

A PROPOSAL FOR AN INTEGRATED COMMUNITY RESPONSE TO HOARDING IN EDMONTON

October 2013



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TURNING TO ONE ANOTHER

There is no power greater than a community discovering what it cares about.

Ask “What’s possible?” not “What’s wrong?” Keep asking.

Notice what you care about.

Assume that many others share your dreams.

Be brave enough to start a conversation that matters.

Talk to people you know.

Talk to people you don’t know.

Talk to people you never talk to.

Be intrigued by the differences you hear.

Expect to be surprised.

Treasure curiosity more than certainty.

Invite in everybody who cares to work on what’s possible.

Acknowledge that everyone is an expert about something.

Know that creative solutions come from new connections.

Remember, you don’t fear people whose story you know.

Real listening always brings people closer together.

Trust that meaningful conversations can change your world.

Rely on human goodness. Stay together.

Margaret Wheatley

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EXECUTIVE SUMMARY

Hoarding behavior is a serious private health matter as well as a public health and safety issue. It is estimated that approximately 57,500 people in the Greater Edmonton area are currently living with hoarding behavior. In May, 2013, the updated DSM-5 (the Diagnostic and Statistical Manual for diagnosing mental health disorders) was released and has for the first time a stand-alone diagnosis of Hoarding Disorder. As a result, there will be some expectations from individuals being diagnosed that there be services available to assist them to deal with the disorder.

Currently, there is no formal coordinated process for addressing hoarding in our community. Research suggests that the sooner an intervention is initiated, the better for the client, their families and for our health and social systems, and communities.

Data for this report was gathered from multiple sources including:

- ◆ telephone and electronic consultations with key informants involved with other hoarding models across Canada and the U.S.A;
- ◆ telephone conversations with agencies in the Greater Edmonton area that are currently involved in addressing some aspect of a person's life as it relates to hoarding;
- ◆ developing new connections in the community with agencies that have not been directly involved before;

- ◆ speaking to and gathering insight on the lived experience of individuals living with hoarding behavior;
- ◆ a partner workshop held with key stakeholders.

Promising practice shows that working together collectively, in a multi-disciplinary fashion, provides both the opportunity for developing an approach that respects the individual living with hoarding behavior and provides needed supports to ensure successful intervention.

It is believed that addressing hoarding through an integrated approach across the lifespan will reduce the burden on the health care system that is currently being incurred to support many of these clients in acute care or transitional care beds.

An integrated community response model for the delivery of resources and supports has been developed. This model identifies what will be needed to provide sustainable supports and services to people with hoarding behaviours.

PROJECT SUMMARY

GUIDING PRINCIPLES

- 1 That our work and program planning be centered on the real and lived experiences of individuals living with hoarding behavior.
- 2 That we engage individuals living with hoarding behavior in the development of our Integrated Community Response to Hoarding.
- 3 That our recommendations for the integrated model be based on promising practice.
- 4 That we use and/or adjust our work according to new information and research on promising practice.
- 5 That working in a multi-disciplinary approach, we recognize that hoarding behavior is not something that can only be addressed by one discipline.
- 6 That we value a Harm Reduction Approach over a complete clean out approach.

Introduction

This report is the result of our community coming together to imagine what a made-in-Edmonton, integrated community response to hoarding could look like.

The recommendations contained in this report are intended to help stakeholders, as they come together to determine how to best work together in interdisciplinary teams, draw upon promising practice and affect positive change to improve the quality of life of individuals living with hoarding behavior.

Why do we need to address hoarding in the Greater Edmonton area? Hoarding behavior is both a serious private mental health matter and a public health and safety issue.

The risks associated with hoarding behavior are far reaching. Some people lose important relationships and become isolated. Others are at greater risk for falls and fires in their home and loss of their possessions. Individuals living with hoarding behavior can be refused in-home support services due to safety issues for service providers coming in to the home to deliver health, cleaning and other in-home services. Still others go through the trauma of losing their homes through eviction. Individuals who live with hoarding behavior are at risk of homelessness as their landlords will not provide positive references to other landlords, making it difficult to acquire suitable accommodation.

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It is believed that addressing hoarding through an integrated approach across the lifespan will reduce the burden on the health care system that is currently being incurred to support these individuals in acute care or transitional care beds. Providing in-home practical and emotional supports to address hoarding before it reaches a point of crisis enables the individual to live more safely and more independently in their own homes for longer. It improves the capacity for Home Care staff to bring services to the home of a person who lives with extreme clutter, in a manner that provides a safer work environment. It reduces the individual's risk of injury due to extreme clutter because they have engaged in a harm reduction action plan. It also reduces the risk to self from poor sanitation and infestation of harmful pests because clients will engage in steps to eliminate such dangers.

Research indicates that between 2 and 5% of adults in the United States and Europe exhibit clinically significant hoarding behaviour (Bratiotis, The Hoarding Handbook, 2011). While to-date there is no prevalence data available for Canada, one can draw the conclusion that the numbers would be similar here. The population of the Greater Edmonton area is estimated to be 1.15 million people. Based on the US and European prevalence rate it can be estimated that there are approximately **57,500 people in the Greater Edmonton area currently living with hoarding behavior.** If the Integrated Community Response to Hoarding Project reaches 1% of these people it will have helped approximately 500 people.

Currently, there is no formal coordinated process for addressing hoarding in our community. Sage's This Full House Program offers services to the 55+ age group and the Canadian Mental Health Association Edmonton offers a support group which is open to all ages. Research indicates that hoarding can begin as early as in the teenage years (Bratiotis, The Hoarding Handbook, 2011). As the individual ages, the problem gradually increases and serious challenges occur as they reach middle age and often become most severe in their senior years. The sooner an intervention to assist individuals is initiated, the better for them, their families and for our health, social systems and communities. Children may also be apprehended due to an unsafe home environment because of hoarding in the home. Developing a comprehensive plan for people of all ages would mean families like this could stay together. **A formal, coordinated process would be saving the emotional and financial challenges of an unsafe home environment caused by hoarding.** This lifespan approach is consistent with the first strategic direction of Canada's Mental Health Strategy which is to, "promote mental health across the lifespan in homes, schools, and workplaces, and prevent mental illness and suicide wherever possible" (Changing Directions, Changing Lives: The Mental Health Strategy for Canada, 2012).

When trying to make a distinction between clutter and hoarding, it is important to consider some key definitions:

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DEFINITION OF HOARDING DISORDER

A

Difficulty discarding/parting with objects

B

Difficulty discarding due to urges to save

C

Symptoms result in accumulation of possessions that clutter living areas

D

Distress or interference

E

Not better accounted for by medical condition

F

Not better accounted for by other mental illnesses

Diagnostic Specifiers: (With) excessive acquisition, poor insight

DEFINITION OF ANIMAL HOARDING



Accumulation of more animals than a typical pet owner, not a breeder



Failure to provide adequate facilities for the animals: overcrowded or unsanitary living conditions, inadequate veterinary care, poor nutrition, animals unhealthy



Reluctance to place animals in others' care

(Patronek, Lear and Nathanson, 2006)

DEFINITION OF SQUALOR



Filth or degradation from neglect



2 forms: personal and domestic



Diogenese Syndrome (older adults)



Home Environment Index (Rasmussen et al., 2009)

(Bratiotis, Christina, Adapted from DSM-5, 2013)

Accumulation of material possessions does not become a problem until it interferes in a person's ability to carry about their activities of daily living in a safe and functional manner. This is the main reason individuals access a program like Sage's This Full House Program. These individuals have often reached a point of crisis before they reach out for help. Sage's This Full House Program, which serves individuals who are 55+ and the Canadian Mental Health Association's support groups which serve a younger population have been the only sources of formal support in the greater Edmonton area to date. A formal, coordinated approach to hoarding would provide a better and more coordinated access to supports, prior to crisis. This can be achieved through the proposed integrated model.

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THIS FULL HOUSE PROGRAM MODEL

This Full House has been developed to help individuals deal with emotional, psychological and health issues that result from their hoarding behaviour, as well as addressing practical matters and de-cluttering.

The program has developed a process which includes: initial screening and assessment, followed by in-home hoarding assessment by the This Full House Coordinator. From there, an action plan based on a harm-reduction approach is developed. This action plan engages either paid help or is implemented by the client her/himself. The coordinator further assesses the need for other supports and resources and provides home visits to monitor progress and maintenance. Throughout this approach, the coordinator works with the family and other supportive team members and utilizes helping strategies that support the individual's progress. There are times when advocacy for individuals is also required. For example, when an individual receives an eviction notice and is at risk of being homeless, the Coordinator advocates for the client with the landlord.

The program also offers a monthly lunch group that provides social support and discussion on topics related to the behaviour of hoarding. In addition, a Hoarding Coalition comprised of different agencies, comes together each

month, to identify gaps in services and to work toward a community response to hoarding. *The continuation of this program is vitally needed.*

Since Sage began This Full House program in December of 2007, between eight to ten referrals per month have been received. The case load has ranged from 25 to 55 clients at any one time. These clients are at various stages and some require intense intervention while others require less intense intervention and/or maintenance but still require regular follow-up. With each new file that is opened, a home visit is necessary to establish the severity of the hoarding and to take initial steps in identifying what an action plan would look like. An action plan is focused around a harm reduction approach with clear goals and expectations of the team members, including the client. Input into the action plan may include deadlines such as those issued by a landlord, the City of Edmonton By-Laws and/or Alberta Health Services, Environmental Health. The action plan in the beginning often requires more frequent visits from staff to assess progress towards achieving goals and deadlines. This could represent one visit each week for two to three months and then less frequent visits after that, such as a monthly maintenance visit. Experience with clients of this program has shown that the average length of intervention with a client may be up to two years.

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Sustaining the change however, requires a lifetime commitment from the individual to engage in using different behaviors for thinking and dealing with acquiring and saving. This can be done most effectively through Cognitive Behavior Therapy (CBT) that is specifically geared toward the hoarding behavior. Creating an action plan to address excessive accumulation in a person's home is vital to keeping that person housed and reducing harm to them and others in her/his home environment. However, we know that it is only when the person engages in changing their thoughts and actions toward the accumulation of things, that hoarding is most effectively addressed. Therefore, a combination of practical and therapeutic supports is the best combination for sustaining change over time (Bratiotis, 2011).

The Sage program also operates on a very limited budget with a 0.5 FTE social worker who consistently carries a full time caseload. In addition, the program coordinator provides educational presentations to the community. Due to Sage's significant hoarding expertise, an ever increasing number of requests are being received for presentations to various groups with particularly frequent requests for presentations to health professionals to help build the community's knowledge about hoarding. The coordinator also facilitates a monthly lunch group that offers social and emotional support in

addition to a complimentary lunch to an average of 15 participants each month. Sage does not have any sustainable funding to keep the program running, not only at the level it is being delivered currently, but to meet the increasing demand in the future. Without sustainable funding, this program may have to shut down by the end of August 2013.

Canadian Mental Health Association Edmonton provides a support group for individuals under the age of 55. Currently this population does not have access to all of the services that are currently available for those individuals who are 55 and older.

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RATIONALE FOR INTEGRATED COMMUNITY RESPONSE TO HOARDING ACROSS THE AGE SPECTRUM

The updated **DSM-5** (the Diagnostic and Statistical Manual for diagnosing mental health disorders) released in May, 2013 has, for the first time, a stand-alone diagnosis of Hoarding Disorder: Diagnostic Categorization as follows:

- A** Difficulty discarding/parting with objects
- B** Difficulty discarding due to urges to save
- C** Symptoms result in accumulation of possessions that clutter living areas
- D** Distress or interference
- E** Not better accounted for by medical condition
- F** Not better accounted for by other mental illnesses

Diagnostic Specifiers: (With) excessive acquisition, poor insight

With the release of the DSM-5, a person can receive a diagnosis of Hoarding Disorder. This will come with some expectation from individuals being diagnosed that there be services available to assist them to deal with the disorder. They will need emotional and psychological supports to cope. They will also need to know how to address the complicating factors related to the disorder, such as the accumulation of clutter that interferes with the ability to live in a safe and functional manner.

In addition to this, society is experiencing increased media attention on the real life experiences of individuals living with the devastating effects of hoarding behavior. Programs on television such as Buried Alive and interviews on shows like Oprah, give viewers a glimpse into the phenomenon of hoarding. A person can also read about it more in local newspapers and magazines.

