



Montgomery County Task Force on Hoarding Behavior



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Prepared by Department of Health and Human Services
401 Hungerford Drive, Rockville, Maryland 20850

Montgomery County Task Force on Hoarding Behavior Report

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EXECUTIVE SUMMARY:

A National and Local Problem

What is Hoarding? Hoarding is the acquisition of, and failure to discard a large number of possessions in a residence which appear to be useless or of limited value. Living spaces, furniture, appliances and utilities are sufficiently cluttered as to prevent their intended use, which could pose a significant risk to health, safety or the maintenance of housing.

Signs and Symptoms of Hoarding

- Clutter blocking egress and ingress (windows and doors).
- Clutter making it difficult, impossible and/or unsafe to use the kitchen or bathroom for their intended purposes.
- Presence of infestations (mice, rats, roaches) as a result of clutter.
- Damage to the housing structure – walls, ceilings, floors.
- Accumulated items unsafely stored too close to the stove, oven, heater, fans, portable heaters, or furnace.

Hoarding behaviors can occur concurrently with a number of psychiatric disorders, such as Generalized Anxiety Disorder, Depression, Obsessive Compulsive Disorder, various personality disorders or as a distinct cluster of behaviors.

National statistics indicate that 2-5% of the population suffer from hoarding in one form or another. Based on these estimates, Montgomery County has approximately 20,000 – 50,000 potential hoarders. With increased public awareness, even if only 10% of these residents are identified as requiring services, it's conceivable that between 2,000 – 5,000 residents need assistance when addressing a hoarding situation. Clearly, this places a burden on already constrained County resources, and will require close communication, coordination and collaboration between local government and private partners.

The cases discussed in this report exemplify the necessity for effective information sharing among relevant County and private agencies. Inter-agency collaboration will enable each department to respond appropriately to specific hoarders, address recidivism cases, share information and resources, and reduce the duplication of efforts. (See Appendix A “Task Force on Hoarding Behavior Cooperative Agreement Among Participating Agencies”).

The County government agencies primarily responsible for responding to hoarding situations include:

- DHHS Adult Protective Services (APS)
- DHHS Child Protective Services (CPS)
- DHHS Special Needs Housing
- Department of Police/Animal Services
- DHHS Crisis Center
- Department of Fire/Rescue
- Department of Housing and Community Affairs (DHCA)
- County Attorney’s Office

In addition to the above County departments, the Task Force on Hoarding Behavior (TFHB) includes members from the Housing Opportunities Commission (HOC) and Cities of Rockville, Gaithersburg, and Takoma Park. These departments and municipalities are expected to address the consequences of excessive hoarding, which pose a risk, not solely to the individual but also to the quality of life, safety and well-being of an entire apartment building or neighborhood.

Currently, there is minimal data available on the number of hoarding cases served, number of referrals to multiple agencies, hours spent by investigators, case managers and/or other practitioners, cost to provide the multitude of services needed to stabilize cases and/or the overall financial burden imposed on service providers and landlords.

Figure 1 below provides a snapshot estimate of the hoarding incidents over the past three fiscal years. (These figures include duplicate counts due to multi-agency involvement.) DHCA reports an average of 85 cases a year and APS has seen an increase in referrals. Overall, the counts are expected to rise exponentially as public media attention to the hoarding issue continues and our population ages.

AGENCY	FY 2008	FY 2009	FY 2010	FY 2011 (Projected)
APS	59	67	80 (actual)	96
Crisis Center	12 - 15	14 - 18	15 - 20	20 - 25
CPS	NA	NA	NA	NA
Fire/Rescue	35 - 40	35 - 40	35 - 40	35 - 40
Animal Services	15 - 20	15 - 20	15 - 20	15 - 20
DHCA	75 - 100	75 - 100	75 - 100	75 - 100

Figure 1 • Montgomery County Estimated and Projected Number of Hoarding Cases (2008 – 2011)

Montgomery County Task Force on Hoarding Behavior Formed

The TFHB was formed in September 2009 as a collaborative endeavor to:

- Share information, expertise and resources to better address the complexity of hoarding situations.
- Develop a concerted and coordinated multi-agency intervention strategy.

The TFHB has met monthly in various group configurations to develop goals, tools and policy recommendations.

GOALS: The near term goals established by the TFHB are as follows:

1. Provide a coordinated response to hoarding cases to promote the health and safety of all affected residents, through the efforts of public and private agencies.
2. Facilitate the ability of participating agencies to share information, expertise and resources in order to better understand and respond to this debilitating and/or potentially dangerous behavior.
3. Determine the extent of the hoarding problem in Montgomery County through multi-agency collaboration and consistent data collection/reporting methods.
4. Establish a 4-point Hoarding Awareness/Intervention Program consisting of:
 - a. Awareness
 - b. Identification
 - c. Proactive Assistance/Intervention
 - d. Follow-up/monitoring methods
5. Develop practical tools and identify additional resource gaps.
6. Develop policies and practices to reduce and prevent the incidence of severe hoarding among our residents.

Figure 2 below lists work tools and documents developed by the work groups over the past year. These tools and documents augment interagency efforts to identify and intervene in cases of hoarding behavior as well as to help educate the public about the seriousness of hoarding and resources available to address this problem.

Two of the newly developed tools, the Interagency Hoarding Response Matrix (Appendix A – Attachment B) and Hoarding Screening Rating Scale (Appendix B) are now being used within County government.

<u>Product/Tool</u>	<u>Benefits/Results</u>
<ul style="list-style-type: none"> • Cooperative Agreement Among Participating Agencies (Appendix A) 	→ Facilitates Hoarding collaboration and Teamings and addresses concern among multi-agencies for sharing information.
<ul style="list-style-type: none"> • Interagency Hoarding Response Matrix (Appendix A – Attachment B) 	→ Facilitates County’s hoarding proactive plan by providing points of contact for appropriate agencies to contact.
<ul style="list-style-type: none"> • Hoarding Screening Rating Scale (Appendix B) 	→ Now being used by Fire Code Enforcement, DHCA Code Enforcement and Animal Services to ensure accurate communication.
<ul style="list-style-type: none"> • Internal Resource Contact List (Appendix C) 	→ Provides list of valuable hoarding subject matter contacts and phone numbers to call for different types of hoarding situations.
<ul style="list-style-type: none"> • Hoarding Response Flow Chart & Decision Tree A/B (Appendix D) 	→ The Flow Chart gives an overview of the referral process and provides County personnel a quick reference to identify the appropriate lead agency for different hoarding issues. The decision tree provides a more detailed explanation of the process.
<ul style="list-style-type: none"> • “Collect? Clutter? Hoarding? Which one is it?” Hoarding Brochure (Appendix E) 	→ Provides general information to the public on what to look for and who to call for hoarding concerns.
<ul style="list-style-type: none"> • MC311 Knowledge Base Article for Hoarding Referrals 	→ Collaborated with MC311 to develop a consistent and appropriate Knowledge Base telephone system when screening for different types of hoarding referrals, i.e. housing violation, neighbor concerns, who to call for hoarding advice/consultation, animal services, etc.

Figure 2 • Program Documents/Tools and Benefits

Resources Management

To successfully implement an effective Hoarding Awareness and Intervention Program, resources from both County government and private partners are required.

Current Resources

As mentioned, the number of hoarding cases is expected to rise from the present number. It should be noted that hoarding cases require a disproportionate amount of public and private resources. Examples of resources expended on individual hoarding situations are described in Appendix H, Montgomery County Case Study Vignettes.

The information below reflects the current resources available for addressing hoarding behavior, i.e. heavy duty clean-up, clutter removal, on-going case management and mental health intervention (Details regarding each resource can be found in Section 5.1).

- County Agencies, i.e. DHCA, DHHS, FRS, OCE, Police, HOC.
- Points of Contact within each department and telephone numbers.
- MC311 Online County Telephone Information Service.
- DHHS APS emergency home hazard fund.
- DHHS Case Workers.
- Short term residential or emergency shelter placement.
- Volunteers and religious groups from several Montgomery County Municipalities.

Future Resources

We are anticipating a significant and sustained increase in the number of hoarding cases that will be brought to the attention of community agencies. The increase is in part the result of greater public awareness of the hoarding phenomena through various media efforts and the overall aging of the population. The types of resources that will be needed include:

- Case workers and Therapists trained to intervene in hoarding behavior.
- Hoarding Coaches who can assist hoarders in the process of sorting, giving away or discarding possessions.
- Additional funding for heavy chore services (estimated at \$5,000 per intervention).
- Funding for training, educational materials, printing, etc.
- Additional Volunteers needed for ongoing mentorship to reduce recidivism, clean up, provide transportation on occasion, etc.
- Psychiatric Rehabilitation Program (PRP): These programs can work with severely mentally ill individuals on a weekly basis on skill building to help reduce clutter.

Clearly, the demand placed on the County for increased resources will require a true collaboration and coordinated response at the local level between County, stakeholders, families/friends, and private sector to prevent a duplication of resources when multiple agencies respond. Moreover, a coordinated response will use scarce local government resources more wisely and effectively mitigate the potential outcomes of eviction, homelessness and/or even death.

HOARDING – MONTGOMERY COUNTY PLANS AHEAD

Planned future work tools/products: In addition to the tools and documents referenced above in Figure 2, the TFHB is also developing the following tools:

1. Resource Information Pamphlets:

- a. A general public information pamphlet that will provide phone numbers to call for services related to hoarding prevention and intervention, including MC311.
- b. Government agencies handbook that will be used as a resource for health, safety and/or welfare information.
- c. Business size card that will contain important after hours names and phone numbers for Code Enforcement, Police, Animal Services and Fire/Rescue personnel.

2. Hoarding Screening and Assessment Tools: These tools will be used for telephone screening, intake, environmental and safety assessment, and brief client hoarding assessment. This tool will primarily be used by DHHS professionals when conducting an assessment for entry into DHHS programs, (i.e. APS).

3. Hoarding Data Collection Spreadsheet: This document will be used by departments to report monthly hoarding data to a central contact in DHHS. The departments will primarily be DHCA, HOC, FRS and DHHS, as well as the Cities of Rockville, Gaithersburg and Takoma Park.

4. Policies and Practices: These documents will establish policy, practices and procedures that are intended to reduce and prevent the incidence of severe hoarding among our County residents. These policies, practices and procedures may be either internal to one department or generic in nature and appropriate for various departments.

5. Website Links: Links to hoarding-related resources, literature and treatment will be added to the DHHS website.

Task Force on Hoarding Behavior Ongoing Work Plan

The full TFHB will continue to meet two times a year to raise awareness of the complexities of hoarding behavior, share information to help each department respond to specific hoarding cases appropriately and guide the work that is assigned to work groups for completion. (Details of the TFHB future activities can be found in Section 6.0). The overarching objectives and goals of the TFHB will be as follows:

- Ensure close monitoring of progress in addressing the problem of severe and chronic hoarding behavior.
- Ensure data is collected and maintained.
- Continue to educate the general public regarding hoarding.
- Facilitate education and training for County personnel.
- Improve access to funding and personnel resources for those with hoarding behaviors and their families.
- Advocate for public policy change (i.e. potential legislative remedies).
- Encourage multi-disciplinary Teamings (Appendix A) for severe hoarding cases.
- Stimulate resources in the private sector.

Private Sector Role

The private sector can also play a vital role in the education, prevention and treatment of hoarding. In many cases these private affiliations can have more constant and closer contact with the afflicted individuals. Montgomery County government will continue to work with and rely upon the private sector to take on an even greater role in this critical area.

The major affiliations that Montgomery County Government will continue to liaison, coordinate and expand their relationships with are as follows:

- Religious affiliations, i.e. churches, synagogues and mosques to help with heavy duty cleaning, provide support to person(s) afflicted, family and friends, etc.
- Hoarding Support groups, i.e. Clutterers Anonymous
- Client self-help and family member support groups
- Heavy Chore cleaning companies
- Organizers and de-clutter groups
- Mental health clinics and private therapists
- Psychiatric Rehabilitation Program (PRP)

- Volunteers who can assist with support and clean up (i.e. “Coaching”)
- Conflict Resolution Center in Montgomery County
- On Our Own of Montgomery County
- Rebuilding Together Montgomery County
- Mental Health Association of Montgomery County

Conclusions of Montgomery County Task Force on Hoarding Behavior:

The TFHB is working diligently to address this complex issue in the community and develop further resources to ensure the well-being of Montgomery County residents. The conclusions are as follows:

- Hoarding is a global, national and local problem.
- Instances of hoarding within Montgomery County are increasing.
- As public awareness increases, and the population ages, the number of reported cases of hoarding will increase in number and complexity.
- Assistance to hoarding individuals is costly and typically includes cleanup crew, heavy chore services, rehabilitating housing, psychological counseling, case management, etc.
- Montgomery County can project approximately 181 cases annually from DHCA, Fire/Rescue, Animal Services and APS. This number does not include Crisis Center, CPS or HOC, which represent the other mainstay entities for hoarding referrals.
- Support from elected officials including additional resources is essential to success.

Recommendations of Montgomery County Task Force on Hoarding Behavior are as follows:

- Implement Hoarding Awareness/Intervention Program consisting of:
 - a. Awareness
 - b. Identification
 - c. Proactive assistance
 - d. Follow-up/monitoring
- Promote public awareness.
- Actively coordinate with public and private agencies.
- Implement new tool, “Hoarding Flow Chart Responses: Decision Tree A – Primary focus on people and Decision Tree B – Primary focus on structure” (See Appendix D).

- Implement a two-prong coordinated approach for resolution:
 1. Code Enforcement, with support from the Office of County Attorney, provides the regulatory leverage for the hoarder to improve property, correct violation(s) cited, and cooperate with involved agencies and, if necessary, the court.
 2. Department of Health and Human Services (and other human services agencies) attempts to influence the hoarder to receive mental health and other therapeutic services to acknowledge the severity of their situation, gain an understanding of the dynamics of their hoarding behavior and move toward mitigation/resolution of the problem.

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Montgomery County Task Force on Hoarding Behavior



Accomplishments and Challenges

1.0 INTRODUCTION

“Hoarding is an under-recognized problem that exists in most communities and adversely impacts the health, welfare, and safety of humans, animals, and the environment. The situations are often complex and a full response is likely to be prolonged and require a cross-jurisdictional multi-agency effort.”¹

Hoarding has become a significant issue in the United States. Each year an increasing number of cases are reported through local, county and state governments. As Montgomery County faces a dramatic growth in the aging population, a significant increase in the hoarding phenomenon is expected.

This report by the TFHB presents a snapshot of Montgomery County’s proactive efforts to address the complex issue of hoarding. Our response to this serious issue is paramount to the current and future health and safety of endangered individuals and our community at large.

¹ Castrodale, L., et al. “General Public Health Considerations for Responding to Animal Hoarding Cases”. Journal of Environmental Health, Vol. 72, No. 7, pg. 14-18.

2.0 BACKGROUND/HISTORY

Hoarding has been a hidden, complex and multifaceted mental-health problem for many years. Before the early 1990's, there was minimal research or knowledge regarding hoarding. However, in recent years, interest has increased dramatically among researchers, clinicians, and even the media. Publications, newspaper stories and TV reality series, shown on A&E, Discovery and Animal Planet) has increased awareness and interest among sufferers, their friends and society at large.

In the past, a person collecting/obtaining an excessive amount of items (i.e. newspapers, clothes, food, etc) was referred to as a "pack-rat" or thought to be "quirky" or "strange". Society has now identified this behavior as one that can result in a health and/or safety issue. Researchers say hoarding, which is sometimes connected to obsessive-compulsive disorder (OCD), is surprisingly common. According to Dr. Gail S. Steketee, co-author of "[Stuff: Compulsive Hoarding and the Meaning of Things](#)"², 2-5% of the United States population suffers from excessive collecting and clutter. This behavioral disorder, when severe, is associated with substantial disability and represents a great burden for the sufferers, family members and human service personnel, i.e. Code Enforcement personnel and social workers who often deal with the problem.

