

METROPOLITAN BOSTON HOUSING PARTNERSHIP



The Hoarding Intervention and Tenancy Preservation Project:

July 2011 to December 2012
Status Report

Purpose of this Report

In 2011, the Oak Foundation provided a major, four-year grant to the Hoarding Intervention and Tenancy Preservation Project (HI/TPP). This report outlines the goals of the program, the services provided, and completed efforts 18 months into the grant period.

Report Author:

Tim H. Davis

Report Editors/Contributors:

Kate Fulton
Jesse Edsell-Vetter
Christopher Blagg

MBHP Service Region:

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Introduction: Hoarding and Housing Instability

Hoarding is a mental health disorder characterized by “the acquisition of, and failure to discard, a large number of possessions that appear to be useless or of limited value ” (Frost, 1996). Those suffering with hoarding have difficulties processing information, form strong emotional attachments to objects, and avoid seeking help (Steketee, 2007). As a result, clutter builds to the point that health and safety issues emerge and daily activities of the resident are impaired. Some hoarders face loss of their home and are at risk for homelessness because of their housing conditions.

Origins of the Hoarding Intervention and Tenancy Preservation Project

Approximately 15 million people in the United States, equaling three to five percent of the population, suffer from hoarding (Samuels, 2008). Through conversations held during 2008 and 2009 in each of the communities serviced by the Metropolitan Boston Housing Partnership (MBHP), MBHP found that many service providers had seen hoarding and were not prepared to provide adequate assistance or referrals.

MBHP, through interventions with tenants holding MBHP managed rental vouchers, learned that the clean-outs seen on TV hoarding programs are not the best intervention, as a clean-out does not address the resident’s underlying attachments to clutter, and often leads to re-acquisition of clutter. Instead, addressing hoarding requires patience, time, and a focus on creating lasting, behavioral change.

Both MBHP and the Tenancy Preservation Project (a program of Bay Cove Human Services) have been leaders on issues related to hoarding, and in 2011, the two agencies received a substantial grant from the Oak Foundation to expand the Hoarding Intervention and Tenancy Preservation Project (HI/TPP) .

Objectives of the Hoarding Intervention and Tenancy Preservation Project

Under the Oak Foundation grant, the HI/TPP has the following goals/objectives:

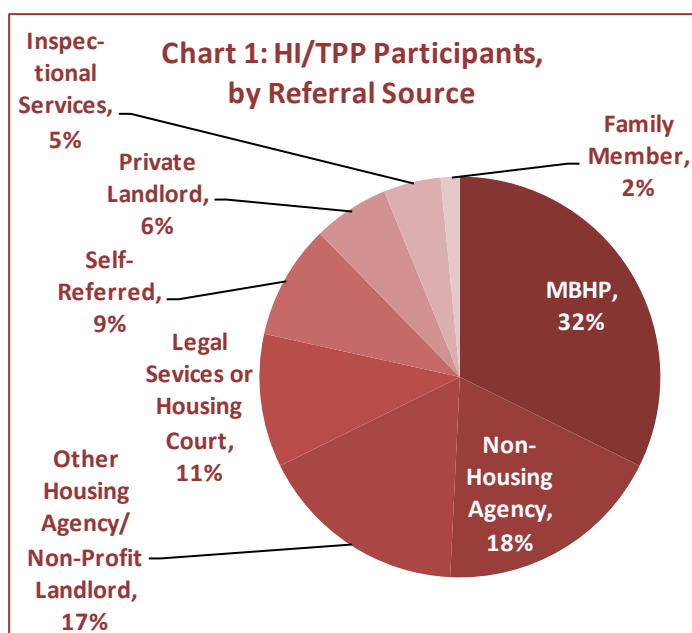
- Reduce the number of evictions and prevent homelessness caused by hoarding;
- Expand knowledge of hoarding and hoarding intervention techniques among housing professionals; and
- Influence public agencies and policies, including the courts, state agencies, and the state legislature to better address hoarding and guarantee program resources.

Objective 1: Reducing Evictions and Homelessness Caused by Hoarding

The primary goal of HI/TPP is the preservation of housing for tenants with a hoarding problem. From July 1, 2011 to December 31, 2012, 79 households received services from HI/TPP (61 served by MBHP and 18 served by TPP). Well before a landlord starts eviction proceedings or municipal housing inspectors identify a hoarding problem, the hoarding has already created problems for a family in terms of health, safety, and overall well-being. At the point where the courts get involved, the eviction process itself puts pressures on the family to proceed with actions, such as a clean-out or a move, that addresses the immediate problem but does little to resolve the long-term problem.

