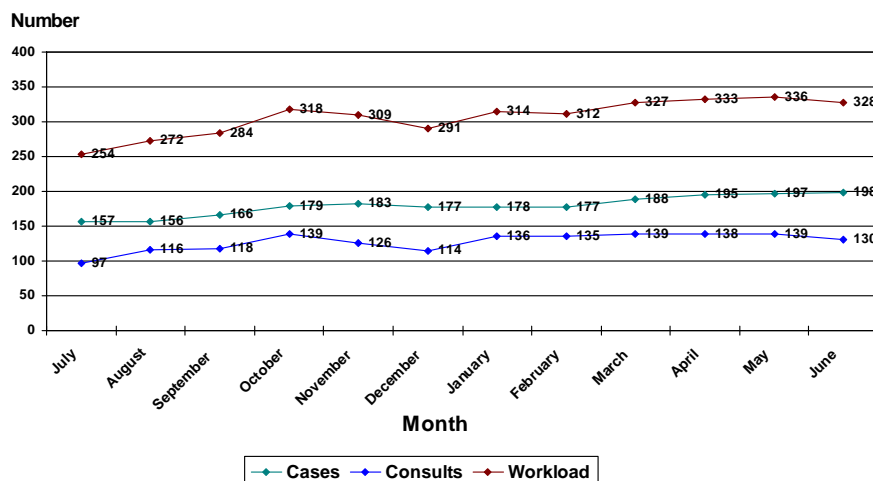
Workload

Figure 20 presents the total number of open cases and consults each month of FY09. The total number of open cases by month ranges from a high of 198 in June 2009 to a low of 156 in August 2008, representing an average monthly caseload of 179.3 open cases per month. The total number of open consults per month also varied somewhat throughout FY09. In July 2008, programs documented 97 open consults, whereas in October 2008, March 2009, and May 2009, open consults peaked at 139.

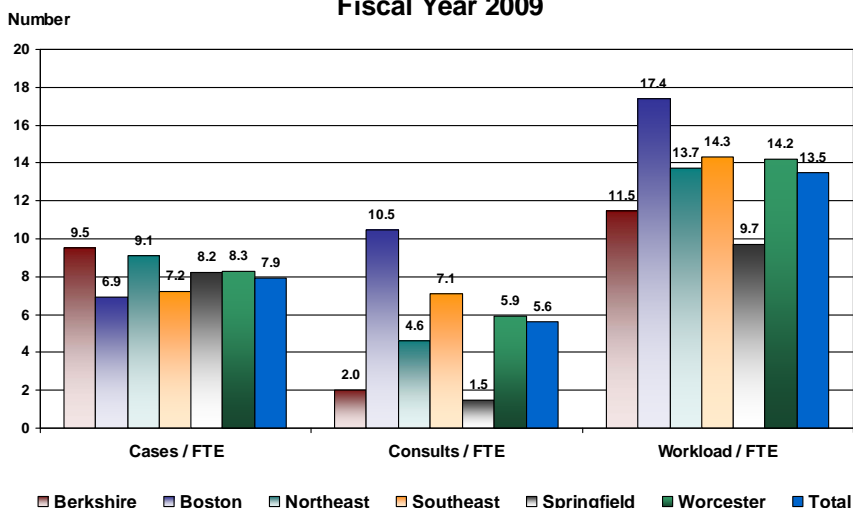
Table 26 summarizes monthly mean staffing, cases, consults, and overall workload (case and consults combined). Overall, the mean number of full-time equivalent (FTE) staff per month during FY09 was 22.8. On average, these nearly 23 staff worked with 179.3 cases each month, representing a caseload of 7.9 tenancies per worker per month. As shown in Figure 21, mean monthly caseloads varied from a low of 6.9 cases per FTE in Boston to a high of 9.5 cases per FTE in Berkshire. Of note is that the two programs with the fewest staff (Berkshire and Northeast) carried the largest caseloads per worker.

In terms of case effort, each month TPP workers documented an average of 925.5 hours of service provision (Table 26). While this represents roughly 41 hours of documented service provision per FTE, it is just over 5 hours of service provision per case. The Berkshire and Western MA program staff documented the highest mean hours per FTE (64.5 and 53.3, respectively) and per case (6.8 and 6.5, respectively), compared to the Northeast and Boston programs which documented the fewest hours. While there is some variation in caseloads and effort per case, there is significant variation in consults across programs. Overall, the six programs

**Figure 20: Total Cases, Consults, and Workload per Month
Fiscal Year 2009**



**Figure 21: Mean Monthly Cases, Consults, and Workload per FTE by Program
Fiscal Year 2009**



worked with an average of 127.3 consults each month, representing 5.6 consults per FTE. Across programs, consults per FTE ranged from a high of 10.5 consults per worker in Boston to a low of 1.5 consults per worker in Western MA. Four of the programs (Berkshire, Northeast, Western MA, and Worcester) documented significantly fewer consults per month than cases, and Southeast TPP workers documented roughly the same number of cases and consults per month.

Unlike the other programs, Boston workers documented more open consults and more consult hours each month than cases and case hours. In fact, monthly mean consult hours per FTE were more than 2.5 times that of all other programs with the exception of Southeast TPP. As a result of the relatively high number of average consults per month, Boston workers documented the highest overall workload, with an average of 17.4 active tenancies (case and consults) per worker. However, it is important to note that while the number of tenancies per worker is higher, the amount of documented hours per tenancy (3.7) is lower than the mean for all programs combined.

The variation across the programs in the number of workload hours documented per tenancy may be due to a number of factors. For instance, programs carrying heavier workloads might have less time to devote to each tenancy and therefore document less time per tenancy. For instance, Boston had the highest mean monthly workload, but a lower than average number of hours per tenancy. Conversely, Western MA had the lowest workload, but the highest number of hours per tenancy. The significant outlier in this pattern is Northeast TPP, which had a workload matching the statewide average but documented many fewer hours per tenancy than all other programs. Other factors in documented hours may include differences in the amount of time each program spends in court on Summary Process days or the amount of travel workers need to do for home visits or to get to court appearances.

Table 26: Mean Monthly Full Time Equivalent, Cases, Consults, and Workload by Program
July 1, 2008 through June 30, 2009

Monthly Means	FTE	CASES					CONSULTS					WORKLOAD				
		Cases (C)	C/FTE	Total Case Hours (CH)	CH/FTE	CH/C	Consults (CN)	CN/FTE	Total Consult Hours (CNH)	CNH/FTE	CNH/CN	Workload (WL)	WL/FTE	Total Workload Hours (WLH)	WLH/FTE	WLH/WL
Berkshire	2.0	19.1	9.5	129.0	64.5	6.8	4.0	2.0	5.3	2.7	1.3	23.1	11.5	134.3	67.2	5.8
Boston	5.0	34.4	6.9	141.1	28.2	4.1	52.6	10.5	182.5	36.5	3.5	87.0	17.4	323.6	64.7	3.7
Northeast	1.9	17.4	9.1	44.3	23.2	2.5	8.8	4.6	19.4	10.1	2.2	26.3	13.7	63.7	33.3	2.4
Southeast	4.9	35.3	7.2	187.4	38.1	5.4	35.2	7.1	99.0	20.0	2.8	70.4	14.3	286.4	58.2	4.1
Western MA	5.9	48.3	8.2	314.1	53.3	6.5	9.0	1.5	25.2	4.3	2.9	57.3	9.7	339.3	57.6	5.9
Worcester	3.0	24.8	8.3	109.6	36.6	4.5	17.7	5.9	40.4	13.6	2.2	42.4	14.2	150.0	50.2	3.6
All Programs	22.8	179.3	7.9	925.5	40.7	5.2	127.3	5.6	371.8	16.3	2.9	306.5	13.5	1297.3	57.0	4.2
FTE – Full Time Equivalent		Cases (C) – Cases per Month C/FTE – Cases per Staff Person CH – Case Hours CH/FTE – Case Hours per Staff Person CH/C – Case Hours per Number Cases					Consult (CN) – Consults per Month CN/FTE – Consults per Staff Person CNH – Consult Hours CNH/FTE – Consult Hours per Staff Person CNH/CN – Consult Hours per Number Consults					Workload (WL) – Cases + Consults per Month WL/FTE – Workload per Staff Person WLH – Workload Hours WLH/FTE – Workload Hours per Staff Person WLH/WL – Workload Hours per Workload				

NOTE: See Appendix B for detailed Workload Tables by Program.

Duration

Of the 676 cases served during the evaluation period, TPP closed 526 cases. Overall, the mean duration a case was open (days from Intake to Discharge) was 148.8 days, or just under five months (Table 27). On average, Northeast TPP had the longest mean duration (247.4 days) and Worcester had the shortest (95.8 days). The Northeast and Boston programs had the highest percentage of cases that were open for six months or longer (71.0% and 58.3%, respectively).

Table 27: Comparison of TPP Case and Consult Service Duration by Program
Case Data 1/1/2008 – 6/30/2009; Consult Data 5/1/2009 – 6/30/2009

	Program Site						
	Berkshire	Boston	Northeast	Southeast	Western MA	Worcester	All Programs
Case Duration							
Number Closed Cases	59	60	31	163	115	98	526
Days from Intake to Discharge							
Mean Duration	117.7	218.3	247.4	116.8	190.1	95.8	148.8
Median Duration	90.0	206.5	242.0	105.0	157.0	63.5	115.5
Range Duration	8-491	48-546	63-532	21-392	25-586	14-357	8-586
Months from Intake to Discharge							
0 – 2 months	54.2%	11.7%	6.5%	42.3%	25.2%	64.3%	38.4%
3 – 5 months	28.8%	30.0%	22.6%	44.8%	28.7%	23.5%	32.5%
6+ months	16.9%	58.3%	71.0%	12.9%	46.1%	12.2%	29.1%
Consult Duration							
Number Complete Consults	52	157	25	243	85	149	711
Day from Intake to Discharge							
Mean Duration (days)	4.1	96.7	71.2	37.3	16.0	17.4	42.5
Median Duration	1.5	64.0	50.0	22.0	1.0	8.0	22.0
Range Duration	1-37	3-434	8-166	1-298	1-135	1-108	1-434
Months from Intake to Discharge							
Less than 1 month	98.1%	17.8%	36.0%	58.8%	85.9%	85.2%	60.6%
1 – 2 months	1.9%	45.2%	28.0%	32.5%	10.6%	12.8%	26.2%
3+ months	0.0%	36.9%	36.0%	8.6%	3.5%	2.0%	13.2%

Across the board, the mean duration of consults was much shorter than that of cases (42.5 consult days compared to 148.8 case days). However, the Boston and Northeast programs continued to have much longer mean durations than other programs. In fact, the other four programs all concluded the majority of their consults within one month's time, whereas Boston and Northeast concluded relatively few consults within one month.

Table 28: Service Duration of TPP Consults that Became Cases by Program
Case Data 1/1/2008 – 6/30/2009; Consult Data 5/1/2009 – 6/30/2009

	Program Site						All Programs
	Berkshire	Boston	Northeast	Southeast	Western MA	Worcester	
Number of Consults that Became Cases	0	59	5	34	22	11	131
Consult Portion Only (Days from Consult Intake to Consult Discharge)							
Mean Duration (days)	--	80.3	35.4	34.4	16.8	17.4	50.7
Median Duration	--	56.0	26.0	22.0	12.0	17.0	36.0
Range Duration	--	15-267	21-65	1-210	1-64	1-50	1-267
Number Closed Cases that were Previously Consults	--	21	1	29	14	4	69
Case Portion Only (Days from Case Intake to Case Discharge)							
Mean Duration (days)	--	171.0	282.0	88.7	133.8	72.5	124.8
Median Duration	--	173.0	282.0	78.0	138.5	75.0	106.0
Range Duration	--	48-306	--	29-239	25-235	39-101	25-306
Combined Case & Consult Duration (Days from Consult Intake to Case Discharge)							
Mean Duration (days)	--	248.4	303.0	133.0	150.9	85.0	171.5
Median Duration	--	246.0	303.0	116.0	148.0	87.0	152.0
Range Duration	--	101-415	--	51-281	43-268	59-107	43-415

Because of the overlap between consults and cases, it is important to understand what role pre-case consultation time plays in extending case durations. Table 28 summarizes duration for only those tenancies that were served as both consultations and cases. Overall, 131 consults became cases, and of these, 69 cases were closed (meaning the duration of the case is known). When consultation time is separated out, case durations decrease for all but one program—Northeast TPP. However, given that Northeast TPP had only one closed case that began as a consult, it is not appropriate to draw any conclusions.

Effort

The length of time cases and consults remained open is only one measure of the effort required to assist troubled tenancies. Although a case may be open for six months, it does not mean that intensive contact occurred throughout that time. As shown in Table 29, the mean days of service among cases overall was 26 days, meaning that workers documented direct contact with a tenant or effort on behalf of tenants on an average of 26 days. Boston documented the highest mean days of service per case (39.4 days), followed by Western MA (35.8 days) and Berkshire (25.5 days).

Table 29: Days and Hours of Service by Program Site
Case Data 1/1/2008 – 6/30/2009

Services Provided	Program Site						All Programs
	Berkshire	Boston	Northeast	Southeast	Western MA	Worcester	
Complete Contact Documentation	44	38	10	110	73	78	353
Days of Service (Number of days where direct tenant contact and/or work on behalf of a tenant was recorded)							
Mean Days of Service	25.5	39.4	19.6	22.4	35.8	16.4	26.0
Median Days of Service	18.5	37.5	22.5	19.0	27.0	12.0	20.0
Range Days of Service	3-93	9-111	4-33	3-146	2-156	0-79	0-156
Days of Service Categories (percentages)							
1 – 15 days	40.9%	10.5%	40.0%	33.6%	23.3%	60.3%	36.0%
16 – 30 days	29.5%	28.9%	40.0%	47.3%	35.6%	26.9%	36.0%
31+ days	29.5%	60.5%	20.0%	19.1%	41.1%	12.8%	28.0%
Hours							
Total Hours of Service	978.5	1025.0	146.5	2287.5	3214.0	1112.8	8764.3
Mean Hours of Service	22.2	27.0	14.7	20.8	44.0	14.3	24.8
Median Hours of Service	15.6	25.0	13.9	17.0	26.8	10.3	16.5
Range Hours of Service	1.8-86.5	6.0-77.5	3.3-34.8	2.5-101.8	2.5-236.8	0.0-105.5	0.0-236.8
Hours of Service Categories (percentages)							
1 – 11 hours	36.4%	13.2%	40.0%	29.1%	21.9%	60.3%	34.0%
12 – 23 hours	29.5%	36.8%	40.0%	38.2%	24.7%	28.2%	32.0%
24+ hours	34.1%	50.0%	20.0%	32.7%	53.4%	11.5%	34.0%

An additional measure of effort beyond days of service is the amount of time spent working with or on behalf of each case. Overall, the mean hours of service per case among all programs was 24.8 hours. There was wide variation on

this measure of effort by program. Western MA documented nearly twice as many hours per case as all programs combined (44.0 hours). Boston had the second highest mean number of documented hours per case (27.0 hours), followed by Berkshire (22.2 hours) and Southeast (20.8 hours). The Northeast and Worcester programs documented significantly fewer hours per case than the other programs.