As this problem receives more attention, there has been increased involvement of State, County and local jurisdictional groups, including police, fire and rescue, and adult protective services, in an effort to learn how to respond more effectively to hoarding situations.

Although difficult for most of us to understand, hoarders have an intense emotional attachment to every object they keep, even a used band-aid or empty milk carton. In fact, in Montgomery County, we have identified hoarders who rent multiple storage bins and have multiple homes to contain the objects of which they just don't seem able to let go. But to neighbors, it's just a lot of "junk", and they complain to city officials that homes with cluttered yards or porches are eyesores, constitute safety hazards and lower property values. **Figure 2-1** depicts a reported hoarder using the home, porch and van for storage sites. This hoarding behavior can lead to serious public-health and safety violations. Also, a major consideration is the cost: a forced cleanout can top \$25,000, and that money is rarely recouped from the hoarder, which leaves local agencies to foot the bill.



**Figure 2-1 • Severe Hoarding Using Multiple Sites (House, Porch and Van)
(Safety, Fire Code, and Housing Violation)**

² Frost, R.O. & Steketee, G. (2010) *Stuff: Compulsive Hoarding and the Meaning of Things*. New York: Houghton Mifflin Harcourt.

2.1 Compulsive Hoarding Definition³

The acquisition of and failure to discard a large number of possessions which appear to be useless or of limited value:

- Living spaces, furniture, appliances and utilities are sufficiently cluttered as to prevent their intended use.
- Situation could pose a significant risk to health, safety or the maintenance of housing.
- Significant distress or impairment in functioning caused by the hoarding.

Signs and Symptoms of Hoarding

- Clutter blocking egress and ingress (windows and doors).
- Clutter making it difficult or impossible to use the kitchen, bathroom, or bedroom for their intended purposes. (For example, not being able to cook in kitchen, bath in the bathroom, sleep in a bed.
- Not allowing repairs to be made to avoid having people see their house.
- Presence of infestations (mice, rats, roaches) as a result of clutter or litter.
- Damage to the housing structure – walls, ceilings, floors.
- Accumulated items unsafely stored too close to the stove, oven, heater, fans, portable heaters, or furnace.

2.2 National & Regional Problem

Hoarding is recognized as a global problem. Recent studies in Germany and France reveal that hoarding is indeed extensive in Western Europe.⁴

National attention to this phenomenon in the U.S., however, has only been recognized in the past twenty (20) years. If Dr. Steketee's estimate that 2-5% of the United States population suffers from excessive collecting and clutter, then approximately 20,000 – 50,000 Montgomery County citizens suffer from hoarding disorders. The average age is 50 and hoarders tend to be single and have a high rate of divorce. They tend to live alone and there is often a family history of hoarding.⁵

As a result of national attention to issues of hoarding, public awareness of this problem has significantly increased. With increased public awareness, metropolitan jurisdictions and local governments across the nation are experiencing an influx in referrals generated by community residents, family members, community groups and businesses. Local governments are struggling with how to intervene in these situations and how to effectively coordinate a response from multiple agencies.

³ Frost, R.O. & Hartl, T.L. (1996). "A cognitive-behavioral model of compulsive hoarding". Behavior Research and Therapy, 34, 341-350.

⁴ Black, D.W., Monahan, P., Gable, J., Blum, N., Clancy, G., & Baker, P. (1998). "Hoarding and treatment response in 38 non-depressed subjects with obsessive-compulsive disorder". Journal of Clinical Psychiatry, 59, 420-425.

⁵ Delap, Ellen, Kingwood Texas Connection, "Recent Demographics Show Hoarding Affects 2-5% of Population", August 2010.

2.3 Problem Statement in Montgomery County

Montgomery County is a large, diverse County of 971,600 people, of which seniors comprise approximately 12% of the population⁶. As the older population 65+ increases, there are increased mental health issues as well as physical and emotional concerns. Since hoarding is a chronic condition that has a worsening course as the population ages, we can expect the incidence of compulsive hoarding to increase in number and severity. In addition, due to the hoarder's often limited ability to alter their behavior, whether they have resources or not, governmental agencies may end up needing to intervene.

Some individuals in the County who demonstrate compulsive hoarding behavior will have the private resources needed to address the situation (i.e., waste removal, psychotherapy, and heavy chore services). On the other hand, many residents are low-income and lack resources and funds necessary to pay for heavy chore services or on-going mental health services. However, many will be especially recalcitrant and inclined to hold on firmly to their possessions. It is generally these individuals who may require help from the government for public dollars to provide whatever services are needed to address the problem.

Moreover, many of the low-income hoarders may be uninsured or only have public insurance, (e.g. Medicare and/or Medicaid). They may suffer from one of the concurrent diagnoses mentioned earlier that are reimbursable for therapy under the Public Mental Health System but are not considered Severely Mentally Ill (SMI) Priority Population. The SMI Priority Population consists of the various Schizophrenia diagnoses, Major Depressive Disorder, Psychotic Disorder NOS, Borderline Personality Disorder and Bipolar Disorder.

The reason that this is important is that unless the person (hoarder) has a co-morbid Priority Population Diagnosis, they cannot get Psychiatric Rehabilitation Program (PRP) Services which could work with the hoarder at their home.

Imagine the demand on the County's limited resources if just one out of every ten hoarding people requests services, or more likely is referred by family, friends or concerned neighbors. This would mean 2,000 - 5,000 County residents requesting services to address hoarding situations.

Addressing the problem in the early stages of the hoarding disorder is ideal. However, the behavior is carried on largely in private. Hoarders tend to be ashamed of their disorder and unwelcoming to those who might interfere with their activities. Therefore, intervention will usually occur reactively after the onset of a critical incident, i.e. eviction from the home, a fire resulting from an accumulation of items, animal cruelty complaints, child welfare concerns, etc. This "late-stage" identification and referral results in interventions that are crisis-driven and costly.

Animal hoarding, a very serious type of hoarding, is an under-recognized problem that exists in most communities and adversely impacts the health, welfare, and safety of humans, animals, and the environment. Awareness is increasing in part due to a reality TV series on the Animal Planet channel and broadcast news stories. It generally involves private individuals who claim ownership of numerous animals in a home or apartment. In some cases, it may even be created in specific settings, such as rescue no-kill groups or puppy mills, and mimic a hoarding

⁶ Maryland-National Capital Park and Planning Commission, "Montgomery County Snapshot", July 2010



Figure 2-2
Severe Cat Hoarding Case
(Unsanitary Conditions)

situation. Remediation is extremely difficult and rarely successful in the long term. The multi-faceted nature of these situations, the refractory behaviors of people involved, and unclear criteria about animal cruelty/neglect, and privacy and personal property rights can be major obstacles to permanent solutions.⁷ **Figure 2-2** depicts a live cat found in wretched conditions in a house located in the Bethesda area. This case resulted in a “fire sale” and eventual demolition of the residence.

In addition to Montgomery County, which established a TFHB in 2009 to address the increased chronic hoarding situations, other government agencies in the local region that have formed work groups to address hoarding include:

- Fairfax County - 1998 - Task Force on Hoarding Behavior established.
- Arlington County - 2002 - Task Force on Hoarding Behavior established.
- Council of Governments (COG) of Metropolitan Washington Council of Governments - 2006 - Issued report addressing hoarding among its 20 local governments.
- Alexandria City, Fairfax County and Arlington County - 2007
- City of Gaithersburg - 2009 - Task Force on Hoarding Behavior established.

2.4 Statistics Reflecting Approximate Number of Hoarding Cases for Code Enforcement

DHCA Code Enforcement Division responds to approximately 75 - 100 complaints involving hoarding behavior annually. Police Department/Animal Services responds to 15 - 20 calls of animal hoarding annually. Department of Fire/Rescue responds to 35 - 40 cases involving hoarding behavior annually. Previously there were no statistics collected by these agencies to document the number of citations issued for illegal and potentially life-threatening hoarding or the number of referrals to DHHS programs.

2.5 Statistics Reflecting Growth in Number of Adult Protective Services Hoarding Cases in Past Three Years

It is estimated that in FY08 and FY09, 10% of all Adult Protective Services (APS) cases involved situations of severe hoarding. Based on this estimate, of the 593 total APS cases investigated in FY08, 59 involved excessive hoarding. In FY09, of the 673 total APS cases investigated, there were 67 cases including hoarding. In FY10, the actual number of hoarding cases was 80, out of 665 total APS cases investigated, (12% of the APS caseload).

⁷ Journal of Environmental Health, Vol. 72, No. 7, “General Public Health Considerations for Responding to Animal Hoarding Cases”, pg. 14-17, March 2010.

Figure 2-3 below provides a snapshot estimate of the hoarding incidents within the past three years in Montgomery County and the projected number these departments will process in FY11. The counts are expected to rise as public media attention to the hoarding issue continues.

AGENCY	FY 2008	FY 2009	FY 2010	FY 2011 (Projected)
APS	59	67	80 (actual)	96
Crisis Center	12-15	14-18	15-20	20-25
CPS	NA	NA	NA	NA
Fire/Rescue	35 – 40	35 – 40	35 – 40	35 - 40
Animal Services	15 - 20	15 – 20	15 – 20	15 - 20
DHCA	75 – 100	75 – 100	75 – 100	75 – 100

**Figure 2-3 • Montgomery County Hoarding Incidents (2008 – 2011)
Estimated and Projected Number of Hoarding Cases**

3.0 MONTGOMERY COUNTY TASK FORCE ON HOARDING BEHAVIOR

The TFHB was established by the Department of Health and Human Services Director in September, 2009. The main purpose of the task force is to address the multiple complex concerns raised by the increasing number of hoarding incidents within Montgomery County. (See Charter, Appendix F)

The TFHB is comprised of 27 members from government and non-government organizations (See Appendix G). Its mission is to coordinate all County actions related to severe hoarding cases in Montgomery County and develop comprehensive long term, proactive strategies to prevent and remediate hoarding situations.

3.1 Goals and Objectives

1. Facilitate a coordinated public/private response to hoarding cases to ensure the health and safety of all residents.
2. Facilitate the ability of participating agencies to share information, expertise and limited resources in order to better understand and respond to this debilitating and/or dangerous behavior.
3. Determine the extent of the hoarding problem in Montgomery County through multi-agency collaboration and consistent data collection/reporting methods.
4. Establish a 4-point Hoarding Awareness/Intervention Program consisting of:
 - a. Awareness
 - b. Identification
 - c. Proactive Assistance
 - d. Follow-up/monitoring methods

3.2 Strategies

1. Establish policy, procedures and practices to reduce and prevent the incidence of severe hoarding among our residents.
2. Recommend approaches for training and education, including identification of target audiences, format and focus. Develop cross-departmental training programs for Montgomery County employees regarding hoarding.
3. Recommend approaches for outreach and education to the general public to build community awareness of the hoarding problem.
4. Identify areas where County resources might be more effectively and efficiently applied.

5. Present an integrated approach using code enforcement, therapeutic intervention and joint collaboration to address the physical, emotional, psychological and financial issues involved. Where possible, allow the owner/occupant to continue living in or to reoccupy the dwelling after appropriate correction, abatement, and compliance.
6. Develop a concerted and coordinated multi-agency intervention strategy for referral, intervention, treatment, enforcement, corrective action and follow-up.
7. Develop practical tools and additional resources for community service providers.
8. Develop long-term approaches or procedures for managing hoarding cases after initial assessment and intervention, (i.e. monitoring the potential recurrence of conditions and taking appropriate steps to prevent reoccurrences.)
9. Assess involved agencies' leadership, participation and roles within the cross-agency collaboration model and recommend changes when needed.
10. Identify the traits, indicators, and behavior of those persons at risk.
11. Understand the mental health complexities that allow a person to remain in or to ignore an unsafe living environment.
12. Increase resource sharing between public and private agencies.

4.0 HOARDING PROGRAM DESCRIPTION

4.1 Task Force on Hoarding Behavior Work Process

The TFHB is comprised of a diverse group of professionals that bring a variety of perspectives and unique expertise to address a myriad of complex hoarding scenarios. Extremely difficult issues are reviewed, and realistic recommendations/solutions developed.

To maximize the effectiveness of the TFHB and best accomplish the goals and objectives, three separate workgroups were established to develop a well-defined core body of work. These groups receive guidelines from the full task force members and periodically report back their ongoing progress. These three groups and respective assignments are as follows:

Group I. Practice Framework and Tools: To develop a basic inventory of tools needed to include routine early warning signs check list, pictorial screening rating scale form (Appendix B), and other screening, assessment and intervention tools. Also, to propose a practice framework, to include development of a protocol for interdepartmental collaboration, business process mapping and flow chart/decision-tree (Appendix D), task checklist and desired outcomes.

Group II. Communication: To increase public awareness of chronic hoarding via development of educational brochures/announcements (Appendix E), with direction to contact 311 for assistance and how/who to contact for private resources. County points of contact to call as subject matter experts on hoarding cases (Appendix C), flyers, workshops, speaker's bureau, website, etc. Work also focuses on development of a training video for use with a range of County staff, Fire/Rescue, Police, Code Enforcement, County Attorney's office, contractors, caregivers and private entities.

Group III. Reimbursement/ Funding Mechanism: To establish and advocate for a newly defined "hoarding disorder" diagnosis to be included in the International Classification of Diseases Manual (ICDM) and the Diagnostic and Statistical Manual 5 (DSM-5). This proposed diagnosis would apply to hoarding that occurs in the absence of, or independently from, other mental disorders. It is hoped that the addition of this diagnosis to DSM-5 will increase public awareness, improve identification of cases, and stimulate both research and the development of specific treatments for this problem, as well as provide a mechanism for insurance reimbursement for treatment. Providers can be reimbursed for treatment of a concurrent psychiatric diagnosis.

4.2 Work Tools and Documents That Have Been Developed

The groups referenced above have produced several deliverable documents that will enhance Montgomery County's Code Enforcement and DHHS collaboration. These documents will facilitate recognition of hoarding situations.

1. **"Montgomery County Task Force on Hoarding Behavior Cooperative Agreement Among Participating Agencies"** – This document is an agreement among multiple agencies to enhance communication and share information about hoarding cases. The document delineates several strategies for working cooperatively, including Teaming. A "Teaming" takes place when representatives from different agencies who are working with the same individual and/or family come together to develop a concerted and coordinated intervention strategy for referral, intervention, enforcement, treatment, corrective action and follow-up. (Appendix A)

2. **“Montgomery County Interagency Hoarding Response Matrix”** – This spreadsheet, intended for internal County use, lists agencies that are most involved with hoarding situations in the County. It gives the contact number of each agency, responsibilities, authority and limitations in hoarding cases, interagency partnerships, supports and the type of information to share with other relevant agencies. (Appendix A – Attachment B)
3. **“Hoarding Screening Rating Scale”** – This tool has proven to be very popular with Code Enforcement and social workers in helping them rate the hoarding situation. The tool is a one page, two-sided document; one side describes “Potential Signs of Hoarding” while the other side shows a series of 9 pictures numbered 1-9 of a living room and depicts hoarding from level 1 (no clutter) to level 9 (severe hoarding). The series of pictures is called a “Clutter Image Rating” (CIR) assessment, (developed by Randy Frost, Ph.D., a leading expert on hoarding), and provides an excellent tool for anyone needing to rate the situation using a consistent methodology that others will understand by looking at the same tool. This tool is used to monitor progress as well as judicial review (See Appendix C). **Figure 4-1** depicts a housing inspector using the Hoarding Screening Rating Scale tool to assess clutter at level 7 in the bedroom below.