For this reason, a program that successfully addresses hoarding intervenes before there is a legal crisis, but one characteristic of many hoarders is an unwillingness to seek help. The HI/TPP program has sought to address this problem through three efforts:

- The HI/TPP program has reached out to housing providers and Inspectional Services to refer potential participants before initiating eviction proceedings;
- MBHP accepts general referrals from service providers and family members, as well as self-referrals;
- MBHP manages rental assistance (housing vouchers) for over 7,600 households a year. MBHP housing inspectors are trained to identify potential hoarding cases and refer them to HI/TPP; and
- Where an eviction process has begun, TPP can intervene to secure additional time and/or a reasonable accommodation so that the hoarding can be addressed in an orderly fashion.



Referral Sources

Chart 1 outlines the various HI/TPP referrals sources. Only 11 percent are by referred directly by Legal Services or the Housing Court, though many of those referred by other housing agencies are facing an imminent eviction and/or a loss of a housing subsidy. MBHP accepts referrals from any source, but as a rental voucher administrator, MBHP rental clients have been the most frequent source for referrals (32%), followed by referrals from non-housing agencies, including health, mental health, and elder service providers (18%), and by other housing agencies (17%), many of whom are also landlords of subsidized units, and some of these tenants may be facing eviction.

Services Provided by HI/TPP

After receiving a referral, HI/TPP takes the following steps:

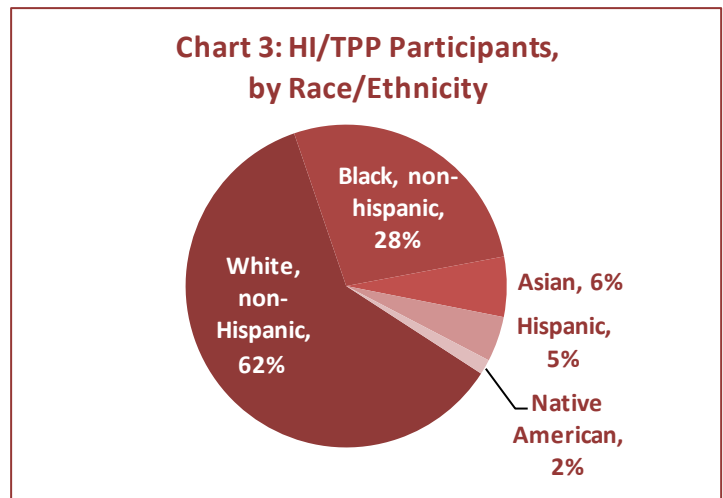
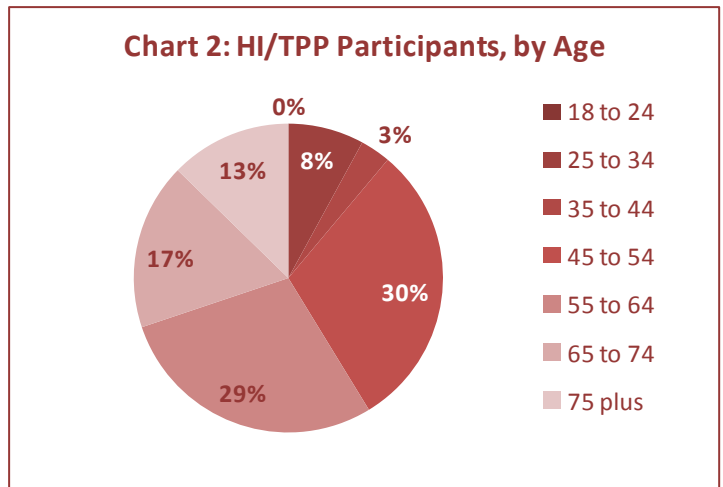
- Initial engagement of the household, which can be difficult given reluctance of some households to accept assistance.
- Staff meet with the potential participant and the home is assessed using a “Clutter Image Rating” to determine if the problem is, in fact, hoarding, or another problem, such as an insect or rodent infestation.
- Once hoarding has been identified as the problem, staff create a case management plan. Every participant’s situation is different and HI/TPP staff often have to work very closely with the participant, the landlord, and other service providers, but every plan generally includes:
 1. Intervening with the landlord or the housing court to provide sufficient time to address the immediate clutter and begin the process of addressing the hoarding long-term;
 2. Working one-on-one with the participant to sort and discard items, addressing the clutter that is most detrimental to health and safety first;
 3. Giving the participant “homework” to encourage the participant to sort and discard items on their own; and
 4. Providing referrals to other services, such as elderly or mental health services.
- Once the home meets housing inspection standards and eviction/loss of subsidy is no longer anticipated, HI/TPP complete follow-up visits to prevent recidivism.

Characteristics of Program Participants

Given the small number of participants in the HI/TPP program (79), information provided here on the participants’ characteristics is limited, and should not be taken as a description of the typical person with a hoarding problem, but just as a description of those participating in the HI/TPP program.

