MASSHOUSING

Hoarding in Massachusetts: Some Basic Information

1. **Hoarding is low incidence (about 2-3%) but demands attention because of its high costs.** Residents face threats to housing stability (most eventually lose their housing) and to health from falls, lack of egress in emergencies and refuse, mold and vermin-related health problems. Housing providers and municipalities bear high costs in time and money (up to $20,000/per incident) of removing the hoarded material. Elders end up in nursing homes and children in shelters or foster care.

2. **There is now accumulated knowledge, both clinical and practical, that offers some success** at containing hoarding. Randy Frost, PhD of Smith College and Gail Steketee, PhD. of the Boston University School of Social Work, nationally recognized hoarding experts, have shared their knowledge generously. Several regions in Massachusetts have put together good packages addressing parts of the problem. No region applies all of what has been learned in a concerted manner.

3. **All hoarding must be dealt with in a multi-disciplinary manner** – housing provider, local health department, usually court, provider of therapeutic services, provider of clean-up services, long term case management and/or monitoring. The sufferers themselves and their family members are of course part of the equation.

4. **Elder Services, Subsidized Housing Providers, Housing Courts and Municipal Health Departments generally understand the complexity of the necessary approach to hoarding,** but most clinicians, DSS, DMH, DMR and other service staff generally do not how to address hoarding or the housing stability implications. They do, however, know they have clients who hoard and greatly desire training.

5. **Some funding sources exist**. Protective Services for Elders and sometimes DSS can provide and arrange services without regard to income. Title III of the Older Americans Act funds and HUD Resident Opportunity Supportive Services grants to housing authorities have also been used. The biggest gap is money for clean up involving dumpsters and other removal; sometimes service agencies can use their funds this way.

6. **Securing effective therapy has been a problem**. Persons on MassHealth and most health insurance with mental health coverage should be able to get coverage for at least some therapy, but most clinicians have not had training in such treatment.

7. The consensus is that **when hoarding has reached health code violation levels, health department citations or other enforcement action and/or court involvement is usually necessary to get the person's attention** focused on the necessity for reducing the materials and keeping what remains in a safe manner.

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8. **Ongoing monitoring with a trusted person is necessary and can be effective.** The assisted living experience may offer some insight into this.

9. **Front line staff of all affected organizations need training in recognizing and responding to hoarding and its health and housing implications.** In the last several years, local health departments, housing courts, elder services, some housing providers and Boston University School of Social Work and Smith College have sponsored training for small combinations of affected parties, including hoarding sufferers and family members. In December 2007 MassHousing and a collation of co-sponsors (see attached list) sponsored a comprehensive multi-disciplinary conference with over 500 attendees and 100 turned away. The evaluations overwhelming asked for more training, both agency-specific and multi-disciplinary. Large numbers of participants volunteered to work on regional issues.