Figure 4-1 • Housing Inspector Rating Bedroom Clutter Situation

4. **“Task Force on Hoarding Behavior Internal Resource Contact List”** – This is a one page internal multi-agency list of lead people to contact for consultation, expert opinion, information sharing and/or Teaming participation when expertise regarding hoarding behavior is needed. This guide is intended for local government purposes. (Appendix C)
5. **“Hoarding Response Flow Chart and Decision Tree A/B”** – This tool outlines the County process for what to look for, what decisions to make and who to call for hoarding incidents. This tool will assist County personnel and others to understand the dynamics of various complex hoarding situations, i.e. Code Enforcement is called if it is a structural issue and DHHS if it is a human services issue. (Appendix D)
6. **“Collect? Clutter? Hoarding? Which one is it?”** – This is a one page hoarding information pamphlet that provides general information to the public on what to look for and who to call for hoarding concerns, starting with MC311. (Appendix E)
7. **MC311 Siebel Knowledge Base Article for Hoarding** – This provides a consistent screening mechanism for addressing hoarding referrals and complaints and where to refer the caller in the County. Examples of types of calls: housing violation, individual concerns, who to call for hoarding advice/consultation, animal services, neighbor has excessive outside trash, etc.

The chart below summarizes the work tools (plus benefits) developed by the TFHB workgroups throughout 2009 - 2010. The Interagency Hoarding Response Matrix (Appendix A – Attachment B) and Hoarding Screening Rating Scale (Appendix B) are now extensively used within County government.

<u>Product/Tool</u>	<u>Benefits/Results</u>
• Cooperative Agreement Among Participating Agencies (Appendix A)	→ Facilitates Hoarding collaboration and Teamings and addresses concern among multi-agencies for sharing information.
• Interagency Hoarding Response Matrix (Appendix A - Attachment B)	→ Facilitates County’s hoarding proactive action plan by providing points of contact for appropriate agencies to contact.
• Hoarding Screening Rating Scale (Appendix B)	→ Now being used by Fire Code Enforcement, DHCA Code Enforcement and Animal Services.
• Internal Resource Contact List (Appendix C)	→ Provides list of valuable hoarding expert contacts and phone numbers to call for different types of hoarding situations.
• Hoarding Response Flow Chart & Decision Tree A/B (Appendix E)	→ The Flow Chart gives an overview of the referral process and provides County personnel a quick reference to identify appropriate lead agency for different hoarding issues. The Decision Tree A/B shows hoarding as it relates to problems with structure and people.
• “Collect? Clutter? Hoarding? Which one is it?” Hoarding Brochure (Appendix E)	→ Provides general information to the public on what to look for and who to call for hoarding concerns.
• MC311 Knowledge Base Article for Hoarding Referrals	→ Collaborated with MC311 to develop a consistent and appropriate Knowledge Base telephone system when screening for different types of hoarding referrals, i.e. housing violation, neighbor concerns, who to call for hoarding advice/consultation, animal services, etc.

Figure 4-2 • Program Documents/Tools and Benefits

4.3 List of Local Agencies and Their Functions

The following is a list of agencies and their functions: (Many of these agencies are members of the TFHB).

- **DHHS Aging and Disability Resource Unit** provides Information, Referral and Assessment via telephone of the needs and/or risks of adults and seniors living in a hoarding environment. This Unit is a gateway to the many programs available to individuals in need.
- **Adult Protective Services/Child Protective Services** is responsible for investigating abuse, neglect, self-neglect and exploitation of children and vulnerable adults. They also provide investigatory and continuing case management services as needed.

- **Crisis Center** provides 24/7 on-site response for agencies, families, etc. when there are symptoms of a behavioral health crisis (mental health, substance abuse) as well as hoarding concerns. Licensed mental health professionals will conduct a crisis risk assessment and diagnostic evaluation and then recommend/provide linkage to a range of services, including crisis mental health treatment, residential crisis bed services, inpatient hospitalization, and outpatient treatment. They also provide consultations 24/7 with other agencies, families, etc. on how to approach behavioral health and hoarding crises.
- **Police Department** serves as first responder 24/7 and will provide referrals to other agencies for investigation and intervention when appropriate.
- **Police Department/Animal Services Division** provides expertise 24/7 to ensure an animal's welfare in animal hoarding cases and can serve as a referral source to other agencies.
- **Fire and Rescue Department** has the responsibility to enforce the fire prevention code 24/7 which grants fire marshals the authority to evacuate an unsafe structure and take the necessary actions to ensure the safety of the public and emergency response personnel. They will provide referrals to other agencies for investigation and intervention when appropriate.
- **Department of Housing and Community Affairs** has the responsibility for the preservation and improvement of housing and property standards through the enforcement of the Montgomery County Code, Chapter 26, Housing and Building Maintenance Standards. They also provide referrals to other agencies for investigation and intervention when appropriate.
- **Mental Health Services** are referred by DHHS ACCESS Team, 240-777-1776, to on-and off-site mental health professionals for evaluations and recommendations.
- **Mental Health Outreach Services for Seniors** which has the capacity to work with seniors in their homes for seniors who can't or won't access office based services.
- **County Attorney's Office** provides legal guidance and court representation on a myriad of hoarding situations, i.e. citations, abatement orders, condemning properties, property rights, guardianship cases, and other forms of litigation.

5.0 RESOURCES

As demonstrated in Section 2.0, hoarding is becoming a serious problem within Montgomery County. To successfully implement an effective program of this nature requires resources from both County government and private partners. The intent in this section is to discuss these resources and the impact on the Montgomery County community.

5.1 Current Resources Available

Currently, Montgomery County has limited resources available for ongoing assistance to residents with hoarding tendencies. Specific resources currently available include:

- TFHB Lead Contacts – This list is intended for internal multi-departmental use; establishes lead person to contact from each department and/or Program who are knowledgeable about hoarding issues and available resources within the County (See Appendix C).
- MC311 Online and Telephone Information Service – This new Customer Service Center provides a valuable service with hoarding referrals. They will link callers with a key agency for assessment and intervention. To augment their hoarding knowledge, the TFHB assisted in developing a Knowledge Base Article for Hoarding, which targets key hoarding phrases and words to look for in a referral.
- DHHS APS Emergency Home Hazard Fund – The APS case managers have access to a small county home cleaning fund for clients in APS, Guardianship or Social Services to Adults (SSTA) programs to purchase one time only clutter removal services. This fund is not available to the general public. The resources are used exclusively to prevent evictions and homelessness by cleaning all kinds of housing, to include condo's, apartments and recertifying HOC residents to meet HOC inspection criteria. Historically, the County spends approximately \$7,000 - \$14,000 annually to purchase heavy chore services for A&D clients. In FY10, \$7,235 was used to help 10 clients purchase heavy chore services to prevent evictions.
- APS Social Workers – Current workload must be taken into consideration when integrating APS hoarding caseload with social workers caseload, per Maryland State COMAR regulations of 1:10 ratio. The hoarding cases tend to be more complex, difficult and require extensive case management to investigate, research/determine resources and collaborate with partners. Teaming, which is a strategy the TFHB recommends for chronic, complex hoarding cases, takes considerable time to coordinate, prepare and meet to discuss an appropriate intervention plan.
- Volunteers – This resource is very limited and underdeveloped. Occasionally, volunteers have provided tremendous assistance and cleaning in organizing a residence where the resident has no resources, low income, limited family assistance and no other means of help. Several congregations in Gaithersburg and Silver Spring have volunteers willing to help with the clean up or other miscellaneous support. This resource is very limited and based on a case-by-case basis. The Boy Scouts have also assisted on occasion with these heavy clean up challenges. The TFHB hopes to build on this resource. By far, the most highly requested resource is heavy cleaning services that includes clean up, de-clutter, fumigation and removal of debris.

- Psychiatric Rehabilitation Program (PRP) – These programs are run by non-profit organizations in Montgomery County and are a very limited resource, as it is only available to eligible Medicaid recipients who have a major mental disorder of Schizophrenia, Major Depressive Disorder, Delusional Disorder, Psychotic Disorder and/or Borderline Personality Disorder. This outreach program can provide for an outreach worker (not a therapist) to visit the home 1-2 times a week to provide support, guidance and consistency. This program has been used by the County for eligible hoarders who need someone to help in organizing and discarding possessions and obtaining help for cleaning.

5.2 Future Resources Needs

Montgomery County has many ongoing challenges with an increasing aging population and limited resources in the public sector to fund all needed services. The TFHB has **projected the number of County hoarding cases in FY11-12 to be approximately 181** (See Figure 2-3 Montgomery County Hoarding Incidents 2008-2011). As a result, estimated future resources needed by Montgomery County to adequately deal with increase will be as follows:

- Case workers and therapists specifically trained in hoarding to be able to investigate and provide short-term mental health support and therapy. These experts can be DHHS merit employees or contractors.
- “Hoarding Coaches” - The TFHB believes strongly that having a person(s) serve as Hoarding Coach for moderate to severe hoarding situations is vital to “fill a gap” that now exists in communication and collaboration between stakeholders, afflicted clients, families and people at risk. Other responsibilities for this Hoarding Coach role would be to keep in touch regularly, and make bi-weekly home visits, which is a vital part of the therapeutic model. This position(s) will provide long-term consistency and continuity needed with chronic hoarding individuals that case workers generally can’t provide.
- Develop funding for heavy cleaning services in local government agencies where hoarding residents are not able to pay privately. Clearly, the most highly requested and costly resource is heavy cleaning services that can include clean up, de-clutter, fumigation and removal of debris. It may even require use of special personal protective equipment, such as face masks, heavy work boots, gloves, and coveralls. This service is typically requested to prevent eviction or condemnation or to correct serious health and safety conditions. These services are best performed by a professional cleaning company.
- Increased pool of experienced volunteers who are knowledgeable in hoarding behaviors by: advertising, recruiting and training people to understand and work with hoarding behaviors; be available as a valuable resource to fill a void; be able to provide periodic follow-up to ensure compliance with mandated goals set by Court, County agencies and/or therapy. These volunteers could work under Hoarding Coaches.

- Training for “front line” hoarding contact workers will be vital to the success of this program in the future. The training for various Montgomery County departments involved in the hoarding phenomena should focus on:
 - a. Awareness
 - b. Identification and collaboration
 - c. Assistance
 - d. Follow-up
- ***OHR offered training to county employees on November 8, 2010, “Recognizing Compulsive Hoarding” (A three hour overview that covered general recognition and assessment of hoarding).***

Overall, the more Montgomery County increases awareness of hoarding issues in the local and national media, the greater the number of hoarding clients we can expect to see. This will result in an increase in personnel workload and increased demand for limited government resources. This dilemma raises important policy and practice issues with which the TFHB is grappling including:

- a. Who decides which situations warrant assistance?
- b. What type of assistance is provided?
- c. When is assistance provided and for how long?
- d. Are there ceilings or caps on how much should be spent on individual cases?
- e. How is outcome evaluated? (e.g. short or long-term)

Certainly, the demand placed on the County resources will require a true collaboration and coordinated response at the local level between County, stakeholders, families/friends, and private sector to prevent a duplication of resources when multiple agencies respond. The team effort will result in more effective use of scarce local government and hopefully mitigate the ultimate tragic outcome of eviction, homelessness or even death.

6.0 HOARDING – MONTGOMERY COUNTY’S PLAN AHEAD

6.1 Task Force on Hoarding Behavior Future Work

The TFHB will continue to meet periodically to raise public awareness of the complexities of hoarding behavior, share information, assist departments to respond to specific hoarding cases appropriately, and guide work that is assigned to work groups for completion. The overarching objectives and goals of the TFHB will be as follows:

- Work closely with the County Executive and Council and ensure close monitoring of the progress regarding the hoarding phenomena.
- Ensure meaningful data is collected and maintained.
- Continue to educate the general public regarding hoarding.
- Facilitate and coordinate education and training for County and other personnel including mental health, social services, case managers, and housing as well as police and fire officials. This includes the development of appropriate training curriculum, including video for first responders. First responders, i.e. APS, mental health, and code enforcement inspectors, police and fire fighters will receive initial “pilot” training. Train-the-trainer classes will also be initiated by incorporating personnel who have received previous training.

NOTE: Training on clinical aspects of hoarding behavior for mental health therapists, case managers and practitioners will be offered in Spring, 2011. This will be sponsored by DHHS.

- Improve access to resources for those with a hoarding disorder, their families, clinicians and service personnel.
- Advocate for public policy change as it affects people who hoard, their families and community members (future legislation).
- Encourage multi-disciplinary Teamings (Appendix A) regarding severe cases, in order to collaborate, share knowledge and develop strategies for effective intervention and reduce recurrence.

6.2 Future Tools for Development by Task Force on Hoarding Behavior

In addition to the completed documents referenced in Section 4.2, the TFHB will work on development of additional tools/documents as follows:

1. Resource Information Pamphlets:

- a. Government agency handbook to use as a resource for health, safety and/or welfare information.
- b. Resource guide for hoarders as to who to call for help. This guide will be left by Code Enforcement, Police/Animal Services and Fire/Rescue.
- c. Business size card that will contain important after hours names and phone numbers for Code Enforcement, Police, Animal Services and Fire/Rescue personnel.

2. Hoarding Evaluation Screening Tool: This will be used for telephone screening, intake, environmental/safety assessment, and brief client assessment. This tool will primarily be used for entry into DHHS programs, i.e. APS, CPS and Crisis Center and facilitating data collection.

3. Hoarding Data Collection Spreadsheet: This document will be used by departments to report monthly hoarding data to a central contact in DHHS. The departments will primarily be DHCA, HOC, FRS and DHHS, as well as the Cities of Rockville, Gaithersburg and Takoma Park.

4. Policies and Practices: Establish public policy, practices and procedures that are intended to reduce and prevent the incidence of severe hoarding among our County residents. These policies, practices and procedures may be either internal to one separate department or generic in nature and appropriate for multiple departments.

6.3 Task Force on Hoarding Behavior Leadership Role

The TFHB will continue to provide leadership by holding Task Force meetings a minimum of twice a year which will include the review of the following three main areas of focus:

1. Assessment of risk in the community along with strategies
2. Development of intervention protocols
3. Education and training goals and objectives

Leadership from elected officials is essential in order to ensure a successful continuation of Task Force operations. Continued meetings will keep Task Force members engaged, resulting in ongoing development of strategies and products to facilitate Task Force goal achievement.

A function of TFHB leadership is to promote enforcement, protection and therapeutic intervention on a short-term basis, in order to stabilize and provide short-term control over a hoarding crisis situation. This process incorporates a two-prong approach:

1. Code Enforcement model (deals with housing, animals, outside structures)
2. Human Services model (deals with individuals and psychosocial concerns)

6.4.1 Code Enforcement Model

While there is not a direct charge for **Code Enforcement** involvement, this arm of law enforcement has leverage to enforce the Housing Building and Maintenance Standards, Chapter 26. “This chapter is intended to protect the people of the County against the consequences of urban blight, assure the continued economic and social stability of the structures and neighborhoods, and protect the health, safety and welfare of the residents, by authorizing the enforcement of minimum standards of health and safety, fire protection, light and ventilation and cleanliness, repairs and maintenance, and occupancy for residential properties”.

Some violations resulting from hoarding behavior have been found to include excessive accumulation of items resulting in unsafe conditions both inside and out, insufficient utilities that provide electricity, water and gas to ensure that mechanical devices are operational as required, as well as to have heat, hot water and working plumbing within a residential unit. **Figure 6-1** depicts (left picture) a severely cluttered living room that measures level 8 on the Hoarding Screening Rating Scale (Appendix B). Picture on right is an example of excessive clutter/trash outside of house.



**Figure 6-1 • Severe Hoarding
(Safety and Health Violations)**

The above are considered the basic maintenance standards, which if not met, begins legal procedures, i.e. issuance of Notice of Violations, Civil Citations, condemnation of property and, in the case of animal hoarding, removes the animals from the property. Failure to abate the violations noted in the “Notice of Violation” within the designated time period will result in the issuance of civil citations or instituting a Clean and Lien service to correct severe conditions and solid waste violations. The costs associated with this Clean and Lien service are debts owed the County and

may be placed on the tax bill as a lien against the property and collected as ordinary taxes are collected. In addition, the District Court of Maryland has the power to grant abatement orders, as a result of non-abated code violations for the structure only.