Demographic Highlights

- **Gender:** 62% are female and 38% are male;
- **Age:** 89% of participants are aged 45 or older, but of these participants, no one age group predominated;
- **Race/Ethnicity:** 62% of participants are white (non-Hispanic), 26% are black or African-American (non-Hispanic), 6% are Asian (non-Hispanic), and 5% are Hispanic/Latino. In total, 38% of HI/TPP participants are persons of color, compared to an estimated 53% of Boston residents, and 25% of Greater Boston residents.
- **Language:** English is spoken by 97% of participants, Russian is spoken by 5%, and Chinese, Haitian, and Spanish are each spoken by 3% of participants (12% speak more than one language);
- **Veteran Status:** 91% of participants are not veterans, and 9% are veterans;
- **Geography:** 58% of participants live in the city of Boston. Given that TPP primarily works with renters facing eviction in the Boston Housing Court, and MBHP receives many of its referrals from its own Section 8 voucher holders (which are concentrated in Boston), this concentration is expected, but the overall geographic spread of participants reflects the fact that those with a hoarding problem live in every type of community.



Household Composition and Marital Status

Those with a hoarding problem tend to be single. Seventy-six percent of HI/TPP participants live alone, compared to 29% of Greater Boston households. Twenty-three percent report living with family or friends and 10% of households include a child. In addition, HI/TPP marital status breaks down as follows:

- 6% are married or have a domestic partner;
- 9% are divorced or separated;
- 16% are widowed; and
- 69% are single

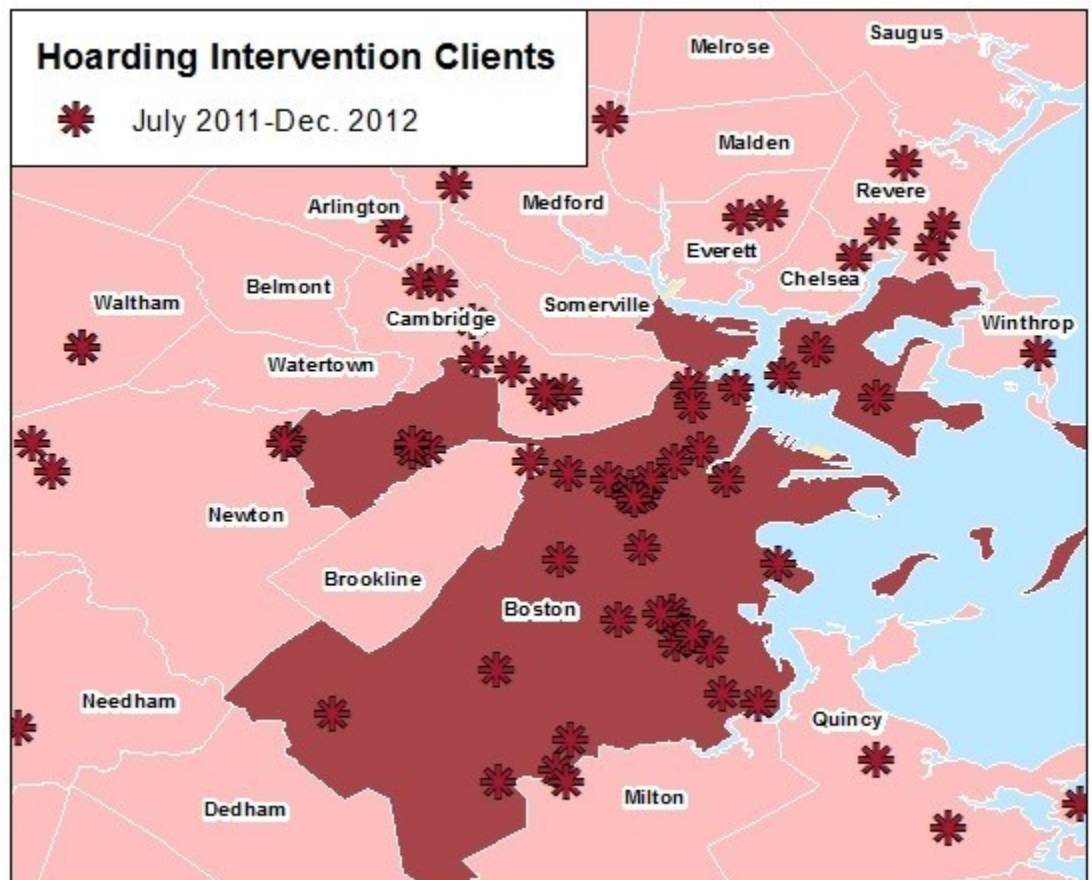
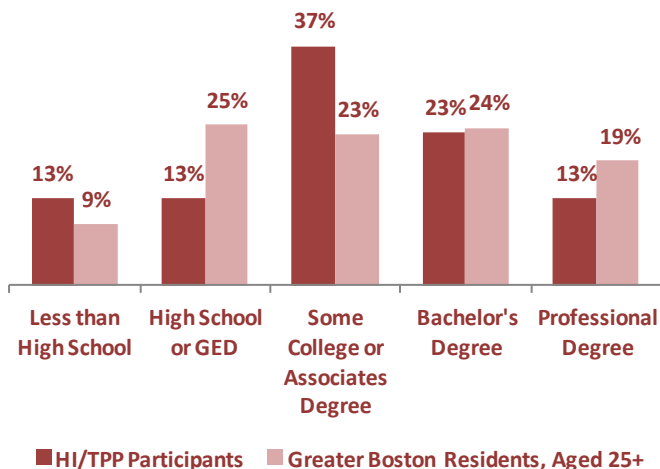