Table 30: Consult Days and Hours of Service by Program Site
Consult Data 5/1/2008 – 6/30/2009

	<u>Program Site</u>						
	Berkshire	Boston	Northeast	Southeast	Western MA	Worcester	All Programs
Complete Consults	52	157	25	243	85	149	711
Days of Service (Number of days where direct tenant contact and/or work on behalf of a tenant was recorded)							
Mean Days of Service	1.9	19.3	8.9	7.8	4.2	4.3	8.8
Median Days of Service	2.0	17.0	7.0	6.0	1.0	3.0	5.0
Range Days of Service	1-7	2-80	2-22	1-41	1-36	1-21	1-80
Days of Service (percentages)							
1 – 7 days	100.0%	17.2%	52.0%	63.4%	84.7%	83.2%	62.2%
8 – 15 days	0.0%	27.4%	28.0%	27.6%	10.6%	12.8%	20.4%
16 – 30 days	0.0%	38.2%	20.0%	6.6%	3.5%	4.0%	12.7%
31 or more days	0.0%	17.2%	0.0%	2.5%	1.2%	0.0%	4.8%
Hours of Service							
Total Hours of Service	70.5	1904.8	173.0	1476.3	295.0	480.8	4400.3
Mean Hours of Service	1.4	12.1	6.9	6.1	3.5	3.2	6.2
Median Hours of Service	1.0	10.8	6.0	3.8	2.0	2.0	3.5
Range Hours of Service	0.3-6.5	1.5-50.0	1.5-25.8	0.5-53.0	0.3-39.5	0.3-16.5	0.3-53.0
Hours of Service (percentages)							
Up to 5 hours	98.1%	28.7%	48.0%	69.1%	84.7%	83.9%	66.5%
6 – 11 hours	1.9%	29.9%	40.0%	18.9%	9.4%	12.1%	18.3%
12 – 23 hours	0.0%	33.1%	8.0%	9.5%	4.7%	4.0%	12.2%
24 or more hours	0.0%	8.3%	4.0%	2.5%	1.2%	0.0%	3.0%

Overall, the mean days of consult service was much less than cases (8.8 days compared to 26.0 days), as was the overall mean hours of consult services (6.2 hours compared to 24.8 hours). Boston documented more than twice as many consult service days (19.2 days) and twice as many consult service hours (12.1 hours) than other programs.

TPP Service Contacts

In addition to documenting days and hours of service, the Contact and Consult Logs were also used to document the type of service provided. Table 31 summarizes the type of case and consultation service contacts for each program. In reviewing these percentages, it is important to remember they are of all recorded contacts not of recorded time. In other words, these percentages show the proportion of each type of contact made during service provision and not the proportion of time devoted to each type of service contact.

As shown on Table 31, TPP workers documented nearly 20,000 case service contacts and more than 12,000 consult service contacts. The two most frequently documented service contacts for both case and consult tenants, accounting for a little over 40% of all reported contacts, were direct service provision and referral/coordination of services. Overall, direct service provision to tenants accounted for 21.3% of case contacts and 25.7% of consult contacts. Direct service provision meant different activities to different programs. In some cases, direct service provision included working directly with tenants to teach responsible tenant behavior or financial literacy (e.g., budgeting), and in other cases it may have included working with tenants with hoarding issues to improve safety. TPP workers in many of the programs have clinical backgrounds. Although ongoing therapy with tenants was not a core service contact, clinical counseling, as appropriate, was likely a major part of direct service provision.

Direct service provision varied significantly across programs. Berkshire, for instance, recorded no case or consult contacts as direct service provision, while 40.8% of Boston's case contacts and 35.2% of their consult contacts were direct service provision. For the most part, the percentage of case contacts and consult contacts documented as direct service provision were similar with two exceptions—Western MA and Worcester. Western MA was more than 2.5 times as likely to document direct service provision among case contacts than consult contacts (20.5% compared to 7.6%). Similarly, Worcester case contacts (20.3%) were twice as likely as consult contacts (10.7%) to have been direct service provision.

While TPP offered many services directly to tenants, the program is designed to be a short-term intervention that identifies and secures needed community-based services and resources to support tenancy preservation, as well as ongoing housing stability. To that end, nearly one-fifth of all documented case and consult contacts were referral to or coordination of services.

As shown in Table 32, the most common case referral was for mental health services, with more than half of all cases being referred for these services (56.4%). On the other hand, only 1 in 10 consults were referred for mental health services. The second most common case referral was for financial services (29.7%), which included representative payee services as well as services to support budgeting and financial management. Again, referrals to financial services were much less common among consults. The referral that was equally common among cases and consults was to housing support services, including housing search; 28.9% of cases and 23.9% of consults were referred to housing support services. In addition to housing support services, other common referrals among consultations included referrals to emergency shelter (14.5%) and Legal Services (12.9%). Interestingly, 26.6% of all consults received no referrals from TPP.

Case and consult referrals made vary significantly across programs. For instance, Western MA provided mental health referrals to 83.6% of all cases, whereas Worcester and Boston provided the same type of referral to fewer than 30% of cases. While Berkshire provided housing support referrals to 70.5% of cases and 44.2% of consults, Boston and Southeast made comparatively few referrals to this type of service.

These apparent differences and variations are likely due to the range of needs of the populations served. Given that over 90% of Western MA cases had a mental health disability, it makes sense that such a high percentage of cases would be referred to mental health services. Similarly, it is not surprising that Southeast's high percentage of non-payment-only cases would refer 61.8% of tenants for financial services.

Although a majority of case and consult contacts were spent working directly with tenants, all TPP programs also had a great deal of contact with landlords (Table 31). Although the extent to which landlords are required to work with TPP varies by court, TPP needs both parties involved in the dispute to be agreeable, cooperative, and willing to compromise in order to preserve a tenancy. As a result, both cases and consults often require engagement with the tenant and landlord in order to achieve a successful outcome.

Across the board, TPP documented a higher percentage of consult contacts than case contacts for conducting assessments (9.3% compared to 5.3%) and determining tenant eligibility (7.1% compared to 2.3%). This suggests that when a tenant's eligibility is not clear from the initial contact and further assessments need to be completed, TPP may begin work on a consultation basis until definitively determining eligibility.

Table 31: Comparison of TPP Case and Consult Services by Program
Case Data 1/1/2008 – 6/30/2009; Consult Data 5/1/2009 – 6/30/2009

	Program Site													
	Berkshire		Boston		Northeast		Southeast		Western MA		Worcester		All Programs	
	Case	Consult	Case	Consult	Case	Consult	Case	Consult	Case	Consult	Case	Consult	Case	Consult
Number Tenancies	44	52	38	157	10	25	110	243	73	85	78	149	353	711
Number of Contacts	1,734	198	2,360	5,187	433	553	5,447	3,853	6,748	1,069	2,951	1,483	19,673	12,343
% Service Type														
Direct Service Provision	1.0	0.0	<u>40.8</u>	<u>35.2</u>	<u>24.0</u>	17.0	<u>20.7</u>	<u>26.1</u>	<u>20.5</u>	7.6	20.3	10.7	<u>21.3</u>	<u>25.7</u>
Referral / Coordination of Services	<u>42.8</u>	<u>33.3</u>	21.1	18.4	19.9	14.8	18.6	21.5	14.8	12.7	13.3	15.8	19.0	18.7
Service Planning	27.0	5.1	3.3	3.9	17.8	<u>20.4</u>	5.7	2.3	12.9	9.3	<u>27.7</u>	<u>29.1</u>	13.3	7.7
Home Visit	11.2	1.5	1.4	0.8	9.7	9.0	14.9	7.5	12.1	6.0	6.5	2.7	10.6	3.9
Landlord Contact	7.4	11.6	10.0	8.8	9.9	15.7	15.5	17.6	6.8	8.4	12.1	8.1	10.5	11.8
Assessment	3.6	19.2	3.5	10.1	3.0	4.9	3.2	4.6	6.2	12.2	10.0	17.1	5.3	9.3
Transportation	1.3	0.0	0.8	0.4	2.1	1.4	7.6	5.2	7.4	0.5	0.6	0.0	5.0	1.9
Eligibility Determination	2.3	23.2	1.7	7.9	1.6	4.0	0.9	2.9	3.2	<u>15.8</u>	3.2	7.8	2.3	7.1
Court Appearance	1.3	2.5	0.6	1.4	4.6	4.9	0.5	0.9	2.1	5.3	1.4	2.8	1.4	1.9
Mediation	0.5	2.0	0.3	0.6	2.3	3.1	1.9	4.0	1.3	4.3	1.1	2.0	1.3	2.3
Other Court	0.5	0.5	1.1	2.5	1.6	4.0	0.2	1.8	1.6	2.7	2.2	3.6	1.1	2.5
Other	1.0	1.0	15.5	9.9	3.5	0.7	10.2	5.6	11.1	15.2	1.7	0.5	8.9	7.3

NOTE: Table includes closed cases with complete time and completed consults.

NOTE: Percentages in **Bold Underline** represent the most common type of service overall and for each program.

Table 32: Comparison of TPP Case and Consult Service Referrals by Program
Case Data 1/1/2008 – 6/30/2009; Consult Data 5/1/2009 – 6/30/2009

	Program Site													
	Berkshire		Boston		Northeast		Southeast		Western MA		Worcester		All Programs	
	Case	Consult	Case	Consult	Case	Consult	Case	Consult	Case	Consult	Case	Consult	Case	Consult
Number Tenancies	44	52	38	157	10	25	110	243	73	85	78	149	353	711
Service Referrals*														
Mental Health	68.2	11.5	26.3	9.6	40.0	20.0	66.4	10.7	83.6	17.6	26.9	4.7	56.4	10.4
Substance Abuse	15.9	1.9	2.6	0.6	10.0	4.0	20.0	2.9	20.5	4.7	9.0	0.7	15.0	2.1
Housing Support (inc Housing Search)	70.5	44.2	7.9	12.1	50.0	44.0	8.2	17.7	28.8	10.6	42.3	43.6	28.9	23.9
Home care and/or Homemaker	45.5	1.9	5.3	1.3	0.0	16.0	15.5	2.5	21.9	4.7	16.7	1.3	19.3	2.7
Family Services (inc DSS / DYS)	15.9	1.9	10.5	0.0	10.0	4.0	16.4	1.6	15.1	0.0	2.6	0.7	12.2	1.0
Legal Services	6.8	25.0	0.0	2.5	10.0	36.0	2.7	13.2	1.4	12.9	3.8	15.4	3.1	12.9
Medical (inc HIV/AIDS) Services	4.5	3.8	2.6	1.9	0.0	0.0	4.5	1.2	27.4	4.7	0.0	2.7	7.9	2.3
MR Services	2.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	5.5	2.4	1.3	0.7	1.7	0.4
Emergency Shelter	--	26.9	--	0.6	--	8.0	--	14.0	--	4.7	--	32.2	--	14.5
Elder Services	29.5	5.8	13.2	1.9	20.0	8.0	18.2	3.3	12.3	2.4	6.4	1.3	15.3	2.8
Financial Services	4.5	5.8	18.4	14.0	20.0	4.0	61.8	11.9	24.7	2.4	10.3	1.3	29.7	8.3
Entitlement Programs	0.0	7.7	5.3	3.2	10.0	12.0	13.6	6.6	24.7	5.9	3.8	7.4	11.0	6.2
Employment, Education, Training	0.0	5.8	0.0	0.6	0.0	0.0	0.9	0.0	5.5	2.4	0.0	0.0	1.4	0.8
DV Services	0.0	0.0	0.0	0.0	0.0	0.0	3.6	1.6	4.1	1.2	0.0	0.7	2.0	0.8
Hoarding / Sanitation Services	0.0	--	0.0	--	0.0	--	0.0	--	8.2	--	1.3	--	2.0	--
Veteran Affairs	0.0	--	0.0	--	0.0	--	0.9	--	2.7	--	1.3	--	1.1	--
Other	0.0	5.8	0.0	3.8	0.0	4.0	8.2	4.1	2.7	3.5	1.3	1.3	3.4	3.5
No Referrals Made	--	19.2	--	19.1	--	12.0	--	32.5	--	36.5	--	24.2	--	26.6

* These categories are NOT mutually exclusive and therefore do not add up to 100% by Program. Each category is calculated as yes/no.

NOTE: Table includes closed cases with complete time and completed consults.

NOTE: Percentages in **Bold Underline** represent the most common type of referral overall and for each program.

Program Implementation and Outcomes

Case outcomes varied significantly by program. As shown in Table 33, the Boston program had the highest percentage of tenancy preservation or placement in more appropriate housing (93.2%), followed by Southeast TPP (88.9%). At first glance, this table suggests that these programs are more successful than the programs with lower percentages of tenancy preservation. However, when comparing outcomes across programs, it is important to understand what implementation factors, if any, play a part in achieving success.

Table 33: Outcome by Program

	Program Site						
	Berkshire	Boston	Northeast	Southeast	Western MA	Worcester	All Programs
TPP Closed Cases: March 1, 2008 – June 30, 2009	54	59	28	144	108	93	486
Percent Outcome:							
Tenancy Preserved / More Appropriate Housing	74.1	93.2	78.6	88.9	72.2	80.6	81.9
Other Housing (including Family/Friends and Institution)	9.3	1.7	14.3	3.5	10.2	9.7	7.2
Evicted (homeless or whereabouts unknown) or Terminated case	16.7	5.1	7.1	7.6	17.6	9.7	10.9
NOTE: Between January 1, 2008 and June 30, 2009, TPP closed 526 Cases. However, information about tenant outcome was collected only for cases closed between March 1, 2008 and June 30, 2009.							
SIGNIFICANCE: Percentages in bold italics represent statistically significant differences ($p \leq .05$). Significance was determined by comparing each program to the other five programs combined.							

The following tables summarize tenancy outcomes by various programmatic factors, including type of housing, timing of referral, referral source, whether or not a case began as a consult, and service provision. As shown in Table 34, tenants of local housing authorities were more likely than those of other housing types to have had the tenancy preserved or to have moved to more appropriate housing. Given this, it is not surprising that having been referred to TPP by a local housing authority is also correlated with a positive outcome (Table 35).

Although outcomes by timing of referral appear to suggest that the later in the eviction process a tenancy is referred the more likely it is to achieve a positive outcome, the percentages are not statistically different (Table 34).