At this time, the District Court of Maryland does not have the power to force the individual homeowner to accept and receive mental health services, but this is an opportune time to encourage the individual homeowner to accept mental health intervention.

6.4.2 Human Services Model

The **Human Services Model** focuses on the individual hoarder and his/her health, psychological, and medical issues, in the context of the housing issues. The success of this model is contingent on the psychological awareness of the hoarder to be “willing” to accept mental health and other therapeutic assistance. This scenario plays out when Code Enforcement first comes in contact with the hoarder. The human services approach doesn’t have the same authority or legal backing as the DHCA Office of Code Enforcement inspectors.

If mental health assistance is offered to the hoarder at the time Code Enforcement first receives a call to investigate the dwelling, the hoarder has the option to refuse or accept the services offered. At this point in the process, it becomes very difficult to ensure that the hoarder follows up with mental health; likewise, Code Enforcement cannot force the person to seek assistance. In these situations, when the person needs social service help and does not have insurance, Code Enforcement will call the Crisis Center which may then refer to APS (if hoarder is adult) or CPS (if there is child in the family).

Figure 6-2 shows a hoarding situation with multiple violations (safety, fire and health) requiring both Code Enforcement and Health Services assistance.

As previously noted, when an adult hoarder is referred to APS, there can be a mental health component attached to the hoarding symptom. After short-term intervention and crisis resolution by case workers in DHHS, the individual is usually referred to a private mental health professional or the DHHS ACCESS team for referral to a provider in the Public Mental Health System for longer term mental health treatment.



**Figure 6-2 • Severe Hoarding with Multiple Violations
(Safety, Fire and Health)**

6.5 Montgomery County: Potential Legislative Remedies

County legislation enabling effective enforcement is being considered. This legislation will include the following:

- Once the court determines the resident is suffering from a hoarding disorder, allow for appointment of a receiver or trustee to correct a hoarder's property/holdings on grounds of public nuisance.
- In cases where the court finds the owner is suffering from a hoarding disorder, allow the court to exercise jurisdiction over the individual, not just the property.
- Explore with District Court Judges, sitting on code cases, appropriate means of bringing the hoarder into treatment or suggest ways to assist in correcting the hoarding behavior.
- Explore possibility of legislative remedies to address chronic code violators identified as hoarders.
- Explore ways to address "neighbor vs. hoarder" situations while ensuring equal rights and consideration to both parties.
- Explore, from a code enforcement perspective, code violations most encountered and how to address them expeditiously and effectively.
- Dedicate a DHHS staff presence at hoarding court appearances to ensure a DHHS connection is established. This process should be seamless and ensure the hoarder is placed into the social service/mental health system, helping to mitigate the possibility of a future hoarding event occurrence.

Future legislation outlined above will provide leverage for the Court to require chronic hoarders to participate in mental health treatment, case management and related services.

6.6 Public Sector (Montgomery County Government) Role

The Task Force will continue to explore issues and principles that guide social policy for government as the "provider of last resort" and its level of responsibility in matters of this nature. A major issue/concern remains: what resources is the County responsible to provide versus the private sector and at what level do we intervene?

As we grapple with shifting roles within government and the community, as they pertain to increasing life-safety, health, and community concerns regarding serious hoarding, we strive to enhance communication and interest among our public and private partners to collaborate and combine resources and expertise. As a result of multiple department collaboration, cost effective use of resources has been achieved. All County government agencies with responsibilities for varying elements of severe hoarding must continue to communicate and coordinate with an array of personnel and other resources required to address these situations.

6.7 Private Sector Role

The private sector plays a vital role in the education, prevention and treatment of hoarding. In many cases these private affiliations will have more constant and closer contact with the afflicted individuals. Montgomery County will continue to partner with and look to the private sector to take on an even greater role in this critical area.

Major affiliations for Montgomery County to continue to liaison, coordinate and expand their relationships with are as follows:

- Religious affiliations, i.e. churches, synagogues, mosques to help with heavy duty cleaning, provide support to afflicted person(s), family and friends, etc.
- Hoarding Support groups, i.e. Clutterers Anonymous
- Client self-help and family support groups.
- Heavy duty cleaning companies.
- Organizers and de-clutter groups.
- Mental health therapy clinics and private therapists.
- Case management providers.
- Volunteers who can assist with support and clean up.

Summary

The TFHB has been collaborating for over one (1) year. This report serves as a snapshot of the activity and work completed.

6.8 Conclusions of Montgomery County Task Force on Hoarding Behavior are as follows:

- Hoarding is a Global, National and Local problem. Instances of hoarding within Montgomery County are increasing. Further increases are likely based on the changing County demographics.
- Support from elected officials is essential to success.
- As public awareness increases, the number of reported cases will increase.
- Assistance to hoarding individuals can be expensive, i.e. cleanup crew, heavy chore services, psychological counseling, case management, etc.
- Hoarding usually becomes a health and safety issue affecting not only the individual but also family, friends and/or neighbors, as well as safety personnel (i.e. Fire, Rescue, Police) who may need to respond to an emergency.
- Several counties within Maryland and Virginia have recognized the severity of hoarding and developed intervention strategies.

- Montgomery County can roughly project 181 new cases in FY11 from DHCA, Fire/Rescue, Animal Services and APS collectively. This number does not include Crisis Center, CPS or HOC, which represent the other mainstay entities for hoarding referrals.

6.9 Recommendations of Montgomery County Task Force on Hoarding Behavior are as follows:

- Implement Hoarding Awareness/Intervention Program consisting of:
 - a. Awareness
 - b. Identification
 - c. Proactive assistance
 - d. Follow-up/monitoring
- Actively coordinate with public and private agencies.
- Implement the “Hoarding Flow Chart Response and Decision Tree A/B” (See Appendix D) which depicts central points of contact for DHHS, County Code Enforcement agencies and how to access them.
- Continue to coordinate and integrate the “two-prong approach” for resolving cases of serious and chronic hoarding:
 1. Code Enforcement, with support from the Office of County Attorney, provides the regulatory and leverage for the hoarder to improve property, correct violation(s) cited, and follow-up with involved agencies and, if necessary, the court. **Figure 6-3** is an example of a severe hoarding condition which resulted in safety and fire code violations.
 2. Department of Health and Human Services (and other human services agencies) attempts to influence the hoarder to receive mental health and other therapeutic services in order to acknowledge the severity of their situation, gain an understanding of the dynamics of their hoarding behavior and move toward mitigation/resolution of the problem. Guardianship of person and/or property is pursued when concerns regarding competency to manage these areas are present.



Figure 6-3 • Montgomery County Kitchen with Severe Conditions (Safety and Fire Code Violations)

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8.0 APPENDICES

**Appendix A – Montgomery County Task Force on Hoarding Behavior
“Cooperative Agreement Among Participating Agencies”**

Appendix B – Hoarding Screening Rating Scale

Appendix C – Internal Resource Contact List

**Appendix D – Response Flow Chart
Decision Tree A – Primary Focus People
Decision Tree B – Primary Focus Structure**

Appendix E – “Collect? Clutter? Hoarding? Which one is it?” Hoarding Brochure

Appendix F – Charter for Montgomery County Task Force on Hoarding Behavior

Appendix G – Montgomery County Task Force on Hoarding Behavior Membership List

Appendix H – Montgomery County Case Study Vignettes



January 2011

MONTGOMERY COUNTY TASK FORCE ON HOARDING BEHAVIOR COOPERATIVE AGREEMENT AMONG PARTICIPATING AGENCIES

PURPOSE: To ensure a more efficient, effective and coordinated response among public and private agencies to the prevention, investigation and remediation of serious hoarding behavior in our community.

PROBLEM STATEMENT: Compulsive hoarding is a chronic, multi-systemic challenge that requires a coordinated, multi-agency, public/private response. The Code Enforcement Division of the Department of Housing and Community Affairs responds to approximately 75-100 complaints involving hoarding behavior per year. Police Department/Animal Services responds to 15-20 calls of animal hoarding per year. Department of Fire and Rescue responds to 35-40 cases involving hoarding behavior per year.

Hoarding case numbers are approximate for Adult Protective Services (APS) cases and represent 10% of the total APS cases investigated. APS cases investigated in FY08 were 593, of which 59 involved severe hoarding. In FY09, of the 673 total APS cases investigated, 67 were hoarding cases. In FY10, hoarding cases rose to 12% of total APS cases investigated, therefore, of total 665 APS cases investigated, 80 involved hoarding with vulnerable or self-neglected adults. **(Note: In the past fiscal year, there has been a 19% increase in severe hoarding cases).**

Montgomery County is a large, diverse County of one million people, of which seniors comprise approximately 14% of the population. As the older population 65+ increases, there are increased mental health issues as well as physical and emotional concerns. Though not limited to older adults, the average age of a hoarder is 50. Since the condition has a chronic or worsening course, we can expect as our population ages, the incidence of compulsive hoarding cases will increase in number and severity

Additionally, though many persons with severe hoarding behavior have the private resources required for the range of interventions required to address the situation (e.g., waste removal, heavy chore services, psychotherapy), many residents who demonstrate compulsive hoarding are low-income or in financial debt (due to the compulsive purchasing of material goods) and lack the funds required. These individuals and the community turn to the public sector to provide whatever services are needed to address the problem.

Moreover, it is usually difficult to be proactive in identifying and intervening with residents with compulsive hoarding tendencies and intervention may occur only after the onset of a crisis, i.e. eviction from their home, a fire resulting undoubtedly from an accumulation of items such as newspapers, animal cruelty complaints, etc.

COMPULSIVE HOARDING DEFINITION:

- Acquisition of, and failure to discard a large number of possessions
- Living spaces, furniture, appliances and utilities are sufficiently cluttered as to prevent their intended use
- Situation poses a significant risk to health, safety or the maintenance of housing
- Significant distress or impairment in functioning caused by the hoarding

The excessive acquisition of possessions continues even if the items are perceived by others as being worthless, hazardous, or unsanitary. Compulsive hoarding impairs mobility and interferes with basic activities, including cooking, cleaning, showering, and sleeping.

COOPERATIVE AGREEMENT GOALS:

- Ensure the safety of individual adults, children, families and communities through the coordinated efforts and shared expertise of the public and private agencies participating in this agreement.
- Enhance ability of participating agencies to share information, expertise and resources in order to better understand and respond to this potentially debilitating and/or dangerous behavior.
- Develop a concerted and coordinated multi-agency intervention strategy for referral, intervention, enforcement, treatment, corrective action and follow-up.
- Establish policy, procedures and practices to reduce and/or prevent the incidence of severe hoarding.

SHARED RESPONSIBILITIES OF COOPERATIVE AGENCIES:

- Participate in and/or coordinate when appropriate multi-departmental “Teaming” meetings (i.e., multi-agency problem-solving discussions and case reviews).
- Work with relevant County departments and Task Force associated agencies in joint investigations when requested.
- Participate in cross training programs for participating agencies.
- Collect monthly statistics on number of hoarding cases taken in and number of collaborations with other agencies on hoarding cases.
- Collect number of hoarding cases referred to agency not accepted as a case.
- Provide education to partner agencies’ staff on hoarding preventive measures and protocol for referral to partner agency(s).

SPECIFIC PROGRAM/AGENCY RESPONSIBILITIES:

Office of the County Attorney

- Explore legislative remedies to address the chronic code violators who demonstrate hoarding behavior.
- Work with District Court Judges to identify appropriate means of bringing the hoarder into treatment or ways to assist in correcting the hoarding behavior.

Department of Housing and Community Affairs (DHCA)

- Act as the lead department when complaints are received regarding the physical conditions of a structure which affects the health and safety of the occupants as a result of hoarding behavior.
- Notify Crisis Center of any hoarding situations which might require DHHS involvement, particularly when a suspected vulnerable adult or child is involved.
- DHCA will dedicate a representative to participate in Teaming meetings and serve as point of contact in order to share code enforcement information.
- Provide complaint investigation information to other signatory agencies to this agreement when requested.

Department of Fire and Rescue

- Fire and Rescue will dedicate a representative to participate in Teaming meetings and serve as point of contact in order to share fire code enforcement information.
- Notify Crisis Center of any hoarding situations involving a vulnerable adult or child.
- Provide complaint investigation information to other signatory agencies to this agreement when requested.

Police Department/Animal Services

- Police/Animal Services will provide education on recognition of hoarding involving animals and referral protocol Adult Protective Services, (APS), Child Protective Services (CPS), DHCA, Crisis Center and Fire and Rescue personnel.
- Police/Animal Services will assist with security at scene of hoarding incident when requested by other signatory agencies.
- Police/Animal Services will follow up on any animal welfare issues or concerns of other agencies.
- Police/Animal Services will provide complaint investigation information to other signatory agencies to this agreement when requested and permitted by law and departmental policy.

Department of Health and Human Services

I. Adult Protective Services (APS)

- Client/resident can be referred to APS if client is or appears to be vulnerable. A vulnerable adult is unable to manage daily needs either due to cognitive or physical impairment.
- When referring clients to APS, if the referring person is not sure if it is an APS case, then refer to APS and let APS decide.
- Dedicate a DHHS staff presence at hoarding court appearances to ensure a DHHS connection is established

II. Child Protective Services (CPS)

- If there is reason to suspect that a child/children has been or is being abused or neglected, family should be referred to CPS.
- If referral source is unsure if case is appropriate for CPS, case should be referred and let CPS decide.
- If referral source thinks that child/children are in immediate danger, they should also contact 911 for an immediate response.
- Dedicate a DHHS staff presence at hoarding court appearances to ensure a DHHS connection is established

III. Crisis Center

- Crisis Center will provide on-site response (24/7) to requests from agencies, families, etc. when there are symptoms of a behavioral health crisis (mental health, substance abuse) in addition to hoarding concerns.
- Crisis Center will provide consultation (24/7) with other agencies, families, etc. with problem solving on how to approach behavioral health and hoarding crises.
- Crisis Center will provide assessment of identified clients by licensed mental health professionals to provide crisis evaluations, recommending or implementing interventions including outpatient treatment, detox, crisis alternatives to psychiatric hospital evaluation, voluntary hospitalization and issuing emergency evaluation petitions.

IV. Special Needs Housing:

- Eligible residents will be provided emergency financial assistance and case management support to prevent homelessness.
- Energy Assistance Programs will be available to help with home heating and electrical bills to eligible households.
- If the house is deemed uninhabitable resulting in homelessness, the resident will be assessed for eligibility for homeless services including case management, emergency shelter services and transitional shelter services designed to help individuals and families obtain permanent housing.

Housing Opportunities Commission (HOC)

- HOC follows HUD regulations and utilizes its own inspections process. In extreme cases, county departments are involved and Teaming will be called. When other county departments receive information about a hoarding case at an HOC Unit, that department will alert HOC about it.
- When an HOC resident is under the care of other agencies, HOC must obtain a reciprocal release of information from the resident, and a multi- agency form may be used.
- HOC will provide necessary information to APS/CPS during the course of an investigation.
- HOC employees are mandated to provide information when there is a threat to self or others.
- Collect data on hoarding cases when possible (Fair Housing laws prohibit HOC from stating anything about hoarding in their records). This regulation makes it difficult to collect and report data.

