

Association canadienne pour la santé mentale Champlain Est
La santé mentale pour tous



# CMHA Community Homelessness Prevention Initiative Orientation

**CMHA Champlain East** 



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#### **Scope of Services**

- Provide services to low income households, including social services recipients (OW/ODSP) in the City of Cornwall and The United Counties of Stormont, Dundas and Glengarry that meet the Community Homelessness Prevention Initiative (CHPI) Outcomes which are:
  - Assist people experiencing homelessness obtain and retain housing; and,
  - Assist people at risk of homelessness to remain housed.
- Ensure empathy and respect in understanding the mental health issues that can compound the individual living with hoarding disorder symptoms with their difficulty in living in an unsafe environment.

#### What can be done:

- Develop a community integrated approach that supports intervention to the psychological, emotional, and physical issues involved in supporting individuals living with hoarding disorder symptoms.
- Maintain a Hoarding Response Coalition as an inclusive committee recognizing that all voices have value in our community response. One exist in PR and one exist in SDG
- Provide information and education for agencies and the public on hoarding disorder and the steps to take for support and safety.



# Diagnosis

The DSM-5 diagnostic criteria for hoarding disorder are:

- Persistent difficulty discarding or parting with possessions, regardless of the value others may attribute to these possessions. This difficulty is due to strong urges to save items and/or distress associated with discarding.
- The symptoms result in the accumulation of a large number of possessions that fill up and clutter active living areas of the home or workplace to the extent that their intended use is no longer possible. If all living areas become decluttered, it is only because of the interventions of third parties (e.g., family members, cleaners, authorities).
- The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning (including maintaining a safe environment for self and others).



- The prevalence of hoarding is 2-5% in the general population
- Up to 85% of people living in a hoarding situation can identify another family member who has similar symptoms
- Most common co-occurring mental health diagnosis are Major Depressive Disorder and Generalized Anxiety Disorder



## HOMES® Multi-disciplinary Hoarding Risk Assessment

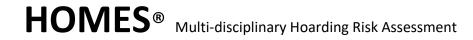
☐ Cannot use bathtub/shower ☐ Cannot access toilet ☐ Garbage/Trash Overflow Notes:	☐ Cannot prepare food ☐ Cannot sleep in bed ☐ Cannot use stove/fridge/sink	☐ Presence of spoiled food ☐ Presence of feces/Urine (human or animal) ☐ Cannot locate medications or equipment	☐ Presence of insects/rode ☐ Presence of mold or chronic dampness
<b>O</b> bstacles			
☐Cannot move freely/safely in home	☐ Unstable piles/avaland		
☐Inability for EMT to enter/gain access	☐Egresses, exits or vent	s blocked or unusable	
Notes:			
Mental health (Note that	this is not a clinical diagnosis;	use only to identify risk factors)	
Mental health (Note that ☐Does not seem to understand serious ☐Does not seem to accept likely consequence.	this is not a clinical diagnosis; sness of problem Defensive or an quence of problem DAnxious or app	use only to identify risk factors) gry □Unaware, not alert, or confus rehensive	red
Mental health (Note that ☐Does not seem to understand serious	this is not a clinical diagnosis; sness of problem Defensive or an quence of problem DAnxious or app	use only to identify risk factors) gry □Unaware, not alert, or confus rehensive	ed
Mental health (Note that ☐ Does not seem to understand serious ☐ Does not seem to accept likely consequences: ☐ Notes: ☐ Does not seem to accept likely consequences	this is not a clinical diagnosis; sness of problem □Defensive or anguence of problem □Anxious or app	use only to identify risk factors) gry □Unaware, not alert, or confus rehensive	
Mental health (Note that □Does not seem to understand serious □Does not seem to accept likely consequences:  Endangerment (evaluate to □Threat to health or safety of child/mino)	this is not a clinical diagnosis; sness of problem Defensive or anguence of problem Danxious or app	use only to identify risk factors) gry Unaware, not alert, or confus rehensive with attention to specific populations lister	d below)

□ Structure & Safety				
☐Unstable floorboards/stairs/porch☐Flammable items beside heat sourc☐Storage of hazardous materials/wealNotes:	pons	□Electrical wires/cords exposed □No heat/electricity	☐No running water/plumbing problems ☐Blocked/unsafe electric heater or vents	_
	<b>)MES®</b> Multi-diso	ciplinary Hoarding Risk Asses	sment (page 2)	
Household Composition				
# of Adults	# of Childre	en	# and kinds of Pets	
Ages of adults:	Ages of o	children:	# and kinds of Pets Person who smokes in home  Yes	☐ No
			anguage(s) spoken in home	
Assessment Notes:				
Risk Measurements				
☐ Imminent Harm to self, family, anima	als, public:			
☐ Threat of Eviction:		🗖 Threat of Condemna	ation:	
Capacity Measurements  Instructions: Place a check  Awareness of clutter  Willingness to acknowledge clutter a  Physical ability to clear clutter  Psychological ability to tolerate interest	nd risks to health, safe	represent the strengths and capacity ty and ability to remain in home/	<u>.</u>	
☐ Willingness to accept intervention as	sistance			
Capacity Notes:				



Post-Assessment	Plan/Reterral	
Date:	Client Name:	_ Assessor:

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#### **Instructions for Use**

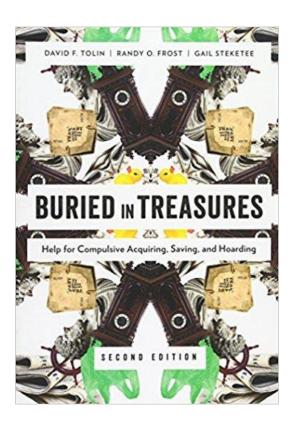
- **HOMES** Multi-disciplinary Hoarding Risk Assessment provides a structural measure through which the level of risk in a hoarded environment can be conceptualized.
- It is intended as an *initial* and *brief* assessment to aid in determining the nature and parameters of the hoarding problem and organizing a plan from which further action may be taken-- including immediate intervention, additional assessment or referral.
- HOMES can be used in a variety of ways, depending on needs and resources. It is recommended that a visual scan of
  the environment in combination with a conversation with the person(s) in the home be used to determine the effect of
  clutter/hoarding on Health, Obstacles, Mental Health, Endangerment and Structure in the setting.
  - The Family Composition, Imminent Risk, Capacity, Notes and Post-Assessment sections are intended for additional information about the hoarded environment, the occupants and their capacity/strength to address the problem.





## What can CMHA do to help?

- CMHA will provide Intensive Case Management to individuals dealing with a hoarding issue.
- Buried in Treasures Workshop (12 weeks)





## **CMHA Services**

- Services are free, confidential and mobile.
- Referrals can be made by service providers or by individuals
- Services are voluntary, client focused and are not time limited
- Services are restricted to individuals with serious mental illnesses
- Call 613-933-5845 / 1-800-493-8271 to start the process



### Contacts

- Annie Poirier Larocque: Intensive Case Manager, Lead Hoarding
- Johanne Renaud: Manager of programs Prescott-Russell, Chair of the Prescott-Russell Hoarding Response Coalition.
- Raquel Beauvais-Godard, Program Director