Table 34: Outcome by Type of Housing and Timing of Referral

Outcome	Type of Housing				Total
	Project-based subsidy / Mass-Housing	Local Housing Authority	Individual Subsidy	Un-subsidized (inc. Group Housing and Other)	
TPP Closed Cases: March 1, 2008 – June 30, 2009	134	228	40	84	486
Tenancy Preserved / More Appropriate Housing	78.4	86.4	77.5	77.4	81.9
Other Housing (including Family/Friends and Institution)	7.5	3.5	12.5	14.3	7.2
Evicted (homeless or whereabouts unknown) or Terminated case	14.2	10.1	10.0	8.3	10.9
Outcome	Timing of Referral				Total
	Before Notice to Quit	After Notice to Quit	After Summons and Complaint Issued	Post Eviction Order / Agreement to Vacate	
TPP Closed Cases: March 1, 2008 – June 30, 2009	62	86	247	78	473*
Tenancy Preserved / More Appropriate Housing	75.8	82.6	82.6	87.2	82.5
Other Housing (including Family/Friends and Institution)	11.3	4.7	7.7	3.8	7.0
Evicted (homeless or whereabouts unknown) or Terminated case	12.9	12.8	9.7	9.0	10.6
<p>*Not included on this table are 12 cases in which Timing of Referral is marked as "Other." Examples of "Other" responses include after TRO, after condemnation order, and after failure to pass Section 8 inspection. In addition, Timing of Referral is missing for one record.</p> <p>NOTE: Between January 1, 2008 and June 30, 2009, TPP closed 526 Cases. However, information about tenant outcome was collected only for cases closed between March 1, 2008 and June 30, 2009.</p> <p>SIGNIFICANCE: Percentages in bold italics represent statistically significant differences ($p \leq .05$). Significance was determined by comparing each category to the other three categories combined.</p>					

Table 35: Outcome by Referral Source

Outcome	Housing Court	Local Housing Authority or HA Attorney	Legal Services or Tenant's Attorney	Referral Source		Landlord / Property Manager or Attorney***	TOTAL
				Community Agency*	Self**		
TPP Closed Cases: March 1, 2008 – June 30, 2009	182	87	80	76	27	34	486
Tenancy Preserved / More Appropriate Housing	82.4	89.7	77.5	77.6	77.8	82.4	81.9
Other Housing (including Family/Friends and Institution)	6.6	3.4	7.5	10.5	11.1	8.8	7.2
Evicted (homeless or whereabouts unknown) or Terminated case	11.0	6.9	15.0	11.8	11.1	8.8	10.9

* Community Agency also includes Boards of Health and Elder Services.

** Self-referrals also include family, friends, and former TPP cases.

*** Also includes referrals from MassHousing sites.

NOTE: Between January 1, 2008 and June 30, 2009, TPP closed 526 Cases. However, information about tenant outcome was collected only for cases closed between March 1, 2008 and June 30, 2009.

SIGNIFICANCE: Percentages in **bold italics** represent statistically significant differences ($p \leq .05$). Significance was determined by comparing each category to the other five categories combined.

Although the duration of cases and level of effort impact workloads and cost, there are no significant differences in outcome by duration or effort (Table 36).

Table 36: Outcome by Duration, Days, and Hours of Service

	Duration*			Total
	1 – 90 days	91 – 150 days	151+ days	
TPP Closed Cases: March 1, 2008 – June 30, 2009	180	121	185	486
Percent Outcome:				
Tenancy Preserved / More Appropriate Housing	80.0	78.5	85.9	81.9
Other Housing (including Family/Friends and Institution)	7.2	9.9	5.4	7.2
Evicted (homeless or whereabouts unknown) or Terminated case	12.8	11.6	8.6	10.9
	Days of Service**			Total
	0 – 15 days	16 – 30 days	31+ days	
TPP Closed Cases: March 1, 2008 – June 30, 2009	213	158	115	486
Percent Outcome:				
Tenancy Preserved / More Appropriate Housing	83.1	79.1	83.5	81.9
Other Housing (including Family/Friends and Institution)	6.6	8.2	7.0	7.2
Evicted (homeless or whereabouts unknown) or Terminated case	10.3	12.7	9.6	10.9
	Hours of Service***			Total
	0 – 11 hours	12 – 23 hours	24+ hours	
TPP Closed Cases: March 1, 2008 – June 30, 2009	211	132	143	486
Percent Outcome:				
Tenancy Preserved / More Appropriate Housing	83.9	77.3	83.2	81.9
Other Housing (including Family/Friends and Institution)	5.2	11.4	6.3	7.2
Evicted (homeless or whereabouts unknown) or Terminated case	10.9	11.4	10.5	10.9

* Duration is the number of days from Intake to Discharge.

** Days of Service is the number of days where direct tenant contact and/or work on behalf of a tenant was recorded.

*** Hours of Service is the number of hours where direct tenant contact and/or work on behalf of a tenant was recorded.

NOTE: Between January 1, 2008 and June 30, 2009, TPP closed 526 Cases. However, information about tenant outcome was collected only for cases closed between March 1, 2008 and June 30, 2009.

For the most part, analysis of program outcomes by tenant characteristics and program implementation factors do not shed light on the differences in positive outcome across the programs. Rather than one factor or even a set of factors, outcome differences are likely the result of overall program approach. The following discussions highlight the unique characteristics of the six programs and attempt to connect program implementation differences to observed differences in outcomes.

Berkshire TPP

Berkshire TPP appears to function very differently from the other programs in a number of ways. Berkshire does not employ additional criteria beyond that of the core eligibility in determining whether or not a referral becomes a case. In other words, housing type, timing of referral, and issues of preservability are not relevant in establishing eligibility. As noted during the site visit, one staff person said, “I think everything is preservable when you walk through the door. That’s our attitude: everything is preservable!” As such, Berkshire is the most likely of the programs to work with tenants in unsubsidized housing, accept referrals and open cases before a Notice to Quit is issued, and to accept referrals from community agencies. In fact, Berkshire TPP is one of two programs whose most common referral source is something other than housing court; 42.9% of case referrals were from community agencies, compared to 16.9% from housing court (Table 18, page 46).

In FY09, Berkshire staff had the highest mean monthly caseload and documented the highest mean monthly hours per case compared to the other programs (Table 26, page 60). However, the duration of Berkshire’s cases was on the shorter side (Table 27, page 61). The mean duration of cases was 117.7 days, compared to 148.8 days for all programs. More than one-half of Berkshire’s cases were open for less than two months. Interestingly, Berkshire and Southeast had nearly identical case duration means (117.7 days and 116.8 days, respectively) and nearly identical percentages of repeat cases (14.3% and 14.2%, respectively).

Berkshire is also the only program to have no overlap between cases and consults. In looking at the FY09 data (Table 20, page 48), none of the cases began as consults and none of the consults went on to become TPP cases. During the site visit, Berkshire defined consults as situations where they provide advice and referrals to tenants and other local community agency staff related to homelessness and housing services, as well as mental health and other issues. During the Local Advisory Committee discussion, one participant admitted that “agencies will make a referral even if they don’t think it will turn into a TPP case to at least get someone to look at it and get expert input.”

The less intensive nature of Berkshire’s consults is evident in their duration (Table 27, page 61). The mean number of days a consult is open is 4.1, compared to 42.5 days for all programs combined. Nearly all of Berkshire’s consults lasted for one month or less (98.1%). The mean number of service hours documented per consult is 1.4 hours, with 98.1% of all consults receiving less than five hours of service (Table 30, page 64). In addition, for approximately nine FY09 consults, Berkshire did not open a case because the issue was, in their words, an “easy fix” that did not require intensive assistance from a TPP worker to preserve or stabilize the housing (Table 21, page 51).

Berkshire TPP is also unique in terms of the characteristics of tenants served. Householders are slightly older than all but one other program (Northeast) (Figure 5, page 19), three-fourths of households have no minor or adult children (Figure 4, page 19), and very few cases have a history of homelessness, with none having a history of chronic homelessness (Figure 7, page 21). None of Berkshire’s cases had householders who primarily spoke a language other than English (Figure 6, page 20).

Berkshire cases are far more likely than all other programs to present with a lease violation other than non-payment (Figure 15, page 28). In fact, the presenting problem(s) among 80.5% of cases were behavioral and did not include non-payment of rent or utilities. This percent is significantly higher than all other programs. One possible reason for

this pattern, as well as the pattern in referral source, was provided during the program site visit. During that visit, staff speculated that many landlords are continuing to use district court for evictions because of issues of geographic accessibility. Whereas housing court only sits in Pittsfield, there are three district court locations—North Adams (north county), Pittsfield (central county), and Great Barrington (south county)—that are far more accessible to Berkshire County residents living near the Vermont and Connecticut borders.

Boston TPP

Based on the data and information gathered through site visits and court observations, it is clear that Boston TPP functions very differently from the other programs in terms of opening cases. As noted previously, 95.1% of Boston's FY09 cases began as consults (Table 20, page 48). During the same period, Boston staff, on average, worked with more consults each month than cases, and each staff member documented roughly eight more hours of service provision on consult tenancies than case tenancies (mean of 36.5 hours per FTE per month, compared to 28.2 hours per FTE per month) (Table 26, page 60).

Written descriptions provided by staff documented a range of circumstances among consultations. However, among those consultations that became cases, there is a clear pattern. Boston uses consultation time to ensure preservability before opening a case. Addressing preservability takes two forms—1) securing tenant and landlord compliance, and 2) identifying and securing services to address the lease violation.

A key way in which Boston differs from most other programs is in its focus on gaining tenant and landlord buy-in before a case is opened. Based on information gathered through the site visit and court observation, the Boston court does not order tenants or landlords to work with TPP. A tenant may be referred, but it is entirely up to the tenant and the landlord to decide if they want to work with TPP to save the tenancy. As a result, 46.4% of Boston's consults noted that the tenant was unwilling to work with TPP, and 16.7% noted that the landlord was unwilling to work with TPP (Table 21, page 51). Overall, the percentage of unwilling tenants is more than twice that of all other programs. Similarly, the percent of consults due to unwilling landlords is significantly higher than all other programs but Worcester.

While the issue of tenant and landlord compliance is related to judicial philosophy about the role of court in mandating the program, other preservability criteria are not. Based on data collected throughout the evaluation, Boston's consultation time was used to assess eligibility generally, but when more detailed descriptions were provided, it appears that consultation time was used to develop a concrete service plan for preserving the tenancy and to secure necessary resources. In other words, consult descriptions suggest that a case was not opened until staff deemed that the tenancy was preservable. As noted by a staff person during a site visit:

[Opening a case] depends on preservability. Both sides have to be willing to work with TPP. It has to be both sides because of the neutral aspect. If the tenant is agreeable, but the landlord doesn't want any sort of resources that we have to offer then our hands are tied. If the lease violation is something that does indeed have something to do with a disability and there is a service and/or treatment that can be provided to help address the lease violation—those have to be met before you can consider a case preservable.

For instance, one Consult Log description was of a referred tenancy presenting with non-payment of rent. The tenancy was served as a consultation for 50 days because the tenancy was deemed unpreservable for insufficient rental funds. However, the tenant did meet core eligibility of having a disability and having the lease violation related to the disability.^{ix} As described on the submitted Consult Log, the "consultation became an open case after it was confirmed

^{ix} It is assumed that the tenant met core eligibility because information about the "reason not eligible" to become a case did NOT include lacking disability or disability not related to lease violation.

by the Housing Authority's attorney that the tenant had secured a representative payee and funding had been found for rental arrearage." In other words, the case was opened after a plan for addressing the presenting problem was secured.

This use of consultation time is vastly different from other programs, and in fact, more resembles case service delivery than consultation. While one program might open a case because the tenant met core eligibility only to discover later that the tenant is unwilling to accept needed services or that the needed services to support the tenancy are simply unavailable, Boston would ensure compliance and service accessibility in order to establish a preservable tenancy before opening the case. During the site visit, one Boston worker explained the eligibility process as follows:

Everyone who comes through the door, we do an assessment. We look at what are the criteria for preservability and that decides what track we are going to take. The track might be where everything is already in place or very little needs to get done so we move ahead and open the case as quickly as possible. Sometimes there is more work that needs to be done before the person's situation becomes a preservable tenancy and we then do that work [as a consultation]. At that point in time, if the person is willing and able and the resources are in place then they get changed over to the other track where they become an open case.

In general, the characteristics of Boston's cases are not dissimilar to other programs, with two exceptions—history of homelessness and presenting problem. Among Boston cases, 44.9% have been homeless at least once, and 24.5% have a history of chronic homelessness (Figure 7, page 21). Western MA also has a relatively high percentage of past homelessness (43.5%). However, the percentage of cases with a history of chronic homelessness is much higher among Boston tenants than all other programs.

Because of the overlap between cases and consults for this program, it is not surprising that case and consult tenants have similar characteristics. Boston's cases and consults have a similar gender composition, are of similar age, and are similar in terms of type of housing (Table 22, page 54).

As shown on Table 26 (page 60), Boston workers carry the fewest cases per FTE (6.9) of the six programs and the most consults per FTE (10.5). On average, Boston cases are open for a longer period than all programs but Northeast. The mean number of days per case is 218.3, or roughly seven months. In fact, nearly 6 in 10 cases were open for more than 6 months, with the longest case having been open for just under 18 months (Table 27, page 61). Again, the overlap between cases and consults is an important driver of the numbers.

Table 28 (page 62) separates case duration and consult duration for those completed cases that started as consults. Although separating out the amount of pre-case (consult) work lowers the duration for Boston's cases, this program continues to have significantly longer case durations than all but the Northeast program. On average, the mean number of days a case is open is 171.0 with an additional 80.3 mean days during the consultation portion of the service. Overall, cases that began as consults lasted an average of 248.4 days, or 8.2 months.

As expected, Boston's relatively longer case durations translate into more overall effort. Among cases, Boston documented a mean of 39.4 days of service per case (Table 29, page 63) and 19.3 days of service per consult (Table 30, page 64). In both instances, mean service days documented by Boston staff are significantly higher than mean days for all programs. In fact, the mean days of service for Boston consults was more than twice that of any other program.

The amount of consultation effort was addressed by a staff person during the site visit:

Consults can take just as much time, if not more [than cases] sometimes, and they often lead to an open case. We try to be really good at connecting with other services providers to get the services in place so that it [the consult] can become a preservable tenancy later. So we might work just as hard with a consultation as we do with an open case depending on the scenario.

While it is impossible to definitively link Boston's higher preservation rates to their use of consults as pre-case work, it is highly probable that their focus on establishing preservability prior to opening a case is a major factor in their success. If the program were to relax the preservability criteria by opening cases while tenants or landlords have lingering resistance or before all the necessary resources to preserve the tenancy are identified and secured, then it is possible that their preservation rates would more closely mirror other programs.

Northeast TPP

Northeast TPP follows core eligibility criteria related to disability, but also requires that tenants receive a Notice to Quit before becoming a case. While they make exceptions to this criterion, very few cases began before a Notice to Quit was issued, and more than 60% of their cases were referred after a Summon and Complaint was issued (Table 16, page 41). Although housing court was the most common referral source, Northeast TPP received one-third of its case referrals from Legal Services or the tenant's attorney (Table 18, page 46).

