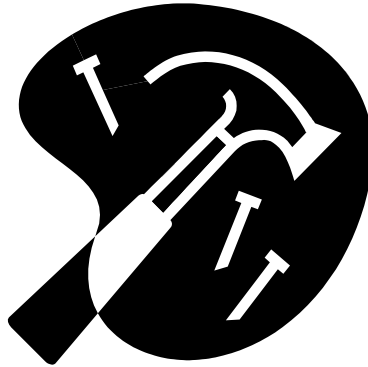


Compulsive Hoarding Toolbox



Tools for Service Providers for Addressing Compulsive Hoarding

Guidance for how to:

- Identify and handle emergency and non-emergency situations.
- Conduct home assessments for compulsive hoarding.
- Enforce the State Sanitary Code through the Health Department
- Work with non-compliant clients.
- Follow-up after a property has been brought to a safe condition.
- Tips for prevention and early intervention.

Developed by the Brookline Hoarding Task Force with
support from the Brookline Community Foundation
March 2009

PART 1: Guidance for Handling Compulsive Hoarding Situations

This Guidance Document was developed by the Brookline Hoarding Task Force, and is intended to provide guidance for service providers in the Town of Brookline. The Task Force has developed the following working definition of Hoarding¹:



Hoarding is the collection of materials to the point where an individual's quality of life and the functions of one's living space is diminished. Detectable signs of hoarding include blocked egresses, non-functioning toilets, and fire hazards due to an abundance of material. Other signs include infestations, collected spoiled food, and squalor. Hoarding conditions may present a nuisance or safety hazard to the surrounding community due to potential fire hazards, odor, or pest issues. Some individuals present extreme cleanliness and organization in addition to their hoarding behavior. Hoarding is not exclusive to the elderly population; it is observed in a full range of age groups, education levels, and mental health states.

Hoarding presents unique challenges to those impacted by the condition. In Brookline, as in cities throughout the United States, compulsive hoarders often do not receive assistance until they are rescued by emergency services, or are rendered homeless as a result of chronic safety violations. These challenges are intensified by the scarcity of service providers available to provide necessary long-term assistance for chronic compulsive hoarding.

This guidance document outlines recommendations for how to conduct a coordinated, expedited, and effective approach to hoarding situations. Many hoarding cases take a great deal of time and effort to resolve and sharing resources between agencies is necessary for successfully resolving hoarding cases. Although we often hear of the most extreme cases, it is important to remember that some cases can be resolved relatively quickly with a respectful and coordinated intervention plan. During any step of the response plan, it is critical that residents with compulsive hoarding be treated with respect.

The purpose of this document is to provide tools for community members to use in developing their protocols for addressing compulsive hoarding. This is a working document, and will be updated periodically to reflect the current best practices. All situations involving compulsive hoarding present unique challenges, and this document is meant to be a guide and not an exact blueprint for action. Any

¹ Task Force working definition of Hoarding was developed based on compilation of existing clinical definitions, combined with experiences of Task Force members. Existing clinical definitions of compulsive hoarding are available through: *Compulsive Hoarding and Acquiring Workbook*, Steketee and Frost. 2007 Oxford University Press.

individual or agency providing services related to compulsive hoarding should take additional steps beyond this document to become familiar with legal rights and responsibilities associated with the situation.

1. A Compulsive Hoarding case is referred to your agency.

This referral may be received from emergency personnel on scene, from another agency, from a concerned neighbor or a variety of other sources.

2. Ask yourself, Is this an “Emergency”?

A. An emergency hoarding situation exists when the conditions constitute an immediate threat to life safety. Examples include a fire, a gas leak, or an occupant who is injured or behaving in a dangerous manner.

B. A non-emergency would be a case where there is no indication of immediate threat to life safety.

Answer: YES! This is an Emergency!

Call 911 and follow any procedures pre-determined by your supervisor.

