

# Hoarding Survey Summary Report

January 2017

## **Purpose of Survey**

One goal of the Massachusetts Statewide Steering Committee on Hoarding (SSCH) is to advocate for policy and funding improvements to better assist our communities in dealing with the complex and serious issue of hoarding. In order to do this effectively, the SSCH must better understand the needs of the multi-disciplinary entities that become involved in hoarding cases. To this end, a Hoarding Cost Assessment Subcommittee was tasked with developing, distributing and collecting data from a Hoarding Cost Assessment Survey that was circulated to multiple domains in order to analyze the cost of addressing hoarding across Massachusetts. Such domains included housing, healthcare, elder services, public safety, public health and more.

## **Methods of Data Collection**

The Cost Assessment Survey consisted of a standard set of questions that was asked of all of the respondents as well as questions that were only offered to each individual discipline as identified by the respondent. In order to reach a large number of individuals, an e-mail list was developed to include professionals in the various disciplines identified above. Examples of agencies included are: Massachusetts Association of Resident Service Coordinators (MARSCH), Massachusetts Health Officer's Association, members of local fire and police departments, councils on aging, elder services as well as other service providers. An e-mail invitation was sent out to the target group on January 12, 2016 requesting participation in the survey and a reminder email was sent on February 1, 2016 to garner as many responses as possible. The original email group was also encouraged to share the survey and request participation from colleagues who may not have received the initial email request. The response rate to the survey was approximately 34%, based on the initial email list, with responses received from across the State.

## **Survey Respondents**

Of the 557 respondents 30.5% were from housing followed by first responders at 15.7%, inspection/public health at 14.3%, social services/non-profit providers at 12.1%, elder services at 11.4%, social workers/mental health providers at 9.9% while legal services, child protective services, in-home health services, medical provider and other in-home services were each well under 4% in survey representation. Ninety- percent of all respondents stated that they had encountered a hoarding case within the past three (3) years.

## **General data**

There are many concerns associated with hoarding cases and survey results show fire hazards to be of greatest concern to 60% of all respondents. This was followed closely by egress obstructions at approximately 57%, and tripping hazards and rotting/spoiling food at 50%. Issues of garbage and trash overflow; large unstable piles; animal or human waste; and infestation each represented over 20% of main concerns. It should be noted that respondents were allowed more than one choice for this question.

**Comfort Level and Training in Addressing Hoarding Clients**

When asked about their comfort level in dealing with clients with hoarding, 23.2 % of the respondents stated that they were comfortable to a great extent and 53.4% of respondents identified as being somewhat comfortable, while 20.4% felt very little comfort level and 2.9 % were not at all comfortable.

Respondents were then asked how much training they had regarding hoarding issues. Results for this question show that approximately 14% had no training, 25% had very little training, 38% felt they were somewhat trained and 23% felt that they had been trained to a great extent.

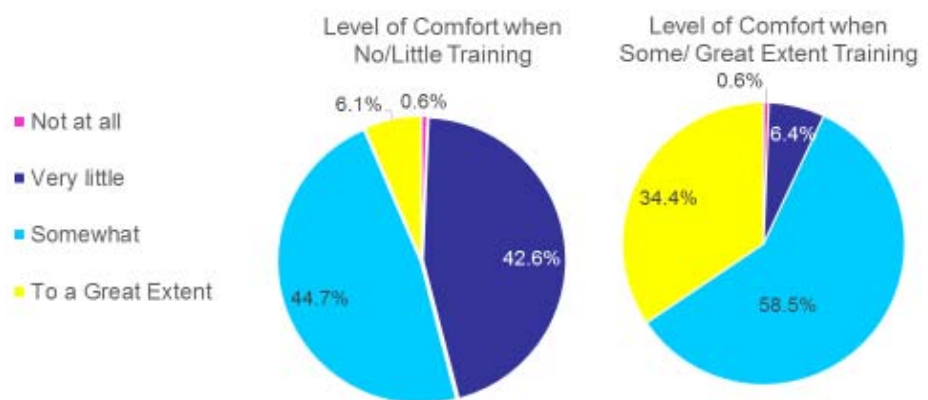
**Breakdown of training by respondents’ discipline :**