Chart 4: HI/TPP Participants, by Educational Attainment



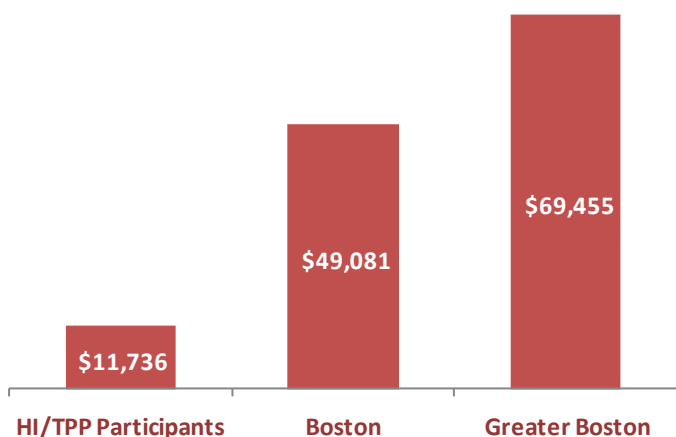
Educational Attainment, Employment, and Income

Of HI/TPP participants, 13% have not completed high school, 13% have completed high school or its equivalency, and 37% have completed some college or an Associates degree. A combined 36% of participants hold a Bachelor’s degree (23%) or a professional degree (13%).

See Chart 4 for comparisons with 2011 educational attainment estimates for Greater Boston (2011 ACS). HI/TPP participants are more likely to have completed some college or an Associates Degree, but less likely to have a professional degree.

Despite the high percentage with at least a Bachelor’s degree, only 3% of HI/TPP participants reported being currently employed full-time, and an additional 4% are employed part-time.

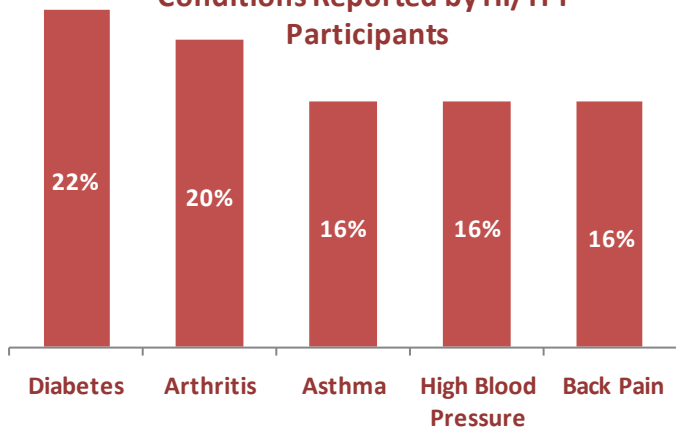
Chart 5: Median Household Income for HI/TPP Participants, Boston, and Greater Boston (2011 ACS Estimates)



Given low levels of employment, reliance on public forms of assistance is high; 49% receive Supplemental Security Income (SSI), 29% receive Social Security Disability Insurance (SSDI), and 27% receive Social Security (households can receive more than one form of assistance). Ten percent reported pension/retirement income, and only 10% reported wage income, which could be earned by the HI/TPP participant or another household member.

The median household income for HI/TPP participants is \$11,736. In comparison, the estimated median household income in 2011 in Boston and Greater Boston were \$49,081 and \$69,455, respectively (2011 ACS). As a result, 93% of HI/TPP participants have incomes less than 50% of the 2012 HUD Area Median Income (AMI), 5% have incomes considered to be “moderate income” (between 50% and 80% of AMI), and only 2% of participants had incomes higher than 80% of AMI.

Chart 6: Top Five Physical Health Conditions Reported by HI/TPP Participants



Health Insurance and Physical Health Conditions

Less than 5% of Greater Boston residents have no health insurance/coverage (2011 ACS). The same is true for HI/TPP participants, as only 3% had no health coverage. Corresponding with participants’ ages and incomes, 94% had Medicare or MassHealth (the Massachusetts version of Medicaid). Only three percent relied on private health insurance.