The City of Rockville, City of Takoma Park and City of Gaithersburg

The City of Rockville, the City of Gaithersburg and the City of Takoma Park, recognizing the importance of a coordinated response when addressing serious hoarding behavior, will assist the Montgomery County Task Force on Hoarding Behavior in its efforts by participating in the following:

- Participate in Team Meetings.
- Identify a point of contact for purposes of sharing code enforcement information on hoarding activities within their respective jurisdiction.
- Notify Crisis Center of hoarding situations involving a vulnerable adult or child.
- Provide information on complaint investigations to Cooperative Agencies upon request.
- Collect statistics on hoarding cases referred to Cooperative Agencies for investigation.
- Participate in cross training programs offered by Cooperative Agencies.
- Notify Cooperative Agencies when chronic code violation cases are forwarded to Court for adjudication and include assigned caseworkers, as appropriate, in the hearing.
- Serve as lead agency when complaints regarding the physical condition of a structure have been filed in their respective jurisdictions, which, due to alleged hoarding behavior, affects the health and safety of the occupants. In Takoma Park, the City will serve as the lead agency in all owner-occupied housing.

Non-government agencies

Montgomery County Task Force on Hoarding Behavior recognizes the crucial role non-county agencies play in remediation of hoarding situations. Mental health providers, social service agencies, non-profit organizations, who work on housing concerns and churches, all have unique contributions to add. As such, Teamings will strive to identify the agencies with a stake in a specific hoarding case and will invite them to join the collaborative effort. Information will only be shared with these agencies when the appropriate release of information has been obtained (or de-identified data will be used).

This Cooperative Agreement is effective as of February 1, 2011. At the request of any of the involved parties, modifications to this agreement can be proposed. Each signatory agency will participate in reviewing the proposed modifications(s). Any of the parties to this agreement may withdraw from participation by notifying all of the other parties thirty days prior to its withdrawal date.

1/14/2011
Date

Uma S. Ahluwalia
Uma S. Ahluwalia, Director
Department of Health and Human Services

2/14/2011
Date

Jerry Robinson
Jerry Robinson, Acting Executive Director
Housing Opportunities Commission

2/7/11
Date

Richard Bowers
Richard Bowers, Chief
Department of Fire and Rescue

1/13/11
Date

Marc Hansen
Marc Hansen, County Attorney
Office of the County Attorney

2/10/11
Date

J. Thomas Manger
J. Thomas Manger, Chief
Department of Police

2/1/11
Date

Richard Y. Nelson, Jr.
Richard Y. Nelson, Jr., Director
Department of Housing and Community Affairs

APPROVED AS TO FORM AND LEGALITY OFFICE OF THE COUNTY ATTORNEY

By: Marc Hansen
Marc Hansen, County Attorney

Date: 1/13/11

- Attachment A: DHHS Client Release of Information Authorization Form
- Attachment B: Interagency Hoarding Response Matrix
- Attachment C: Information Sharing Protocol

AUTHORIZATION TO RELEASE/RECEIVE INFORMATION

Montgomery County Department of Health and Human Services



Program/Service Area _____
 Address _____ Phone _____
 _____ FAX _____

Please print all information. Use a separate form for each person or agency with which information may be shared.

Client Last Name	First Name	Middle Initial	Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F
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1. The above named program of the Montgomery County Department of Health and Human Services (DHHS) has my permission to:

send to receive from verbally discuss the information checked below with:

Agency/Individual: _____

Address: _____

2. Initial all items covered by this release.

- _____ Acknowledgment of receipt of services
- _____ Complete program record (includes all items below)
 - _____ Intake Assessment _____ Treatment Plan _____ Progress Notes _____ Diagnosis
 - _____ Psychiatric Evaluation _____ Service Summary _____ Psychological Evaluation
 - _____ Lab Results _____ Medication Record _____ History and Physical
- _____ Alcohol or other drug treatment records. Specify below and attach Notice prohibiting redisclosure
 - _____ Summary of assessment results and history
 - _____ Summary of treatment and service plan progress and compliance
- _____ Other (specify) _____
- _____ Records sent to DHHS from other providers and contained in the program record.

3. Reason this information is being shared _____

4. This authorization is valid (Check only one-not to exceed one year)

until _____ (date) for 90 days until these conditions are met: _____

5. I understand I can revoke this authorization at any time by submitting a request in writing to DHHS program staff. The revocation will become effective on the date it is received by DHHS and does not apply to information that has already been used or disclosed through this authorization. DHHS may not condition treatment, payment, enrollment or eligibility for services/benefits based on whether I sign this authorization, unless authorization is required to determine eligibility for services/benefits. I understand that if the persons or organizations I authorize to receive and/or use my health information are not subject to federal or State privacy laws, this information may no longer be protected and could be disclosed. I understand that if this authorization pertains to alcohol or other drug treatment records protected by federal regulations at 42 C.F.R. Part 2, I can orally revoke this authorization, and my records may not be redisclosed without my written consent or as permitted by the regulations.

 Signature of client

 Date

 Signature of parent, guardian, or other authorized person

 Date

If signed by other authorized person, please describe authority to act on behalf of the client (Please Print)

 Signature of DHHS staff member

 Date

Montgomery County Interagency Hoarding Response Matrix

	Fire & Rescue	Police(CIT)	Police Animal Services	DHCA;/Code Enforcement
Criteria- When does your agency get called in Hoarding cases?	(Discussed at meeting): Problem with: No working smoke alarms, clutter affecting safe egress, Flammable or hazardous products in the home, compromised structural integrity typically due to the sheer mass of materials. Unsafe heating such as too close to combustibles.	Responding to various complaints - we walk into the home and may see the hoarding evident. We would call either: Code Enforcement Crisis center APS CPS Initiate Emer. Petition	Animals living in or causing unsanitary conditions Animals in distress Animals causing public nuisances (running at large, barking) Aggressive dogs need to be secured while other agencies complete their tasks	The following conditions are examples of interior violations that would be considered unsafe or hazardous in a hoarding situation: 1. No working smoke detectors. (There should be a properly functioning smoke detector on each level and directly outside sleeping areas). 2. No utilities (water for hygiene/cooking, electricity/gas for food prep/storage and to provide heat for the unit) 3. Stored items and clutter inside the unit; • block direct access to any window or door thereby impeding emergency egress, • blocks paths (should be 3 feet wide), • presence of combustibles near a gas HVAC or water heater unit, • is so excessive leading to possible structural damage, • impedes cooking and food prep because of non-food items stored in stove/refrigerator, • Interferes with personal hygiene because bathtub is used for storage or toilets are not functioning properly. 4. Infestation of rodents or insects 5. Animal or human fecal matter accumulated in the house causing a serious health risk 6. Lack of sanitary disposal of perishable food items causing a serious health risk. Examples of possible exterior violations in a hoarding situation • Accumulation of trash and debris such as junk vehicles, parts, appliances, stored items etc • Exterior of the property not maintained (tall grass, overgrown bushes, peeling paint, deteriorated wood, broken windows) Examples of exterior signs of a hoarder but not a code violation • windows are covered in foil/plastic • vehicles full of stored items, trash, litter, garbage, refuse
Contact point- Telephone#	Fire Code Enforcement 240-777-2457	CIT #- ??	24 hr emergency line- 240 773-5900	240-777-3785 or code.intake@montgomerycountymd.gov
Responsibilities of your agencies	Enforce all fire and life safety codes as adopted by council. Periodic inspection of all schools, day cares, group homes, hospitals, nursing homes, and county detention centre. Acceptance testing of all fire protection systems installed in the County.	Work with/coordinate training and provide resources for patrol officers when responding to persons in crisis or with mental illness	Enforcement of Chapter 5 - Montgomery County Animal Control Law and the state of MD Animal Cruelty Laws	Prevent and correct problems that contribute to the physical decline of residential and commercial areas, increase supply of affordable housing, maintain existing housing in a safe condition support programs that benefit residents Investigate complaints, inspections, educate citizens about rights and responsibilities in the area of property maintenance.
What can your agency do (Make happen) in hoarding cases	1st level: Write violation including a compliance date. 2nd level: Issue a citation and fine. 3rd level: Request Court to issue an abatement order or non compliance to violation. 4th level: Post home as unsafe to occupy and physically remove persons.	Referral to Crisis Center and/or Code Enforcement	Assist with removal of animals Enforce that owner may not allow animal to cause an unsanitary condition (animal feces, urine, or decaying animal food are observed throughout the residence.(county code) Must provide the animal with nutritious food in sufficient quantity , necessary vet care, proper drink, air space shelter, or protection from the weather.(state criminal code) May order the owner to remedy the unsanitary situation, request that they relinquish the animals, or find appropriate housing elsewhere., if not done, may apply for a search and seizure warrant to remove the animals. During a court disposition, we may ask the court to order the defendant not to possess any animals (or a limited # of animals) in the future. Can obtain an administrative search warrant to remove animals	Complaints come in via address or telephone Told to get permission to gain access and get as much info about owner/ tenant as possible Will try to get access via visiting the unit. Card left if no response. Info return call, letter sent with inspection appt time to inspect inside. Goal - safety of the occupant, emergency personnel or neighbors (smoke detectors, proper egress) If owner refuses, it is documented and case closed unless enough info to obtain administrative search warrant (County attorney consulted) If access permitted, will give written notice (24-48 hrs) for life safety violations or up to 30 days depending on the case. Will condemn if not safe for human habitation (lack of utilities, sanitary conditions, smoke detectors)
What are your agencies limitations in hoarding cases	Cannot enter home unless invited or receive credible evidence of a significant hazard. This would also require an administrative search warrant. The level of the hazard must be thought to be inimicable to warrant actions to the 4th level.	Referral or emergency petition Need more information to recognize signs of hoarding	Man Power Limited space for boarding seized animals (&long term boarding_ Do not have jurisdiction with the City of Rockville or Gaithersburg (although do have regular contacts with those jurisdictions) If animals are inside and will not voluntarily allow us in, need a search warrant to enter the property	cannot close a case until there is compliance with al violations.
What agencies do you need to contact/work with	Typically, Housing Code Enforcement, APS, HHS	Crisis Center/Code Enforcement	HousingCode Enforcement Fire and Rescue Child Protective Services Adult Protective Services Crisis Center Police County Atty	Mental health, emergency services, APS, CPS Police (including Animal services), Fire Rescue.
Other supports that would be helpful	Social agency contacts that may help with housing. Red Cross will only get involved if it is a result of a fire incident.	Cleaning services Crisis beds Shelter beds	Shelter services Health dept	Cleaning services Crisis services Shelter beds
Can we share knowledge with other agencies	Yes. Everything we do is public record.		Yes	Yes

Montgomery County Interagency Hoarding Response Matrix

	Ombudsman Assisted Living	HOC	APS	CPS	MH Private Practice-Behavior Therapy Center	MH Public- Senior Services (Sante)	MH Crisis
Criteria- When does your agency get called in Hoarding cases?	Assist Living facility administration calls often after they have issued a written notice to resident to leave or when state surveyors are coming or have been there recently.	3 Divisions Resident services (social services) Property Mgt (maintenance viand Inspection Federal Programs (compliance issues:Annual home inspections and may initiate lease enforcement procedures when hoarding is identified	Cases that would also have present: 1. abuse 2. neglect 3. self neglect 4. financial exploitation of a vulnerable adult	When case involves children that may be at risk of abuse, neglect or mental injury	When client is self referred (or encouraged by family) Family members seeking support in response to loved one's hoarding	Can provide outreach and intervention by a licensed mental health professional.	Typically another agency (code enforcement, police, APS, CPS, HOC, animal control, etc.) contacts Crisis center when there are symptoms of bizarre behavior, mood, etc, other indicators of possible mental illness/history
Contact point- Telephone#	L.T.C. Ombudsman office 240 777-3910		Adult Services Intake (240)777-3000				Crisis Center Operations Room Staff (240) 777-4000
Responsibilities of your agencies	We are responsible for (the rights of) residents in Nursing Homes and Assisted Living facilities	Provides affordable housing to low to moderate residents of MC. Serves as landlord, or provides rent assistance subsidies following HUD guidelines, unit maintenance, annual inspections, and may initiate lease enforcement procedures when hoarding is identified.	We are responsible for the prevention or reduction of risk for vulnerable adults who are being abused, neglected, financially or physically exploited and those who self neglect. This provision is for those vulnerable adults who are in the community. The Assisted Living facilities are considered the "community".	CPS legally mandated to protect children by investigating reports of abuse, neglect or mental injury, Crisis Intervention may be provided to resolve family problems that led to maltreatment CPS continuing provides ongoing intervention with families whose children can safely remain in their homes following an investigation Services include Crisis Intervention, counseling, assistance in obtaining resources and parenting	Cognitive Behavioral Therapy for children, adolescent, and adults. Specializes in OCD, anxiety spectrum disorders, and mood disorders, Provides care for full range of psychological problems	Provide outreach and mental health services to seniors (60 and over) who cannot or will not access traditional office based services	Mental Health crisis evaluation in the community or at the Crisis Center; assessment and linkage with mental health services
What can your agency do (Make happen) in hoarding cases	We can counsel the resident in understanding the ramifications of the hoarding behavior, and we can negotiate with the facility to keep the resident living there if we can assist them in getting help	Resident counselors assess the case and available resources, explain requirements and assist the client in passing a second inspection	We can help the vulnerable adult to find cleaning services and in some instances help to subsidize if funds are limited. We make referrals for treatment, and coordinate services that are needed to make the home environment as well as the outside environment safe for the client and community.	Provide services for open cases	SEE ATTACHMENT individual therapy In vivo Therapy (home Visits) Group Therapy Consultation Collaboration Training and Education community Outreach	Can provide outreach and intervention by licenced mental health clinicians. This includes diagnosis, treatment planning and related clinical services. Can also provide training to professionals as well as to mpersons who work with seniors	Crisis mental health treatment (therapy and medication) on a voluntary basis. In some situations, when there is sufficient evidence of danger to self/others we will issue an Emergency Evaluation Petition and advocate for inpatient mental health commitment.

