

Hoarding Concerns: Working Together for a Healthy & Safe Community



Scott Bryden, RS
Stephanie Denya, RN, BSN, MPH
Revised: 3/19

Disclaimer



THIS PRESENTATION CONTAINS GRAPHIC CONTENT. THE MERIDEN HEALTH AND HUMAN SERVICES, AND ITS PRESENTERS, ARE NOT RESPONSIBLE FOR ANYONE FEELING OR BECOMING ILL DUE TO THE CONTENT SEEN OR SPOKEN HERE TODAY.

Overview of Our Community



- Total Population: 60,868
- <19yo: 16,016
- 20-59yo: 29,756
- > 60yo: 15,096



The unemployment rate
is 6.8%

The medium
household income is
\$55,547



- 81.7% White
- 9.5% Black
- 25.2% Hispanic
- 1.6% Asian
- 0.2% American Indian



Referrals that Require Collaboration



- Reoccurring calls for health related concerns but not sick enough to go to ED or refuses to go to the ED.
- Safety concerns (ETOH abuse, severe obesity, etc)
- Housing concerns (bedbugs, hoarding, excessive animals, etc)
- Any outside concerns (excessive garbage, odors, etc)

Meriden Health Department Referrals



- Case referrals: 77 active cases since 2/1/17
- Referral Type: usually combined issues of concern
- Hoarding-like behavior, safety/health risks, environmental hazards, medical concerns, homelessness

Results

- 53 cases resolved and closed
- 7 cases are on monitor visits (1 visit every 2-4 weeks)
- 17 cases are “work in progress”

Health Response



- CGS 19a-206. Duty of directors of health. (see CGS Chapter 368f for Municipal District Health Directors)
 - (a) Town, city and borough directors of health or their authorized agents **shall**, within their respective jurisdictions, examine all nuisances and sources of filth injurious to the public health, cause such nuisances to be abated and cause to be removed all filth which in their judgment may endanger the health of the inhabitants.

CGS 19a-206, cont.



(b) When any such nuisance or source of filth is found on private property, such director of health shall order the owner or occupant of such property, or both, to remove or abate the same within such time as the director directs. If such order is not complied with, within the time fixed by such director: (1) Such director, or any official of such town, city or borough authorized to institute actions on behalf of such town, city or borough, may institute and maintain a civil action for injunctive relief in any court of competent jurisdiction to require the abatement of such nuisance, the removal of such filth and the restraining and prohibiting of acts which caused such nuisance or filth, and such court shall have power to grant such injunctive relief upon notice and hearing;

CT PUBLIC HEALTH CODE -
Conditions Specifically Declared To Constitute Public Nuisances



19-13-B1(i) Buildings or any part thereof
which are in a dilapidated or filthy condition which may
endanger the life or health of persons living in the vicinity.

Team Approach: City Departments & Community Partners



- Meriden Health Department
- Housing Officials
- Fire Marshal's Office
- Police Department (Community Officers)
- Animal Control
- Building Officials

- Rushford
- Community Health Center
- Hunter's Ambulance
- Midstate Medical Center
- Middlesex Hospital
- YNHH
- Sr. Francis Hospital
- DCF
- Protective Services for the Elderly
- State's Dept. of Agriculture
- Asst. State's Attorney Office, Housing

Case Review



- G.U. (46yo, white male), was referred to the MHD by the MPD following a well-check request.
- MPD initially received the call from G.U.'s sister (lives in Washington state and had not spoke to him in 3 years) and was concerned about his safety.
- G.U. had a PMH of: Agoraphobia (fear of open spaces), anxiety, and hoarding.
- MHD made contact w/Rushford Crisis Intervention and a social worker agreed to meet MHD at G.U.'s home.
- G.U. would not respond to requests to come to the door.
- Police and Fire called for back-up due to concerns about patient safety.
- G.U. opened the front door with threat of police entry.
- Assessed by MHD staff to have serious medical concerns to lower extremities, evidence of psychiatric concerns, and visualization from doorway that there was significant hoarding-like behaviors.
- **2 hours later:** police, fire marshal & MHD staff convinced G.U. to go in an ambulance to Midstate for treatment of his lower extremities and psychiatric evaluation. (He was also papered by Rushford crisis worker for threat to harm himself).



Case Study #1 Continued



- G.U. d/c'd from Midstate within 24 hours (against MHD advice).
- Seen by CHC next morning following hospital d/c, transferred to YNH inpatient psych unit after a 6 hour evaluation by CHC doctor.
- In the meantime.....
- Sister arrived from Washington
- Housing and MHD conducted a walk through of G.U.'s home with family member.
- Housing and HD issued orders and posted the building unfit for occupancy.
- Family begins clean-out of home.
- Housing provided a dumpster at home to assist with clean-out removal.
- This entire process & collaboration took 1 week from initial referral to family beginning the clean-out.
- G.U. spent several weeks inpatient, transferred to outpt. living facility, then stayed with a friend for several months while undergoing intensive outpatient treatment through Rushford, and most recently, has transferred into living in independent housing sponsored through Rushford.
- G.U.'s sister returned to begin complete clean-up to sell the house and begin conservator process for G.U.
- G.U. continues to receive therapy through outpt. services.













A Review of the Past Year



- As a result of working on this case, the MHD, in collaboration with various city departments, have:
 1. Developed the Meriden Community Action Group (MFD, MPD, Hunter's Ambulance & Rushford) which meets monthly to review similar cases of concerns.
 2. Established a Community Care Team w/ Midstate Medical Center and local community collaborators which meets every 2 weeks to discuss clients of concern (ROI is required).
 3. Provided informational presentations to local physicians and their staff, Midstate Medical Center Emergency Room staff, MFD, MPD, school nurses, BOE staff, postal workers, DCF, and school outreach workers to increase their knowledge and understanding to better manage their patients, and to increase collaboration with the MHD.
 4. Assisted to bring recognition to the people in the community that need help with hoarding or hoarding-like conditions.
 5. Have provided our community partners with the knowledge and resources to assist their clients more efficiently and effectively with hoarding conditions.