

SB 18

My name is Marco Palmeri and I am a Public Health Official, Registered Sanitarian and a Housing Code Enforcement Official with over 25 years of experience working for municipal and district health departments. I am also the Past President of The CT Environmental Health Association and a current graduate student in the Masters in Public Health program at one of CT's finest Universities. Throughout my career, I have investigated and handled hundreds of filthy, unsanitary, unsafe and cluttered housing conditions, most of which were resolved relatively easily and without incident or unnecessary use of the community's resources. But in those few, but ever growing number of cases where the cause for the condition and the reason for noncompliance is more than just defiance, and appear to be a result of some type of mental illness, I consider those cases to be hoarding or hoarding-like conditions. Clearly, I'm neither a physician nor mental health practitioner, but as many of us in the code enforcement community say, "you know a hoarding case when you see it" and we're often left to deal with it ourselves, sometimes resorting to compromising or lowering our standards just to seek a bit of improvement so we can close the case. I'm very confident that no code enforcement official would ever knowingly allow a condition that clearly compromises the health or safety of anyone. But unfortunately, many of the hoarding or hoarding-like cases involves residents that have been residing in these conditions for years or sometime decades which, as a result, often gives an adverse perception of being safe and this perception undermines our case for being an immediate hazard.

We know, from experts, that Hoarding is a serious public health issue that creates significant health and safety risks for the residents, their families, and the communities they live. We also know that those who hoard often become socially isolated because they don't want others to see the conditions they live. This isolation limits the likelihood of these conditions being noticed in advance of a serious health, fire or structural emergencies. Furthermore, beyond the clear risks to the individual or individuals, or even animals living within, there are also risks to their neighbors and those code enforcement officials and emergency responders who have to enter and navigate through the sometimes severely hazardous and/or unsanitary conditions. Lastly, there are financial risks to both the community and the family members

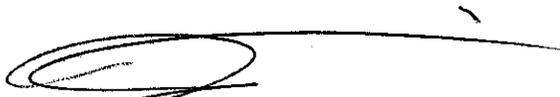
involved. As a Public Health Practitioner, I am equally concerned about maintaining a healthy and safe community as well as assuring the necessary healthcare or mental health services are available to all.

Currently, Connecticut does not have any policies or guidance available to communities to assist with addressing these mental health related crisis. Therefore, I respectfully request the following recommendations:

1. Develop an assessment/crisis teams to respond to referrals about hoarding cases and coordinate appropriate next steps to facilitate meaningful, long-term improvement for individuals.
2. Increase access to treatment for hoarding, including in the person's home.
3. Ensure insurance companies pay for evaluation and extended hospital stays for suspected hoarders.
4. Create a resource for people with hoarding behaviors and their families, service providers, and landlords so that people know what agencies to contact in different situations and have a way to identify and seek assistance.
5. Develop evaluation guidelines for landlords that are coordinated with code enforcement officials.

Thank you for your time.

Respectfully submitted,



Marco Palmeri