No or Little Training	Percentage	Some to Extensive Training	Percentage
First Responders	30.5%	Housing	37.2%
Housing	26.9%	Inspectional/Public Health	17.3%
Inspectional/Public Health	12.2%	Elder Services	15.4%
Social Worker/Mental Health Provider	10.2%	Social Worker/Mental Health Provider	10.9%
Social Services/Non-Profit	9.1%	First Responders	8.0%
Elder Services	6.1%	Social Services/Non-Profit	5.1%
Legal Services	4.6%	Legal Services	2.9%
Medical Provider	.5%	Medical Provider	.6%
		Child Protective Services	.3%

A comparison of respondents’ comfort level with clients exhibiting hoarding as it relates to the amount of training individuals have received regarding hoarding shows that those with more training had a higher comfort level in addressing hoarding clients. A cross-tabulation of 508 respondents provided the following charted results:



**Level of Comfort by Training**



**Training and understanding the definition of Hoarding:**

Respondents were also asked to identify the currently accepted definition of hoarding which was given as Option #2 in the survey: *A high volume of possessions that makes it difficult to use rooms for their intended purpose.* Note that the accepted definition does not include sanitation concerns. Of the 518 individuals that responded to this question, 403 (72.2%) included sanitation concerns in their response, while 115 (22.2%) did not. A comparison was then made to determine the effect of training on the understanding of the definition of hoarding by utilizing data from only the individuals who responded to both questions. Of the 111 respondents who chose the accepted definition of hoarding, 78 (70% of these respondents) had been trained somewhat or to a great extent. Of the 374 who believed the definition of hoarding included sanitation concerns and is defined as either 3. *Clutter and sanitation concerns*, or 4. *All of the above*, 211(56% of these respondents) had some training or training to a great extent. Chart below shows breakdown of cross-tabulation for hoarding definition and training received.

**Perceived definition of hoarding compared to level of training.**

Definition of Hoarding	Level of Training		
	Not at all; very little	Somewhat; to great extent	
1. A large volume of possessions	2 1.0%	3 1.0%	
2. A high volume of possessions that makes it difficult to use rooms for their intended purpose	33 16.8%	78 24.9%	111 21.8%
3. Clutter and sanitation concerns	18 9.1%	18 5.8%	
4. All of above	141 71.6%	193 61.7%	
5. I am not sure	1 0.5%	1 0.3%	
6. Other	2 1.0%	20 6.4%	
Total	197	313	510

Percent shown reflects number of responses within the specified training level.

**Available Resources:**

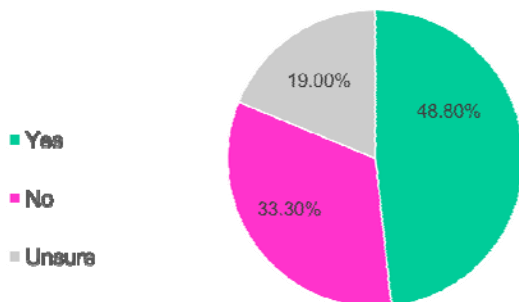
When asked about available resources in their area, 137 (27%) of the 513 respondents said they were to a great extent familiar with the available resources in their area, and 218 (43%) said they were somewhat familiar. However, of the 510 individuals responding to whether or not they feel their community has adequate resources, only 109 (21%) stated that they had adequate resources. When asked what resources were available in their area (multiple answers were accepted), of the 498 individuals responding, 371 (75%) identified Elder Services, 193 (39%) indicated heavy chore services, 164 (33%) indicated clean-out services and 188 (38%) indicated cleaning services. Case management and home based services were also identified by 238 respondents (48%) and 206 respondents (41%)

respectively, but there was no way to specify what types of services these constituted. Mental health providers were identified by 51% of the respondents and 28% identified support groups.

**Hoarding Protocols:**

Dealing with such a complex and difficult issue as hoarding, it is useful to have a set of procedures to follow in addressing the situation. Of the 342 respondents who answered the question about having an existing hoarding protocol, nearly 50% stated that they did have a protocol for addressing hoarding. Housing represented the majority of the respondents to this question at 153 or 44.7%, followed by first responders at 24.5%, social services and non-profits at 13.2%. It should be noted that although many respondents stated that they do have a hoarding protocol, there were very few that were able to answer specific questions about incidence and costs therefor it is assumed that data collection is not a part of many protocols.