Although Northeast and Berkshire are comparable in terms of staff size, Northeast assisted far fewer tenancies over the course of the evaluation. In fact, during FY09, Northeast TPP opened 19 cases and 32 consults, compared to 47 cases and 47 consults opened by Berkshire during the same period (Table 20, page 48). Although they interact with far fewer tenancies, mean monthly caseloads per FTE across the two programs were similar (Table 26, page 60), while monthly mean consults per Northeast FTE are more than twice that of Berkshire (4.6 consults per FTE compared to 2.0 consults per FTE).

The data suggest that the difference in these two programs is largely a function of service duration. Northeast TPP had the longest mean case duration of all the programs (247.4 days), with 71% of all cases remaining open more than six months (Table 27, page 61). By contrast, fewer than 20% of Berkshire cases were open for six months or longer. Keeping cases open longer maintains high monthly caseloads, but naturally results in assisting fewer tenancies overall. Similarly, Northeast TPP completed half as many consults over the evaluation period than Berkshire (25 complete consults compared to 52), but kept the consults open for a much longer period of time (71.2 days on average, compared to 4.1 days).

In terms of case characteristics, the percentage of male householders among Northeast tenants is the highest of all programs (Figure 6, page 20), as is the percentage of householders 50 years of age and older (Figure 5, page 19). Similar to the Berkshire program, three-fourths of all cases were households without minor or adult children (Figure 4, page 19).

Southeast TPP

The most unique characteristic of the Southeast program is its relationship with local housing authorities. Of the 183 cases documented throughout the evaluation, 77.6% were housing authority tenants (Table 15, page 40) and 42.1% were referred directly from the housing authority (Table 18, page 46). In fact, local housing authorities were more common referrals than the court (42.1% compared to 27.9%), and were the program's most common referral source.

During the site visit, staff talked about their relationship with local housing authorities and how important remaining neutral and honest is to building those relationships:

[Brockton Housing Authority] initially didn't want us there, which I think is pretty typical of a lot of housing authorities. They came to like us because I did call and keep them informed. And now they know if the person is doing well and they will also know if the person is not doing well.... They know once they refer Joe Smith to me that if Joe

Smith messes up, I am going to tell them and so does Joe Smith. I am always very clear with people, and have them sign releases. We are not your advocate. We are here to make sure you stay housed, but some times that may mean having to report things we don't want to report.

The high success rate of this program may be a function of receiving so many referrals from housing authorities given that a referral from the housing authority suggests they are interested in preserving the tenancy or at least preventing an eviction or homelessness.

Another interesting characteristic of the Southeast program is the timing of case referrals. Overall, more than one-third of case referrals occur after an eviction order or agreement to vacate (36.8%) (Table 16, page 41). Of the 67 referrals received after an eviction order or agreement to vacate, 30 (45%) were from the court and 22 (33%) were from a local housing authority. Although this essentially means that a significant number of cases come to the program at the point where tenancy preservation is not attainable, 86.8% of these post eviction order cases resulted in preserved tenancy or more appropriate housing. This pattern of late referral among Southeast's cases is interesting in that it suggests that the eviction order or agreement to vacate may be used as additional leverage for tenant compliance. In other words, referring at this late date leaves the tenant with no other option but to comply or be evicted.

Western MA

Western MA TPP is the oldest of the programs, having begun as a pilot program in 1998 in Hampden County. In recollecting the early days, one Local Advisory Committee member commented:

"[It was the] first time that I can recollect where the need drove the development of the program. We had no illusion about what was going to happen when the groups first came together 10 years ago. It was MassHousing saying we've got property managers that are really having trouble, don't want to evict people, but have to because there are no alternatives and they don't know how to navigate the social services system. People sat down together—legal services, court, housing authorities, property managers, social services providers—and people said, 'You know what we really need? We need someone to engage these clients, and cut them off at the pass before they end up losing their unit. And, that's how (I think) it really began. It got refined through the involvement of the court and the active role the court took, but the refinement of that idea, of being able to intervene effectively, to prevent homelessness, was the driving force."

Given the long-standing relationship with the court built over the last decade, it is not surprising that nearly half of case referrals (47.4%) come from the court, with an additional 35.1% from Legal Services (Table 18, page 46).

During the Western MA site visit, TPP staff articulated a number of program eligibility criteria beyond the core requirements, including that the tenant must be in subsidized housing, have received a Notice to Quit, and not have an existing DMH or DDS caseworker. Adherence to these additional criteria was clearly demonstrated in the Western MA data. Of the 154 cases submitted over the course of the evaluation, only 9 were in unsubsidized housing (Table 15, page 40) and only 6 were referred prior to a Notice to Quit (Table 16, page 41). Furthermore, a number of program consults were not eligible for services due to the presence of a caseworker or not being in subsidized housing (Table 21, page 51). As a result, Western MA consults differ from cases on one key characteristic—type of housing. Because this program prioritizes tenants with subsidized housing, referred tenants in unsubsidized housing get assistance on a consultation basis. In fact, 39.7% of consults were living in unsubsidized housing (Table 22, page 54).

Throughout FY09, Western MA consistently had a waiting list. The average monthly waiting list was 13.7 tenants and ranged from a low of 9 tenants in November 2008 to 26 tenants in June 2009. Although it is unclear how many of these

tenancies were eventually opened as TPP cases, the consult data demonstrate that 27.3% of the 88 consults were assisted while on the waiting list for services (Table 21, page 51).

Case duration among Western MA tenants is greater than the average for all programs (190.1 mean days, compared to 148.8 mean days), with more than one-half (53.9%) of cases lasting less than six months (Table 27, page 61). However consult duration is shorter (16.0 mean days, compared to 42.5 mean days). In fact, 85.9% of consults were open for less than one month. Western MA documented the second highest mean days of service per case after Boston, but the highest mean hours of service per case of all the programs (44.0 hours of service per case, compared to the overall mean of 24.8 hours) (Table 29, page 63).

Despite its intensive effort, Western MA has the lowest tenancy preservation, or more accurately, the lowest housing rate of the six programs (Table 33, page 69). While it is impossible to definitively pinpoint the cause of this lower success rate, there are number of tenant characteristics that may provide some clues.

Of all the programs, Western MA serves the highest proportion of linguistically isolated tenants, with 17.5% being primarily Spanish speakers (Figure 6, page 20). Similar to Boston, this program served a significant number of tenants with histories of homelessness (43.5%) and chronic homelessness (17.5%) (Figure 7, page 21). In terms of disability, 90.9% of all cases had a tenant with mental illness, which is significantly higher than all other programs (Figure 11, page 24). Western MA also had the highest proportion of substance abusers of all programs. Furthermore, Western MA was the most likely of the programs to report tenants with co-occurring (40.5%) and tri-occurring disabilities (14.4%) (Figure 12, page 25). While all of the programs clearly serve vulnerable populations, the Western MA data suggest that their cases may be more severely comprised than other programs.

Worcester MA

Evaluation data gathered from Worcester TPP suggest that, in many ways, Worcester is the average program. For the most part, this program does not have many unique features or surprising findings to speak of. Overall, tenant characteristics resemble that of all programs combined, as do case outcomes.

In terms of case eligibility, Worcester TPP is similar to Boston in that opening cases depends on establishing preservability, particularly in the area of securing landlord and tenant willingness to work with the program. Because the Worcester Court does not order compliance with TPP, Worcester has the highest percentage of consults that were considered ineligible because of the landlord's unwillingness to work with the program (17.3% of Worcester consults, compared to 11.0% overall) (Table 21, page 51). Worcester and Boston were the only programs to have a significant proportion of consults opened due to landlord unwillingness to work with TPP.

There is very little overlap between Worcester cases and consults, meaning that relatively few consults eventually become cases. According to FY09 data, fewer than 10% of the 137 completed consults went on to become TPP cases (Table 20, page 48). One of the interesting findings related to Worcester's consults is that they had the highest percentage of tenants not eligible to become cases due to not meeting core program criteria related to disability—12.8% of consults lacked a disability and 17.9% of consults had a disability that was not related to the lease violation (Table 21, page 51). This suggests that Worcester receives referrals from sources that may not be clear about TPP eligibility or who are less stringent about identifying a disability prior to making the referral.

In terms of overall workload, Worcester is very much the average. However, in terms of effort, the data demonstrate fewer documented days of service and hours compared to other programs (Table 29, page 63). In part, this may be due to having the shortest mean case duration of the programs. Nearly two-thirds (64.3%) of Worcester cases were open

for less than two months, which is significantly higher than all other programs (Table 27, page 61). However, the comparatively low documented effort may also be related to staffing issues.

In the early months of data collection, Worcester TPP experienced a number of significant staff changes. Several staff left, including the project director. As a result, some of the early data gathered on the program may not truly reflect the amount of time and effort devoted to cases once the program was fully operational with a new director and a full compliment of staff.

Tenancy Preservation Program Cost

The total FY09 TPP budget was just under \$1.7 million. With those funds, TPP employed approximately 25 staff across the Commonwealth. While much of the recognized efforts of TPP focus on work with tenants who become cases, this report clearly establishes that the programs have a much greater reach. Not only do the programs serve TPP cases, but they also work with tenants on a consultation basis, as well as provide technical assistance and support to the court and other providers on matters related to housing but unrelated to the core mandate of TPP. The amount of effort expended on the latter is not quantified by any of the programs. As a result, considering the cost of implementing TPP is limited to case and consult services.

Over the course of FY09, TPP assisted 499 tenancies as cases and 649 tenancies through consultation services. Given that 19% of consults became cases (n=125), the actual number of unique tenancies assisted during FY09 was 1,023 (499 cases and 524 consults that did not become cases).

**Table 37: Costs by Program Site
FY09 Cases and Consults**

	<u>Program Site</u>						
	Berkshire	Boston	Northeast	Southeast	Western MA	Worcester	All Programs
FY09 Budget	\$109,000	\$381,254	\$146,000	\$337,480	\$452,216	\$244,655	\$1,670,605
FY09 Number of Cases	61	83	33	117	117	88	499
FY09 Number of Non-case Consults	48	95	20	179	55	127	524
FY09 Unique Tenancies	109	178	53	296	172	215	1,023
Percent Effort on Cases	96%	44%	70%	65%	93%	73%	71%
Percent Effort on Consults	4%	56%	30%	35%	7%	27%	29%
Case Budget	\$104,640	\$167,752	\$102,200	\$219,362	\$420,561	\$178,598	\$1,186,130
Consult Budget	\$4,360	\$213,502	\$43,800	\$118,118	\$31,655	\$66,057	\$484,475
Cost per Case	\$1,715	\$2,021	\$3,097	\$1,875	\$3,595	\$2,030	\$2,377
Cost per Consult	\$91	\$2,247	\$2,190	\$660	\$576	\$520	\$925
Cost per Unique Tenancy	\$1,000	\$2,142	\$2,755	\$1,140	\$2,629	\$1,138	\$1,633

On average, programs spent approximately 71% of documented time serving cases and 29% of time serving consults. As shown in Table 37, if the overall budget were allocated using these proportions, TPP spent approximately \$1,186,130 serving cases in FY09 and \$484,475 serving consults during the same period. Using these budget figures, the cost per case (case budget/number cases) was \$2,377 and the cost per consult (consult budget/number consults) was \$925.

The percentages of documented effort on cases and consults varied considerably across programs. For instance, nearly all of Berkshire's time was spent serving cases, while more than half of Boston's documented time went to serving consults. In fact, Boston was the only program to expend more effort on consults than cases. The variation in the percentages of time devoted to cases and consults, as well as the overall workloads for each program affect each program's cost per case and consult.

Cost per tenancy figures provide an overview of average expenditures across programs. However, this information does not suggest what might be driving the cost. Using FY09 case contact data, and the 71% of the FY09 budget devoted to serving cases, a case-by-case cost was calculated for each of the 499 cases served. Having a specific case-by-case cost allows for the comparison of costs by tenant and case characteristics.

As shown in Table 38, cost per case did not vary by the householder's gender. However, among all cases, households without children were more costly than those with children. Furthermore, cost per case was higher among householders who primarily speak a language other than English. This may be related to the need for translation services driving up effort and expense.

In terms of the three severity measures, householders with a history of homelessness and those with multiple disabilities are no more expensive to serve than those who have never been homeless or who have a single disability. However, tenancies that were at risk for lease violations other than non-payment of rent or utilities were significantly more expensive to than cases where non-payment was an issue. In other words, tenancies at-risk due to behavioral issues required more effort than non-payment cases, and therefore were more costly.

Table 38: FY09 Cost Comparison by Tenant Characteristics
Case Data 7/1/2008 – 6/30/2009

	FY09 Cases	
	Number	Cost
Tenancies	499	\$2,377
Gender		
Female	373	\$2,343
Male	126	\$2,463
Household Composition		
Households with Children	237	\$2,130
Households without Children	262	\$2,593
Language		
English	454	\$2,320
Spanish / Other*	45	\$2,912
Ever Homeless		
Never Homeless	348	\$2,361
History of Homelessness	151	\$2,400
Disability		
Single HOH Disability	295	\$2,390
Co-occurring / Tri-occurring Disability	197	\$2,370
Presenting Problem		
Including Non-payment or Non-payment Only	300	\$2,098
Problem Does Not Include Non-payment	199	\$2,788
* This category includes four householders who primarily spoke a language other than Spanish, including French, Russian, Portuguese, and Haitian Creole.		

Knowing the cost per case does not on its own demonstrate cost effectiveness. The most compelling studies about cost effectiveness related to housing are those that measure cost avoidance. For instance, Culhane's study of chronically homeless individuals tracked publicly-funded service utilization among 4,679 homeless individuals for two years prior to permanent supportive housing and two years following being housed. In doing so, the study demonstrated that

spending X dollars on housing and supportive services offset significant public dollars elsewhere. Cost studies of prevention programs are far more challenging in that rather than comparing what actually occurred pre- and post-intervention, the comparison is of the cost of prevention activities to the cost of the possible negative outcome, in this case homelessness or housing instability as a result of eviction.

In addition, a major barrier in documenting TPP's cost effectiveness is the fact that there is simply no information about evictions at the local, state, or national level. While the number of evictions initiated each year is known, there is no system to track the number of evictions executed, how many resulted in unstable housing or absolute homelessness, or the consequences of the eviction, including public costs resulting from housing instability or homelessness. Without this information, one can only speculate about the cost savings associated with preserving the tenancies of TPP eligible tenants or assisting them as they move into more appropriate housing. The following discussion outlines some of the likely costs associated with eviction and homelessness:

Eviction, whether or not it results in homelessness, is costly to tenants, landlords, and communities. Tenants experience the disruption and instability associated with the eviction, and may incur costs related to moving and loss of property. Tenants of subsidized housing risk losing a scarce affordable housing option; this is of particular concern for a majority of TPP cases and consults. Landlords are saddled with the cost of the eviction, court filing fees, attorneys' fees, sheriff's fees, lost work days for court hearings, moving costs, and storage costs for belongings, as well as any repairs and vacancy costs of the rental unit. Communities and governments support the judicial system, as well as the public resources required for emergency assistance.