Eighty-two percent of respondents reported having a physical health issue. Of those with a physical health condition, diabetes was the most prevalent (22%). Arthritis was the most common mobility impairment (20%), but other mobility impairments were common, including back pain (16%), head/brain injuries (10%), other joint pain (8%), sciatica (8%), and other injuries (8%).

Mental Health Conditions and Contributing Factors for Hoarding

Seventy-nine percent of HI/TPP participants reported having a mental health condition. See Chart 7 for the top five conditions reported, led by depression (65%) and anxiety (33%). It was common for participants to report more than one condition.

In a series of intake questions, participants were also asked about other conditions/situations that could contribute to a hoarding disorder. See chart 8 for these contributing factors, of which the top three are a history of loss (63%), a history of trauma (49%), and a family history of hoarding (32%).

Characteristics of Program Participants: Summary

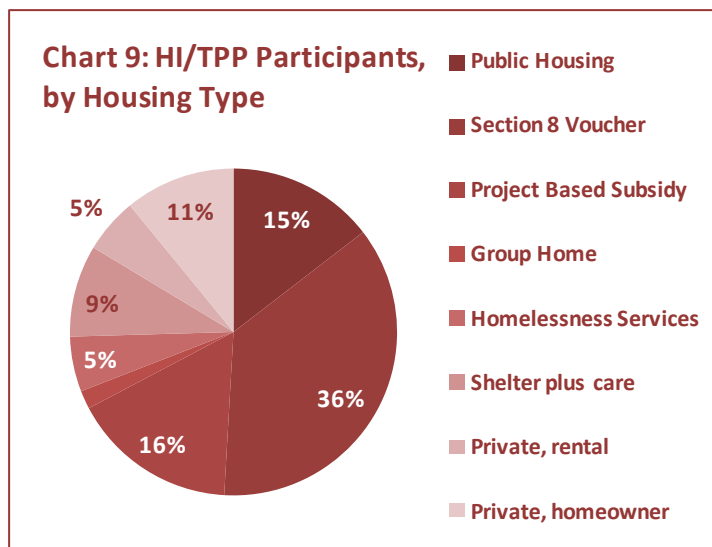
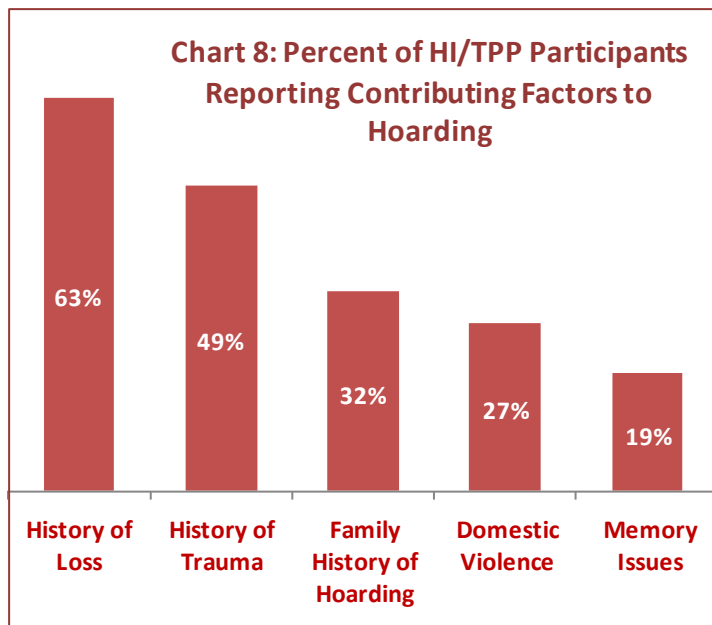
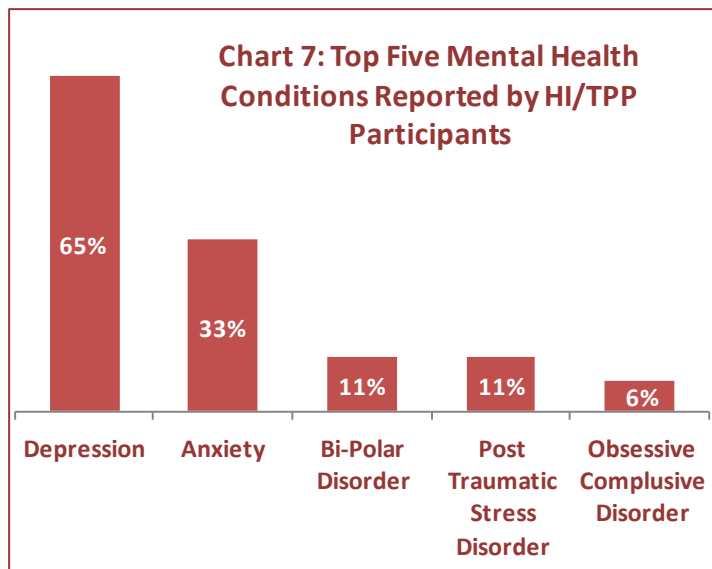
Taking all of the program participant characteristics together, a picture of HI/TPP participants emerges: the typical HI/TPP participant is a single person who is unlikely to be working and suffers from mental or physical health conditions. As a result of these circumstances, the typical participant is very low income, despite moderate levels of educational attainment. This generally corresponds with a study by Samuels, et al (2008), which found that that prevalence of hoarding was higher for those living alone, as well as for those who were not employed or had low incomes. In addition, given that the HI/TPP focuses largely on renters facing the potential loss of their home, the income characteristics of participants meet the program’s goals to help those most in need.