Therefore, an integrated comprehensive system that delivers services to individuals in a timely and coordinated fashion makes sense for the individual living with hoarding behavior. It also makes sense for our community and the agencies involved in delivering services. When people know who to call and where to seek help, we offer individuals and our community a more efficient system. This ease of access and

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efficiency will in turn, save money by filling gaps in service and reducing overlapping efforts.

Providing access to needed supports is consistent with the third Mental Health Strategic Direction of the *Mental Health Strategy for Canada* which is to “Provide access to the right combination of services, treatments and supports, when and where people need them” (Changing Directions, Changing Lives: The Mental Health Strategy for Canada, 2012).

The recommended Integrated Community Response to Hoarding is consistent with Alberta Health Services’ *Creating Connections: Alberta’s Addiction and Mental Health Strategy, September 2011*. In particular it is designed to “Improve the quality of life for clients/patients and families by enhancing the capacity of community-based addiction and mental health services and by improving the effectiveness of specialized . . . care. (3.1 Community-based Services). Specifically, the model aims to achieve the following key results:

- ◆ Individuals with addiction, mental health problems and mental illness will live effectively in their communities supported by an appropriate range of community services, . . .

- ◆ Clients will have timely access to services and increased quality of life and overall functioning.

- ◆ Non-governmental organizations will be effectively engaged in service planning and delivery.

Additionally, the proposed model is consistent with the Strategy’s approach to Housing and Community Supports (3.3) which states its Priority as “Partner with . . . stakeholders and service providers to facilitate ready access to a range of . . . community supports that are matched appropriately to the continuum of needs of individuals impacted by addiction, mental health problems and mental illness”.

The proposed approach will assist people with hoarding behaviour to remain in their homes and will reduce the likelihood of eviction and homelessness.

While Sage offers a program to assist the 55+ age group, calls and inquiries are often received from individuals, families and community organizations looking for a similar program to support the under-55 age group. *There is no formal program in Greater Edmonton that provides a similar service to the under-55 age group.* Promising practice shows that working

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together collectively, in a multi-disciplinary fashion, provides both the opportunity for developing an approach that respects the individual living with hoarding behavior and provides needed supports to ensure successful intervention.

In the Journal of Aging Research, 2012, Sage staff member Doneka Simmons co-authored a research article with Dr. Kyle Whitfield, Dr. Jason Daniels and Keri Flesekar, Older Adults with Hoarding Behavior Aging in Place: Looking to a Collaborative Community-Based Planning Approach for Solutions (Appendix B). This research examined the value of a collaborative community-based approach to hoarding and found that individuals remain in their homes, are safer, and communities benefit from collaborative sharing of expertise and maximizing of resources.

Continued education and training are key components for developing community capacity to address hoarding wherever people living with hoarding behavior reside. Canadian Mental Health Association Edmonton held a conference on Hoarding in 2013 and plans are underway for 2014. Sage has played a lead role in our community for the past five years by delivering educational presentations and training to health care staff, managers of housing and health programs, leaders in education, professional associations and conferences. As more professionals and agencies seek professional guidance and support, the need

will only increase for further educational and training opportunities to be delivered. **Sage holds a strong professional expertise on the subject of hoarding. The agency knows how to develop and deliver services that utilize a holistic approach to care, addresses the issue of hoarding, assesses further needs and connects clients to appropriate supports and resources in the community.**

Peer Response Team

The Peer Response Team for Hoarding is a program that has been developed and tested at the Mental Health Association of San Francisco, based on the book by Tolin, Frost and Steketee, Buried in Treasures. A Project Coordinator was hired to develop a training program that hires and trains individuals with lived experience to offer community presentations, do case conferencing, lead peer support groups and offer emotional and practical supports to individuals living with hoarding behavior.

This approach is a relatively new application of the self-help model as outlined in the Buried in Treasures book. Other peer support models have been developed and used in other disease related organizations (e.g. Schzioprehnia Society) and there may be an opportunity to learn from others in the development of a Peer Response Team for Individuals who living with hoarding behavior.

JACKIE'S STORY

CHAOS

CAN'T HAVE ANYONE OVER SYNDROME

I grew up at the time when one did not throw anything out because you might need it later. My savings are binders of research, books, papers, magazines, newspapers. If I got rid of these I would truly have not much. My books are precious but I have declared I will only read books from the library.

I am so ashamed of my house that I never let anyone in except the social worker who is trying to help me. This problem grew worse when I became ill in 2004. I literally could not do anything so the clutter just grew and grew. Then I became very ill in 2010 and had to go to hospital. I could not go home until things were fixed. I had to go to a special place for three months which was paid for by the health department.

Paper is the key to my clutter. I can't get rid of it. I often bring home two free magazines. Why I do not know.

I have always been a people person, loving being with them and supporting them. I was always doing jobs that take hours for them, such as research for them. Now because of my clutter problem I am not associating with anyone except THIS FULL HOUSE support group. As the Alcoholic Anonymous says, "It is our secrets that oppress us".

One problem I have come to realize I have is I am a rescuer. I will always give my time and support to people with problems at my expense. What I should be doing for myself and my home I neglect. Then I beat myself up!

THIS FULL HOUSE program is a very special program which supports each of us who attend the monthly lunch and program. I would be completely lost without it!

Clutter affects one's life each day. My problem is to let things go! Therefore my goals for this year are:

Letting go of 7 magazines a day

Do Vintage Jobs - Long Overdue - Caring For Myself

Zones - Rooms - 2 - 45 Minutes Periods A Day

As Karen Lamb said "A year from now you will wish you had started today." [01 April 2013]. May I have the courage to reach my goals.

DO IT NOW! 15 MINUTES AT A TIME!

METHODOLOGY AND FINDINGS

COMMUNITY RESPONSE TO HOARDING

The clients of Sage's This Full House Program and our community have told us that they want us to develop an integrated community response plan to address the needs of people who hoard, regardless of their age. Through this project, Sage has been involved in working with the community to address the issue of hoarding across all ages. Sage, along with community stakeholders and partners, developed a plan for human and physical resources needed. A model for the delivery of resources and supports has been developed. This model identifies what will be needed to improve accessibility to those resources and supports.

Data to support this work was gathered from multiple sources including:

- ◆ telephone and electronic consultations with key informants involved with other hoarding models across Canada and the U.S.A;
- ◆ telephone conversations with agencies in the Greater Edmonton area that are currently involved in addressing some aspect of a person's life as it relates to hoarding;
- ◆ developing new connections in the community with agencies that have not been directly involved before;
- ◆ speaking to and gathering insight on the lived experience of individuals living with hoarding behavior;
- ◆ a partner workshop held at Sage for key stakeholders in this area.

CURRENT STATE OF HOARDING SERVICE PROVISION

Edmonton Based Environmental Scan
(Appendix C)

An environmental scan was conducted to help determine which agencies are currently providing some level of support to individuals living with hoarding behavior. The data collected from respondents indicated that there are a variety of informal and formal partnerships in our current model. The Hoarding Task Force is the avenue that exists currently for agencies to come together collectively to address issues related to hoarding and to do case consultations. There is a realization that no discipline has all the expertise needed. Many different disciplines currently have clients who live with hoarding behavior and depending on the organization they work for, they focus on different aspects of that individual's experience.

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CURRENT HOARDING PROGRAM

PROCESS MAP FLOWCHART

(Appendix D)

The flowchart that was created provided a means to share with others what a client can expect when they call Sage's This Full House Program and it also highlighted gaps in the program including:

No Formal Program for the under 55 Sage group

Sage only serves the 55+ age group. There is no program like Sage's This Full House Program that provides the same support and resources to individuals in the under-55 age group.

Safety Risks

Safety risks are not always identified prior to a home visit due to current lack of integration of services.

Limited ability to conduct mental health assessments

There is great potential for further mental health assessment and connecting to mental health resources for people with hoarding behavior.

Financial Challenges

Finances are a barrier for many clients to clean-up their homes.

Lack of standardized interagency protocols

There are currently no interagency protocols, agreements or assessment tools.

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QUESTIONNAIRE OF HOARDING COALITION, HOARDING ADVISORY COMMITTEE AND WORKSHOP ATTENDEES (Appendix E)

A questionnaire was developed as a means of gathering information from agencies interested in being involved in the development of the integrated model. The Hoarding Coalition provided validation of the design of the questionnaire. The questionnaire was distributed to the Hoarding Coalition and to other agencies that were invited to the Partner Workshop on March 1st. Aggregate data from the questionnaire confirmed that:

- 1 Education/Training is needed for first responders, landlords and others involved in different levels of service provision.
- 2 Therapeutic supports are necessary to identify and sustain behavioral change.
- 3 Financial help for some clients is absolutely crucial for taking the first step in an action plan, to prevent eviction and/or to stay housed in a safe and functional manner.
- 4 Multi-disciplinary teams are essential to this work.
- 5 Temporary housing would be an asset to individuals whose action plans makes it unsafe for them to live in their homes for a period of time. This could be due to a number of things: blocked exits due to excessive accumulation of belongings, a large number of animals and/or an unsanitary home environment.
- 6 We need to develop interagency protocols and common tools.

OTHER HOARDING TASK FORCE AND HOARDING MODEL - VALIDATED COMPARISON (Appendix F)

A number of different programs are being developed and implemented across Canada and the United States. These program models replicated some of the promising practices suggested in the literature. A tool was developed to show the actual state of implementation of the respective initiatives. While multiple models were researched, the models that were studied in more detail were those that showed some further development and were actually operationalized in their communities. This included: the San Francisco Task Force on Compulsive Hoarding, the Ottawa Community Response to Hoarding, the Vancouver Hoarding Action Response Team, the Wichita/Sedgwick County Hoarding Coalition and the Orange County Task Force on Hoarding.

Of the five models that were studied, there were some key elements that were noted:

- ◆ Four out of five models have a Central Intake Line;
- ◆ Screening processes varied depending on the resources available for this role;
- ◆ Two out of five conduct assessment and referral processes from an enforcement perspective;
- ◆ A variety of service provision processes exist but they all offer some linking to available resources.

In addition to these five models studied in detail, initiatives in the Province of Alberta in Calgary, Red Deer and Lethbridge, were also reviewed; finally an update on the status of the Winnipeg

METHODOLOGY AND FINDINGS

model after which Sage's This Full House Program was modeled.

The proposed Integrated Community Response to Hoarding model holds great promise for *reducing costs to both the social and health care systems* through this integrated comprehensive approach across the age spectrum. This can be done by addressing hoarding before it reaches a health crisis and by working with clients to ensure services are coordinated and provided in the right location at the right time.

Devastating outcomes are experienced by people who are admitted to hospital after suffering a fall and are not able to be discharged home because their home is not a safe environment due to clutter. They have nowhere to go and even though they no longer require acute care, they often remain in hospital until their home can be safely cleared, which can take weeks or months. Services can be initiated that save health care dollars by providing necessary supports in the community for these individuals.

Case Example

In late 2009, we received a call from a very distressed senior. She told her story to the intake worker for Sage's This Full House program. She shared her belief that if she didn't do something to make her home safer, she would be at risk of losing it. The senior reported that her landlady felt she had too much stuff and she was concerned that if there was a fire in her townhouse that she

and other tenants could be at significant risk. She was not be ready to have anyone from Sage come to her home to assess her situation at that time.

Not too long after this call she fell and ended up in the hospital. The Sage staff member visited her in hospital and let her know that Sage could help her. The senior agreed to a visit from Sage and Environmental Health to determine if her home would be safe to return to after her recovery in hospital.

With a day pass from the hospital, the senior and the Sage social worker visited the senior's home with the Environmental Health Officer. It was determined that the home was unsafe and unsanitary and could not be returned to. The senior's home was issued an Unfit for Human Habitation Order. She would be homeless until she could do something to address the concerns in her home.

The senior accepted the help of Sage's This Full House Program. The senior had no family or friends with whom she could stay while she was working to meet health and safety requirements. She was able to stay in a transition bed next to the hospital for a period of two months even though she wasn't receiving active treatment. With lots of support she was able to reduce the amount of clutter and address the health and safety concerns. After returning to her home she has continued to be connected to Sage's This Full House Program.

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PARTNER WORKSHOP

(Appendix G)

On March 1, 2013, Sage hosted a partner workshop for members of the Hoarding Coalition and other agencies both profit and not-for-profit which had been identified as having a fit in the proposed model. The workshop was an opportunity for agencies to come together to learn more about the proposed Integrated Community Response to Hoarding Model and to refine the model. There were 27 agencies represented at the workshop. A list of attendees is available in the Appendix H.