The characteristics of the TPP population and their risk factors for homelessness suggest that:

- Without intervention, this group is at high risk of eviction
- For nearly 85% of cases and 56% of consults, an eviction is likely to result in an immediate loss of subsidy or, at minimum, jeopardizes the long-term security of the subsidy
- Loss of subsidy creates a substantial barrier to rapid re-housing
- Barriers to rapid re-housing often result in the need for emergency shelter or, when that is not an option, extremely unstable or unsafe housing (e.g., couch surfing, over-crowded living situations, substandard housing, on-the-street homelessness)

Considering that one's inability to access affordable housing is a primary predictor of homelessness and that research suggests housing subsidies are a key factor in reducing and ending homelessness for families, the loss of a housing subsidy certainly contributes to the probability of relying on unstable housing or becoming homeless.

According to the Report of the Special Commission Relative to Ending Homelessness in the Commonwealth, in 2007, DTA provided shelter to 5,000 families, representing roughly 5,000 adults and 10,000 children at an average cost of \$98 per night. Culhane's research using DTA records documented average family shelter stays ranging from 105 days for temporary shelter users to 444 days among long-stay shelter users, resulting in costs of \$11,550 for the shortest-term users and nearly \$50,000 for the long-term users.³⁶

Of the 499 FY09 TPP cases, 237 were families. This amounts to approximately 48% of the FY09 TPP case budget spent serving families (\$569,342). At a cost of \$110 per shelter night, \$569,342 purchases a total of 5,176 family shelter nights. In other words, the case budget spent serving families is equal to sheltering 49 temporary use families for an average of 105 nights or 12 longer-term shelter families for an average of 444 nights.^x

^x Calculations based on \$110 per night for family shelter as documented in Culhane's "Testing a Typology of Family Homelessness Based on Patterns of Public Shelter Utilization in Four US Jurisdictions: Implications for Policy and Program Planning." This comparison is intended to illustrate the cost differential between homelessness prevention and emergency shelter. DHCD regulations state that eviction from subsidized housing would make a household ineligible for DHCD-funded, family shelter; the majority of TPP-served households live in subsidized housing.

Of the 237 families served in FY09, 165 were closed cases as of the end of the fiscal year. At a cost of \$2,130 per family, TPP was able to stabilize housing for 143 of the 165 families served. This equals housing stabilization for nearly 87% of families served.

The Special Commission's Report further documented that an estimated 24,000 individuals are homeless annually in Massachusetts and that providing shelter to a single homeless adult costs an average of \$1,000 per month (\$32 per night) on average. The Commission noted that this amount does not include any case management or other services that a shelter program provides, nor does it include the high costs of health related expenses.

Of the 262 tenants without children served in FY09, 184 were closed cases as of the end of the fiscal year. At a cost of \$2,593 per household without children, TPP was able to stabilize 149 of the 184 tenants served. This equals housing stabilization for 81% of tenants without children.

Homelessness and unstable or unsafe housing have negative consequences on the health and wellbeing of adults and children and these consequences have costs. Homelessness and housing insecurity adversely effect mental health. This is of particular concern considering the mental health issues faced by many TPP tenants. Research has documented high levels of stress among evicted families,³⁷ as well as emotional and mental health issues, including stress and anxiety, depression, and hopelessness.³⁸

Numerous studies have documented the relationship between homelessness and housing instability and frequent use of emergency departments.^{39 40} The 2009 MHSA *Home & Healthy for Good* report sites data from Boston Health Care for the Homeless Program showing that the "over a five year period, a cohort of 119 street dwellers accounted for an astounding 18,384 emergency room visits and 871 medical hospitalizations."⁴¹ The report also documents that "the average annual health care cost for individuals living on the street was **\$28,436**, compared to **\$6,056** for individuals in the cohort who obtained housing."

In 2005, the Child Health Impact Working Group noted that children experiencing homelessness or housing instability "often lack primary pediatric care, including immunizations, and lead and tuberculosis screening, and are more likely to have increased emergency department visits or hospitalizations."⁴² The report also documented higher rates of "educational problems, including special education use and grade repetition, at an increased cost of \$6,700 and \$6,800, respectively, per child." Furthermore, "children whose families lack secure housing are more likely to be hungry and in poor health."⁴³

Evictions are costly to landlords who are burdened with court filing fees, attorney's fees, sheriff's fees, lost work days for court hearings, moving costs, and storage costs for belongings, as well as any repairs and vacancy costs of the rental unit. In January 2008, Project Hope developed an estimate of the cost to landlords of evicting tenants.⁴⁴ According to their calculations, the cost to landlords is between \$4,500 and \$6,500 using the following estimates:

Legal fees	\$1,200
Court costs	\$250
Staff overtime	\$450
Moving costs	\$950
Storage fees	\$900
Constable fees	\$125
Lost rent	\$1,750
Unit repairs	\$900
TOTAL	\$6,525

A conservative revision of Project Hope's estimate that limits lost rent to \$550 for a single, elderly, or disabled person and \$1,000 for a family; limits court costs to the \$135 Summary Process fee; reduces by half the estimates for legal fees, moving costs, storage fees, and unit repairs; and removes staff overtime places the out-of-pocket cost for eviction as ranging from \$2,800 to \$3,200. A similar estimate of \$3,000 was developed by the Pioneer Institute, a landlords' rights group. However, their estimate limited costs to lost rent, legal fees, and rehabbing the unit for next tenant.

All other possible consequences and costs aside, if the 143 families whose tenancy was preserved were evicted and needed emergency shelter for 15 weeks at \$110 per day, the most conservative cost of those evictions (\$3,000 loss to landlord and \$11,500 for 105 days of shelter) is \$2,073,500. This is more than the entire FY09 TPP budget.

Conclusion and Recommendations

The need for TPP services is greater than program capacity.

- The 2007 American Community Survey estimates that 11.4% of adults aged 21 to 64 years in Massachusetts have a disability. Even excluding the elderly and having a more conservative definition of disability than used for TPP, if this percent were applied to the number of disposed eviction cases (FY08 = 23,441) then it is possible that nearly 2,600 eviction cases could be eligible for TPP services. By comparison, TPP was able to serve 499 cases in FY09.
- Five of the six programs had a waiting list for services during all or some part of FY09.
- During FY09, TPP opened 652 consultations. In general, consultation occurs when TPP workers are unable to open a case. In some situations, caseloads preclude staff from opening an additional case and minimal services are provided while the tenant is on the waiting list. In other situations, tenants do not meet program eligibility criteria, but TPP workers feel duty-bound to provide assistance due to the nature of the circumstances or until eligibility can be established. Regardless, the frequency of requests for assistance and the nature of the consultations speak directly to existing gaps in services. In addition to issues of staff capacity, the nature of consultations indicate the following service gaps, including the lack of:
 - housing search and placement services for those eligible tenants who first come to TPP when preserving the tenancy is no longer an option.
 - services for tenants experiencing extremely tragic circumstances, but lacking a disability that would trigger the use of reasonable accommodation. Due to the current economic climate and increasing frequency of foreclosures among landlords, requests for assistance of this nature appear to be on the rise.
 - capacity to address the “early warning” referrals coming directly from landlords, management companies, housing authorities, and community agencies that are increasingly contacting TPP at the first sign of a troubled tenancy.
 - expertise among frontline case workers in Massachusetts who lack the knowledge or experience necessary to assist clients facing eviction.
 - services for homeowners facing foreclosure.

Several significant inconsistencies exist across programs that may result in unequal access to TPP services. Specific inconsistencies that merit consideration and possible modification include:

- Eligibility criteria related to preservability with particular attention to issues of tenant and landlord willingness to engage with TPP
- Identification by the court of TPP at the beginning of Summary Process sessions
- Protocols for managing eligible wait listed tenants with particular focus on the role of consultations
- Practices related to caseloads and case duration with a particular focus on the role of consultations

Demonstrating TPP’s effectiveness in achieving outcomes that result in a significant return on investment requires a better understanding of evictions in the Commonwealth. To that end, the SSC should explore strategies for tracking evictions, including:

- The number of evictions, the characteristics of those evicted, and the consequences of eviction.

Appendix A: Data Collection Forms and Site Visit Protocols

- Site Visit Protocol
- Court Observation Protocol and Form
- Active and New Case Form
- Monthly Contact Log
- Consult Log

Tenancy Preservation Program Site Visit Protocol

Purpose of Site Visit

One of the core questions to be addressed by the TPP evaluation entails understanding the core program components of TPP and how the components vary across sites. Understanding the similarities and differences across programs will help to determine the extent to which certain program characteristics are more or less likely to achieve positive outcomes. In order to understand and document each program's unique characteristics and approaches to implementation, site visits will be conducted with TPP staff and the Local Advisory Boards.

The purpose of the site visits is to:

1. Collect site-specific information from Local Advisory Board members about the goal, implementation, and impact of TPP.
2. Collect site-specific detailed information from TPP staff about how the program is implemented. Specific areas of interest include: referral sources, eligibility requirements, relationship to Housing Court, provision of case management services, closing cases, role of Local Advisory Board.

Local Advisory Board Questions

1. What is the composition of the Local Advisory Board? How often does it meet? Are staff involved in the meetings?
2. What is the role of the Local Advisory Board?
3. How are TPP staff included in Board activities?
4. Are there ways in which the role of the board could be expanded or improved to better support TPP?
5. Based upon your current understanding, what is the goal of TPP?
6. From which individuals or entities does TPP accept referrals?
7. How does TPP determine eligibility? What are the eligibility requirements?
8. What is TPP's relationship to Housing Court?
9. What services does TPP provide to assist in the preservation of a tenancy?
10. Does TPP maintain a waiting list? If so, what is your understanding of how it is managed and its current status?

Tenancy Preservation Program Site Visit Protocol

Program Director and Staff Questions

1. What is the goal of TPP?
2. Describe the structure of your TPP Team. How many staff? Are you based in a single site? Do multi-site programs work as a team?
3. Describe how you come to learn about tenants who may be eligible for and in need of TPP services. Please describe all the ways in which you might hear about an individual in need of services.
4. From which individuals or entities does TPP accept referrals? Please try to list all possible sources of referrals. Overall, from whom do you receive the most referrals?
5. Do you receive referrals directly from Housing Court? From whom in the court do you receive referrals (e.g., Judges, Housing Specialists, Clerks Department)? From whom in the court do you receive the most referrals?
6. How do referral sources generally identify appropriate tenants to refer? How does the Court identify referrals?
7. What are your eligibility requirements? How do you define tenancy that can be preserved?
8. How do you determine eligibility? Do you use a standard assessment? Does determining eligibility require a face-to-face meeting?
9. Please describe the difference between a case and a consult.
10. Do you differentiate between types of consults (e.g., meeting versus telephone or discussion versus referral)?
11. Thinking about direct involvement in court cases, are the cases generally summary judgment or civil? Does the type of case affect your work on the case? If so, how?
12. At what point in the court process does TPP usually get involved (e.g., mediation, trial, post-judgment). At what point do you feel you are most effective?
13. How are TPP recommendations implemented by the Court? Are recommendations explicitly or implicitly written into agreements? Are TPP recommendations implemented over the objections of either party?
14. Does the court order status checks for TPP-involved cases? How are these checks implemented? How does the Court react if a tenant violates an agreement involving a TPP service plan?

Tenancy Preservation Program Site Visit Protocol

15. Please describe case management services provided to tenants once they become an active TPP case. Try to describe all of the services you directly provide and indirectly provide through referrals.
16. How do you determine when to close a case?
17. Once a case is closed, do you follow-up with individual tenants or landlords? If so, how often?
18. Does your program have a waiting list? How is the list managed? Do you have any contact with or provide assistance to individuals on the waiting list?
19. What is the composition of the Local Advisory Board? How often does it meet? Are staff involved in the meetings?
20. What is the role of the Local Advisory Board? Do you find the Board useful? Are there ways in which the role of the board could be expanded or improved to better support TPP?

Court Visit Protocol

Purpose of Site Visit:

One of the vital questions to be addressed by the TPP evaluation involves understanding the role of TPP in Housing Court and the relationship between TPP and the Housing Court. As learned from site visits and data collection, the role of TPP and relationship between TPP and the Housing Court varies significantly across the six program sites. Understanding the similarities and differences across programs of this essential working relationship will help give the Donahue Institute a clearer and more inclusive picture of the program. In order to understand and document each program's unique working relationship with the Housing Court in their county, court room visits / TPP staff shadowing will be conducted in at least one of the Housing Court sessions in each county of Massachusetts.

Example Documentation of Activities

Estimated Duration: 3 hours

Time	Location	Activity
Start Time 9:00	Hallway outside court room	Talking with clerk about roster
9:09	Courtroom	Observing as plaintiffs and defendants enter. Waiting for judge to enter.
9:20	Courtroom	Judge enters and gives instruction to the court.
9:35 – 10:15	Courtroom	Observing proceedings
10:15 – 10:45	Mediation Room	TPP participates in mediation for referred tenant.