Housing Circumstances & Conditions

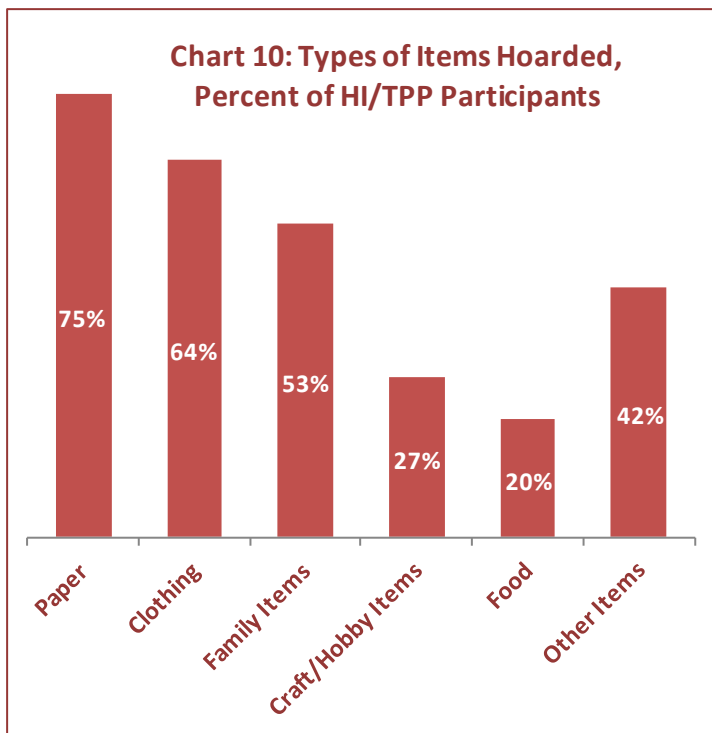
Given the HI/TPP focus on renters facing the potential loss of a housing subsidy or eviction, 89% of HI/TPP participants were renters. See Chart 9 for a break down by housing type. Thirty-six percent held mobile rental vouchers (Section 8), many of which are managed by MBHP. A high percentage also lived in project-based subsidized housing (16%), and in public housing (15%). Only 5% were renters living in privately owned housing without a subsidy. These participants were largely referred to HI/TPP while facing eviction. Eleven percent were homeowners, and were more likely to be referred by inspectional services, a family member, or themselves.

Potential Loss of Housing

Of HI/TPP participants, 60% stated that they faced the possibility of eviction, and of those with a housing subsidy, 74% stated that they could lose their subsidy. Some participants face problems with both hoarding and their finances; a failure to pay rent is often the reason a tenant is brought to housing court



In addition to information provided by HI/TPP participants, Boston Housing Court data was accessed. Similar data on participants outside Boston was not collected. Of Boston HI/TPP participants, 29% had recently faced, or were currently facing, eviction proceedings. Given that TPP focuses on the housing court, 76% of their participants faced eviction, though only 15% of MBHP participants faced eviction. The lower figure for MBHP does not mean that their clients are not at risk of losing their homes, but that the intervention is taking place before evictions proceedings are initiated.