The documents that were presented in the workshop were as follows:

- ◆ Other Models (Validated) – 2013 Current Delivery Status;
- ◆ Partner Questionnaire Aggregated Responses;
- ◆ Current State of Hoarding Service Provision – Edmonton Based;
- ◆ Current Hoarding Program Process Map and Flowchart – Sage’s This Full House Program Client Process;
- ◆ Proposed Integrated Edmonton Model Process Map and Flowchart – Client Process;
- ◆ Proposed Integrated Hoarding Response Model – Core Team.

In large group and small group discussion formats, the attendees answered questions such as:

- 1 Are the proposed intake/screening/assessment components feasible? Sustainable?
- 2 If yes, why? If no, why not and what would you suggest for an approach?
- 3 What is missing? Any gaps? Are the services proposed in the model the ones that are needed?
- 4 Based on the proposed roles and responsibilities, are there any issues/concerns from those currently providing services with continuing to provide same services in the proposed model?
- 5 Based on the proposed roles and responsibilities, are there any agencies present that would be able to fill gaps in service?
- 6 What are we in agreement on and what are the outstanding issues that still need to be addressed?
- 7 What is the best way to continue to advance this work? How do we agencies want to continue to be involved? Who else needs to be involved?
- 8 Are there any issues/concerns from those currently providing services with continuing to provide the same services in the proposed model?
- 9 Proposed new services – Who would providers be?

METHODOLOGY AND FINDINGS

PROPOSED INTEGRATED EDMONTON MODEL PROGRAM PROCESS MAP AND FLOWCHART (Appendix I)

The proposed model incorporates a service provision process for clients across the age span. Some key elements that would be included in the proposed model are as follows:

- ◆ Central Intake Line
- ◆ Case Managers for both the 65+ and the under-65 age group (will conduct assessments in addition to providing case management services)
- ◆ Offer different therapeutic supports depending on the individual and options available. Some examples are: Buried in Treasures – Peer led support group, CBT (Cognitive Behavioral Therapy), Drop-in support groups and Family support groups
- ◆ Public Education/Training
- ◆ Peer Response Team
- ◆ Clean Up Services
- ◆ Temporary Housing
- ◆ Step by Step brochure that shows the services that can be accessed and how to access these services
- ◆ Evaluation Guidelines for Landlords
- ◆ Interagency Coordinating Committee
- ◆ Program Manager
- ◆ Sustainable Funding

MY HOARDING EXPERIENCE

I had been struggling with hoarding for many years before a CMHA EDMONTON Outreach worker helped me to realize that I fit into the definition of a hoarder by U.S. standards with an OCD component and some germaphobia issues. It was as if someone had read my thoughts and feelings when she showed me the book with the criteria/descriptions. I was shocked at how accurately it reflected me when the authors had never met me. They had put into words what I had only been able to feel and think but unable to articulate in words to anyone. The recognition of myself in those words was stunning and left no room for questioning or denial. It took a while for the shock to wear off. It felt as if someone had been in my head without my permission.

I had been diagnosed with clinical depression and General Anxiety Disorder (GAD) some 15 years or more ago. I had these two conditions some time before beginning work with, at that time, Outreach Team Leader Terri Bailey with the Canadian Mental Health Association Edmonton. Six or more years ago she helped me to realize I fell within the hoarding definitions. I had only enough insight at the time to realize I had problems with clutter and cleaning maintenance as a consequence, I thought, of the depression and GAD before then. I didn't realize how bad my situation was – the degree. I hadn't reached the squalor level but definitely things were down to pathways in the apt. and some chairs and tables were piled high with paper/books/magazines/internet print-outs etc. I had had ILS workers before that, had helped me to "let go" of things in my apt. but no cognitive behavioral therapy work until Terri joined CMHA EDMONTON and became my outreach worker. Some of "letting go" had been permanent before my work with her but there had been relapses and the acquisition piece had not been addressed.

I was a compulsive shopper and was self-medicating with credit cards and shopping for things needed and unneeded. That acquisition piece of the equation didn't start to get treated

until I began going to the Education group of the Hoarding Support Program offered by CMHA EDMONTON once/week a couple of years ago. It covered acquisition of free materials and purchasing items in retail markets. Last year I tried a new medication originally for depression that instead assisted me with my compulsion to shop and other compulsions as part of the OCD behaviors that had been diagnosed by a psychiatrist while seeing Terri.

As far as the genetic component, both my parents grew up in various northern parts of Canada. They put by stored goods in cellars/attics which had been flown in to them by plane to their remote communities. They grew up recycling and repurposing way before it became trendy. They saved "just in case" and that's how my mother in particular raised me. As well as taking the Girl Guide doctrine of "Be Prepared" just a little too seriously where it was reinforced in my early teens. In my mother's later years she has been letting go of things and de-cluttering but my father seems to have gone the other way to hoarding as she has been leaving it behind. It became apparent that my paternal grandparents rarely threw anything out of their basement or garage when family was emptying the house for my grandfather's move to a care facility. They never had garage sales. However, one would never think they hoarded as the main living areas were never cluttered.

Addressing hoarding has been a long journey and there's still a ways to go but when I let go of items to the Reuse Centre, the shredder, a thrift shop or the garbage now, it's permanent. The acquisition piece is no longer a problem. I rarely collect things for others or for myself. I ask myself why I am keeping something as well as other questions which CMHA EDMONTON Hoarding Support Group has taught me to ask. They also covered the whole area of thinking mistakes from cognitive behavioural therapy as it relates to hoarding. I'm learning not to define myself by the things I own. The goal is to eventually have people over to my apt. without shame. To be able to socialize comfortably there with friends and family members and to have my home environment reflect who I am today – not so much of the past.

RECOMMENDATIONS AND NEXT STEPS

An integrated community response model for the delivery of resources and supports has been developed. This model identifies what will be needed to provide sustainable supports and services to people with hoarding behaviours. The model has been designed for the Greater Edmonton area but could be expanded to the AHS Edmonton Zone. Additional planning and resources would be required.

RECOMMENDATIONS

- 1 *Develop a Central Intake Line with Central Intake Coordinator*** for all ages.
- 2 *Develop standardized referral and assessment tools*** used by all service providers involved in the Integrated Model who may come into contact with people with hoarding behavior through their work
- 3 *Provide assessment and case management services for the 65+ age group and the under-65 age group.*** These positions would respond to referrals about hoarding cases by going to the client's home to do the initial in-home assessment and coordinating appropriate next steps related to an action plan. Additionally, these positions would work with complex cases utilizing an intensive case management approach for a period of one year (or more if required). This role would also be responsible for the delivery of the monthly drop-in support group and offer connection to additional therapeutic supports as available, such as Cognitive Behavioral Therapy.
- 4 *Designate a person with hoarding expertise in partnering organizations.*** Organizations that currently play a role in service provision would designate a person to have specialized knowledge on hoarding behavior. Using Mental Health as an example, is there someone currently who could develop expert knowledge on hoarding behavior? Could that person continue in their current role, with existing resources, while carrying that additional knowledge that can be offered to their clients and other colleagues in their organization?
- 5 *Establish a Program Manager position*** that would coordinate and oversee all aspects of the integrated program model. This would include: implementation of standardized referral and assessment tools, development of program protocols, communication with community partners, implementation of quality improvement processes and provision of support to front line staff in direct program service roles.
- 6 *Increase access to treatment*** for hoarding. Treatment can include therapists, organizers, coaches and peers. Treatment often depends on the level of insight a person has in to their hoarding behavior as well as their personality and preferences for one-on-one or group work. Options could include support groups and one-on-one Cognitive Behavioral Therapy sessions.
- 7 *Expand Support Groups*** available at Sage and the Canadian Mental Health Association Edmonton and in the community for all ages and include groups

RECOMMENDATIONS AND NEXT STEPS

RECOMMENDATIONS

for family members. Build on the success of support groups currently offered at Sage and CMHA EDMONTON by offering groups for people at different stages of dealing with hoarding behavior, ranging from those just starting out to those with more experience working with behavioral change.

8 *Develop a Public Education Plan* that would include a media/communications strategy to enhance public awareness of hoarding and services available in the community.

9 *Research and Develop a Peer Response Team* that builds on the San Francisco Peer Response Team Model and the Buried in Treasures model. This team will offer additional practical and emotional supports to individuals with lived experience.

10 *Offer Training* for service providers, Central Intake Line providers, landlords and families to build and enhance their expertise.

11 *Establish temporary housing* for clients who need housing while implementing an action plan to return home to permanent residence. This may also include housing or temporary shelter for animals.

12 *Develop evaluation guidelines* for landlords. These guidelines would be coordinated with Fire and Environmental Health.

13 *Continue the Interagency Hoarding Coalition to oversee/provide governance.*

14 *Create a services roadmap* for individuals living with hoarding behavior and their families, service providers, and landlords so that people know what agencies to contact in different situations and know who to contact.

15 *Secure permanent funding* that will sustain the integrated community response plan on hoarding over time

RECOMMENDATIONS AND NEXT STEP

ROLES, RESPONSIBILITIES AND BUDGET

Integrated Community Response to Hoarding

Roles, Responsibilities and Annual Budget When Fully Operational

ROLE	FTEs REQUIRED	PROVIDER	PROVIDE WITH EXISTING RESOURCES?	Amount of New Funds Required <i>(All costs: Staffing, office space, supplies, travel, admin, etc)</i>
INTAKE				
Information and Referral Specialist	1	The Support Network - 211	NO	\$90,000
UNDER 65				
Case Managers	1.5	CMHA EDMONTON	NO	\$135,000
Therapeutic Supports –Drop-In Support Group	2 Facilitators (Case Managers) As required based on frequency	CMHA EDMONTON (for adults of any age)	YES	
Therapeutic Supports – Intensive CBT	Qualified CBT specialist(s) As required by case load (15 clients, 48 hours per year at \$100/hour)	CMHA EDMONTON	NO	\$72,000
Peer Response Team	0.5 Peer Support Coordinator + Individuals with lived experience (3 peers, 400 hours per year at \$19/hour)	CMHA EDMONTON	NO	\$45,000 \$22,800

RECOMMENDATIONS AND NEXT STEP

ROLES, RESPONSIBILITIES AND BUDGET

ROLE	FTEs REQUIRED	PROVIDER	PROVIDE WITH EXISTING RESOURCES?	Amount of New Funds Required <i>(All costs: Staffing, office space, supplies, travel, admin, etc)</i>
65 AND OVER				
Case Managers	1.5	SAGE	NO	\$135,000
Therapeutic Supports –Drop-In Support Group	2 Facilitators (Case Managers) As required based on frequency	Sage CMHA EDMONTON	YES YES	
Therapeutic Supports – Intensive CBT (65+)	Qualified CBT specialist(s) As required by case load	Covenant Health, Community Geriatric Psychiatry	YES	
Peer Response Team	0.5 Project Coordinator + Individuals with lived experience (3 peers, 400 hours per year at \$19/hour)	Sage	NO	\$45,000 \$22,800
OTHER TEAM MEMBERS (all ages)				
Environmental Health Inspector	As Required	City of Edmonton Fire Rescue Services	YES	
Fire Inspector	As Required	Sage CMHA EDMONTON	YES YES	
Animal Hoarding Officer	As Required	Edmonton Humane Society	YES	

RECOMMENDATIONS AND NEXT STEP

ROLES, RESPONSIBILITIES AND BUDGET

ROLE	FTEs REQUIRED	PROVIDER	PROVIDE WITH EXISTING RESOURCES?	Amount of New Funds Required <i>(All costs: Staffing, office space, supplies, travel, admin, etc)</i>
LEADERSHIP				
Program Manager	1	Sage	NO	\$100,000
Roles of Program Manager include: <ul style="list-style-type: none"> • Development of Services Roadmap • Development of Interagency Protocols • Development of Common Referral and Assessment Tools • Interagency Training (may call on other members of the team) • Facilitate Interagency Council • Relationship Management of team members • Public Education – all ages (may call on other members of the team) 				
Interagency Coordinating Committee for all ages	No Staffing Required	Hoarding Coalition Members		
Total New Funding Required				\$667,600 per annum

Work that will be addressed after the Integrated Community Response Team is in place:

- Temporary Housing (all ages)
- Children and Youth – Assessment, Case Management, Therapeutic Supports – Drop-In Support Group, Therapeutic Supports – Intensive CBT
- Resources to assist clients with clean up

RECOMMENDATIONS AND NEXT STEP

FUNDING OPTIONS

Funders would have the option of either providing funds to Sage as the Program Manager and Fiscal Agent or directly to the participating organizations.