TPP Housing Court Observation Form

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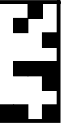
Housing Court

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Date of Housing Court Observation

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<p>Kind of Contact / Interaction:</p> <p><input type="radio"/> Courthouse Obs. (halls/meeting rooms)</p> <p><input type="radio"/> Courtroom Obs. (not in session)</p> <p><input type="radio"/> Courtroom Obs. (in session)</p> <p><input type="radio"/> Brief Conversation / Consult with Court</p> <p><input type="radio"/> Brief Conversation / Consult with Others</p> <p><input type="radio"/> Mediation / Agreement</p> <p><input type="radio"/> Court Proceeding (active participant)</p> <p><input type="radio"/> Brief Intervention/Consult with Tenant</p> <p><input type="radio"/> Intake/Assessment</p> <p><input type="radio"/> Casework with Active Case or Consult</p> <p><input type="radio"/> Paperwork/Administrative</p> <p><input type="radio"/> No Activity</p> <p><input type="radio"/> Other</p>	<p>Time:</p> <table border="1"> <tr> <td></td><td></td><td>:</td><td></td><td></td> </tr> <tr> <td></td><td></td><td>:</td><td></td><td></td> </tr> </table> <p>Duration:</p> <table border="1"> <tr> <td></td><td></td><td></td> </tr> </table> <p>About Who?</p> <p><input type="radio"/> Referral</p> <p><input type="radio"/> Case</p> <p><input type="radio"/> Consult</p> <p><input type="radio"/> Other</p>			:					:						<p>Initiated by:</p> <p><input type="radio"/> TPP</p> <p><input type="radio"/> Judge</p> <p><input type="radio"/> Court Staff</p> <p><input type="radio"/> Landlord</p> <p><input type="radio"/> LL Attorney</p> <p><input type="radio"/> Tenant</p> <p><input type="radio"/> T Attorney</p> <p><input type="radio"/> Provider</p> <p><input type="radio"/> Municipal</p> <p><input type="radio"/> State</p> <p><input type="radio"/> Other</p>	<p>Parties Involved:</p> <p><input type="radio"/> TPP</p> <p><input type="radio"/> Judge</p> <p><input type="radio"/> Court Staff</p> <p><input type="radio"/> Landlord</p> <p><input type="radio"/> LL Attorney</p> <p><input type="radio"/> Tenant</p> <p><input type="radio"/> T Attorney</p> <p><input type="radio"/> Provider</p> <p><input type="radio"/> Municipal</p> <p><input type="radio"/> State</p> <p><input type="radio"/> Other</p>	<p>Description:</p>
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<p>Kind of Contact / Interaction:</p> <p><input type="radio"/> Courthouse Obs. (halls/meeting rooms)</p> <p><input type="radio"/> Courtroom Obs. (not in session)</p> <p><input type="radio"/> Courtroom Obs. (in session)</p> <p><input type="radio"/> Brief Conversation / Consult with Court</p> <p><input type="radio"/> Brief Conversation / Consult with Others</p> <p><input type="radio"/> Mediation / Agreement</p> <p><input type="radio"/> Court Proceeding (active participant)</p> <p><input type="radio"/> Brief Intervention/Consult with Tenant</p> <p><input type="radio"/> Intake/Assessment</p> <p><input type="radio"/> Casework with Active Case or Consult</p> <p><input type="radio"/> Paperwork/Administrative</p> <p><input type="radio"/> No Activity</p> <p><input type="radio"/> Other</p>	<p>Time:</p> <table border="1"> <tr> <td></td><td></td><td>:</td><td></td><td></td> </tr> <tr> <td></td><td></td><td>:</td><td></td><td></td> </tr> </table> <p>Duration:</p> <table border="1"> <tr> <td></td><td></td><td></td> </tr> </table> <p>About Who?</p> <p><input type="radio"/> Referral</p> <p><input type="radio"/> Case</p> <p><input type="radio"/> Consult</p> <p><input type="radio"/> Other</p>			:					:						<p>Initiated by:</p> <p><input type="radio"/> TPP</p> <p><input type="radio"/> Judge</p> <p><input type="radio"/> Court Staff</p> <p><input type="radio"/> Landlord</p> <p><input type="radio"/> LL Attorney</p> <p><input type="radio"/> Tenant</p> <p><input type="radio"/> T Attorney</p> <p><input type="radio"/> Provider</p> <p><input type="radio"/> Municipal</p> <p><input type="radio"/> State</p> <p><input type="radio"/> Other</p>	<p>Parties Involved:</p> <p><input type="radio"/> TPP</p> <p><input type="radio"/> Judge</p> <p><input type="radio"/> Court Staff</p> <p><input type="radio"/> Landlord</p> <p><input type="radio"/> LL Attorney</p> <p><input type="radio"/> Tenant</p> <p><input type="radio"/> T Attorney</p> <p><input type="radio"/> Provider</p> <p><input type="radio"/> Municipal</p> <p><input type="radio"/> State</p> <p><input type="radio"/> Other</p>	<p>Description:</p>
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Post-Observation Questions

1. Categorize approach of TPP staff. Was worker recognized by those present in the court house? Was the worker approachable? Did worker initiate involvement or wait for a request for assistance?
2. Did the TPP worker seem to have an established routine? Were tasks or appointments (e.g. mediations, hearings, meetings) pre-arranged? Does the worker know in advance how many mediations or court cases will be heard that day? If yes, do they know how many they might be asked to get involved with?
3. When not engaged in an activity, how did the worker make use of the time?
4. Who was responsible for identifying tenants with disabilities? Was there a consistent or systematic process for identifying tenants with disabilities?
5. What information or other cues does the judge and/or court personnel use to identify tenants with disabilities?
6. Did the court initiate questioning about the presence of a disability?
7. What role does TPP play in identifying tenants with disabilities/referrals? What specific information or other cues are used to identify a possible disability?
8. Describe the mediation process. When participating in mediation, what is the role of the TPP worker (observer, consultant, advocate, reviewer of agreement)? Does the role vary by the type of tenant (referral versus case versus consults)?
9. If “working with TPP” is part of an agreement and the tenant turns out to be ineligible for the program, what happens to the agreement?
10. When pulled into a courtroom hearing, what is the role of the TPP worker (observe, consult, advocate, monitor)? Does the role vary by the type of tenant (referral versus case versus consult)?
11. What is the process for TPP involvement in mediations or hearings? Do they need to be asked to participate by court or are they free to initiate involvement if it seems appropriate?
12. To what extent is TPP asked for assistance with issues, mediations, or court hearings that don't seem TPP related? For instance, do court personnel regularly request help with a “clinician / social worker's” perspective, even though the case is obviously not TPP related?
13. Describe the TPP worker's actions when in a monitoring or reporting role.
14. Describe worker's interactions with other people who are involved with or there in support of the tenant.
15. Does TPP appear neutral? Provide examples of neutrality.

Questions for TPP

1. Are tasks or appointments (e.g. mediations, hearings, meetings) pre-arranged? Do you know in advance how many mediations or court cases will be heard that day? If yes, do you know how many you might be asked to get involved with?
2. Who is responsible for identifying tenants with disabilities? Is there a consistent or systematic process for identifying tenants with disabilities?
3. What information or other cues does the judge and/or court personnel use to identify tenants with disabilities?
4. Does the court initiate questioning about the presence of a disability?
5. What role does TPP play in identifying tenants with disabilities/referrals? What specific information or other cues do you use to identify a possible disability?
6. Describe the mediation process. When participating in mediation, what role do you play (observer, consultant, advocate, reviewer of agreement)? Does TPP handle mediation differently by the “type” of tenant (referral versus case versus consult)?
7. If “working with TPP” is part of an agreement and the tenant turns out to be ineligible for the program, what happens to the agreement? Do you follow-up in any way with that tenant even though you cannot open a case for him/her?
8. When pulled into a courtroom hearing, what is the role of TPP (observe, consult, advocate, monitor)? Does TPP handle the situation differently by the “type” of tenant (referral versus case versus consult)?
9. What is the process for TPP involvement in mediations or hearings? Do you need to be asked to participate by court or are you free to initiate involvement if it seems appropriate?
10. To what extent is TPP asked for assistance with issues, mediations, or court hearings that don’t seem TPP related? For instance, do court personnel regularly request help with a “clinician / social worker’s” perspective, even though the case is obviously not TPP related?



11146

TPP Active and New Cases Form

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TPP Unique ID:

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Date completed:

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Referral Date:

--	--

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Intake date:

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1. Source of Referral

- ☐ Housing Court
☐ MassHousing site
☐ Local Housing Authority
☐ Legal Services
☐ Community-based Service Provider
☐ Self
☐ Other _____

2. Timing of Referral

- ☐ Before Notice to Quit
☐ After Notice to Quit (but before Summons)
☐ After Summons and Complaint issued
☐ Post Eviction Order
☐ Other _____

3. Type of Housing

- ☐ MassHousing
☐ Local Housing Authority
Specify: _____
☐ Project-based subsidized
☐ Individual subsidy
☐ Unsubsidized
☐ Other _____

4. Presenting Problem (select all)

- ☐ Nonpayment of rent
☐ Nonpayment of utilities
☐ Unsanitary conditions
☐ Damage, vandalism, destruction of property
☐ Safety concerns (unsafe smoking, cooking, etc.)
☐ Hoarding
☐ Violent behavior
☐ Conflict with or threats against neighbors/staff
☐ Unauthorized occupants
☐ Behavior of guests
☐ Criminal activity
☐ Foreclosure
☐ Condemnation
☐ Noncompliance with administrative requirements
☐ Failure to recertify
☐ Other _____

5. Has the tenant ever experienced domestic violence?

- ☐ Yes
☐ No
☐ Not sure

6. HOH: History of Homelessness

- ☐ Never homeless (skip to Q9)
☐ 1 previous episode
☐ 2 previous episodes
☐ 3 previous episodes
☐ 4+ previous episodes

7. HOH: Ever homeless for 12 consecutive months

- ☐ Yes
☐ No

8. HOH: Number times homeless in the last 3 years

- ☐ 1
☐ 2
☐ 3
☐ 4+

9. HOH: Gender

- ☐ Female
☐ Male
☐ Transgender

10. HOH: Age

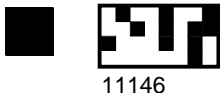
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 years**11. HOH: Race or Ethnicity**

- ☐ African American / Black
☐ American Indian or Alaska Native
☐ Asian
☐ Latino
☐ Native Hawaiian / Pacific Islander
☐ White
☐ Other _____

12. HOH: Primary Language

- ☐ English
☐ Spanish
☐ Other _____



TPP Active and New Cases Form

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TPP Unique ID:

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Date completed:

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13. Is HOH a veteran?

- ☐ Yes
☐ No

14. Family Composition

- ☐ Single
☐ 1 adult HOH with child(ren)
☐ 2 adult HOHs with child(ren)
☐ Couple, no children

15. Number of Children in Household

--	--

 # of minor children (17 years old or younger)

--	--

 # of adult children (18 years old or older)

	Head of Household	Adult 2 (inc children >18)	Adult 3 (inc children >18)
Relationship to HOH	self	<input type="radio"/> Adult child <input type="radio"/> Spouse/Partner <input type="radio"/> Girlfriend/boyfriend <input type="radio"/> Relative <input type="radio"/> Friend <input type="radio"/> Other: _____	<input type="radio"/> Adult child <input type="radio"/> Spouse/Partner <input type="radio"/> Girlfriend/boyfriend <input type="radio"/> Relative <input type="radio"/> Friend <input type="radio"/> Other: _____
Directly involved in Dispute	<input type="radio"/> Yes (If yes, complete below) <input type="radio"/> No	<input type="radio"/> Yes (If yes, complete below) <input type="radio"/> No	<input type="radio"/> Yes (If yes, complete below) <input type="radio"/> No
Disability (select all that apply)	<input type="radio"/> Substance abuse <input type="radio"/> Mental illness <input type="radio"/> DMH eligible or likely <input type="radio"/> PTSD <input type="radio"/> Mental Retardation / Developmental disability <input type="radio"/> Age-related (dementia) <input type="radio"/> HIV/AIDS <input type="radio"/> Physical disability <input type="radio"/> Other: _____	<input type="radio"/> Substance abuse <input type="radio"/> Mental illness <input type="radio"/> DMH eligible or likely <input type="radio"/> PTSD <input type="radio"/> Mental Retardation / Developmental disability <input type="radio"/> Age-related (dementia) <input type="radio"/> HIV/AIDS <input type="radio"/> Physical disability <input type="radio"/> Other: _____	<input type="radio"/> Substance abuse <input type="radio"/> Mental illness <input type="radio"/> DMH eligible or likely <input type="radio"/> PTSD <input type="radio"/> Mental Retardation / Developmental disability <input type="radio"/> Age-related (dementia) <input type="radio"/> HIV/AIDS <input type="radio"/> Physical disability <input type="radio"/> Other: _____
Receiving ANY Services	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No



11146

TPP Active and New Cases Form

TPP Unique ID: Date completed: / /

	Child 1	Child 2	Child 3
Gender	<input type="radio"/> Female <input type="radio"/> Male	<input type="radio"/> Female <input type="radio"/> Male	<input type="radio"/> Female <input type="radio"/> Male
Age	<input type="text"/> years	<input type="text"/> years	<input type="text"/> years
Directly involved in Dispute	<input type="radio"/> Yes (If yes, complete below) <input type="radio"/> No	<input type="radio"/> Yes (If yes, complete below) <input type="radio"/> No	<input type="radio"/> Yes (If yes, complete below) <input type="radio"/> No
Disability (select all that apply)	<input type="radio"/> Mental illness <input type="radio"/> DMH eligible or likely <input type="radio"/> Mental Retardation / Developmental Disability <input type="radio"/> Physical disability <input type="radio"/> Other: _____	<input type="radio"/> Mental illness <input type="radio"/> DMH eligible or likely <input type="radio"/> Mental Retardation / Developmental Disability <input type="radio"/> Physical disability <input type="radio"/> Other: _____	<input type="radio"/> Mental illness <input type="radio"/> DMH eligible or likely <input type="radio"/> Mental Retardation / Developmental Disability <input type="radio"/> Physical disability <input type="radio"/> Other: _____
Receiving Services	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

	Child 4	Child 5	Child 6
Gender	<input type="radio"/> Female <input type="radio"/> Male	<input type="radio"/> Female <input type="radio"/> Male	<input type="radio"/> Female <input type="radio"/> Male
Age	<input type="text"/> years	<input type="text"/> years	<input type="text"/> years
Directly involved in Dispute	<input type="radio"/> Yes (If yes, complete below) <input type="radio"/> No	<input type="radio"/> Yes (If yes, complete below) <input type="radio"/> No	<input type="radio"/> Yes (If yes, complete below) <input type="radio"/> No
Disability (select all that apply)	<input type="radio"/> Mental illness <input type="radio"/> DMH eligible or likely <input type="radio"/> Mental Retardation / Developmental Disability <input type="radio"/> Physical disability <input type="radio"/> Other: _____	<input type="radio"/> Mental illness <input type="radio"/> DMH eligible or likely <input type="radio"/> Mental Retardation / Developmental Disability <input type="radio"/> Physical disability <input type="radio"/> Other: _____	<input type="radio"/> Mental illness <input type="radio"/> DMH eligible or likely <input type="radio"/> Mental Retardation / Developmental Disability <input type="radio"/> Physical disability <input type="radio"/> Other: _____
Receiving Services	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No



11146

TPP Active and New Cases Form

TPP Unique ID: Date completed: / /

Prior TPP Involvement Over Past 2 Years - Complete for REPEAT CASES ONLY.