**Does your agency have a hoarding protocol?  
(N=342)**



**Cost data:**

Cost data from this survey is limited as many respondents did not list data, and/ or do not track cost data for addressing hoarding. Many individuals made blanket statements about costs being "too much", or gave a vague range of costs. No respondent in any discipline was able to provide a full cost breakdown of funds spent to address hoarding, nor was any discipline able to provide an accurate count of all hoarding cases. (Please see inset for sample numbers collected by sub-committee)

**Sample Cases with Associated Costs**

**Greenfield, MA 2013- 2014- Apartment**

Fire fueled by abundance of paper and other clutter caused damage to 16 apartments, required 19 residents (from 11 apartments) to be temporarily housed in hotels, only 1 resident had renter's insurance.

Summary of Expenses: Vendor Services – police detail during fire, electrical repairs, sprinkler and fire alarm repair, fire damage repair/restoration, supplies, hotel for residents, elevator repair, mold remediation, lighting replacement,  
**Total: \$384,511.37**

**Framingham, MA 2014-Apartment**

Hoarding of paper bags, books, magazines other items, unsanitary conditions, resident also had hygiene issues

Summary of Expenses: Legal Fees, court fees, movers  
**Total: \$4,500.00**

**Mashpee, MA 2015-Condo Unit**

Hoarding of miscellaneous items, unsanitary conditions

Summary of Expenses: Cleanout company hired to abate nuisance conditions. (Not all expenses accounted for)  
**Total: \$40,423.34**

**Brewster, MA 2012-2016-Single Family Dwelling**

Summary of Expenses: Town legal fees (Not all expenses accounted for)  
**Total: \$55,591.21**

## Conclusions:

The main goal of this survey was to determine costs associated with hoarding response. However, due to the lack of tracking of such data, the results of this survey have been inconclusive in that regard.

In looking at the results of comfort level in dealing with hoarding and the amount of training received, we see that over 51% of the individuals who have received little to no hoarding training feel comfortable when dealing with hoarding situations. This raises the question of whether or not these individuals are responding to these situations in a positive and productive manner.

In addition, in reviewing the results of individuals with or without training to the perceived definition of hoarding, it appears there are misconceptions surrounding the definition of hoarding. Many individuals include sanitation as part of the hoarding definition, when in fact, hoarding and squalor are very different. This raises concern that perhaps hoarding cases are not being properly reported and that an inappropriate response may be mounted based on inaccurate information in certain cases.

Also of note is that a large number of respondents listed clean-out services, cleaning and/ or heavy chore services as hoarding resources in their area. Although these can be an important part of a hoarding case response, there is concern that these resources are being used as a first action, and not as part of a holistic approach which has been found to cause less emotional damage and generally offers longer lasting results.

The use of specific hoarding protocols appears to be largely limited to housing agencies and, to a smaller extent, first responders as these respondents made up the larger portion of the 48.8% of individuals stating that they do have a protocol for responding to a hoarding case. It is likely that including a properly developed hoarding protocol in an agency's "toolkit" would be advantageous to all involved. A proper hoarding protocol would increase the likelihood that any hoarding response would be mounted in an educated manner that would appropriately utilize resources available in a particular area.

## Recommendations

The SSCH will continue to move forward to provide training and resources across Massachusetts. The data and information collected in this survey will be used to develop strategies to better address the needs of our communities. Accordingly, we offer the following recommendations for consideration:

- 1. Establish a standardized system for documenting hoarding cases so that accurate comparisons can be made across disciplines to determining gaps and needs for addressing hoarding.** Designing such a system where all disciplines are tracking the same information in the same format would lend credence to the information that we are able to provide to government officials and policy makers in order to shed more light on the need for funding to address this important social problem that indirectly, impacts all of us.
- 2. Establish a set of criteria for measuring costs of hoarding across disciplines. Criteria may vary by discipline.** Costs to be considered should include legal/court fees; enforcement agencies' staff time devoted to inspections, reports, representation in court, etc.; costs to address hoarded environment such as cleanouts, organizational services, heavy chore services, etc.; repair costs

due to damage from fire, sprinkler system/water damage, relocating of individuals, rehabbing of apartments, overtime costs for maintenance, etc. (This is a representative list and may not include all costs associated with hoarding cases)

3. **Recognize and promote funding for evidenced-based best practices and advocate for provision of more training of mental health professionals to understand hoarding.**
4. **Establish a standardized training system or agency to ensure the dissemination of the most accurate information and promising best practices provided by well-trained individuals.**
5. **Encourage and help to develop protocols for any agency, service provider or other entity that may encounter hoarding situations.**

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**Report Acknowledgement**

**Thank you to the members of the MA Statewide Steering Committee on Hoarding and to the hundreds of respondents for completing surveys and providing valuable information for this report and for your continuing commitment to the issue of Hoarding.**