SCALING UP TO FULL OPERATIONS

Below is a budget for the first year of operations. This budget is based on the annual budget above and provide a 12 month period for the Integrated Community Response Team to scale up to full operations.

This budget is based on a fiscal year of April 1 to March 31 and only includes roles that require new funding.

Integrated Community Response to Hoarding

ROLE	POSITIONS REQUIRED IN FIRST YEAR	NUMBER OF MONTHS	FTEs IN FIRST YEAR	PROVIDER	Amount of New Funds Required IN FIRST YEAR <i>(All costs: Staffing, office space, supplies, travel, admin, etc)</i>
FIRST YEAR BUDGET					
LEADERSHIP: Program Manager	1	12	1	Sage	\$100,000
INTAKE: Information and Referral Specialist	1	10	0.92	The Support Network - 211	\$75,000
UNDER 65: Case Managers	1	9	0.83	CMHA EDMONTON	\$67,500
65 and OVER: Case Managers	1	9	0.83	Sage	\$67,500
UNDER 65: Therapeutic Supports – Intensive CBT	CBT specialist(s) (7 clients, 24 hours @ \$100/hour)	8		CMHA EDMONTON	\$16,800

FIRST YEAR BUDGET CONTINUED

UNDER 65: Peer Response Team	0.5 Peer Support Coordinator + Individuals with lived experience (2 peers, 100 hours per year at \$19/ hour)	6	0.25	CMHA EDMONTON	\$22,500 \$3,800
65 and OVER: Peer Response Team	0.5 Peer Support Coordinator + Individuals with lived experience (2 peers, 100 hours per year at \$19/ hour)	6	0.25	Sage	\$22,500 \$3,800
Total First Year Funding Required					\$379,400 required in the first year

ACKNOWLEDGEMENTS

The Integrated Community Response to Hoarding Project is grateful to **Roger Laing**, Executive Director of Sage for his support of the project. **Doneka Simmons**, Sage This Full House Coordinator and Integrated Community Response to Hoarding Project Coordinator, for her professional expertise and leading of this project. The project also acknowledges the following for their contributions to the project: **Marilyn Wacko**, from M.A. Wacko & Associates for her mentorship and workshop facilitation leadership to our project coordinator; **Michael Gause**, Deputy Director, Mental Health Association of San Francisco for permission to use their 2009 Task Force Report as a guide in the development of our made-in Edmonton Model; **Mark Salazer**, Project Manager, Community Projects, Institute on Compulsive Hoarding and Cluttering, Mental Health Association of San Francisco for his update on current implementation of the San Francisco Task on Hoarding; **Mark Odom**, LCSW, Executive Committee Member of the Orange County Task Force on Hoarding for validation of their Hoarding Task Force Implementation; **Elaine Birchall**, Coordinator for the Ottawa Community Response Coalition; **Krista Lovette**, Program Manager, Sedgwick County Department on Aging, for her validation of the Wichita/Sedgwick County Hoarding Coalition model; **Sheila Woody**, University of British Columbia researcher collaborating with the Vancouver HART team and **Carli Edwards**, Assistant Director of Inspections for the City of Vancouver, for their validation of HART (Hoarding Action Response Team); Dr. **Christiana Bratiotis**, Assistant Professor, Grace Abbott School of Social Work, University of Nebraska Omaha for her informal consulting role to the Project Coordinator throughout the project; **Hoarding Coalition Members, Integrated Community Response to Hoarding Advisory Group Members, and invited members of the community.**

APPENDICES

APPENDIX A

Sage: This Full House Brochure (Front)

<p>You don't have to do it alone.</p> <p>Sage can partner with you in developing a plan to meet your individual needs.</p> <p>Sage offers information and support for individuals 55 years of age or older. In some cases, application can be made for financial assistance through the Alberta Seniors Benefit Program.</p> <p>Even if you just want to obtain more information, understanding professionals are here to listen.</p> <p>Changes CAN be made starting TODAY!</p> <p>For more information You can call Sage 780-701-9019</p> <p>To speak with a Social Worker</p>	<p></p> <p>We offer the following</p> <ul style="list-style-type: none">• Self, Family, Community Referrals• In-Home Visits• Partner with you in developing an action plan based on your individual needs and goals• Identify and assist you in connecting to resources in the community• Harm-Reduction Approach• Monthly Lunch Group• Follow-up Support• Offer hope and Inspiration for your journey	<p>THIS FULL HOUSE</p> 
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APPENDICES

APPENDIX A

Sage: This Full House Brochure (Back)

Information and Support for Individuals 55+ when too much stuff interferes with living the life you want.

When Saving Becomes a Problem.....

Many people enjoy collecting things and have a hard time letting them go.

Many people feel an emotional attachment to their personal belongings or like to save items for later use.

Some people save things to the point that they become overwhelmed. They collect so many things that deciding what to keep and what to let go, may be overwhelming.



Why be concerned?

Many people collect things but for some, collecting and saving can be extreme and may make your home difficult to use and be safe.

Houses full of saved items may result in falls and injury, loss of friends, isolation and emotional distress. Sometimes there is a risk of mould, infestation, fire or eviction.

Do you experience the following?

- You save or collect beyond what is needed or useable – even though the house and additional storage spaces are full.
- You value uniqueness and sentiment that is found in things that others do not find valuable, such as old papers, containers and food items.
- You have a strong emotional attachment to items that give you comfort and a feeling of safety.
- Your efforts to stop collecting or discarding things are unsuccessful, leading to a sense of anxiety, emptiness, and vulnerability and more collecting.
- Your things interfere with safe and functional use of the home for sleeping, cooking, bathing and socializing.
- Others see your saved things as bothersome or dangerous.
- Fear of losing things prevents you from discarding them.
- You feel too overwhelmed to do anything different.

APPENDICES

APPENDIX A

Canadian Mental Health Edmonton: Hoarding Poster



Canadian Mental Health Association Edmonton
Mental health for all

#300, 10010 105 Street
Edmonton, AB T5J 1C4
Tel (780) 414-6300
Fax (780) 482-7498
Email: main@cmha-edmonton.ab.ca
Website: www.cmha-edmonton.ab.ca

THE HOARDING SUPPORT GROUP

HOARDING DROP-IN SUPPORT GROUP

- On-going schedule
- Biweekly, Wednesdays 6:30 – 8:30 pm
- Meetings held at CMHA Edmonton Region #300, 10010 105 Street Edmonton, AB T5J 1C4
- 2 hours per session
- All resources supplied

A non-judgemental support group designed to encourage you to be inspired and accountable in dealing with your specific hoarding issues

COST TO PARTICIPANTS IS \$1.00/SESSION – NO REGISTRATION REQUIRED

Co-facilitated by:
Tert Bailey, M.A. Counseling
Phone: 780.761.5093
Email: tertbaiiley@yahoo.ca

Stacy Walker, Certified Professional Organizer
Phone: 780.717.1745
Email: info@securatransaction.ca

Every Wednesday starting January 15, 2014—May 21, 2014

Making Mental Health Matter
With the support of ECALA and Alberta Advanced Education and Technology



Canadian Mental Health Association Edmonton
Mental health for all

#300, 10010 105 Street
Edmonton, AB T5J 1C4
Tel (780) 414-6300
Fax (780) 482-7498
Email: main@cmha-edmonton.ab.ca
Website: www.cmha-edmonton.ab.ca

THE HOARDING SUPPORT PROGRAM

HOARDING SUPPORT PROGRAM

- On-going schedule
- Biweekly, Wednesdays 3:30 – 5:30 pm
- Meetings held at CMHA – Edmonton Region #300, 10010 105 Street Edmonton, AB T5J 1C4
- Resource fee: \$15.00

The Hoarding Support Program has a structured psycho-educational component as well as an opportunity for participants to support one another. The Program encourages you to be inspired and accountable in dealing with your specific hoarding issues.

REGISTRATION REQUIRED – REGISTRATION FEE IS \$10.00

Co-facilitated by:
Tert Bailey, M.A. Counseling
Phone: 780.761.5093
Email: tertbaiiley@yahoo.ca

Stacy Walker, Certified Professional Organizer
Phone: 780.717.1745
Email: info@securatransaction.ca

Every Second Wednesday starting January 15, 2014 - May 21, 2014

Making Mental Health Matter
With the support of ECALA and Alberta Advanced Education and Technology



APPENDIX B

Research Article: Older Adults with Hoarding Behaviour Aging in Place: Looking to a Collaborative Community-Based Planning Approach to Solutions

To access the report, visit <http://www.hindawi.com/journals/jar/2012/205425/>

Hindawi Publishing Corporation
Journal of Aging Research
Volume 2012, Article ID 205425, 8 pages
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Research Article

Older Adults with Hoarding Behaviour Aging in Place: Looking to a Collaborative Community-Based Planning Approach for Solutions

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This paper reports on and synthesizes new research that examines how a collaborative community response can promote successful aging in place for older adults with hoarding behaviour. Through interviews with older adults with hoarding behaviour, who used a particular community support and a focus group interview with members of the community collaborative that directed supports for this population, our findings suggest that there were valuable outcomes for both groups. These older adults with hoarding behaviour were able to remain in their own homes, their safety was enhanced, their sense of isolation was minimized, empowerment was fostered, and they gained valuable insight into their behaviour. The members of the community collaborative were able to access the expertise of other professionals, maximize their own expertise, and they generated an enhanced understanding of the experience of older adults living with hoarding behaviour in Edmonton. This study is a significant addition to the much too sparse literature about the community planning needs of older adults with hoarding behaviour. It offers knowledge that is integral to theories and principles of better aging in place but attempts to translate this into practice.

1. Introduction

Older adults with hoarding behaviour are often at a high risk of being homeless making aging in place extremely complex. This paper reports on a study that examines the value of a community-based planning approach that responds to the needs of this population, a population that is both increasing in number and that is very seldom studied [1]. It synthesizes new research about the complexities associated with remaining in one's own home when he/she is over 55 and has compulsive hoarding behaviour. And it examines how a collaborative community response promotes successful aging in place for this population. Not only are community-based services necessary to better understand because they are central to all health sectors [2], but also current research surrounding those with hoarding behaviour is mostly focussed on methods addressing individual-level

behavioural characteristics of hoarding through cognitive behavioural therapy (cf., the extensive work of Frost and Steketee). Missing are descriptions of community-based planning approaches for health and social service sectors working hard to make aging in place a possibility.

For older individuals with hoarding behaviour, aging in place is complex because hoarding behaviour is multifaceted; it touches on social, environmental, familial, and personal issues [3]. Aging in place is also not simple for those with hoarding behavior because they want to remain living in their own homes, neighbourhoods and communities which seem to require that a collection of agencies, often representing different sectors, understand their needs in order to help them stay in the community and age in place. In this paper, aging in place refers to an ideal where people can age in the familiarity of their homes, neighbourhoods, and communities where their quality of life is maximized by

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CURRENT STATE OF HOARDING SERVICE PROVISION EDMONTON BASED ENVIRONMENTAL SCAN

1

WHO?

Client

WHAT? (human and or financial)

Hands-on decision making, organizing, carrying out mandate of health orders, by-law infractions, attending support groups and maintenance of home post clean-up.

Costs of hiring professional help depends on level and severity of hoarding (\$500 - \$100,000+).

HOW?

Participate in learning steps to changing thoughts and behavior around acquiring and saving.

Participate in decision making and organizing skill development.

Removing items from the home for garbage, donating or selling.

Lots of hard work and determination.

2

WHO?

Alberta Health Services Environmental Health

WHAT? (human and or financial)

Health officers inspect properties as reported. Health officers can accompany other professionals in on-site visits involving hoarding and work with tenant and other agencies in action plan follow-up.

HOW?

On-site inspection.

Issue Health and Safety Orders

APPENDICES

APPENDIX C

CURRENT STATE OF HOARDING SERVICE PROVISION EDMONTON BASED ENVIRONMENTAL SCAN

3

WHO?

Alberta Health Services
Home Care

WHAT? (human and or financial)

Limited with the amount of hands-on support because clients must meet specific criteria to qualify for homemaking/cleaning services.

If this service can't be provided, the case managers assist with linking the clients elsewhere.

HOW?

Identify who qualifies for homemaking/cleaning services.