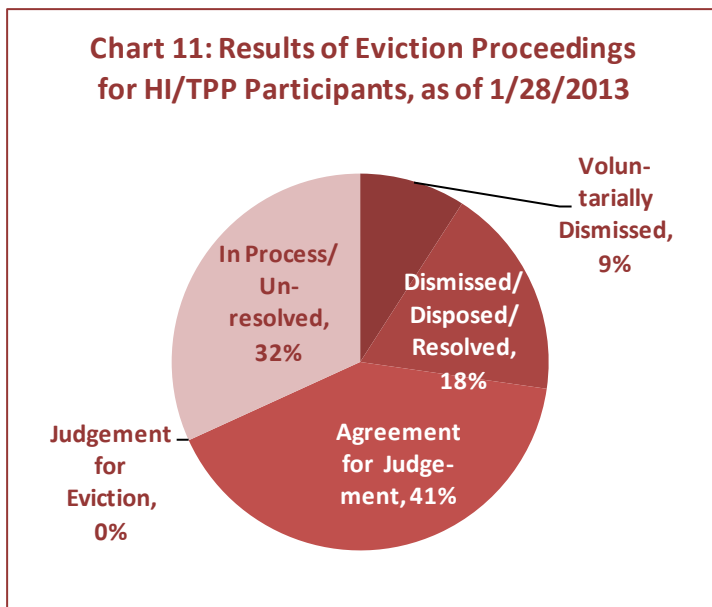


Items Hoarded and Level of Clutter

The hoarding problem is different for every participant, and as a result, participants hoard different types of items. Chart 10 outlines commonly held items, and many participants hoard more than one item. Paper is the most commonly hoarded item (75%), followed by clothing (64%), and family items (53%).

Hoarding and squalor do not always coincide; as part of the initial assessment, HI/TPP staff found that squalor was only visible in 28% of homes. Where squalor does exist, rodent or insect infestations may also be a problem, complicating the de-cluttering process.

HI/TPP staff also assess the level of clutter in the home. The “Clutter Image Rating” has been developed as a tool to determine clutter levels. Each room is rated on a scale from 1 (no clutter) to 9 (clutter fills almost all of the space). For HI/TPP participants, the average Clutter Image Rating (CIR) at intake was 4.9 for both the living room and the primary bedroom, 5.5 for the secondary bedroom, and 3.6 for the kitchen. While these ratings are in the middle of the CIR scale, a room with a CIR of 5 has enough clutter that beds and chairs are not usable and pathways are not large enough for safe passage.



Participant Outcomes: Preliminary Results

Hoarding is a problem that cannot be solved over night. A rapid clean-out of a home can lead to emotional trauma and the person is likely to rapidly re-acquire, recreating the problem. Hoarding is a mental health condition, where a participant’s circumstances can only be improved when a team of patient people work closely with an engaged person to address the immediate crisis (e.g. eviction proceedings or unsafe conditions), provide the long term services that many with mental or physical health conditions warrant, and work towards long term behavioral change.

Given these circumstances, as well as the fact that some participants were recently enrolled, it is difficult to measure program success after 18 months, but signs of success are visible. First and foremost, the goal of HI/TPP is to intervene in the immediate crisis: potential loss of a home. One measure of success is the outcomes of housing court eviction proceedings. Chart 11 outlines the results of eviction proceedings in Boston Housing Court, as of January 28, 2013. Most importantly, no HI/TPP participants have been evicted, 32% were in process (these are generally newer cases where an agreement had not yet been signed), 27% have been dismissed (either by the court or through a withdrawal by the landlord), and 41% resulted in an Agreement for Judgment. These agreements generally require that HI/TPP assist the tenant and that the tenant’s home pass an inspection. In addition, if rent is owed, a payment plan is included.

Objective 2: Expand Knowledge of Hoarding and Hoarding Intervention Techniques among Housing Professionals

In addition to direct intervention with clients, HI/TPP strives to expand housing professionals' knowledge of hoarding. To date, HI/TPP has focused on increasing knowledge of hoarding and hoarding interventions through a series of one-day trainings, developed by MBHP and the [Boston University School of Social Work](#). Since July 2011, MBHP offered 12 trainings with 341 attendees, most in conjunction with MassHousing (the state's housing finance agency). Attendees represent a range of housing professionals, including resident service coordinators, property managers, and maintenance staff, and are generally those who see hoarding first hand, and are on the "front line" to provide initial assistance and program referrals.

Class evaluations have been consistently positive. A general MassHousing evaluation form using a scale of 1 (lowest) to 5 (highest) has been used for many of these courses. This evaluation form looks at 12 categories such as clarity and content of materials, as well as instructor clarity and knowledge. Ratings were consistently high (4) and very high (5) across these courses.

A new evaluation form, developed specifically for Hoarding Intervention classes, has been used since June 2012. Overall, on a scale from 1 (worst) to 5 (best), the average overall class satisfaction rating was 4.8. In addition, attendees' knowledge of hoarding concepts and interventions increased significantly. Chart 12 outlines eight concepts and the level of knowledge before and after the course. Across these concepts, attendees arrived "slightly" to "somewhat" knowledgeable about each concept, and after completing the course, ranked themselves "mostly" to "completely" knowledgeable about the concept.