1. Fire, Gas Leak -- Call 911
2. Behavior that would result in injury to self or others -- call 911 immediately.
 - For a clinical person, follow your organization protocol for managing risk behavior- which may include contacting (BEST 1-800-981-HELP).

After Immediate Emergency Situation is addressed, call for consultation.

1. Social Services
 - Brookline Mental Health Center: (617) 277-8107
 - If occupant is Elderly
 - Council on Aging: (617) 730-2777
 - Springwell Aging Services Access Point: (617) 926-4100
2. Brookline Regulatory Enforcement Agencies
 - Brookline Health Department: (617) 730-2300
 - Fire Prevention Office: (617) 730-2270
3. Property owner or manager

Has the occupant been brought to the Hospital?

1. If yes, social worker may make contact with hospital social worker to communicate regarding hoarding conditions.

Answer: No, This is Not an Emergency Situation

1. Contact the occupant to schedule a home visit to assess the condition, according to the protocol for your agency.

3. Conduct a Home Visit to Assess Hoarding Situation.

It is important that the situation be assessed in the home with the occupant present. The initial assessment may be conducted by a family member, property manager, social worker, or Brookline Inspector (list is not all-inclusive).

- A.** Arrange an assessment of the situation with the occupant through normal means, e.g., phone call, written request, etc.
- B.** If you are unable to schedule a visit with the occupant, e.g., they don't return calls.
 - a.** Reach out to other agencies for assistance.
 - b.** Property owners may initiate home assessment based on lease agreements, condo agreements or other contracts that require occupants to maintain property in safe and sanitary condition.
 - c.** Health Inspectors may outreach to occupant to conduct inspection for violations of Sanitary Code.
 - d.** As the last resort, a Search Warrant from Brookline District Court may be obtained to conduct inspection.

4. Items to Review during Home Assessment

A. Assess the Home

- a.** Physical Hazards: Egresses blocked? Items piled in unsafe manner? Items on or in stove? Unsafe Electrical connections?
- b.** Sanitary Hazards: Spoiled food, human waste, chemicals, pest infestation?
- c.** Property managers may use the “Compulsive Hoarding Checklist for Property Managers” developed by the Brookline Hoarding Task Force.

B. Assess the Occupant(s)

- a.** Note if any elderly adults or children in unit.
- b.** Identify any physical restrictions or mental health issues.
- c.** Occupant Insight: Is occupant aware of problem?
- d.** Is occupant in a position to make repairs, or are additional services/resources necessary?

C. Communication Do's and Don'ts

- a.** Don't call items 'junk' or 'trash'.
- b.** Don't say 'clean up this mess'.
- c.** Do treat occupant with respect and consideration.
- d.** Do provide specific guidance stating what needs to be done.
- e.** Do actively listen to occupant's explanation for conditions.

- f. Do describe the positive impact on lifestyle that removing items and re-organizing will have on them.
- g. Do explain why the conditions are unsafe or legal violations.

5. What to do when a property has been condemned. In the most severe cases, following an inspection, the Brookline Health Department may deem a unit “Unfit For Human Habitation” under the State Sanitary Code.

- A.** Health Department Inspector will follow procedures required under MA State Sanitary Code 105 CMR 410.000.
 - a. Dwelling or dwelling unit must be secured from unlawful entry. Placard placed on entrance indicating unit unfit for Human Habitation (when applicable).
 - b. Legal Orders to Correct are issued to responsible parties.
 - c. Occupant must leave condemned unit.
 - d. Occupant may return once re-inspection reveals imminent hazards are remediated.
- B.** Human services professionals on site may assist occupant to:
 - a. Identify, and help contact any family or friends of the occupant.
 - b. Identify available financial assistance.