Connect clients to resources and providers who are equipped to assist with this service.

4

WHO?

City of Edmonton
Derelict Housing

WHAT? (human and or financial)

- No specific person
- 2-3 hours per month

HOW?

- Only deal with the building aspect
- Try to work with owner to clean out building so they can inspect
- Personal hoarding is not covered under Alberta Building Code
- Only deal with building aspect and not the contents and only if believed that the foundation system may be compromised

APPENDICES

APPENDIX C

CURRENT STATE OF HOARDING SERVICE PROVISION EDMONTON BASED ENVIRONMENTAL SCAN

5

WHO?

City of Edmonton
Bylaws

WHAT? (human and or financial)

- Each officer will generally deal with their own file in consultation with their supervisor (plan is to have one or two 'specialists')
- Overtime hours for clean-ups
- Could involve: 1 area officer, 1 supervisor, 1 additional officer if it goes to clean-up, 4-6 contractors, development and compliance person, safety codes person

HOW?

- Each officer will generally deal with their own file in consultation with supervisor
- Messy Yards Bylaws process

6

WHO?

City of Edmonton
Family and Community Support

WHAT? (human and or financial)

- Assessment and Short Term Counseling
- Range of 20 min. to 1-2 hrs. per call and up to 5 days to get resources gathered and follow up with caller
- 1 person identified as key go-to for any hoarding cases

HOW?

- Calls come directly from self, Alberta Health Services, friends, relatives and neighbors

APPENDICES

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CURRENT STATE OF HOARDING SERVICE PROVISION EDMONTON BASED ENVIRONMENTAL SCAN

7

WHO?

Mental Health
**Canadian Mental Health
Association Edmonton**

WHAT? (human and or financial)

- 6-7 calls per week regarding the support group

HOW?

- Refer to Terri Bailey and Stacy Walker (Hoarding Support Group)

8

WHO?

Covenant Health
Community Geriatric Psychiatry

WHAT? (human and or financial)

- Every nurse has had a client with hoarding behavior

HOW?

- Refer to TFH
- Focus on mental health
- Try to de-clutter with client
- If squalor – admit to hospital
- Keep a file open in the community for up to 3 years if multiple mental health issues, including hoarding

APPENDICES

APPENDIX C

CURRENT STATE OF HOARDING SERVICE PROVISION EDMONTON BASED ENVIRONMENTAL SCAN

9

WHO?

Alberta Health Services
Addiction and Mental Health

WHAT? (human and or financial)

- Any time spent is at individual therapist's discretion and is part of regular workload (Example: 1 Therapist spend 3 hrs. every Friday for 2 months. Same Therapist spend 2 full days last summer)

HOW?

- Hands-on: Example: Cleaning out storage units

10

WHO?

Edmonton Fire Rescue Services

WHAT? (human and or financial)

- 1 Fire Prevention Officer – dedicated to addressing hoarding but it isn't the only part of her job

HOW?

- Method for reporting and recording addresses where hoarding is prevalent and a concern

APPENDICES

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CURRENT STATE OF HOARDING SERVICE PROVISION EDMONTON BASED ENVIRONMENTAL SCAN

11

WHO?

Professional Organizers and Personal Assistants

WHAT? (human and or financial)

Gettin' Around to It!

- 80% of time dedicated to hoarding cases
- Tend toward sliding scaled and reduced rates but published hourly rate of \$65 per hr.
- Volunteer Time: both in front line client work and back end – ground laying work (the Hoarding Coalition and the Christiana Bratiotis Workshop for examples)

HOW?

Gettin' Around to It!

- Professional organizer works directly with clients hands-on

12

WHO?

Professional in-home assistance

WHAT? (human and or financial)

Helping Hands Personal Assistants

- 2 hr. consultation for all TFH Clients (paid by Sage \$35 per hr.)
- Works with client in the home with hands-on assistance in carrying out harm reduction action plan
- # of staff allocated to each case depends on severity of hoarding and time considerations

HOW?

Hands-on:

- Help with decision making
- Help with organizing
- Help with removing items from the home
- Help with cleaning
- Partner with client, Sage and other team members on carrying out action plan

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CURRENT STATE OF HOARDING SERVICE PROVISION EDMONTON BASED ENVIRONMENTAL SCAN

13

WHO?

Family, Friends, Neighbors

WHAT? (human and or financial)

Help with in-home clean up, finding community supports and financial help.

HOW?

Work either directly or indirectly to support their loved one living with hoarding behavior.

14

WHO?

Edmonton Humane Society

WHAT? (human and or financial)

- 2-3 officers who investigate all files, supervisor usually takes lead on hoarding cases

HOW?

- Files are investigated as they are received.
- Officers will assess situation and provide options to resolve, with appropriate times frames. Contacting appropriate resources to assist person as required.
- Able to offer low cost (no cost) owner surrender of animals if needed in cases of excessive animals and/or lack of funds for required care of animals.
- Will provide education regarding appropriate animal care to person as needed and appropriate follow up.

APPENDICES

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CURRENT STATE OF HOARDING SERVICE PROVISION EDMONTON BASED ENVIRONMENTAL SCAN

15

WHO?

Landlords

(i.e. Edmonton Apartment Association, Capital Region Housing Corp., E4C, Housing First Program)

WHAT? (human and or financial)

Edmonton Apartment Association

- Represents Landlords in Edmonton and do not provide any direct service to clients

Greater Edmonton Foundation

- No tracking of time
- Costs come from site budget
- Staff involved: Management staff, housekeeping staff, maintenance staff, Operations support = Team Effort
- Address the issue with tenant (includes initial identification, follow up meetings with residents/tenants monitoring progress and developing a plan, documenting, letters to resident/tenant, discussing resident situations at staff and management meetings, conversations with and referrals made to professionals providing assistance, attending conferences, researching materials, looking for community resources)

Capital Region Housing Corporation

- Property Assets Department (PAD) inspects units for Health and Safety issues and addresses concerns with tenants who are not maintaining units as per the lease agreement. The PAD inspects units for Health and Safety issues.

HOW?

Edmonton Apartment Association

- Educational Tools: seminars, key speakers (e.g. Hoarding Symposium)

Greater Edmonton Foundation

- Cases are addressed by the management team with support from Director or other managers.

Capital Region Housing Corporation

- The Property Assets Department sends a letter to the tenant outlining what needs to be done, including de-cluttering/cleaning and a time-frame for a return inspection. Tenants are referred to agencies that may assist them.

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CURRENT STATE OF HOARDING SERVICE PROVISION EDMONTON BASED ENVIRONMENTAL SCAN

16

WHO?

Sage

This Full House Program

WHAT? (human and or financial)

- 0.5 FTE Social Worker who delivers all aspects of program including direct client service (in-home hoarding assessment, comprehensive needs assessment, connecting to resources, emotional support), case management, program development, and facilitating drop-in support group.

HOW?

- Referrals accepted through Intake/Short Term Assessment
- Referrals are screened and then sent to the TFH coordinator for assessment and case management.

17

WHO?

Researchers

U of A and MacEwan University

WHAT? (human and or financial)

University of Alberta, Faculty of Extension

Human:

- review of the literature on Hoarding behavior and aging
- full evaluation of TFH (2011)
- development of a pamphlet to describe TFH service and study findings

Publications:

- Whitfield, K.Y., Daniels, J.S., Flesaker, K., and Simmons D. (2011) Older Adults with Hoarding Behaviour Aging in Place: Looking to a Collaborative Community-Based Planning Approach for Solutions, Journal of Aging Research, vol. 2012, <http://www.hindawi.com/journals/jar/2012/205425/>
- Researcher participation in ongoing Hoarding Community Group
- Whitfield, K., Daniels, J., and Flesaker, K. (2010) Preliminary Research Findings: "We work in a partnership, not in isolation"-Improving the independence of seniors with hoarding behaviour because community health service providers joined forces. Alberta. Alberta Association on Gerontology AAGMag. Spring Edition.

APPENDICES

APPENDIX C

CURRENT STATE OF HOARDING SERVICE PROVISION EDMONTON BASED ENVIRONMENTAL SCAN

Pamphlet:

<http://crsc.ualberta.ca/en/Projects/~/media/crsc/Research/Documents/TFHassessmentpamphletweb.pdf>

Presentations

K. Whitfield, Flesaker, K., Daniels, J. (Nov. 2009) "We Work in a Partnership, not in Isolation": How Collaborative Practice Amongst Professionals Can Respond to the Needs of Older Adults with Compulsive Hoarding Behaviour. INSIGHTS: A Focus on Public Health Research. University of Alberta: School of Public Health. Edmonton, AB. Poster presentation.

Financial:

- \$10,000 grant from the Faculty of Extension, Research Committee used to conduct Evaluation of This Full House

MacEwan University

Publication:

Haase, M., Coulson, I., Watkins, M., Simmons, D., Johnson, R., Hamilton, S., Tanasichuk, J., (2011) Building mental health capacity with older people who compulsively hoard. Senior Care Canada, Second Quarter, 2011.

HOW?

- Referrals accepted through Intake/Short Term Assessment
- Referrals are screened and then sent to the TFH coordinator for assessment and case management.

18

WHO?

Alberta Health

Special Needs Assistance

WHAT? (human and or financial)

\$500 for clean-up – senior must first qualify for Special Needs Assistance

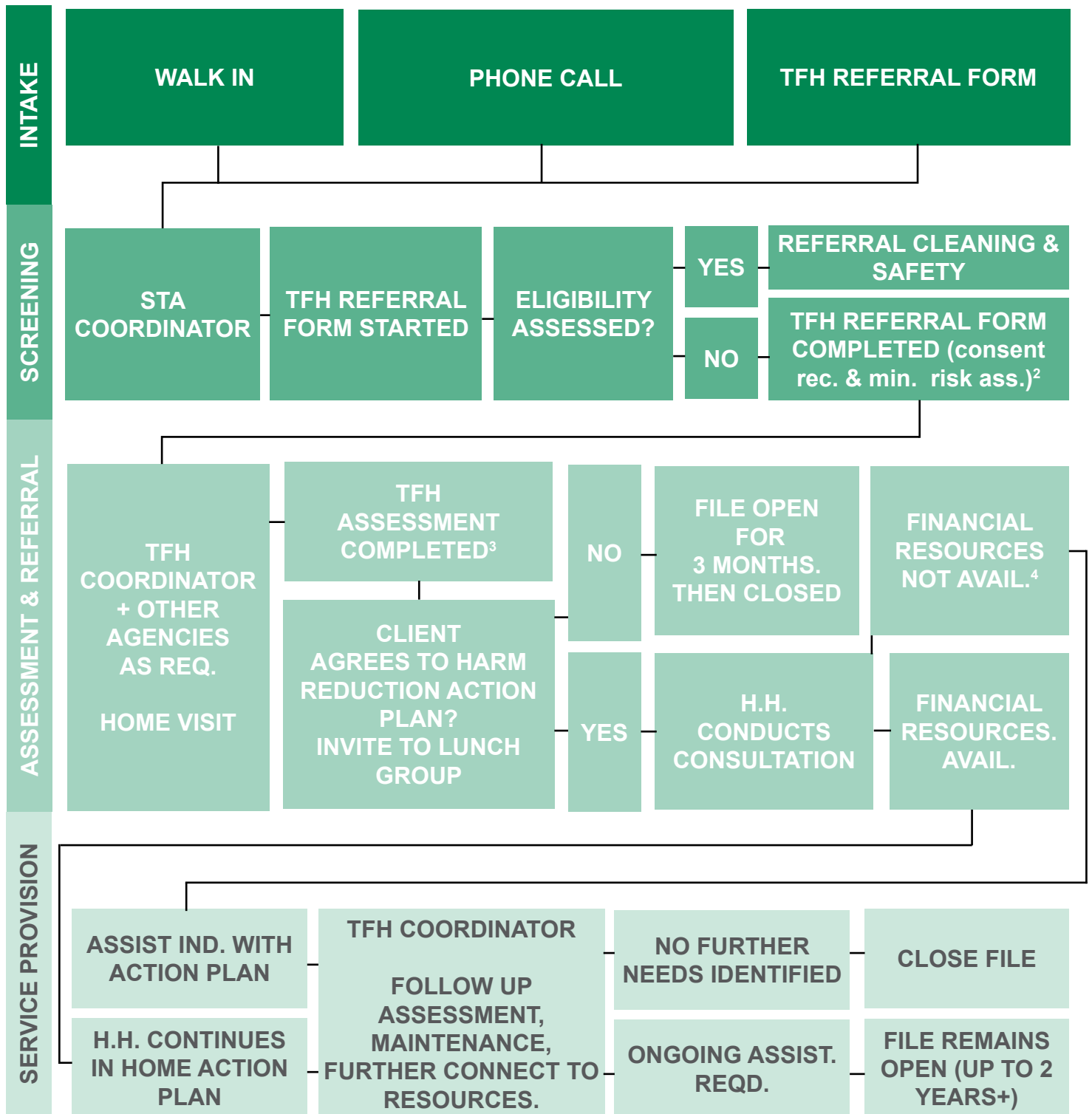
HOW?