Objective 3: Influence Public Agencies and Policies, including the Courts, State Agencies, and the State Legislature to Better Address Hoarding and Guarantee Program Resources

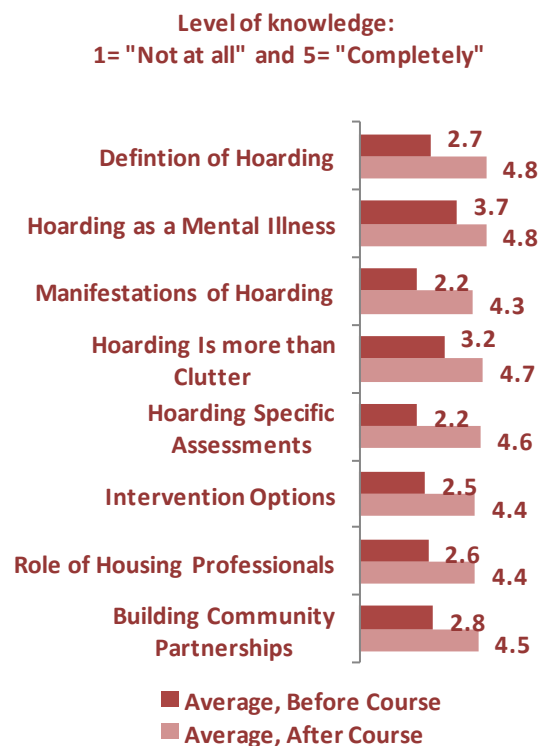
The final goal of HI/TPP is to influence policies that address hoarding. HI/TPP staff participate in the local task forces and national conferences related to hoarding. In addition, at the end of the four year grant period, research outlining HI/TPP challenges and successes will be used to identify changes needed to address hoarding more successfully whether through the courts, programmatic changes, or funding sources.

Evictions and Loss of Rental Subsidies: Balancing Motivation to Act and Potential Trauma

HI/TPP staff report that participants threatened with the loss of their home through eviction or the loss of a rental subsidy are more likely to be motivated to address the hoarding problem. Participants without subsidies (whether renters or homeowners) are less likely to be engaged with the de-cluttering process and are more likely to disengage completely from hoarding intervention services.

HI/TPP staff find that these threats can also create a situation where clutter must be addressed immediately. A rapid removal of items can cause additional physiological harm and does little to solve the long-term hoarding problem. In this respect, staff find themselves advocating for a more reasonable time-frame with landlords or in housing court and balancing the source of motivation with the patience and time needed to address the problem.

Chart 12: Knowledge of Hoarding Concepts and Interventions, Course Attendees



Sources Cited

Frost, Randy and Tamara Hartl (1996). "A Cognitive-Behavioral Model of Compulsive Hoarding", *Behavioral Research and Therapy*, 34(4), pp. 341-350.

MassHousing (2007). "Interesting Facts Related to Hoarding", accessed on February 19 at https://www.masshousing.com/portal/server.pt/community/property_managers/239/hoarding_resources#.

Samuels, Jack, et al (2008). "Prevalence and Correlates of Hoarding Behavior in a Community-Based Sample," *Behavior Research and Therapy*, 46, pp. 836-844.

Steketee, Gail and Randy Frost (2007). *Compulsive Hoarding and Acquiring*. New York: Oxford Press.

U.S. Census Bureau, 2011 American Community Survey Estimates. Data can be accessed at <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>.

About Metropolitan Boston Housing Partnership (MBHP)

Metropolitan Boston Housing Partnership (MBHP) is the state's largest regional provider of rental housing voucher assistance, serving 7,600 tenant households and working with 4,300 property owners. MBHP serves individuals and families who are homeless, elderly, disabled, and/or of low and moderate incomes. MBHP's region spans Boston and 29 surrounding communities.

MBHP's mission is to ensure that the region's low- and moderate-income individuals and families have choice and mobility in finding and retaining decent affordable housing; all MBHP programs and initiatives are designed to encourage housing stability, increase economic self-sufficiency, and enhance the quality of the lives of those it serves. To achieve its mission and to promote efficient service delivery, MBHP works collaboratively with a broad array of service providers and neighborhood-based organizations.

About the Tenancy Preservation Program (TPP) and Bay Cove Human Services

The Tenancy Preservation Program (TPP) is a service of Bay Cove Human Services. TPP works within the Boston Housing Court to assist individuals with disabilities to maintain their homes and prevent homelessness, through a mixture of advocacy, referrals, and direct service.

Each year, Bay Cove provides effective, compassionate care to more than 16,000 individuals and families who face the challenges of developmental disabilities, mental illness, drug and alcohol addiction and aging at over 160 sites in Boston and southeastern Massachusetts.

Bay Cove's mission is to improve the quality of the lives of individuals and their families who face the life-long challenges of developmental disabilities, aging, mental illness and drug and alcohol addiction. Bay Cover accomplishes this mission by providing effective and compassionate services and through advocacy and leadership.

For More Information Contact:

MBHP
125 Lincoln Street, 5th Floor
Boston, MA 02111-2503
Website: www.mbhp.org