6. Property does not present immediate threat to life safety, but has unsafe conditions that need to be corrected.

- A.** Devise and Implement a Long-Term Intervention Plan
 - a. Following inspection, if there is a need for long term planning; contact the appropriate agencies to improve understanding of the situation and to devise a plan.
 - 1. The Brookline Hoarding Advisory Committee can assist you in making appropriate contact.
 - 2. See “Compulsive Resources List” for a listing of agencies that may be of assistance in your situation.
 - b. Set specific goals with the occupant for making the home safe. Pick dates that the unit will be re-assessed. Individuals with hoarding behavior may feel overwhelmed and unable to prioritize where to begin improving their environment.
 - c. Conduct frequent follow-up visits to discuss the progress and highlight priorities.
- B.** Intervention tip: Use “good cop, bad cop” techniques. One agency or an individual within the agency may present the hazards and the

consequences of maintaining these hazards. This would be the ‘bad cop’. The ‘good cop’ would then be a helpful individual who offers options for improving conditions and avoiding the consequences.

C. Health Department Inspection includes:

- a.** Violations are cited and written orders are sent to responsible parties through certified mail. The individual who created the hoarding condition will be cited. The Sanitary Code also states an agent may be a responsible party. Agents may include the owner, the condominium trustees or the property management. Order letters include detailed descriptions of violations, and compliance time.
- b.** Parties receiving orders have the right to request a Hearing with the Health Department Commissioner.
- c.** Health Inspector provides occupant with resources for services.
- d.** Inspector re-inspections to determine compliance.

7. What to do if an occupant does not make reasonable progress in removing safety hazards.

- A.** Agency assisting occupant may need to outreach for additional assistance.
- B.** If Health Department has issued legal orders to correct violations, they may grant extension if there is significant improvement.
- C.** If there has been no significant improvement, and conditions considered unsafe for occupant and/or general public still exist, the Health Department may:
 - a.** Issue Fines
 - b.** File application for a criminal complaint against occupant in Brookline District Court
 - Court may appoint an attorney
 - c.** Penalties Judge Could Impose
 - 1.** Occupant may have to pay court costs, other fines.
- D.** Social Services
 - a.** If occupant is unable to manage their health, finances or property, referrals may be made to initiate legally required assistance such as guardianship or conservatorship.
- E.** Property Owner may enforce lease or condominium agreements.

8. Follow-up with occupant after property is brought to a safe

condition: Follow up is necessary as compulsive hoarding behavior takes a long time to treat, and a unit may become unsafe again quickly if items are brought back.

A. Property Owner/Manager may

1. Monitor property conditions periodically.
2. Draft legal agreement with occupant or incorporate into lease specifics regarding objectionable conditions (blocked doors, animals, sanitation, etc.)

B. Social Services may

1. Provide assistance with retaining ongoing cleaning services, financial assistance, therapy and counseling.

C. Court may mandate re-inspections under an administrative probation order (if court complaint has been issued previously).

9. Planning for Prevention:

A. Low level Hoarding: Communicate verbally with occupant, educate them, provide resources for assistance.

B. Mid Level Hoarding: Put requests in writing, use “good cop, bad cop” techniques, involve social workers and enforcement officers.

C. High Level Hoarding: Require immediate action to protect occupant and building through enforcement if necessary.

10. For ongoing support and guidance, the Hoarding Task Force is a resource available to Brookline residents.

Every situation is different, and will require a specialized response plan. Compulsive Hoarding takes a lot of time and energy to resolve, and it is important to request assistance from other agencies.

A. Coming Soon! Once formalized, you will be able to consult with the Brookline Hoarding Advisory Committee for advice.

B. Contact the Brookline Health Department’s Human Services Coordinator (617) 730-2326 to schedule a meeting, or request an emergency conference call.

C. The Brookline Hoarding Advisory Committee is a new group that is in the process of being developed under the funding of this grant.

D. The goal of the Brookline Hoarding Advisory Committee is to work with you to assist with the course of action for your particular case.

E. This committee will consist of professionals with expertise in:

- a.** Legal considerations, Financial Services, Clean up companies, tips for improving cooperation

F. Future Goals of The Committee include:

- a.** Hoarding website, hotline, and library.
- b.** Instituting a financial assistance program for low-income.
- c.** Conduct public education programs.
- d.** Retain additional service providers to outreach to occupant.