Montgomery County Interagency Hoarding Response Matrix

	Ombudsman Assisted Living	HOC	APS	CPS	MH Private Practice- Behavior Therapy Center	MH Public- Senior Services (Sante)	MH Crisis
What are your agencies limitations in hoarding cases	We can only stay involved in a case if the resident (or family member if resident is incapacitated) wants us to. Also, we have no enforcement capabilities	Does not have chore funds When case severe, resident can be cited as non-compliant with Federal requirements and in jeopardy of losing housing. Rarely evict Cannot require that they accept long term services Even when resident has been terminated, the HOC Hearing Board can overturn that decision	Case must be referred to APS for screening and accepted for services. If the case meets the APS criteria of a vulnerable adult and requires investigation, the case will be brought in.	Cases must be referred to CPS and accepted for services	Expense Insurance related issues Length of Intervention Limited range of services voluntary nature of intervention Fro service providers May not have cut training specific to treatment of hoarding May not have energy or resources for time intensive Tx Resources? time for home visits	Currently the SORT Program is designed to provide brief solution focused mental health services which last approximately 3 months. Hoarding cases require a much longer course of treatment and funding would have to be provided for this type and length of treatment.	We are limited when the client refuses mental health treatment, or does not continue treatment after a brief hospitalization. If the hoarding is not secondary to another mental illness, treatment of hoarding disorders requires long-term, specialized treatment.
What agencies do you need to contact/work with	We work with APS and Office of Licensure & Regulatory Services (environmental inspectors can issue deficiencies to facility for resident's hoarding)	APS Other interested parties - family member, non-profit agencies	We work with Housing Code Enforcement, Animal Control, Local hospitals, home health agencies, private case management services, HOC, County Attorney's Office, MCP, Fire and Rescue, cleaning companies, private and public mental health agencies, shelter services, resident managers/pvt., fidiuciary institutions, family and friends, churchs, schools, disability services.	HOC. HHS Emergency Services, Code Enforcement Mental Health providers knowledgeable about Hoarding and affordable for clients	Tx voluntary may not want other agencies involved don't quality (\$) for county based services Outside services may violate confidentiality May not be severe enough to warrant	Case management, Cleaning Coaching Cleaning Safety assessments	MCPD, sheriffs, any agencies with leverage with the individual in need of treatment.
Other supports that would be helpful	Ttrainings for ALF's to gain a better understanding of hoarding. Clear cut guidelines from licensure on resident vs. facility's responsibilities for upkeep of individual room/apartment within a facility	Cleaning services Crisis beds Shelter services Trained MH professionals to refer to Conference capability	Family Faith community Med reimb for tx Volunteer Groups such s Rebuilding together, Job Corp, Habitat for Humanity Shelters of alternative housing for senior hoarding pop	Cleaning services., Crisis beds, Shelter services			Specialized treatment providers and resources working in-home.
Can we share knowledge with other agencies	Yes/w resident's permission		Confidential. But can inform on an as needed basis, but MOU is an option.APS can share in order to remedy the risk level. Release of information is also requested, but not necessary during the initial investigation.	With a release or in a multidisciplinary staffing		Once persons become a client. PHI requires a release to be shared.	Only with regard to issues of current safety to self/others

Information Sharing

- Members of the Task Force understand that identifying information about residents is confidential based on numerous federal and State laws.
- **When required by law, written client authorization must be obtained for information to be shared with an agency/individual, or for an agency to attend a multidisciplinary team meeting.** This Cooperative Agreement does not substitute for written client authorization when it is required by law. Some guidance is provided below, although committee members should consult with their legal counsel **as necessary** prior to sharing information.
- Written client authorization must be compliant with the laws that govern the information that will be shared.
- When it is necessary to obtain written client authorization to share information with more than one agency/party, a multi-party authorization can be used, provided that the same information will be shared with all parties listed in the authorization for the same purpose. The attached DHHS Authorization Form has been completed to serve as an example of a multiparty consent.
- No authorizations are necessary to discuss de-identified information.
- Nothing in this MOA is intended to prohibit agencies from obtaining a client's authorization to communicate with another party when such authorization is not required by law.
- If APS/CPS is requesting information or organizing a meeting for purposes of investigating allegations of abuse or neglect or for purposes of providing services to an individual who is the subject of alleged abuse or neglect, no client authorization is required for individuals/agencies to share information or attend the meeting. In such cases, in accordance with legal requirements, APS/CPS:
 - arranges the meeting
 - decides what agencies may attend the meeting
 - determines what APS/CPS information can be shared at the meeting
- Health/mental health care providers **must** share information with APS/CPS as follows:
 - To report suspected abuse or neglect
 - Upon request from CPS/APS, client information as set forth in Maryland Health General §4-306.
- If there is an emergency, and an agency needs to share individually identifying information to avert a serious threat to health or safety, information may be shared as necessary to address the emergency without client authorization.¹

¹ Exception: Alcohol and substance abuse treatment providers covered by 42 CFR Part 2 must obtain authorization to share information with persons outside of their program, even to health providers.

- If the meeting is **not** being called by APS/CPS staff in an open APS/CPS case, and there is no imminent emergency, the following rules apply:
 - Health/mental health providers who are all treating the same individual may communicate with one another without written authorization.
 - Written client authorization must be obtained for a health/mental health provider to share identifying information about a client both at a meeting and informally outside of a meeting with:
 - Enforcement officials, e.g. code enforcement, police, animal control, State’s Attorney
 - Service providers who are not health care providers treating the same client, e.g. Meals on Wheels, Legal Aide, Cleaning Services
 - HOC, Public agencies and municipalities, e.g. Cities of Gaithersburg, Tahoma Park and Rockville
 - When written authorization is required for a health/mental health provider to share information about a client, such authorization is required for the provider to disclose the fact that the individual is receiving services, even when no other information will be disclosed.
- DHHS is an integrated department and program staff may share information about a client with DHHS staff in other programs as necessary for treatment purposes, although there are important exceptions. DHHS staff should refer to the DHHS Service Integration Policy and Staff Guide.
- Code enforcement agencies may share identifying information about residents as follows:
 - When code enforcement cites a home owner or occupant for a violation, the information becomes public record and is filed in District Court. As such there is no legal bar in sharing contents of their file, with the possible exception of the source of the original complaint. Should members of any of the code enforcement departments or agencies become members of a “teaming” group, restrictions on confidentiality would apply to them as well.
- **HOC and municipalities may share information as follows:**
 - When an HOC resident is under the care of other agencies, HOC must obtain a reciprocal release of information from the resident, and a multi- agency form may be used.
 - HOC will provide necessary information to APS/CPS during the course of an investigation.
 - HOC employees are mandated to provide information when there is a threat to self or others.



Potential Signs of Hoarding

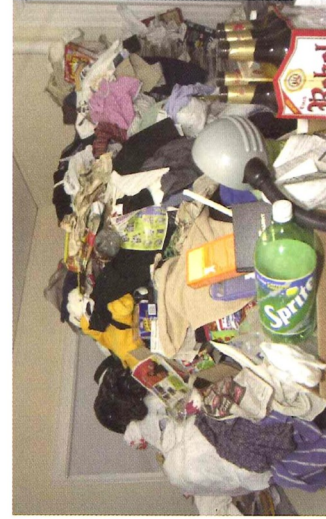
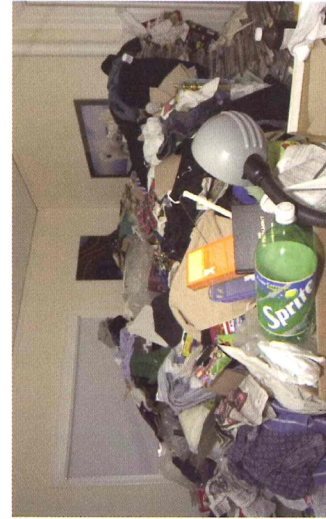


- Blocked access or exit to any door or window due to clutter;
- Clutter that impedes or prevents movement in and around residence;
(narrowing of hallways, portions of rooms blocked off)
- Clutter that prevents any part of the inside or outside of a dwelling to
be used for its intended purpose;
- Trash and garbage inside or outside residence (not in designated
receptacles)
- Signs of rodent/insect infestation or factors associated with health
concerns that could have an impact on resident or neighbors;
- Visible damage to stairs, ceilings, floors or walls;
- A large number of animals that are not being cared for and cause a
health risk for the occupants, neighbors, and/or general public;
- Kitchen appliances and/or bathroom fixtures that are not functional
and/or accessible
- Combustible materials stored too close to a source that could ignite it
i.e. stove, over heater vents, portable electric heaters, furnace, gas
cans, fireplaces;
- Absence of working smoke detectors
- Gas cans or other noxious materials, stored in a residence, of which
the fumes become a potential health hazard;
- Absence of running water, heat and/or electricity



Help Now Available for Compulsive Hoarding and Acquiring

Please select the photo below that most accurately reflects the amount of clutter in your living room.



* For instructions on using this innovative, full color, Clutter Image Rating (CIR) assessment, please consult *Compulsive Hoarding and Acquiring Therapist Guide* now available from Oxford University Press.



MONTGOMERY COUNTY TASK FORCE ON HOARDING BEHAVIOR CONTACTS

September, 2010

The following list of contacts is intended for internal multi-agency use only and lists lead persons to contact for consultation, expert opinion, information and Teaming participation when expertise regarding hoarding behavior interventions is needed.

County Attorney's Office

Jim Savage, Chief, Division of Public Interest
Litigation
EOB, 101 Monroe Street, 3rd Floor
Rockville, MD 20850
240-777-6779 Work
240-777-6705 Fax/Work
James.Savage@montgomerycountymd.gov

Dept. of Housing and Community Affairs

Julia Thom, Code Enforcement Inspector III
100 Maryland Avenue, Suite 260
Rockville, MD 20850
240-777-3643 Work
240-777-3701 Fax/Work
301-674-1394 Cell
Julia.Thom@montgomerycountymd.gov

Dept. of Fire/Rescue Service

Matt Kelleher, Special Projects Facilitator
101 Monroe Street, 12th floor
Rockville, MD 20850
240-777-2430 Work
240-777-2415 Fax/Work
Matthew.Kelleher@montgomerycountymd.gov

Police Dept/Animal Services

Cara Thomas, Animal Services Officer
14645 Rothgeb Drive
Rockville, MD 20850
240-773-5925 Work
Dispatch emergency line: 240-777-5900
Cara.Thomas@montgomerycountymd.gov

Dept. of Health and Human Services

Adult Protective Services

Bonnie Klem, APS Program Manager
401 Hungerford Drive, 3rd floor
Rockville, MD 20850
240-777-3222 Work
240-777-1495 Fax/Work

Bonnie.Klem@montgomerycountymd.gov

Dept. of Health and Human Services

Child Protective Services

Diana Schofield, Supervisor
1301 Piccard Drive,
Rockville, MD 20850
240-777-1178 Work
240-777-0000 Fax/Work

Diana.Schofield@montgomerycountymd.gov

Dept. of Health and Human Services

Crisis Center

Wendy Turner, LCSW-C, Supervisory Therapist
1301 Piccard Drive
Rockville, MD 20850
240-777-1479 Work

Wendy.Turner@montgomerycountymd.gov

Dept. of Health and Human Services

Senior Mental Health

Sybil Greenhut, Program Manager
401 Hungerford Drive, 3rd floor
Rockville, MD 20850
240-777-3962 Work
240-777-1495 Fax/Work

Sybil.Greenhut@montgomerycountymd.gov

Dept. of Housing and Community Affairs

Dan McHugh, Housing Code Manager

100 Maryland Avenue, Room 260

Rockville, MD 20850

240-777-3735 Work

240-777-3701 FAX/Work

Dan.Mchugh@montgomerycountymd.gov

City of Rockville, Inc.

Ivania Segura, Housing Inspector

Rockville City Police Department

20 Courthouse Square, Suite 205

Rockville, MD 20850

240-314-8337

IGomez-Segura@rockvillemd.gov

City of Gaithersburg, Inc.

Steve Rainone, Code Enforcement Officer

31 South Summit Avenue

Gaithersburg, MD 20877

301-258-6340 Work

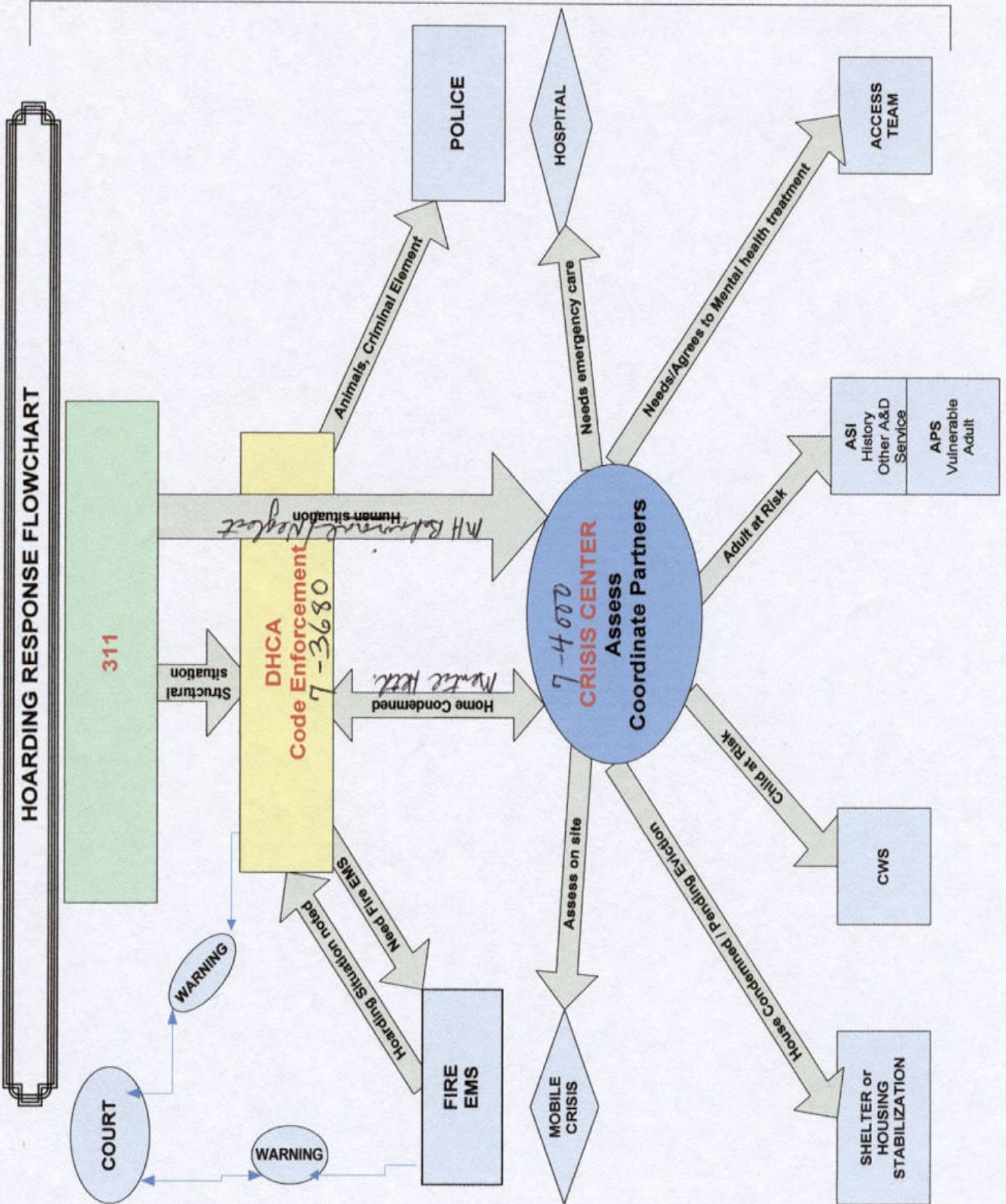
srainone@gaitersburgmd.gov

City of Takoma Park, Inc.