Special Needs Assistance Application with Time and Cost Assessment included

APPENDICES

APPENDIX D

CURRENT HOARDING PROGRAM PROCESS MAP AND FLOWCHART SAGE THIS FULL HOUSE PROGRAM CLIENTS PROCESS



APPENDICES

APPENDIX D

GAPS IDENTIFIED

- 1 Risks such as safety not always confirmed prior to home visit.
- 2 Potential for further mental health assessment and connecting to resources.
- 3 Finances are a barrier to taking the next step for home clean-up.
- 4 No Interagency Protocols used.

APPENDICES

APPENDIX E

QUESTIONNAIRE OF HOARDING COALITION, HOARDING ADVISORY COMMITTEE AND WORKSHOP ATTENDEES

The intention of this questionnaire is as follows:

- to learn about your working knowledge of the current resources
- to ask you what you think the resources should be
- to identify gaps

1. HOW WOULD YOU RATE YOUR LEVEL OF KNOWLEDGE AND EXPERIENCE WITH INDIVIDUALS LIVING HOARDING BEHAVIOR?

1 2 3
LOW MODERATE HIGH

Explain: _____

2. WHAT IS NEEDED TO EFFECTIVELY ASSIST PEOPLE WHO ARE LIVING WITH HOARDING BEHAVIOR IN ORDER TO REDUCE THE CLUTTER IN THEIR HOMES? THINK BIG. NO IDEA IS TOO BIG. (WHAT PROGRAMS, WHAT SERVICES, WHAT RESOURCES, WHAT SUPPORTS?). PLEASE CHECK THOSE THAT YOU THINK ARE NEEDED AND ADD OTHERS THAT ARE NOT LISTED.

- Assessment hoarding severity
- Home clean-up services
- Home maintenance services
- Mental health
- Legal help
- Financial help
- Housing
- Long term support/maintenance
- Individual and Family Support Groups
- Landlord education
- Decision making/organizing skill training
- Other: please list _____

3. WHAT TYPE OF SUPPORT OR SERVICES DO YOU THINK ARE NEEDED TO PREVENT EVICTION AND HOMELESSNESS DUE TO HOARDING BEHAVIOR?

- Advocacy
- Legal advice
- Temporary safe housing
- Education for landlords and first responders
- Other: _____

4. WHAT PROGRAMS OR SERVICES DO YOU KNOW THAT ARE WORKING WELL FOR INDIVIDUALS LIVING WITH HOARDING BEHAVIOR?

5. WHO HAVE YOU CALLED TO SEEK HELP FROM? WHO HAS HELPED? WHO HAS NOT?

6. WHAT DO YOU THINK ARE THE BEST WAYS TO REACH PEOPLE WHO ARE DEALING WITH HOARDING BEHAVIOR BUT MAY NOT BE SEEKING SUPPORT OR SERVICES?

7. OTHER THINGS WE SHOULD KNOW ABOUT YOUR EXPERIENCES AND HOW YOU WOULD LIKE TO SEE THINGS IN THE FUTURE?

8. OTHER PEOPLE WE SHOULD BE TALKING TO? PLEASE PROVIDE NAMES OF INDIVIDUALS OR ORGANIZATIONS THAT WE ARE NOT CURRENTLY INCLUDING THAT YOU THINK WE SHOULD.

9. WHAT DO YOU SEE AS THE BIGGEST ROADBLOCKS TO CREATING AN EFFECTIVE INTEGRATED COMMUNITY RESPONSE PROGRAM?

THANK YOU FOR TAKING THE TIME TO PARTICIPATE IN THIS QUESTIONNAIRE.

APPENDICES

APPENDIX F

OTHER MODELS (VALIDATED) 2013 CURRENT DELIVERY STATUS

	SAN FRANCISCO	OTTAWA
INTAKE	Central Intake Line Department of Aging and Adult Services	Central Intake Line 211
SCREENING	Use standardized Intake form	211 – gives them a few local services based on the information give to the operator
ASSESSMENT AND REFERRAL	Peer Response Team 4 part time individuals with lived experience	Only for enforcement level cases does an assessment happen. Otherwise, they are given a list of cleaning companies.
SERVICE PROVISION	Institute on Compulsive Hoarding and Cluttering: -Support groups + 16 week CBT -Link to resources -Advocacy and Consultation -Community education and trainings -Annual Conference	Enforcement focused assistance with list of service providers given to client for their follow up.

VANCOUVER

Central Intake Line
311

If hoarding with safety concerns
Yes
If hoarding with no safety concerns
No

HART (Hoarding Action Response Team) – Funded jointly by the City of Vancouver and Vancouver Coastal Health Authority

2 people do assessment (health care worker, by-laws enforcement person)

Offer resources available in the private sector: counseling and clean-up services

SEDGWICK COUNTY KANSAS

2 Intake Lines:
1 – 59 and Under
1 – 60 and Under

Use Intake Form and Task Sheet

Investigative team that looks at the cases and goes out and visits with the participant to develop and action plan

Look at community resources for clean ups. Dumpsters are usually provided.

- In-Home Assessment
- Support Groups
- Community Education Sessions
- 4 week intensive therapy session

ORANGE COUNTY CALIFORNIA

No Central Intake
No formalized approach

Initiated by any service provider

The initial service provider can call in other disciplines such as animal control or mental health

Establish goals with client and help them in working toward those goals

No government mandate, official funding or paid staff

APPENDICES

APPENDIX G

SUMMARY OF PARTNER WORKSHOP

27 individuals attended the workshop. A list of attendees is attached. **Sage hosted the workshop. Doneka Simmons, Roger Laing and Marilyn Wacko facilitated the session.**

Letting Go Exercise and Setting The Stage (see attached powerpoint presentation) . Doneka led the group through a Letting Go exercise and provided an overview of background materials (Comparison Table of key similarities and differences in the 5 models from other places in Canada and the U.S.A.; Current State of Hoarding Service Provision; Process Map of Current Hoarding Service Provision Model; Summary of Survey Responses).

Overview of the Proposed Intake and Assessment Component

An overview of the proposed Intake, Screening and Assessment Components was provided. Small groups discussed the questions below and feedback was provided from each group to the large group.

Key questions

1. Are the proposed intake/screening/assessment components feasible? Sustainable?
2. If yes, why? If no, why not and what would you suggest for an approach?

Feedback on Questions

- Consensus that the intake/screening/assessment components of the model are sustainable and feasible
- Consensus of a centralized and standardized Intake Line (eg. 211, Healthlink, Helpline – Support Network and Children’s Helpline)
- Coordination for the under 55 cases could be done through AHS, Edmonton Mental Health Clinic
- Peer Responder Volunteer – assessment might be too much to ask of a volunteer but that the volunteer could play a supportive role.
- Collaboration on resources and ensuring long term support are key
- Need for education of staff who would be involved in the Intake, Screening and Assessment roles. Sage could play a role in the training of staff.
- Funding is going to be one of the biggest challenges for implementation
- The importance of linking with what currently exists (eg. Mental Health)
- Need to move beyond crisis management

Discussion of Proposed Services

Five services proposed in model (Long Term Case Management; Therapeutic Intervention; Public Education/Training; Clean up Services; Temporary Housing) were described and discussed in the large group.

Key questions

1. Are these the services that are needed?
2. What is missing? Any gaps?

Feedback on Questions

- Consensus that the 5 proposed services are needed
- Suggestions:
 - **Need for** further explanation of the 5 services and what they mean
 - **Need for** Public Education/Awareness needs a marketing and communications plan – Education and mentoring needed for staff
 - Multi-disciplinary approach is key
 - Temporary Housing needed for both person and animal hoarding
 - **Need for** Client Advocacy – legal component
 - **Need to consider how to capture** Policy Advocacy in areas such as:
 - Income Support Program
 - Need to consider connecting with stakeholders who were not present at the partner workshop including: Veteran Affairs, 211, Distress Line, Children’s Services, Government of Alberta.
 - **Challenge:** Limited psychiatric resources in Edmonton with expertise and interest in hoarding

Discussion of Proposed Roles/Responsibilities for Service Provision Components

Handout on Current Roles/Responsibilities for Service Provision and Proposed Roles/Responsibilities was circulated and reviewed with the group. Small group discussion of proposed roles/responsibilities and large group discussion of questions below.

Key Questions

1. Any issues/concerns from those currently providing services with continuing to provide same services in proposed model?
2. New services – Who would providers be?

Feedback on Questions

- Service providers for the under 55 age group were not identified and still need to be determined.
- Some organizations provide services across the age ranges (both to under and over age 55 clients) (eg. Environmental Health, Fire, Mental Health, Edmonton Humane Society, etc...could do all ages)
- Peer responder section needs further development
- More clarification of agency responsibilities is required
- Option suggested for one overarching manager paid by the collective organizations
- Suggestion of a multi-disciplinary case conference as a strategy for all agencies to determine who (which service providers) needs to go to the home
- Long Term Case Manager for the under 55 – could be AHS, CMHA EDMONTON and they could also provide the Assessment Coordinator role as well
- Long Term Case Manager for the 55+ could continue to be done by Sage
- Therapeutic Supports – 55+ could perhaps be provided by the Edmonton Mental Health Clinic and for the under 55 wherever \$ is available

Large Group – Proposed Model – Where do we have consensus and what issues still need to be addressed?

Key Questions

1. What are we in agreement on and what are the outstanding issues that still need to be addressed?
2. Where do we have agreement/consensus and areas that require further work/clarification?

Feedback on Questions

General agreement on:

- Education Plan: Need to ensure ongoing education and clarify who educates and who trains. Need to include education for public, providers (including landlords), as well as clients
- Communications Plan: Need to consider how to incorporate–Advocacy role (for clients and public advocacy issues), funding, resources
- Centralized Intake Process – possible provider may be 211 (would need to discuss further with them)
- Multi-disciplinary team approach
- Community Collaboration
- Need a media blitz for public education/awareness of hoarding
- Identification of a Champion(s) to carry the initiative forward
- Need for temporary housing for children involved in unsafe situations as well as housing that would allow pets or temporary boarding facilities for pets

Issues:

- The challenge of ongoing funding for Sage's This Full House Program
- Homecare currently only serving limited numbers of the hoarding population due to resource limitations, etc.
- Lack of coordination currently – need someone in an overarching role to continue overall coordination of proposed Integrated model
- How to access additional resources for education and practical client in-home supports (eg. psychiatric nursing programs, local churches and service clubs)
- Need to involve other decision makers in resource service provision (eg. Managers from Mental Health, 211, Edmonton Humane Society, Alberta Health Services Home Care, others)

Age distinction issue (who and how will services be provided to under age 55 group?)

Next Steps

Key questions

- What is the best way to continue to advance this work might be?
- How do the partners want to continue to be involved?
- Who else needs to be involved?

Summary of Next Steps

Roger Laing provided a summary of next steps.