	Case 1 (most recent)	Case 2	Case 3
TPP ID:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Intake date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Discharge date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Housing Type	<input type="radio"/> MassHousing <input type="radio"/> Local Housing Authority Specify: _____ <input type="radio"/> Project-based subsidized <input type="radio"/> Individual subsidy <input type="radio"/> Unsubsidized <input type="radio"/> Other _____	<input type="radio"/> MassHousing <input type="radio"/> Local Housing Authority Specify: _____ <input type="radio"/> Project-based subsidized <input type="radio"/> Individual subsidy <input type="radio"/> Unsubsidized <input type="radio"/> Other _____	<input type="radio"/> MassHousing <input type="radio"/> Local Housing Authority Specify: _____ <input type="radio"/> Project-based subsidized <input type="radio"/> Individual subsidy <input type="radio"/> Unsubsidized <input type="radio"/> Other _____
Presenting Problem (select all that apply)	<input type="radio"/> Nonpayment of rent <input type="radio"/> Nonpayment of utilities <input type="radio"/> Unsanitary conditions <input type="radio"/> Damage, vandalism, destruction of property <input type="radio"/> Safety concerns (unsafe smoking, cooking, heating, etc.) <input type="radio"/> Hoarding <input type="radio"/> Violent behavior <input type="radio"/> Conflict with or threats against neighbors / staff <input type="radio"/> Unauthorized occupants <input type="radio"/> Behavior of guests <input type="radio"/> Criminal activity <input type="radio"/> Foreclosure <input type="radio"/> Noncompliance with administrative requirements <input type="radio"/> Failure to recertify <input type="radio"/> Other _____	<input type="radio"/> Nonpayment of rent <input type="radio"/> Nonpayment of utilities <input type="radio"/> Unsanitary conditions <input type="radio"/> Damage, vandalism, destruction of property <input type="radio"/> Safety concerns (unsafe smoking, cooking, heating, etc.) <input type="radio"/> Hoarding <input type="radio"/> Violent behavior <input type="radio"/> Conflict with or threats against neighbors / staff <input type="radio"/> Unauthorized occupants <input type="radio"/> Behavior of guests <input type="radio"/> Criminal activity <input type="radio"/> Foreclosure <input type="radio"/> Noncompliance with administrative requirements <input type="radio"/> Failure to recertify <input type="radio"/> Other _____	<input type="radio"/> Nonpayment of rent <input type="radio"/> Nonpayment of utilities <input type="radio"/> Unsanitary conditions <input type="radio"/> Damage, vandalism, destruction of property <input type="radio"/> Safety concerns (unsafe smoking, cooking, heating, etc.) <input type="radio"/> Hoarding <input type="radio"/> Violent behavior <input type="radio"/> Conflict with or threats against neighbors / staff <input type="radio"/> Unauthorized occupants <input type="radio"/> Behavior of guests <input type="radio"/> Criminal activity <input type="radio"/> Foreclosure <input type="radio"/> Noncompliance with administrative requirements <input type="radio"/> Failure to recertify <input type="radio"/> Other _____
Outcome	<input type="radio"/> Tenancy preserved <input type="radio"/> More appropriate housing <input type="radio"/> Other housing <input type="radio"/> Institution <input type="radio"/> Family / friends <input type="radio"/> Shelter <input type="radio"/> Street <input type="radio"/> Terminated / non-compliant with TPP <input type="radio"/> Unknown <input type="radio"/> Other _____	<input type="radio"/> Tenancy preserved <input type="radio"/> More appropriate housing <input type="radio"/> Other housing <input type="radio"/> Institution <input type="radio"/> Family / friends <input type="radio"/> Shelter <input type="radio"/> Street <input type="radio"/> Terminated / non-compliant with TPP <input type="radio"/> Unknown <input type="radio"/> Other _____	<input type="radio"/> Tenancy preserved <input type="radio"/> More appropriate housing <input type="radio"/> Other housing <input type="radio"/> Institution <input type="radio"/> Family / friends <input type="radio"/> Shelter <input type="radio"/> Street <input type="radio"/> Terminated / non-compliant with TPP <input type="radio"/> Unknown <input type="radio"/> Other _____

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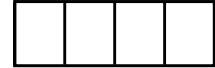
Outcome (If Case is Closed)	Consequences of Lost Tenancy (If Tenancy is NOT Preserved) (select all that apply)	Service Referrals <u>Post</u> Lost Tenancy (select all that apply)
<input type="radio"/> Tenancy preserved <input type="radio"/> More appropriate housing <input type="radio"/> Other housing <input type="radio"/> Institution <input type="radio"/> Family / friends <input type="radio"/> Shelter	<input type="radio"/> Homeless <input type="radio"/> At-risk of homelessness (e.g., doubled-up) <input type="radio"/> Loss of subsidy	<input type="radio"/> Emergency shelter <input type="radio"/> Housing search <input type="radio"/> MH treatment <input type="radio"/> SA Treatment <input type="radio"/> Other: _____
<input type="radio"/> Street <input type="radio"/> Terminated, noncompliant with TPP <input type="radio"/> Unknown <input type="radio"/> Other: _____	<input type="radio"/> Loss of personal property <input type="radio"/> Loss of children <input type="radio"/> Loss of employment <input type="radio"/> Other: _____	

[illegible]



51626

TPP Consult Log



1. Consult ID

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2. Tenant's Gender

☐ Female ☐ Male ☐ Transgender

3. Tenant's Age

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4. Date of Referral

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5. Source of Referral

☐ Housing Court ☐ Self
☐ MassHousing site ☐ Don't know
☐ Local Housing Authority ☐ Other _____
☐ Legal Services _____
☐ Community-based Service Provider

6. Reason NOT Eligible

(select all that apply)

☐ Tenancy not preservable
☐ Insufficient rental funds
☐ Post-eviction order
☐ Other (Specify): _____
☐ No disability
☐ Disability not related to lease violation(s)
☐ Tenant not willing to work with TPP
☐ Landlord not willing to work with TPP
☐ Tenant has services / case worker
☐ Tenant on TPP waiting list
☐ Don't know
☐ Other: _____

7. Type of Housing

☐ MassHousing
☐ Local Housing Authority
Specify: _____
☐ Project-based subsidy
☐ Individual subsidy
☐ Unsubsidized
☐ Don't know
☐ Other _____

8. Presenting Problem

(select all that apply)

☐ Nonpayment of rent
☐ Nonpayment of utilities
☐ Unsanitary conditions
☐ Damage, vandalism, destruction of property
☐ Safety concerns (unsafe smoking, cooking, etc.)
☐ Hoarding
☐ Violent behavior
☐ Conflict with or threats against neighbors/staff
☐ Unauthorized occupants
☐ Behavior of guests
☐ Criminal activity
☐ Foreclosure
☐ Condemnation
☐ Noncompliance with administrative requirements
☐ Failure to recertify
☐ Don't know
☐ Other _____

AT CONCLUSION OF CONSULTATION, COMPLETE QUESTIONS 9-12 AND PROVIDE A NARRATIVE DESCRIPTION AT THE END OF THE FORM.

9. Date of Last Contact

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10. During the course of consultation, Tenant was Referred to:

(Select all that apply)

☐ None - not referred to any services
☐ Emergency shelter ☐ HIV/AIDS services
☐ Housing search ☐ Housing support services
☐ MH services ☐ DSS or DYS services
☐ SA treatment services ☐ Legal services
☐ Home care ☐ Other services: _____
☐ Homemaker _____
☐ MR services

11. Did consultation become an open TPP case?

☐ Yes

Intake date:

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TPP ID:

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☐ No☐ Don't know

12. Outcome

☐ Tenancy preserved ☐ Street
☐ More appropriate housing ☐ Terminated consultation
☐ Other housing ☐ Became a TPP case
☐ Institution ☐ Don't know
☐ Family/friends ☐ Other: _____
☐ Shelter



51626

TPP Consult Log



Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Total Time per Day (in minutes)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Purpose (select all):					
Eligibility Determination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Service Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Landlord Contact	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mediation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Court Appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Court	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referral / Coordination of Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Direct Service Provision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Total Time per Day (in minutes)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Purpose (select all):					
Eligibility Determination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Service Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Landlord Contact	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mediation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Court Appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Court	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referral / Coordination of Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Direct Service Provision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Total Time per Day (in minutes)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Purpose (select all):					
Eligibility Determination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Service Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Landlord Contact	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mediation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Court Appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Court	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referral / Coordination of Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Direct Service Provision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





In the space below, please provide a narrative description of this consultation. What were the circumstances in which you learned about this tenant? Why wasn't the tenant eligible for TPP? Why did you decided to help this person? What services did you provide? What was the outcome of the consultation? Were there services that this tenant needed that were unavailable? Is there anything else unique about this situation that should be noted?

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Appendix B: Workload Tables by Program

- Berkshire TPP
- Boston TPP
- Northeast TPP
- Southeast TPP
- Western MA TPP
- Worcester TPP
- All Programs

Berkshire TPP

Summary of Cases, Consults, and Overall Workload by Month
July 1, 2008 through June 30, 2009

Months	FTE	CASES					CONSULTS					WORKLOAD				
		Cases (C)	C/FTE	Total Hours (CH)	CH/FTE	CH/C	Consults (CN)	CN/FTE	Total Hours (CNH)	CNH/FTE	CNH/CN	Workload (WL)	WL/FTE	Total Hours (WLH)	WLH/FTE	WLH/WL
July	2.0	20.0	10.0	99.0	49.5	5.0	1.0	0.5	0.8	0.4	0.8	21.0	10.5	99.8	49.9	4.8
August	2.0	14.0	7.0	41.0	20.5	2.9	5.0	2.5	3.5	1.8	0.7	19.0	9.5	44.5	22.3	2.3
September	2.0	15.0	7.5	117.5	58.8	7.8	2.0	1.0	2.8	1.4	1.4	17.0	8.5	120.3	60.2	7.1
October	2.0	17.0	8.5	166.5	83.3	9.8	5.0	2.5	12.0	6.0	2.4	22.0	11.0	178.5	89.3	8.1
November	2.0	22.0	11.0	108.8	54.4	4.9	6.0	3.0	6.8	3.4	1.1	28.0	14.0	115.6	57.8	4.1
December	2.0	20.0	10.0	131.0	65.5	6.6	7.0	3.5	8.0	4.0	1.1	27.0	13.5	139.0	69.5	5.1
January	2.0	20.0	10.0	132.3	66.2	6.6	6.0	3.0	11.5	5.8	1.9	26.0	13.0	143.8	71.9	5.5
February	2.0	21.0	10.5	122.8	61.4	5.8	2.0	1.0	3.8	1.9	1.9	23.0	11.5	126.6	63.3	5.5
March	2.0	18.0	9.0	154.5	77.3	8.6	5.0	2.5	4.3	2.2	0.9	23.0	11.5	158.8	79.4	6.9
April	2.0	22.0	11.0	125.5	62.8	5.7	2.0	1.0	1.5	0.8	0.8	24.0	12.0	127.0	63.5	5.3
May	2.0	20.0	10.0	159.5	79.8	8.0	2.0	1.0	4.0	2.0	2.0	22.0	11.0	163.5	81.8	7.4
June	2.0	20.0	10.0	189.3	94.7	9.5	5.0	2.5	5.0	2.5	1.0	25.0	12.5	194.3	97.2	7.8
Average	2.0	19.1	9.5	129.0	64.5	6.8	4.0	2.0	5.3	2.7	1.3	23.1	11.5	134.3	67.2	5.8
Average – Sum divided by number months with data. FTE – Full Time Equivalent		Cases (C) – Cases per Month C/FTE – Cases per Staff Person CH – Case Hours CH/FTE – Case Hours per Staff Person CH/C – Case Hours per Number Cases					Consult (CN) – Consults per Month CN/FTE – Consults per Staff Person CNH – Consult Hours CNH/FTE – Consult Hours per Staff Person CNH/CN – Consult Hours per Number Consults					Workload (WL) – Cases + Consults per Month WL/FTE – Workload per Staff Person WLH – Workload Hours WLH/FTE – Workload Hours per Staff Person WLH/WL – Workload Hours per Workload				

Boston TPP

Summary of Cases, Consults, and Overall Workload by Month
July 1, 2008 through June 30, 2009

Months	FTE	CASES					CONSULTS					WORKLOAD				
		Cases (C)	C/ FTE	Total Hours (CH)	CH/ FTE	CH/C	Consults (CN)	CN/ FTE	Total Hours (CNH)	CNH/ FTE	CNH/ CN	Workload (WL)	WL/ FTE	Total Hours (WLH)	WLH/ FTE	WLH/ WL
July	5.0	26.0	5.2	92.8	18.6	3.6	33.0	6.6	134.8	27.0	4.1	59.0	11.8	227.6	45.5	3.9
August	5.0	29.0	5.8	77.5	15.5	2.7	46.0	9.2	141.3	28.3	3.1	75.0	15.0	218.8	43.8	2.9
September	5.0	32.0	6.4	115.0	23.0	3.6	39.0	7.8	164.5	32.9	4.2	71.0	14.2	279.5	55.9	3.9
October	5.0	30.0	6.0	141.5	28.3	4.7	47.0	9.4	172.5	34.5	3.7	77.0	15.4	314.0	62.8	4.1
November	5.0	25.0	5.0	75.8	15.2	3.0	45.0	9.0	149.3	29.9	3.3	70.0	14.0	225.1	45.0	3.2
December	5.0	28.0	5.6	113.3	22.7	4.0	44.0	8.8	162.0	32.4	3.7	72.0	14.4	275.3	55.1	3.8
January	5.0	29.0	5.8	145.0	29.0	5.0	54.0	10.8	205.0	41.0	3.8	83.0	16.6	350.0	70.0	4.2
February	5.0	38.0	7.6	206.8	41.4	5.4	60.0	12.0	173.8	34.8	2.9	98.0	19.6	380.6	76.1	3.9
March	5.0	41.0	8.2	189.3	37.9	4.6	58.0	11.6	210.5	42.1	3.6	99.0	19.8	399.8	80.0	4.0
April	5.0	43.0	8.6	179.3	35.9	4.2	60.0	12.0	181.0	36.2	3.0	103.0	20.6	360.3	72.1	3.5
May	5.0	45.0	9.0	163.3	32.7	3.6	75.0	15.0	236.8	47.4	3.2	120.0	24.0	400.1	80.0	3.3
June	5.0	47.0	9.4	193.8	38.8	4.1	70.0	14.0	258.5	51.7	3.7	117.0	23.4	452.3	90.5	3.9
Average	5.0	34.4	6.9	141.1	28.2	4.1	52.6	10.5	182.5	36.5	3.5	87.0	17.4	323.6	64.7	3.7
Average – Sum divided by number months with data. FTE – Full Time Equivalent		Cases (C) – Cases per Month C/FTE – Cases per Staff Person CH – Case Hours CH/FTE – Case Hours per Staff Person CH/C – Case Hours per Number Cases					Consult (CN) – Consults per Month CN/FTE – Consults per Staff Person CNH – Consult Hours CNH/FTE – Consult Hours per Staff Person CNH/CN – Consult Hours per Number Consults					Workload (WL) – Cases + Consults per Month WL/FTE – Workload per Staff Person WLH – Workload Hours WLH/FTE – Workload Hours per Staff Person WLH/WL – Workload Hours per Workload				

Northeast TPP

Summary of Cases, Consults, and Overall Workload by Month
July 1, 2008 through June 30, 2009