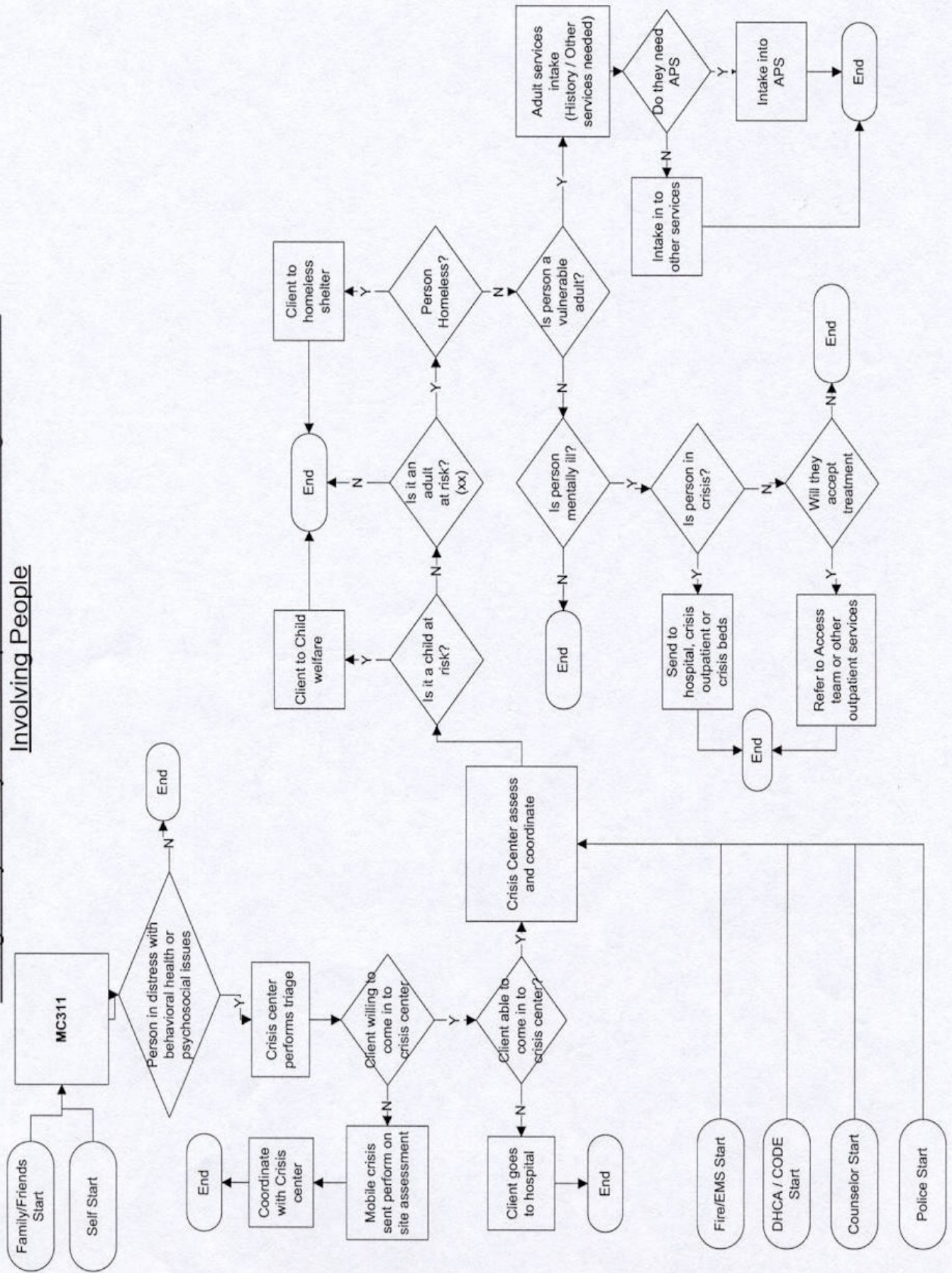
Marjorie Ciccone, Code Enforcement

301-891-7234 Work

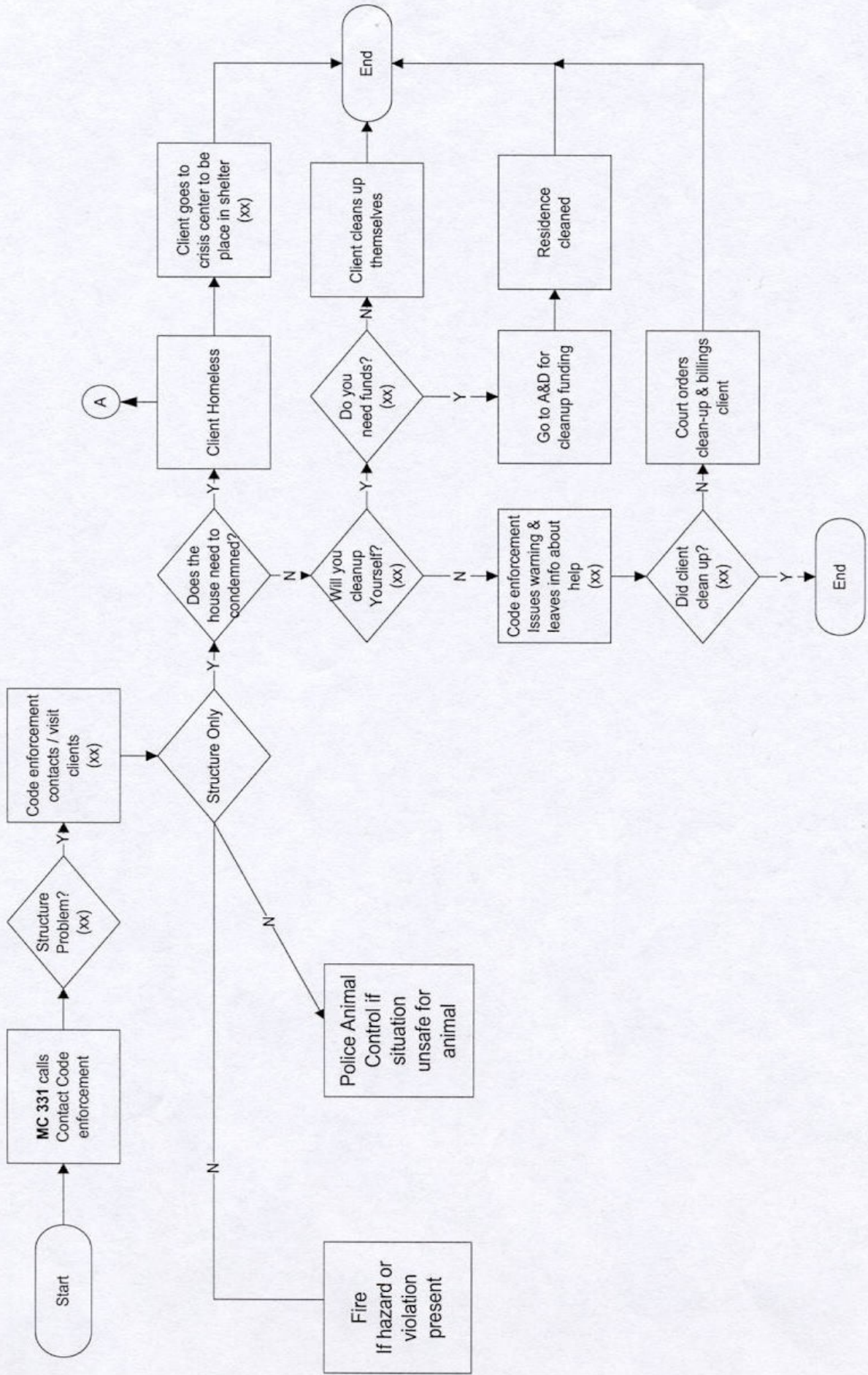
marjoriec@takomagov.org



**Decision Tree A—
Montgomery County Initial Responses to Hoarding Situations
Involving People**



Decision Tree B –
Montgomery County Initial Responses to Hoarding Situations
Involving Structures





Isiah Leggett, County Executive

Uma S. Ahluwalia, Director,
Department of Health and
Human Services

Partners

Montgomery County Department of
Fire and Rescue

Montgomery County Department of Police

Montgomery County Attorney's Office

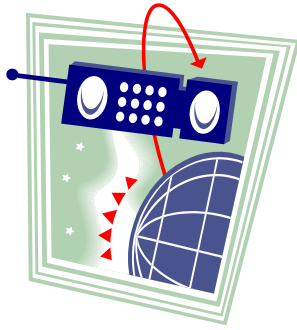
Montgomery County Department of
Housing and Community Affairs

Housing Opportunity Commission

City of Gaithersburg

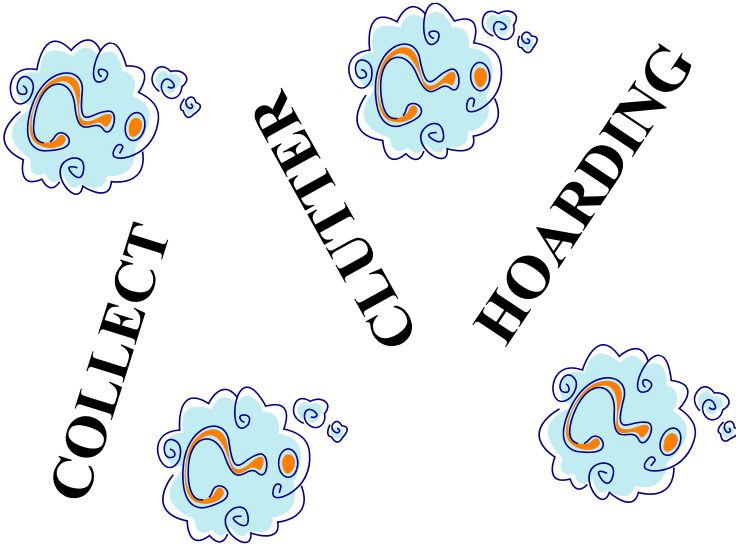
City of Takoma Park

City of Rockville



**HELP IS AVAILABLE
CALL 311**

**OUTSIDE
MONTGOMERY COUNTY
CALL 240 777-0311**



WHICH ONE IS IT??

WHAT IS COMPULSIVE HOARDING?

COMPULSIVE HOARDING:

- The acquisition of, and failure to discard a large number of possessions
- Living spaces, furniture, appliances and utilities are sufficiently cluttered as to prevent their intended use
- Situation could pose a significant risk to health, safety or the maintenance of housing

RISK CAN INCLUDE:

- Significant distress or impairment in functioning
 - Disease
 - Injury
 - Fire
- Hoarding is not related to age, gender, race, or nationality



WHAT WOULD I SEE?

- Clutter that impedes or prevents movement in and around residence (narrowing of hallways, portions of rooms blocked off)
- Clutter that prevents any part of the inside or outside of a dwelling to be used for its intended purpose (sleeping, bathing, cooking)
- Trash and garbage inside or outside residence (not in designated receptacles)
- Appearance of long term neglect of property
- Signs of rodent/insect infestation
- A large number of animals that are not being cared for
- Blocked access or exit to any door or window due to clutter
- Visible damage to stairs, ceilings, floors or walls
- Combustible materials stored too close to a source that could ignite it (stove, over heater vents, portable electric heaters, furnace, fireplaces)
- Absence of working smoke detectors
- Gas cans or other noxious materials, stored in a residence
- Absence of running water, heat and/or electricity (non-working utilities)

WHAT SHOULD I DO?

Help is available!!

Our goal is to help maintain safe housing

CALL 311
Outside Montgomery County
Call 240 777-0311

They will coordinate services with agencies including:

- Department of Housing & Community Affairs/ Code Enforcement
- Department of Police-Animal Services Division
- Department of Fire/Rescue Services
- Behavioral Health and Crisis Services
- Adult Protective Services
- Child Welfare Services

They can also connect you with supportive services and referral options

**CHARTER FOR MONTGOMERY COUNTY
TASK FORCE ON HOARDING BEHAVIOR
September, 2009**

VISION: To promote and ensure a healthy, safe and strong community.

PURPOSE: The Task Force on Hoarding Behavior is an ongoing multi-departmental County team whose mission is to develop comprehensive long term, proactive strategies to address the problem of serious hoarding and to coordinate all County action related to severe hoarding cases in Montgomery County. The Task Force must balance the rights of the individuals against the safety of the community in developing strategies and ensure consistency in approaches among all entities involved in these cases.

SCOPE: The Task Force shall carry out the following functions:

1. Develop policy and procedures for dealing with severe hoarding that assertively uses the various County codes to deal with properties which, because of hoarding behavior or occupants, are in violation of codes. The procedures should detail steps, decision points, criteria of health and safety violations, responsibilities among agencies, communication/coordination mechanisms, and timing. The procedures should represent the agreement of all members of the Task Force and shall be forwarded to agency directors for approval. The Task Force may recommend changes to the procedures at any time.
2. Develop approaches or procedures for managing hoarding cases, after initial intervention, in order to monitor recurrence of conditions and take appropriate steps when warranted and feasible.
3. Address and recommend solutions to related issues and concerns, such as how to obtain initial evidence to obtain an affidavit and secure a warrant, and how to clean up properties for which owners will not take action to clean up.
4. Recommend approaches to training and education, to include target audiences, format, and timing. Include recommendations for outreach and education to the general public to build public awareness of the problem.
5. Recommend to the appropriate agency directors resources needed to carry out its functions.
6. Assess membership and participation of participating agencies and recommend changes when needed.
7. Establish a baseline analysis of all County hoarder information, followed by diligent collection and maintenance of data.

CHARTERING GROUP AND AUTHORITY: The Task Force is chartered by the directors of the departments or agencies that are members of the Task Force. As new departments and agencies are added, the director of that agency is added to the chartering group. The Task Force provides advice and recommendations to the department/agency directors, who have the authority to commit resources, make decisions, and carry out actions or activities. The Task Force has no independent authority as a group. Individual members of the Task Force, who may have authority to take action under code or law, retain their independent authority. Representatives on the Task Force have an obligation to report back to their agency heads, as well as the obligation to ensure maximum effectiveness of the Task Force as a working team.

MEMBERSHIP: The following department/agency directors are members of the Task Force on Hoarding Behavior and are expected to name one or more staff persons to represent appropriate programs, functions or smaller work groups:

- Department of Health and Human Services (HHS)
 - Aging and Disability Services – Adult Protective Services
 - Children, Youth and Families – Child Protective Services
 - Behavioral Health and Crisis Services
 - Special Needs Housing
- Office of the County Attorney
- Police Department
 - Animal Control Division
- Department of Fire & Rescue Services
- Housing Opportunities Commission
- Department of Housing and Community Affairs
- Mental Health Association
- City of Gaithersburg
- City of Rockville
- City of Takoma Park
- Family Services, Inc.
- Rebuilding Together
- Catholic University School of Social Services

Other entities may be added to the Task Force, with the concurrence of the department heads of sitting members.

CHAIR(S) OF TASK FORCE: The initial chair of the Task Force shall be the Director, Department of Health and Human Services. A co-chair and/or rotating chairmanship will be considered.

DURATION: The Task Force is an ongoing group with responsibility to develop strategies, set policy and provide advice and recommendations on hoarding cases as they arise. The charter of the Task Force shall be reviewed annually by the directors of the member agencies, who may decide to discontinue the Task Force or modify its charter at any time. The Task Force also may recommend changes to the charter to the directors of the member agencies.

MEETINGS/TIME COMMITMENTS: The Task Force shall meet as needed to deal with known or potential hoarding cases. The Chair of the Task Force shall convene meetings. Each member shall bring to the attention of the Chair potential cases and may suggest the convening of a meeting. The Task Force may opt to set a regular schedule of meeting times, with the option of canceling a specific meeting if there is not sufficient cause to have a meeting. Because all member agencies may not be involved in each hoarding case, the Task Force may wish to develop procedures to ensure that the critical agencies are represented at appropriate meetings.

The Task Force may need to meet more frequently when the need arises for special tasks or projects. The Task Force may establish committees or ad hoc groups to undertake ongoing Task Force functions or special tasks.

GROUND RULES: The Task Force shall establish ground rules for operation of the Task Force, which shall include the following as a minimum:

- Decisions shall be by consensus if possible. Consensus means that after full discussion, all members of the group can accept and support the decision even if the action is not their first choice. If consensus is not possible, the Task Force may revert to a majority vote. The Task Force shall note occasions when the decision is derived by a majority vote.
- Task Force member representatives are responsible for information gathering from and communication back to their respective agencies.
- The Task Force shall decide whether and how notes of each meeting shall be taken and whether a summary shall be distributed following the meeting. The Task Force shall ensure that important decisions/recommendations are documented in written form.
- Generally, the content of discussions shall be documented without attribution to specific Task Force members, except where the position and authority of the member is critical to the subject of the discussion.
- Confidential case information will be discussed only in the presence of appointed Task Force members, the exception being case presenters approved by the Chair.

