



A Nonpartisan Public Policy and Research Office of the Connecticut General Assembly

State Capitol
210 Capitol Ave.
Hartford, CT 06106
860-240-5200
www.cga.ct.gov/coa

Julia Evans Starr
Executive Director

Deb Migneault
Senior Policy Analyst

Alyssa Norwood
Project Manager

Christianne Kovel
Communications
Specialist

*With 21 volunteer
board members from
across the state*

Testimony of

Julia Evans Starr
Executive Director

Connecticut's Legislative Commission on Aging

Public Safety and Security Committee

March 1, 2016

Senator Larson and Representatives Dargan and esteemed members of the Public Safety and Security Committee, my name is Julia Evans Starr, and I am Executive Director for Connecticut's Legislative Commission on Aging. I thank you for this opportunity to comment today on Senate Bill 119, An Act Establishing a Task Force to Study Hoarding.

Connecticut's Legislative Commission on Aging is the non-partisan, public policy and research office of the General Assembly, devoted to preparing Connecticut for a significantly changed demographic and enhancing the lives of the present and future generations of older adults. For over twenty years, the Legislative Commission on Aging has served as an effective leader in statewide efforts to promote choice, independence and dignity for Connecticut's older adults and persons with disabilities.

The purpose of Senate Bill 119 is to create a legislative task force to address the issue of hoarding, which is now officially recognized as a disorder in a psychiatric diagnostic manual. Hoarding occurs when a person keeps items that are no longer useful and these items accumulate—with the clutter precluding the ordinary use of living spaces and interfering with day-to-day activities.

Hoarding cases invariably occur in every town in Connecticut, though many are not identified until a crisis ensues. Hoarding is now believed to occur in 2-5% of the adult population.¹ Hoarding behaviors can occur at any age, although, according to the International OCD Foundation, the average age of a person seeking treatment for hoarding is about 50.

Connecticut is the 7th oldest state in the nation with the 3rd longest-lived constituency, and between 2010 and 2040, Connecticut's population of people age 65 and older is expected to grow by 57%. In light of these demographic transformations, the need to develop and implement an integrated approach to

¹ Christiana Bratiotis et al. *The Hoarding Handbook: A Guide for Human Service Professionals*, Oxford University Press, Inc., 2011.



addressing hoarding behaviors is more critical than ever before.

The costs of hoarding impact not only the hoarder, but also the hoarder's family, community and municipality. For the hoarder, unaddressed hoarding can culminate in many possible crises, including structural collapse of property; plumbing, heating, and electrical failures; and severe illness or accidents. Among other tragic cases, in 2014 a Cheshire resident died in her basement, when the first floor of her home collapsed under the weight of extreme clutter.² Hoarders can also experience less extreme but equally weighty health consequences, including decreased bathing, inappropriate nutrition and exacerbated mental health disturbances.

For the family, it can be difficult or even dangerous to tolerate a hoarding situation, leading to disengagement and estrangement. For the hoarder, the increased isolation may serve only to intensify hoarding behavior. For the neighborhood, though hoarders sometimes conceal their hoarding by maintaining the exterior of their property, hoarders often neglect the outside of the property. The resulting blight can impact property values of the entire neighborhood.

That same blight can result in lower local property tax revenues. There are also more immediate costs to municipalities. Hoarding cases are typically long-term, time-intensive and involve several municipal departments, including health, mental health, fire police, housing, and social services, among others. For many hoarders, remediation services are cost-prohibitive, with towns footing the bill.

Confronting hoarders with civil and criminal penalties and municipally-imposed clean-up is increasingly considered ineffective. Rather, success lies in securing the individual's participation in remediation and, in partnership, addressing the behavioral health causes of hoarding.

Hoarding is complicated by numerous issues. It's not always clear which municipal authorities have the authority to intervene, and when the need for intervention should be balanced against an individual's right to privacy. Connecticut's aging housing stock and outmoded housing codes present challenges. And issues of physical and mental health, social isolation, and challenged economic security can all further complicate a predisposition to hoarding.

A task force could analyze these and additional related issues, building on the successes of the Connecticut Statewide Hoarding Working Group, which first convened in September of 2014. We support the creation of a task force to—with data, creativity, and a strong will to ensure the health, safety and welfare of all Connecticut residents—make policy recommendations to ensure that hoarding is appropriately addressed.

² Ari Mason and Jamie Ratliff. "Hoarder" Found Dead Under Piles in Cheshire Home. NBC Connecticut. June 16, 2014.