- Sage will draft a report that will incorporate the workshop feedback
- Follow up discussion will occur with organizations/decision makers (to also include organizations not present at the workshop)
- Draft report will be circulated for feedback from stakeholders
- Revised Draft Final Proposal will be developed
- Hoarding Coalition to continue with next steps

APPENDICES

APPENDIX H

LIST OF ATTENDEES AT PARTNER WORKSHOP

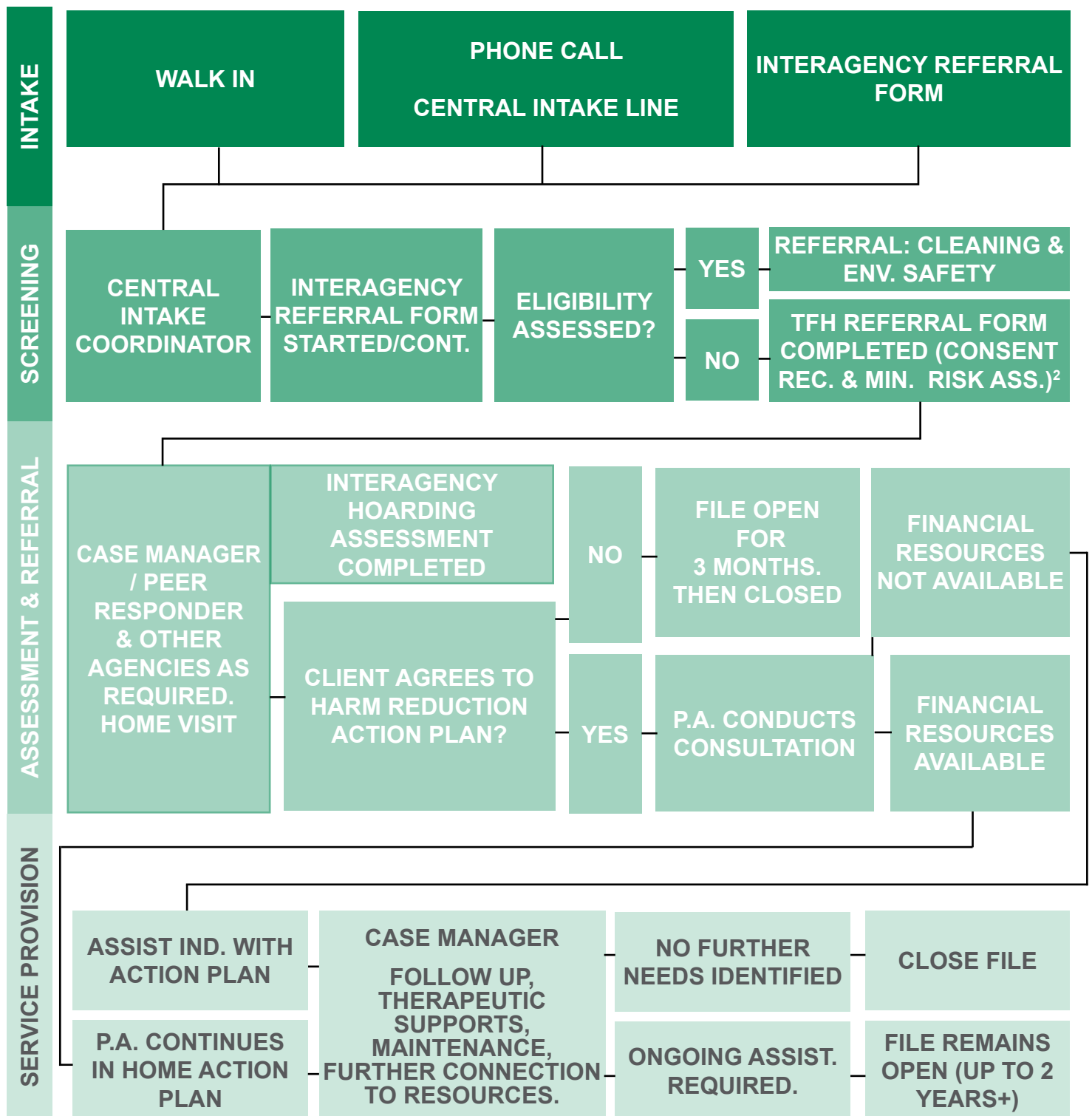
Partner Workshop Attendees

Beth Whalley.....	Case Management Practice Lead, Home Living Program	Alberta Health Services
Elaine Gradidge.....	Mental Health Therapist, Addiction and Mental Health	Alberta Health Services
Jamie Therhorst.....	Supervisor, Mental Health Crisis Team	Alberta Health Services
Marjory Buerger.....	Seniors Program Advisor, Seniors Services	Alberta Health Services
Rebecca Johnson.....	Environmental Health Officer, Environmental Public Health	Alberta Health Services
Sarah Parkinson.....	Manager of Addictions and Mental Health	Alberta Health Services
Tammy Dudas.....	Manager of System Capacity and Registered Psychiatric Nurse, Addiction and Mental Health	Alberta Health Services
Deborah Ardessi.....	Office of the Public Guardian	Alberta Human Resources
Sheila McClenaghan....	Senior Trust Officer, Office of the Public Trustee	Alberta Human Resources
Kendra Lutz.....	AISH	Alberta Human Services
Ione Challborn.....	Executive Director	Canadian Mental Health Association Edmonton
Shiona Crayston.....	Member, Hoarding Support Group	Canadian Mental Health Association Edmonton
Terri Bailey.....	Counselor	Canadian Mental Health Association Edmonton
Mary Sullivan.....	Manager, Corporate Health and Safety	Capital Region Housing Corporation
Christina Stockdale.....	Fire Prevention Officer, Fire Rescue Services	City of Edmonton
Diana O'Donoghue.....	Seniors Team, Community Services	City of Edmonton
Kaila Tipton.....	Municipal Enforcement Officer, Community Services Department	City of Edmonton
Judy Dahl.....	Supervisor, Community Geriatric Psychiatry	Covenant Health
Kelvin Ernewein.....	Facilities Manager	E4C
Bronwyn Taylor.....	Senior Animal Protection Officer	Edmonton Humane Society
Nicole Webber.....	CAT Team Member	George Spady Centre
Stacy Walker.....	Certified Professional Organizer	Getting' Around To It!
Tracey Fraser.....	CEO	Helping Hands Personal Assistants
Pete Ages.....	Manager, Landlord Relations, Housing First Program	Homeward Trust
Judy Downey.....		Landlord and Tenant Advisory Board
Bernice Sewell.....	Director of Operations	Sage
Doneka Simmons.....	Integrated Community Response to Hoarding Project Coordinator	Sage
Roger Laing.....	Executive Director	Sage
Dr. Kyle Whitfield.....	Assistant Professor, Faculty of Extension	University of Alberta
Marilyn Wacko.....	Consultant	Wacko & Associates

APPENDICES

APPENDIX I

PROPOSED INTEGRATED EDMONTON MODEL PROGRAM PROCESS MAP AND FLOW CHART - CLIENT PROCESS



APPENDICES

APPENDIX J

PARTICIPANT LISTS

(Hoarding Coalition Members and Integrated Community Response to Hoarding Advisory Committee Members)

Hoarding Coalition Members

Beth Whalley.....	Case Management Practice Lead, Practice Integration Team, Home Living	Alberta Health Services
Elaine Gradidge.....	Mental Health Therapist, Addiction and Mental Health	Alberta Health Services
Rachel Bryant.....	Policy Analyst Health Access and Innovation	Alberta Health Services
Rebecca Johnson....	Environmental Health Officer, Environmental Public Health Division	Alberta Health Services
Mary Sullivan.....	Manager, Corporate Health and Safety	Capital Region Housing Corporation
Christina Stockdale..	Fire Prevention Officer, Fire Rescue Services	City of Edmonton
Jeannette Wright.....	Social Worker, Community Services	City of Edmonton
Kaila Tipton.....	Municipal Enforcement Officer, Community Standards, Complaints and Investigations	City of Edmonton
Wendy Sellgrew.....	Derelict/Safe Housing Coordinator, Derelict Housing Branch	City of Edmonton
Judy Dahl.....	Supervisor, Community Geriatric Psychiatry	Covenant Health
Kelvin Ernewein.....	Facilities Manager	E4C
Lynn Biggs.....	Executive Director	Edmonton Apartment Association
Bronwyn Taylor.....	Senior Animal Protection Officer	Edmonton Humane Society
Stacy Walker.....	Certified Professional Organizer	Getting' Around to It!
Dr. Mary Haase.....	Instructor	Grant MacEwan University
Colleen Simpson.....	Assistant Manager	Greater Edmonton Foundation
Pete Ages.....	Manager, Landlord Relations, Housing First Program	Homeward Trust
Bernice Sewell.....	Director of Operations	Sage
Doneka Simmons.....	Social Worker	Sage
Natalie Jerwak.....	Client, This Full House Program	Sage
Terri Bailey.....	Counselor	Terri Bailey Counseling Services
Dr. Kyle Whitfield.....	Assistant Professor, Faculty of Extension	University of Alberta

APPENDICES

APPENDIX J

PARTICIPANT LISTS

(Hoarding Coalition Members and Integrated Community Response to Hoarding Advisory Committee Members)

Integrated Community Response to Hoarding Advisory Committee Members


Rebecca Johnson.....	Environmental Health Officer, Environmental Public Health Division	Alberta Health Services
Shiona Crayston.....	Member, Hoarding Support Group	Canadian Mental Health Association Edmonton
Mary Sullivan.....	Manager Corporate Health and Safety	Capital Region Housing Corporation
Christina Stockdale....	Fire Prevention Officer, Fire Rescue Services	City of Edmonton
Kaila Tipton.....	Municipal Enforcement Officer, Community Standards, Complaints and Investigations	City of Edmonton
Wendy Sellgrew.....	Derelict/Safe Housing Coordinator, Derelict Housing Branch	City of Edmonton
Judy Dahl.....	Supervisor, Community Geriatric Psychiatry	Covenant Health
Doneka Simmons.....	Integrated Community Response to Hoarding Project Coordinator	Sage
Natalie Jerwak.....	Client, This Full House Program	Sage
Roger Laing.....	Executive Director	Sage

APPENDICES

APPENDIX K

LETTERS OF ENDORSEMENT

Healing the Body Enriching the Mind Nurturing the Soul



Covenant Health
Grey Nuns

*Compassionate care
led by Catholic values*

November 6, 2013

Mr. Roger Laing
Executive Director
SAGE (Senior's Association of Greater Edmonton)
15 Sir Winston Churchill Square
Edmonton, AB T5J 0E5

Dear Mr. Laing,

**RE: PROPOSAL FOR AN INTEGRATED COMMUNITY RESPONSE TO
HOARDING IN EDMONTON**

I received a copy of the above proposal and had an opportunity to review it.

At the outset, I would like to say that I strongly endorse it both because it fills a great need that is not addressed by any other mental health program and, because it is a well thought out intervention program integrating a number of health providers as well as the client utilizing a harm reduction approach.

I am a Psychiatrist with over 35 years of practice in the city. One of my areas of subspecialization is Obsessive Compulsive Disorder and associated syndromes which includes pathological hoarding. Hoarding is now recognized as an official syndrome.

I have seen many cases of hoarding. The syndrome is very difficult to treat perhaps because from an evolutionary point of view, hoarding as seen in the average person is more ingrained as a survival mechanism and this would apply to hoarding that is pathological.

Medications that are effective for OCD do little or nothing for hoarding. Cognitive Behavior Therapy can be very useful if modified for patients with hoarding.

To treat someone with hoarding, health care providers have to move to where the person lives, once the individual has acknowledged there is a problem. In the past, there were no mobile treatment resources that were willing to do this, so the hoarders that were diagnosed received very little help. The vast majority of hoarders never come for help, living in denial or being recognized by some community service such as the health department, fire department or reported by an unhappy landlord. This would result in some immediate action that, although well intended, was inhumane, severely traumatizing the individual but changed nothing in the long run.

Grey Nuns Community Hospital 1100 Youville Drive West Tel. 780.735.7292 www.CovenantHealth.ca
Edmonton, Alberta T6L 5X8 Fax. 780.735.7496

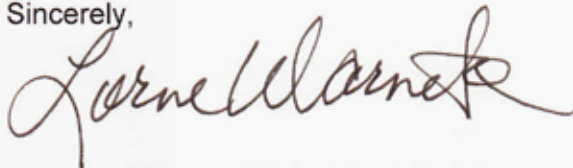
The numbers of undiagnosed hoarders is very high, some estimates being 1 – 3% of the population.

A harm reduction integrated approach deals with each individual who is a hoarder in a compassionate manner, ensuring the individuals immediate safety and working to promote change that is long term. Part of this approach includes a modified CBT designed specifically for hoarding by two experts in this area.

The proposed budget and the amount of money that is being requested for this project will be money well spent. It will result in lowered costs within Alberta Health in the long term by preventing other health problems often incurred by hoarders who are not treated.

Once again, I strongly endorse this project from a psychiatric treatment point of view.

Sincerely,

A handwritten signature in cursive script, reading "Lorne B. Warneke". The signature is written in black ink and is positioned below the word "Sincerely,".

Lorne B. Warneke, M.D. F.R.C.P. (C)
Grey Nuns Community Hospital.