MONTGOMERY COUNTY TASK FORCE ON HOARDING BEHAVIOR MEMBERS

Name	Department/Agency	Responsibilities			
		Task Force	Group 1	Group 2	Group 3
Uma S. Ahluwalia	Director, HHS	X			
Pazit Aviv	Housing Opportunities Commission	X	X		X
Elsbeth N. Bell	Behavior Therapy Center of Greater Washington	X	X		
Debra Christner	HHS, Aging and Disability Services	X	X	X	X
Marjorie Ciccone	City of Takoma Park	X	X	X	
Raymond L. Crowel	HHS, Behavioral Health & Crisis Services	X			X
Betsy L. Davis	Police	X			
Scott A. Davis	Police	X			
Lillian T. Durham	Housing Opportunities Commission	X			
John Duggan	Affiliated Sante Group	X		X	
Sybil Greenhut	HHS, Behavioral Health & Crisis Services	X	X	X	
Michael T. Hamilton	Fire and Rescue Services	X			
Thomas E. Harr	Family Services, Inc.	X			X
Susan Hawfield	Rebuilding Together Montgomery County	X	X		
Paul D. Hibler	Police - Animal Services Division	X			
Matthew Kelleher	Fire and Rescue Services	X		X	
John J. Kenney, Ph.D.	HHS, Aging and Disability Services	X			X
Bonnie Klem	HHS, Aging and Disability Services	X	X	X	
Raymond Logan	City of Rockville - Police	X			
Kevin M. Martell	Housing and Community Affairs	X			
Dan McHugh	Housing and Community Affairs	X		X	
Roger Peele, Ph.D.	HHS, Behavioral Health & Crisis Services	X			X
Odile Saddi	HHS, Area Agency on Aging	X			
James Savage	County Attorney	X	X	X	
Diana Schofield	CHYS – Child Welfare Services	X	X		
Barbara A. Soniat	Catholic University of America	X			
Julia Thom	Housing and Community Affairs	X	X	X	
Cara Thomas	Police - Animal Services Division	X		X	
Kathy Thrower	Rebuilding Together Montgomery County	X	X		
Wendy Turner	HHS, Behavioral Health & Crisis Services	X	X	X	
Ralph Vines	Office of Consumer Protection	X			
Michael Walh	Police – Animal Services Division	X		X	

Montgomery County Case Study Vignettes

The following five examples of complex hoarding cases were investigated by Montgomery County personnel. These cases were handled by both Code Enforcement and DHHS. The examples have been submitted by lead department representatives who were directly involved.

Case A represents example of animal hoarding case with multiple agencies involved, including Animal Service Division, Attorney's Office, Housing and Court. This case was initially referred to the Police Department.

On October 9, 2009, Animal Services Division (ASD) of the Montgomery County Police Department received an anonymous call about animals living in the residence of the subject. The complaint stated that the conditions inside the house were unhealthy and they were concerned about the health of the animals living in the residence.

Based upon this complaint, officers of the ASD responded to the address and found no one home. They left a card requesting the owner call the officers. On the following day a message was left on the officer's voice mail from the owner that her animals would be licensed before the end of that week. Another officer responded to the residence and found no one available. The same occurred on October 11th, but the officer was able to contact a neighbor who said that the residence was unsanitary.

On October 14, 2009, two officers again went to the residence and smelled an odor emanating from the house that they identified as pet waste. They saw two dogs in the backyard and as they were viewing the dogs the owner arrived in her auto. There was a discussion about the concerns regarding the conditions in the house and the owner agreed to allow the officers to inspect the inside of the house. It was difficult to gain entry since the door was blocked by trash. They observed trash throughout the residence as well as animal feces and urine throughout the house (**See Figure 1 below**). The officers left to consult with their supervisors and to contact the County Department of Housing and Community Affairs (DHCA). They returned to the house with a housing inspector and other officers but the owner refused them entry.

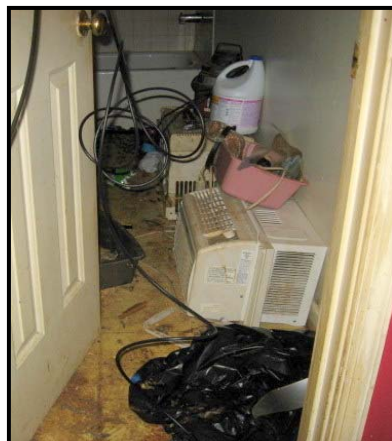


Figure 1 • Animal Hoarding Case (Unsanitary Conditions)

The following day an administrative warrant was obtained to enter and seize the animals because of the existing conditions. The officers and inspector entered the house and seized four dogs and several cats. Photos were taken and the house was condemned by the housing inspector as unfit for human habitation. A citation was issued by ASD for keeping the animals in unsanitary conditions. The house was posted and the owner was required to leave. Because all of the cats were not seized, another warrant was obtained to allow the trapping of the remaining animals. Ultimately all of the animals were seized and held at the Humane Society.

The owner appealed the ASD's seizure of her animals to the Animal Matters Hearing Board (AMHB). The only issue focused on was the place where the animals would be kept. The owner was unable to provide a sanitary place for the animals so they were kept by the County. Moreover, DHCA had posted the property as condemned allowing 30 days and then extending the time to 60 days to correct the conditions in the home. Unable to have her animals or live at her house, the owner sought help from her parents who assisted in providing funds for the clean up and the hiring of an attorney to represent her in the citation issued by ASD before the AMHB. The owner's parents paid \$15,000.00 to clean the house which took 60 days to accomplish. Once the house passed inspection by both DHCA and ASD, the condemnation was lifted and the animals were returned to the owner. She dismissed her appeal to the AMHB but proceeded to trial in the district court on the citation issued by ASD. She was convicted and an abatement order was entered by the court which provided for random inspection by ASD to make sure the owner's housekeeping was maintained. During the trial it was disclosed that she was in private treatment for her hoarding condition and had the support of her family.

The owner appealed her district court conviction to the circuit court. On August 19, 2010, the circuit court upheld her conviction but denied the requested abatement order reasoning that there was sufficient support in her family and mental health treatment to prevent a reoccurrence of behavior that led to the seizure of her animals and the condemnation of her home.

Agencies involved, both County and State, number of staff and hours spent per agency:

- Animal Service Division (response required all 6 ASD officers plus 3 Police officers to write up 2 warrants (10 hrs) and assist in execution of warrants in the case for 90 man hours total)
- Police Dept (3 officers for 1 day total)
- DHCA; 4 inspectors
- District Court (for citation trial): Judge (2 hrs) Clerk (2 hrs) Bailiffs (2 hrs)
- County Circuit Court for Appeal: Judge (2 hrs) Attorney (2 hrs) 2 witnesses (2 hrs) Courtroom staff (2 hrs) for issuance of two search warrants
- MC Humane Society and their staff for 30 days
- Animal Matters Hearing Board (AMHB) and its staff;
- County Attorney's Office (4 hrs) for trial plus (2 hrs) management of the AMHB case

Case B involves an APS Hoarding case showing complexity and multi-agency team approach, including Code Enforcement, Animal Control, Legal Aid, consulting psychiatrist, consulting physician, County Attorney, Police, and estate attorney, Multiple meetings also occurred between high level DHCA, A&D, and Legal Aid personnel.

Ms. X, a sixty-seven year old female residing alone in her duplex home was referred to APS for threat of eviction/danger to the community related to her cluttered home with no clear pathways and multiple animals both inside and outside the home. This was a longstanding hoarding situation. The neighborhood was slated for refurbishing and the neighbors complained due to the shared grounds, roof and one wall. There were roaches climbing the walls, with open cat food cans all over the property and the inside of the house. Ms. X was unable to use her sink, bathtub, shower, stove and most other parts of the house. She slept on a pile of newspapers close to the front door. She received a monthly social security check (a little over \$700) and she worked nights. She ate out or brought purchased food into the home. This behavior was very different from the days she resided in Manhattan and earned a master's degree in fine arts. Despite her situation, she was able to travel to New York by Amtrack in order to attend the opera.

Her case lasted for 17 months until her accidental death while attempting to walk in her back yard during a heavy snow. She was putting out food for the stray cats in the neighborhood.

During this 17 month period, APS visited her monthly, with added visits together with the consulting psychiatrist, Code Enforcement, Legal Aid and joint visits with a DHHS nurse and social worker. Code Enforcement, animal control, Legal Aid, consulting psychiatrist, county attorney, police, consulting physician and estate attorney were all involved actively in this case. Multiple meetings also occurred between high level DHCA, A&D, and Legal Aid administrators.

Eventually she died and Animal Control found both dead and live cats throughout the house and in the refrigerator and freezer. There were no walking paths in the house and most debris piles were 4–6 feet high. Roaches were pervasive throughout the house. Some of the live animals required euthanization due to feline leukemia while others were sheltered at the M.C. Humane Society for possible adoption. The hoarder had indicated that she would never leave her animals or her home; she only did so through her own demise.

Case C involves an APS Hoarding case of a vulnerable elderly woman with a severe mental dementia, living alone. It also reflects a different way the case was referred, this time through a bank teller.

Ms Z, an over 80 widowed female resided in a 6 bedroom home in an upscale neighborhood. She owned the home and was referred by a bank teller who noticed that she was cashing large checks and taking cash. Her car tags had expired and someone was in the car with her but did not go into the bank with Ms. Z.

APS located her home in a beautiful, well-kept neighborhood. This was not the case with her home. Although there were some clear paths and the rugs could be seen in parts, all the chairs, sofas, tables and beds were covered with “things”. Roaches large and small were seen scurrying all over the floors and surfaces. She had two full-length fur coats on a chair which were infested with roaches. They were being visited by the roaches. Ms. Z denied that her belongings were at risk of being destroyed.

It became clear that she not only had severe hoarding issues, but also her intelligence (PhD) masked her severe dementia. APS coordinated and had to deal with multiple cleaning teams, the client’s eastern shore relatives, the neighbors and other “friends and relatives” who were attempting to take ownership over the home and belongings. During the 5 day clean-up with 6 workers and daily trash collection, it was discovered that everything in the home was piled together. The very valuable jewelry and furs were side by side together with trash. The client’s bed housed rodent nests exactly where Ms. Z placed her head to sleep. Loose cash was all over the house. APS facilitated a move to assisted living.

Ms. Z’s case identifies that hoarders come from all socioeconomic and cultural backgrounds. The poor, rich, intelligent, cognitively impaired and all other groups can become hoarders. Ms. Z’s house was cleaned and cleared by professional hoarding cleaners.

The final heavy chore cleaning cost of approximately \$8,000 was covered by Ms. Z’s estate. The price was a good price as these cleaners valued the mission of APS. In recent months, we have heard of people in buildings who only used their own cleaners. For a much smaller unit in a “good” building, the family paid over \$10,000.00 for the clean-up, but without treatment, the same family spent another \$10,000.00 within a year.

Case D involves a CPS chronic hoarding case of a family of 5. The case was opened in CPS due to concerns regarding the oldest child, who was 3 ½ years of age and has Autism. This child is still enrolled in the Autism Waiver Program through DHHS Disability Services, but the case is now closed to CPS after 14 years.

Child Welfare Continuing Protective Services (CPS) is the lead agency. It involves a family of five living in a private owner end unit townhouse in Gaithersburg. One of three children is diagnosed with autism. Both parents have chronic hoarding issues as well as mental health problems. Despite being well educated, neither parent has been able to work steadily. Family has been known to CPS since 1994. In addition to the 3 ½ year old child, two other children, ages 15 and 13 were present at time of case closure.

Department of Housing Code Enforcement involvement: DHCA received a complaint in July 2006 for hoarding concerns at family's house. During the inspection the inspector put the family on a two week plan to eliminate 50% of the clutter from the home to avoid the house being condemned and the family having to re-locate. The family received funding from the Autism Waiver Program to hire a private company to help with the clean up of the house. The clutter was greatly reduced at the two week re-inspection. A final inspection was conducted in August 2006 and the Housing Code Enforcement case was closed.

History of referrals to CPS are as follows:

- Referral April 1994 – son, 2 ½ y/o, found wandering in middle of street with soiled diaper and no shoes.
- Referral May 1995 – mother was trapped in her 2nd story bedroom with children & fire
Department responded; house in deplorable condition including presence of feces; case opened in Family Preservation for a year and home cleaned.
- Referrals in 1996 & 1999 found similar situations and case reopened in Continuing Protective Services.
- Referral February 2004 – school made referral as conditions in home were again deplorable with cat feces and urine throughout the house; son coming to school with dirty torn clothing; school staff were bathing him at least twice a week; case opened in continuing Child Protective Services; by this time son had been diagnosed with Autism and was receiving services through Autism Waiver Program

Case remained opened for the next 4 years. (Note: the majority of Continuing Cases are closed within one year). This was a repeat case many times. See the following for dates of CPS investigations:

- Neglect investigation May 1994 unsubstantiated
- Neglect investigation May 1995 indicated
- Neglect investigation November 1995 indicated
- Neglect investigation December 1998 indicated
- Physical Abuse investigation November 1999 unsubstantiated
- Physical abuse investigation November 2000 indicated
- Neglect investigation November 2001 unsubstantiated
- Neglect investigation February 2004 indicated

- Neglect investigation February 2006 indicated

Continuing Services

May 1995 – June 1996 Family Preservation

June 1996 – September 1996 Continuing Protective Services

March 1999 – April 2000 Continuing Protective Services

March 2004 – May 2008 Continuing Protective Services

Family was able to keep the house fairly clean after last cleaning provided by Disability Services Waiver funding for \$9,000. Both parents started working full time and were able to pay for their medications and therapy. The son was coming to school in clean clothes and family was minimally cooperating with in home services provided by Autism Waiver Program. CPS considered resolved and case closed in 2008 as there were no child welfare concerns. However, the case is still opened in the DHHS Autism Waiver Program.

Case E involves a Montgomery County Fire & Rescue severe chronic hoarding case of an elderly man in his late 60's who lived alone. This case represents recidivism 2 times, first in January 2007 and again in June 2010.

First known to County: Fire & Rescue responded on January 23, 2007 to an apartment fire in the Gaithersburg area where an elderly man lived in a very serious hoarding situation. His mother, whom he was caring for, had lived there but passed away a number of weeks before this specific incident occurred.

The first arriving engine company forced open the door but were met with a large pile of debris. The ladder crew removed a large window to ventilate the smoke from the home. The window was at ground level and allowed the best access into the home. Crawling over large piles of debris, the firefighters struggled to reach the location of the fire. Eventually they found a small fire in the kitchen and extinguished it. Concerned with the very real possibility of a rekindle, high expansion foam was used to penetrate through the piles of debris.

As the smoke cleared, it became very clear that Fire & Rescue was dealing with a hoarder. Fire investigators interviewed the home owner and determined that the fire was accidental. Damage to the home prevented re-occupancy. The home owner had insurance but needed a place to live. Concerned with the hoarding issue, the fire investigator asked him about his current environment. The home owner was quite remorseful and stated that, while dealing with his ailing mother he could not leave her alone. Over the course of months, it was this situation that created the current condition of the home. The owner further stated that he thought the fire may have been a blessing in disguise as it would give him the opportunity to *“turn his life around.”*

The County provided a motel voucher for several days as conditions and terms for a lease were discussed. The general manager of a Housing Opportunities Commission (HOC) Senior Housing facility was contacted and apprised of the situation; she agreed to allow the elderly man to stay in a unit while repairs were made to his apartment. A few months

later the manager was again contacted and she said that everything was going OK. At that point it appeared that this would be a success story.

Second incident when this case came to attention of County: Department of Housing and Community Affairs Code Enforcement received a complaint in June 2010 and went to the home to investigate. The owner refused to let DHCA inspector enter the home. Housing then referred the case to APS for investigation. APS opened the case for investigation but the elderly man also refused to let APS into the apartment. Outside, from the windows and sliding glass door, the APS team and DHCA personnel were able to see that the condition was as bad as 3 years previously and likely to worsen without intervention. This is a frustrating situation because the County felt they had made strides, and now the situation has reemerged as worse than before. To date, the case has not been resolved fully.

Agencies involved for both incidents & number of staff per agency:

- Fire/Rescue (3 fire personnel for a total of 20 hours approximately),
- Red Cross (1 employee = not sure of hours worked),
- HOC (1 employee) Amount of time spent unknown but thought to be quite high due to multiple ongoing visits to owner while in HOC facility.
- Housing Code Enforcement (3 inspectors for a total of 6 hours including recent complaint)
- Adult Protective Services (involved with the 2010 incident and spent 3 hours)

Financial resources have been expended: personnel hours; FRS equipment; HOC, which points out the need for ongoing monitoring and follow-up, HOC housing; motel voucher for 2-3 nights. This is a repeat case.

The photo on left depicts “two of our finest” fire fighters standing in foam used to put out the fire. The photo on right shows scorched kitchen remains where fire appears to have started. The pre-fire hoarding clutter is obvious.



**Figure 3 • Montgomery Village Fire Aftermath
Fire/Rescue (Lead Agency)**