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.

Adapted by the Cape Cod Hoarding Task Force from the Brookline Hoarding Task Force
Guidance for Handling Hoarding Disorder Situations
This Guidance Document was adapted by the Cape Cod Hoarding Task Force from a document developed by the Brookline Hoarding Task Force. It is intended to provide guidance for service providers on Cape Cod.

Hoarding is a complex disorder that is characterized by collecting too many items, difficulty getting rid of items, and problems with organization. These problems can lead to significant amounts of clutter, which can severely limit the use of living spaces, pose safety and/or health risks, and result in significant distress and/or impairment in day-to-day living.

Hoarding Disorder presents unique challenges to those impacted by the condition. On Cape Cod, as in cities throughout the United States, people suffering from hoarding disorder 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 those suffering from hoarding disorder.

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 hoarding disorder be treated with respect.

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

The mission of the Cape Cod Hoarding Task Force (CCHTF) is to sensitively raise awareness of compulsive hoarding and to provide education and support for those affected by hoarding through accessible tools, referrals and resources. The Cape Cod Hoarding Task Force seeks to develop a coordinated response and to forge a cooperative arrangement among County, Town, Community Organizations, and Private Services.
1. A Compulsive Hoarding case is discovered or 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. Develop an emergency protocol with your agency supervisor. 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.

- Fire, gas leak -- call 911
- Behavior that would result in injury to self or others -- call 911

After immediate emergency situation is addressed, call for consultation.

- If immediate risk to child 18 or younger, call child protective services 1-800-543-7508
- If immediate risk to adult, 19-59 years, call Dept. of mental Health Crisis Team 1-800-322-1356
- If immediate risk to adult 60 years or older, call Elder Protective Services 1-800-922-2275

**Other possible contacts:**

**Social Services**
- If occupant is Elderly
  - Council on Aging:
  - Elder Services

**Regulatory enforcement agencies**
- Health Department:
- Fire Prevention Office:

**Property owner or manager**

Has the occupant been brought to the hospital?  
If yes, social worker may make contact with hospital social worker to communicate

**Answer: No, This is Not an Emergency Situation**
A. If you are onsite due to another issue and discover a hoarding situation that is a non-emergency, gather as much information as possible to report to a follow-up agency.
   a. Learn ahead of time what type of information you can share. HIPAA and other regulations may apply.
   b. Use the HOMES Multi-disciplinary Hoarding Risk Assessment to accurately convey the situations to others.
   c. Take pictures if you are legally able to do so.
   d. Use the Clutter Image Rating scale if possible.

3. Conduct a Home Visit to Assess Hoarding Situation.
Contact the occupant to schedule a home visit to assess the condition according to the protocol for your agency. 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, Health Inspector (list is not all-inclusive) etc. It may be advantageous to gather your group together prior to the initial assessment to form a game plan.
   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. Health inspectors must have occupant approval for access.
      d. As the last resort, a Search Warrant from 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?

   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, the Health Department may deem a unit “Unfit for Human Habitation” under the State Sanitary Code. However, condemnation is only recommended as a last resort.

   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 Cape Cod Hoarding Task Force has regularly scheduled meetings and can assist you in your planning.
         2. See CCHTF resources list for a listing of agencies that may be of assistance in your situation.
      b. Set specific, measurable and attainable 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.
      d. Intervention tips:
         1. 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 person who offers options for improving conditions and avoiding the consequences.

e. If Health Department Inspects unit:
   1. Violations are cited and written orders are sent to responsible parties through certified mail. The occupant 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.
   2. Parties receiving orders have the right to request a Hearing with the Board of Health.
   3. Health Inspector provides occupant with resources:
      ▪ List of service agencies, clean up companies, etc.
   4. Inspector re-inspections to determine compliance.

7. 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, or other agency, has Orders to Correct issued, 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 for a complaint against occupant in District Court
         • The occupant has the right to an attorney, Court may appoint an attorney
      c. Judge could impose penalties
      d. 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, and 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.