Months	FTE	CASES					CONSULTS					WORKLOAD				
		Cases (C)	C/ FTE	Total Hours (CH)	CH/ FTE	CH/C	Consults (CN)	CN/ FTE	Total Hours (CNH)	CNH/ FTE	CNH/ CN	Workload (WL)	WL/ FTE	Total Hours (WLH)	WLH/ FTE	WLH/ WL
July	1.75	14.0	8.0	50.8	29.0	3.6	5.0	2.9	19.3	11.0	3.9	19.0	10.9	70.1	40.1	3.7
August	1.75	14.0	8.0	33.0	18.9	2.4	6.0	3.4	9.0	5.1	1.5	20.0	11.4	42.0	24.0	2.1
September	1.5	15.0	10.0	37.5	25.0	2.5	8.0	5.3	16.5	11.0	2.1	23.0	15.3	54.0	36.0	2.3
October	2.0	14.0	7.0	31.5	15.8	2.3	7.0	3.5	17.8	8.9	2.5	21.0	10.5	49.3	24.7	2.3
November	2.0	16.0	8.0	28.0	14.0	1.8	9.0	4.5	18.5	9.3	2.1	25.0	12.5	46.5	23.3	1.9
December	2.0	19.0	9.5	61.5	30.8	3.2	12.0	6.0	28.5	14.3	2.4	31.0	15.5	90.0	45.0	2.9
January	2.0	20.0	10.0	66.5	33.3	3.3	14.0	7.0	43.5	21.8	3.1	34.0	17.0	110.0	55.0	3.2
February	2.0	20.0	10.0	46.5	23.3	2.3	14.0	7.0	21.5	10.8	1.5	34.0	17.0	68.0	34.0	2.0
March	2.0	19.0	9.5	51.8	25.9	2.7	8.0	4.0	14.3	7.2	1.8	27.0	13.5	66.1	33.1	2.4
April	2.0	20.0	10.0	34.8	17.4	1.7	8.0	4.0	13.5	6.8	1.7	28.0	14.0	48.3	24.2	1.7
May	2.0	20.0	10.0	43.0	21.5	2.2	7.0	3.5	18.3	9.2	2.6	27.0	13.5	61.3	30.7	2.3
June	2.0	18.0	9.0	46.5	23.3	2.6	8.0	4.0	12.5	6.3	1.6	26.0	13.0	59.0	29.5	2.3
Average	1.9	17.4	9.1	44.3	23.2	2.5	8.8	4.6	19.4	10.1	2.2	26.3	13.7	63.7	33.3	2.4
Average – Sum divided by number months with data. FTE – Full Time Equivalent		Cases (C) – Cases per Month C/FTE – Cases per Staff Person CH – Case Hours CH/FTE – Case Hours per Staff Person CH/C – Case Hours per Number Cases					Consult (CN) – Consults per Month CN/FTE – Consults per Staff Person CNH – Consult Hours CNH/FTE – Consult Hours per Staff Person CNH/CN – Consult Hours per Number Consults					Workload (WL) – Cases + Consults per Month WL/FTE – Workload per Staff Person WLH – Workload Hours WLH/FTE – Workload Hours per Staff Person WLH/WL – Workload Hours per Workload				

Southeast TPP

Summary of Cases, Consults, and Overall Workload by Month
July 1, 2008 through June 30, 2009

Months	FTE	CASES					CONSULTS					WORKLOAD				
		Cases (C)	C/FTE	Total Hours (CH)	CH/FTE	CH/C	Consults (CN)	CN/FTE	Total Hours (CNH)	CNH/FTE	CNH/CN	Workload (WL)	WL/FTE	Total Hours (WLH)	WLH/FTE	WLH/WL
July	5.0	42.0	8.4	232.8	46.6	5.5	42.0	8.4	139.3	27.9	3.3	84.0	16.8	372.1	74.4	4.4
August	5.0	39.0	7.8	195.0	39.0	5.0	42.0	8.4	116.3	23.3	2.8	81.0	16.2	311.3	62.3	3.8
September	5.0	37.0	7.4	217.3	43.5	5.9	41.0	8.2	122.3	24.5	3.0	78.0	15.6	339.6	67.9	4.4
October	5.0	40.0	8.0	200.8	40.2	5.0	52.0	10.4	146.0	29.2	2.8	92.0	18.4	346.8	69.4	3.8
November	5.0	45.0	9.0	218.5	43.7	4.9	38.0	7.6	97.0	19.4	2.6	83.0	16.6	315.5	63.1	3.8
December	4.5	38.0	8.4	192.0	42.7	5.1	31.0	6.9	73.5	16.3	2.4	69.0	15.3	265.5	59.0	3.8
January	5.0	34.0	6.8	160.5	32.1	4.7	35.0	7.0	83.3	16.7	2.4	69.0	13.8	243.8	48.8	3.5
February	5.0	33.0	6.6	184.8	37.0	5.6	29.0	5.8	102.5	20.5	3.5	62.0	12.4	287.3	57.5	4.6
March	5.0	33.0	6.6	163.0	32.6	4.9	35.0	7.0	111.3	22.3	3.2	68.0	13.6	274.3	54.9	4.0
April	5.0	32.0	6.4	178.5	35.7	5.6	33.0	6.6	70.8	14.2	2.1	65.0	13.0	249.3	49.9	3.8
May	4.5	24.0	5.3	166.3	37.0	6.9	24.0	5.3	45.0	10.0	1.9	48.0	10.7	211.3	47.0	4.4
June	5.0	26.0	5.2	139.5	27.9	5.4	20.0	4.0	81.0	16.2	4.1	46.0	9.2	220.5	44.1	4.8
Average	4.9	35.3	7.2	187.4	38.1	5.4	35.2	7.1	99.0	20.0	2.8	70.4	14.3	286.4	58.2	4.1
Average – Sum divided by number months with data. FTE – Full Time Equivalent		Cases (C) – Cases per Month C/FTE – Cases per Staff Person CH – Case Hours CH/FTE – Case Hours per Staff Person CH/C – Case Hours per Number Cases					Consult (CN) – Consults per Month CN/FTE – Consults per Staff Person CNH – Consult Hours CNH/FTE – Consult Hours per Staff Person CNH/CN – Consult Hours per Number Consults					Workload (WL) – Cases + Consults per Month WL/FTE – Workload per Staff Person WLH – Workload Hours WLH/FTE – Workload Hours per Staff Person WLH/WL – Workload Hours per Workload				

Western MA TPP

Summary of Cases, Consults, and Overall Workload by Month
July 1, 2008 through June 30, 2009

Months	FTE	CASES					CONSULTS					WORKLOAD				
		Cases (C)	C/FTE	Total Hours (CH)	CH/FTE	CH/C	Consults (CN)	CN/FTE	Total Hours (CNH)	CNH/FTE	CNH/CN	Workload (WL)	WL/FTE	Total Hours (WLH)	WLH/FTE	WLH/WL
July	6.0	49.0	8.2	461.3	76.9	9.4	7.0	1.2	29.3	4.9	4.2	56.0	9.3	490.6	81.8	8.8
August	6.0	48.0	8.0	342.3	57.1	7.1	11.0	1.8	28.0	4.7	2.5	59.0	9.8	370.3	61.7	6.3
September	5.0	50.0	10.0	345.8	69.2	6.9	9.0	1.8	25.0	5.0	2.8	59.0	11.8	370.8	74.2	6.3
October	6.0	48.0	8.0	347.8	58.0	7.2	12.0	2.0	31.0	5.2	2.6	60.0	10.0	378.8	63.1	6.3
November	6.0	50.0	8.3	326.5	54.4	6.5	8.0	1.3	23.0	3.8	2.9	58.0	9.7	349.5	58.3	6.0
December	6.0	49.0	8.2	266.5	44.4	5.4	7.0	1.2	28.5	4.8	4.1	56.0	9.3	295.0	49.2	5.3
January	6.0	48.0	8.0	260.5	43.4	5.4	6.0	1.0	18.0	3.0	3.0	54.0	9.0	278.5	46.4	5.2
February	6.0	42.0	7.0	208.8	34.8	5.0	7.0	1.2	11.8	2.0	1.7	49.0	8.2	220.6	36.8	4.5
March	6.0	49.0	8.2	321.8	53.6	6.6	11.0	1.8	24.5	4.1	2.2	60.0	10.0	346.3	57.7	5.8
April	6.0	45.0	7.5	337.0	56.2	7.5	9.0	1.5	24.8	4.1	2.8	54.0	9.0	361.8	60.3	6.7
May	6.0	51.0	8.5	300.0	50.0	5.9	14.0	2.3	37.5	6.3	2.7	65.0	10.8	337.5	56.3	5.2
June	6.0	51.0	8.5	251.3	41.9	4.9	7.0	1.2	21.0	3.5	3.0	58.0	9.7	272.3	45.4	4.7
Average	5.9	48.3	8.2	314.1	53.3	6.5	9.0	1.5	25.2	4.3	2.9	57.3	9.7	339.3	57.6	5.9
Average – Sum divided by number months with data. FTE – Full Time Equivalent		Cases (C) – Cases per Month C/FTE – Cases per Staff Person CH – Case Hours CH/FTE – Case Hours per Staff Person CH/C – Case Hours per Number Cases					Consult (CN) – Consults per Month CN/FTE – Consults per Staff Person CNH – Consult Hours CNH/FTE – Consult Hours per Staff Person CNH/CN – Consult Hours per Number Consults					Workload (WL) – Cases + Consults per Month WL/FTE – Workload per Staff Person WLH – Workload Hours WLH/FTE – Workload Hours per Staff Person WLH/WL – Workload Hours per Workload				

Worcester TPP

Summary of Cases, Consults, and Overall Workload by Month
July 1, 2008 through June 30, 2009

Months	FTE	CASES					CONSULTS					WORKLOAD				
		Cases (C)	C/ FTE	Total Hours (CH)	CH/ FTE	CH/C	Consults (CN)	CN/ FTE	Total Hours (CNH)	CNH/ FTE	CNH/ CN	Workload (WL)	WL/ FTE	Total Hours (WLH)	WLH/ FTE	WLH/ WL
July	3.0	6.0	2.0	32.5	10.8	5.4	9.0	3.0	30.0	10.0	3.3	15.0	5.0	62.5	20.8	4.2
August	3.0	12.0	4.0	58.8	19.6	4.9	6.0	2.0	12.5	4.2	2.1	18.0	6.0	71.3	23.8	4.0
September	3.0	17.0	5.7	72.5	24.2	4.3	19.0	6.3	26.8	8.9	1.4	36.0	12.0	99.3	33.1	2.8
October	3.0	30.0	10.0	123.3	41.1	4.1	16.0	5.3	29.0	9.7	1.8	46.0	15.3	152.3	50.8	3.3
November	2.5	25.0	10.0	93.8	37.5	3.8	20.0	8.0	37.5	15.0	1.9	45.0	18.0	131.3	52.5	2.9
December	3.5	23.0	6.6	105.3	30.1	4.6	13.0	3.7	18.8	5.4	1.4	36.0	10.3	124.1	35.5	3.4
January	3.0	27.0	9.0	132.5	44.2	4.9	21.0	7.0	58.3	19.4	2.8	48.0	16.0	190.8	63.6	4.0
February	3.0	23.0	7.7	101.0	33.7	4.4	23.0	7.7	78.8	26.3	3.4	46.0	15.3	179.8	59.9	3.9
March	3.0	28.0	9.3	154.8	51.6	5.5	22.0	7.3	72.0	24.0	3.3	50.0	16.7	226.8	75.6	4.5
April	3.0	33.0	11.0	169.3	56.4	5.1	26.0	8.7	64.5	21.5	2.5	59.0	19.7	233.8	77.9	4.0
May	3.0	37.0	12.3	163.5	54.5	4.4	17.0	5.7	20.3	6.8	1.2	54.0	18.0	183.8	61.3	3.4
June	3.0	36.0	12.0	107.8	35.9	3.0	20.0	6.7	36.3	12.1	1.8	56.0	18.7	144.1	48.0	2.6
Average	3.0	24.8	8.3	109.6	36.6	4.5	17.7	5.9	40.4	13.6	2.2	42.4	14.2	150.0	50.2	3.6
Average – Sum divided by number months with data. FTE – Full Time Equivalent		Cases (C) – Cases per Month C/FTE – Cases per Staff Person CH – Case Hours CH/FTE – Case Hours per Staff Person CH/C – Case Hours per Number Cases					Consult (CN) – Consults per Month CN/FTE – Consults per Staff Person CNH – Consult Hours CNH/FTE – Consult Hours per Staff Person CNH/CN – Consult Hours per Number Consults					Workload (WL) – Cases + Consults per Month WL/FTE – Workload per Staff Person WLH – Workload Hours WLH/FTE – Workload Hours per Staff Person WLH/WL – Workload Hours per Workload				

All Programs

Summary of Cases, Consults, and Overall Workload by Month
July 1, 2008 through June 30, 2009

		<u>CASES</u>					<u>CONSULTS</u>					<u>WORKLOAD</u>				
Months	FTE	Cases (C)	C/ FTE	Total Hours (CH)	CH/ FTE	CH/C	Consults (CN)	CN/ FTE	Total Hours (CNH)	CNH/ FTE	CNH/ CN	Workload (WL)	WL/ FTE	Total Hours (WLH)	WLH/ FTE	WLH/ WL
July	22.75	157.0	6.9	969.0	42.6	6.2	97.0	4.3	353.3	15.5	3.6	254.0	11.2	1322.3	58.1	5.2
August	22.75	156.0	6.9	747.5	32.9	4.8	116.0	5.1	310.5	13.6	2.7	272.0	12.0	1058.0	46.5	3.9
September	21.5	166.0	7.7	905.5	42.1	5.5	118.0	5.5	357.8	16.6	3.0	284.0	13.2	1263.3	58.8	4.4
October	23.0	179.0	7.8	1011.3	44.0	5.6	139.0	6.0	408.3	17.8	2.9	318.0	13.8	1419.6	61.7	4.5
November	22.5	183.0	8.1	851.3	37.8	4.7	126.0	5.6	332.0	14.8	2.6	309.0	13.7	1183.3	52.6	3.8
December	23.0	177.0	7.7	869.3	37.8	4.9	114.0	5.0	319.3	13.9	2.8	291.0	12.7	1188.6	51.7	4.1
January	23.0	178.0	7.7	898.3	39.1	5.0	136.0	5.9	419.5	18.2	3.1	314.0	13.7	1317.8	57.3	4.2
February	23.0	177.0	7.7	870.5	37.8	4.9	135.0	5.9	392.0	17.0	2.9	312.0	13.6	1262.5	54.9	4.0
March	23.0	188.0	8.2	1035.0	45.0	5.5	139.0	6.0	436.8	19.0	3.1	327.0	14.2	1471.8	64.0	4.5
April	23.0	195.0	8.5	1024.3	44.5	5.3	138.0	6.0	356.0	15.5	2.6	333.0	14.5	1380.3	60.0	4.1
May	22.5	197.0	8.8	995.5	44.2	5.1	139.0	6.2	361.8	16.1	2.6	336.0	14.9	1357.3	60.3	4.0
June	23.0	198.0	8.6	928.0	40.3	4.7	130.0	5.7	414.3	18.0	3.2	328.0	14.3	1342.3	58.4	4.1
Average	22.8	179.3	7.9	925.5	40.7	5.2	127.3	5.6	371.8	16.3	2.9	306.5	13.5	1297.3	57.0	4.2
Average – Sum divided by number months with data. FTE – Full Time Equivalent		Cases (C) – Cases per Month C/FTE – Cases per Staff Person CH – Case Hours CH/FTE – Case Hours per Staff Person CH/C – Case Hours per Number Cases					Consult (CN) – Consults per Month CN/FTE – Consults per Staff Person CNH – Consult Hours CNH/FTE – Consult Hours per Staff Person CNH/CN – Consult Hours per Number Consults					Workload (WL) – Cases + Consults per Month WL/FTE – Workload per Staff Person WLH – Workload Hours WLH/FTE – Workload Hours per Staff Person WLH/WL – Workload Hours per Workload				

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