LB/sar

October 28, 2013

Roger Laing
Executive Director
Sage – Seniors Association of Greater Edmonton
15 Sir Winston Churchill Sq
Edmonton AB T5J 2E5

Dear Mr.Laing:

Thank you for providing us with a copy of the "**Proposal for an Integrated Community Response to Hoarding in Edmonton**". *Environmental Public Health of Alberta Health Services* believes that the proposed integrated model provides a positive approach to addressing the needs of people with hoarding behaviours in the Edmonton area. We have a strong interest in seeing the recommendations outlined in this proposal put into action.

By way of this letter we are formally endorsing this proposal.

Sincerely,



Christopher Sikora, MD MPH MSc CCFP FRCP(C)
Lead Medical Officer of Health – Edmonton Zone

And



Darcy Garchinski, MHA, CPHI(C)
Manager – Edmonton Zone
Environmental Health Officer & Executive Officer



October 2, 2013

Roger Laing
Executive Director
Sage – Seniors Association of Greater Edmonton
15 Sir Winston Churchill Square
Edmonton AB T5J 2E5

Re: Endorsement of the *Proposal For An Integrated Community Response to Hoarding in Edmonton*

Dear Mr. Laing

Thank you for providing me with a copy of the *Proposal For An Integrated Community Response To Hoarding In Edmonton*. Edmonton Fire Rescue Services believes the proposed integrated model is the right approach for addressing the needs of people with hoarding behaviour in the Edmonton area. This approach is consistent with our core values of collaboration and community engagement.

We have a strong interest in seeing the recommendations outlined in this proposal put into action since it can have a positive impact on persons with hoarding behavior, the community, and emergency services in the event that they have to respond to emergencies in homes where there is hoarding behaviour.

Therefore, please accept this letter as our formal endorsement of the proposal.

Sincerely,

A handwritten signature in blue ink, appearing to read "R.H. Foerger".

R.H. Foerger
Assistant Fire Marshal
Fire Prevention
Edmonton Fire Rescue Services

October 1,5 2013

Roger Laing
Executive Director
Sage – Seniors Association of Greater Edmonton
15 Sir Winston Churchill Square NW
Edmonton, AB T5J 2E5

Dear Mr. Laing:

Thank you for providing me with a copy of the proposal for an Integrated Community Response to Hoarding in Edmonton. The City of Edmonton's Complaints & Investigations Section believes the proposed integrated model has merit and is the right approach for addressing the needs of citizens suffering from hoarding disorder in the Edmonton area. We have a strong interest in seeing the recommendations outlined put into action. By way of this letter we are formally endorsing this proposal.

If you have any questions for me or require any additional support, please feel free to contact me directly at 780-496-5646.

Sincerely,



Ryan Pleckaitis, Director
Complaints & Investigations Section
Community Standards Branch
Community Services Department

RP



COMMUNITY GERIATRIC PSYCHIATRY
#215 HYS Centre, 11010-101 Street
Edmonton, Alberta T5H 4B9
Office: (780) 424-4660
FAX: (780) 424-4964

04 October 2013

Roger Laing
Executive Director
Sage – Seniors Association of Greater Edmonton
15 Sir Winston Churchill Sq
Edmonton AB T5J 2EF

Dear Mr. Laing

Thank you for providing me with a copy of the Proposal For An Integrated Community Response to Hoarding In Edmonton. Covenant Health Community Geriatrics Psychiatry believes the proposed integrated model is the right approach for addressing the needs of people with hoarding behavior in the Edmonton area. We have a strong interest in seeing the recommendation outlined in this proposal put into action.

By way of this letter we are formally endorsing this proposal.

Sincerely,

Judy Dahl
Supervisor
Community Geriatric Psychiatry

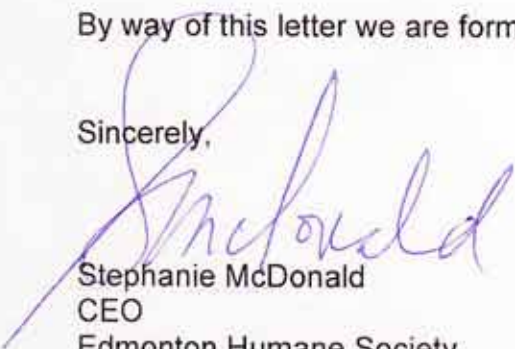
Roger Laing
Executive Director
Sage – Seniors Association of Greater Edmonton
15 Sir Winston Churchill Sq
Edmonton AB T5J 2E5

Dear Mr. Laing

Thank you for providing me with a copy of the Proposal For An Integrated Community Response To Hoarding In Edmonton. The Edmonton Humane Society believes the proposed integrated model is the right approach for addressing the needs of people with hoarding behaviour in the Edmonton area. We have a strong interest in seeing the recommendations outlined in this proposal put into action.

By way of this letter we are formally endorsing this proposal.

Sincerely,



Stephanie McDonald
CEO
Edmonton Humane Society



EAA
Edmonton Apartment
ASSOCIATION

THE Landlord's Rental Resource

October 16, 2013

Mr. Roger Laing
Executive Director
Sage – Seniors Association of Greater Edmonton
15 Sir Winston Churchill Sq
Edmonton AB T5J 2E5

Dear Mr. Laing:

Thank you for providing me with a copy of the Edmonton Integrated Community Response to Hoarding Proposal.

The Edmonton Apartment Association believes the proposed integrated model is the right approach for addressing the needs of people with hoarding behaviour in the Edmonton area. We have a strong interest in seeing the recommendations outlined in this proposal put into action.

By way of this letter, the Association formally endorses this proposal.

Sincerely yours,

EDMONTON APARTMENT ASSOCIATION

Lynn M. Biggs
Executive Director

Edmonton Apartment Association

#208, 10544 - 106 Street, Edmonton, Alberta T5H 2X6 TEL: (780) 413-9773 FAX: (780) 423-5186

EMAIL: executive@eaa.ab.ca WEB: www.eaa.ab.ca





Central Services


14220 - 109 Avenue Edmonton, AB T5N 4B3

☎ 780-482-6561 ☎ 780-488-3561

www.gef.org

September 24, 2013

Roger Laing
Executive Director
Sage – Seniors Association of Greater Edmonton
15 Sir Winston Churchill Square
Edmonton AB T5J 2E5

Dear Mr. Laing 

Thank you for providing me with a copy of the Proposal for an Integrated Community Response to Hoarding in Edmonton. GEF Seniors Housing believes the proposed integrated model is the right approach for addressing the needs of people with hoarding behaviour in the Edmonton area. We have a strong interest in seeing the recommendations outlined in this proposal put into action.

GEF Seniors Housing supports your proposal and is optimistic progress will be made for this serious health matter.

Sincerely,



Raymond Swonek
Executive Director

Friendly • Affordable • Secure



**Canadian Mental
Health Association**
Edmonton

300, 10010 - 105 Street
Edmonton, AB T5J 1C4
Tel (780) 414-6300
Fax (780) 482-7498
Email: main@cmha-edmonton.ab.ca
Website: www.cmha-edmonton.ab.ca

Roger Laing
Executive Director
Sage – Seniors Association of Greater Edmonton
15 Sir Winston Churchill Sq
Edmonton AB T5J 2E5

Dear Mr. Laing

Thank you for providing me with a copy of the Proposal For An Integrated Community Response To Hoarding In Edmonton.

As you know, Canadian Mental Health Association-Edmonton Region is actively involved in providing education and support to people with hoarding behavior. We believe the proposed integrated model is the right approach for addressing the needs of people with hoarding behaviour in the Edmonton area. We have a strong interest in seeing the recommendations outlined in this proposal put into action.

By way of this letter we are formally endorsing this proposal.

Sincerely,

A handwritten signature in blue ink that reads "Lone Challborn".

Lone Challborn
Executive Director



Charitable Registration
118834316RR

Roger Laing
Executive Director
Sage – Seniors Association of Greater Edmonton
15 Sir Winston Churchill Square
Edmonton AB T5J 2E5

Dear Mr. Laing

Thank you for providing me with a copy of the Proposal For An Integrated Community Response To Hoarding In Edmonton. The Support Network believes the proposed integrated model is the right approach for addressing the needs of people with hoarding behaviour in the Edmonton area. I am delighted to provide a letter of support as we have a strong interest in seeing the recommendations outlined in this proposal put into action.

By way of this letter we are formally endorsing this proposal.

Sincerely,



Nancy J. McCaLder MSc RSW
Executive Director



Edmonton
Community
Legal Centre

September 18, 2013

Roger Laing
Executive Director
SAGE – Seniors Association of Greater Edmonton
15 Sir Winston Churchill Square
Edmonton AB
T5J 2E5

Dear Mr. Laing

Thank you for providing me with a copy of *A Proposal for an Integrated Community Response to Hoarding in Edmonton*. The Edmonton Community Legal Centre believes the proposed integrated model is the right approach for addressing the needs of people with hoarding behaviour in the Edmonton area. We have a strong interest in seeing the recommendations outlined in this proposal put into action.

By way of this letter we are formally endorsing this proposal.

Sincerely,

Debbie Klein
Executive Director



Roger Laing
Executive Director
Sage – Seniors Association of Greater Edmonton
15 Sir Winston Churchill Sq
Edmonton AB T5J 2E5

October 15, 2013

Dear Mr. Laing

Thank you for providing me with a copy of the Proposal "An Integrated Community Response To Hoarding In Edmonton". The Faculty of Extension at the University of Alberta believes the proposed integrated model is the right approach for addressing the needs of older adults with hoarding behaviour in the Edmonton area. We have a strong interest in seeing the recommendations outlined in this proposal put into action.

By way of this letter we are formally endorsing this proposal.

Sincerely,

Kyle Whitfield, PhD, RFP, MCIP

A handwritten signature in blue ink, appearing to be "K. Whitfield", written over the typed name.



MacEwan
UNIVERSITY

P.O. Box 1796
Edmonton, Alberta
Canada T5J 2P2

Toll Free: 1-888-497-4622
Tel: 780-497-5040
Email: info@macewan.ca

Roger Laing
Executive Director
Sage – Seniors Association of Greater Edmonton
15 Sir Winston Churchill Sq
Edmonton AB T5J 2E5

Dear Mr. Laing,

Thank you for providing me with a copy of the Proposal: For an Integrated Community Response to Hoarding in Edmonton. I, Dr. Mary Haase of MacEwan University, Faculty of Health and Community Studies, Psychiatric Nursing Program, believe the proposed integrated model is the right approach for addressing the needs of people with hoarding behaviours in the Edmonton area. I have a strong interest in seeing the recommendations outlined in this proposal put into action.

By way of this letter I am formally endorsing this proposal.

Sincerely,

Mary Haase BScN, PhD, RPN, RN



Gettin' Around to It!
Professional Organizing

#418, 10301 – 104 St,
Edmonton, AB
T5J 1B9

October 11, 2013

Roger Laing
Executive Director
Sage – Seniors Association of Greater Edmonton
15 Sir Winston Churchill Sq
Edmonton AB T5J 2E5

Dear Mr. Laing

Thank you for providing me with a copy of the Proposal For An Integrated Community Response To Hoarding In Edmonton. *Gettin' Around To It Professional Organizing* believes the proposed integrated model is the right approach for addressing the needs of people with hoarding behaviour in the Edmonton area. We have a strong interest in seeing the recommendations outlined in this proposal put into action.

By way of this letter we are formally and whole-heartedly endorsing this proposal.

Sincerely,

Stacy Walker, CPO®

Shiona Crayston
107, 10965 – 109 St.
Edmonton, AB T5H 3C2

September 16, 2013

Roger Laing
Executive Director
Sage – Seniors Association of Greater Edmonton
15 Sir Winston Churchill Square
Edmonton, AB T5J 2E5

Dear Mr. Laing:

I am an individual with lived experience in hoarding and a mental health client. I have attended CMHA's once/week evening Hoarding Support Group for several semesters and also completed CMHA's Education Hoarding group twice in the past. Thank you for providing me with a copy of the **Proposal for an Integrated Community Response to Hoarding in Edmonton**. I believe the proposed integrated model is the right approach for addressing the needs of individuals with hoarding behavior in the Edmonton area. I have a strong interest in seeing the recommendations outlined in this proposal put into action.

By way of this letter I am formally endorsing this proposal.

Sincerely,



Shiona Crayston

/sjc

sage

Seniors Association of Greater Edmonton



<http://www.mysage.ca/Publications/Resources>