



HOARDING AND SQUALOR

PUBLIC HEALTH ISSUE

It can be common for residents to hold onto items for a variety of reasons, such as sentimental items or items that they believe they may have some use for in the future. However, extreme clutter, when left unchecked, can create unsafe and unsanitary conditions. Hoarding, classified as a mental health disorder, can significantly impact individuals' lives by creating poor sanitary conditions in the home, increasing safety risks such as fire hazards, exacerbating health issues, and even facilitating homelessness. In worst case scenarios, hoarding conditions can lead to untimely death.

Applicable Laws

The following Revised Statutes Annotated (RSAs) may be applicable in these situations

[RSA 48A: Housing Standards](#)

[RSA 147: Nuisances](#)

[RSA 155-B: Hazardous and Dilapidated Buildings](#)

ROLE OF THE HEALTH OFFICER

Under RSA 147, health officers can enforce public health nuisance codes as well as order a building or unit vacated if it presents a clear danger to the health of occupants or other persons. Your role as the health officer is to document hazardous conditions and public health threats in the home environment, report the situation to the appropriate partners, and enforce public health laws as applicable. Specifically, you:

Shall inquire into all nuisances and other causes of danger to the public health ([RSA 128](#))

Shall [report concerns of abuse or neglect](#) to appropriate state agencies

May enforce applicable state or local laws

May collaborate with appropriate partner agencies to report conditions, provide documentation of hazards, and provide additional resources and services to the individuals impacted

For more information

Email: healthofficer@dhhs.nh.gov or Visit: dhhs.nh.gov/HealthOfficer





HOARDING AND SQUALOR

ROLE OF PARTNERS

As the health officer, it is not your role to oversee the resident's connection to long term supportive services or housing services. The extent of your responsibility is to ensure any public health hazard or imminent health hazards are abated in the environment where the resident is living. However, for long term success of remediating hoarding situations, a collaboration of state and local officials, medical providers, and social and supportive service agencies should continue to work with the

resident to prevent a relapse. When you receive a concern about hoarding, it is important to recognize which partners can help you address the situation and create a plan for remediation. It can be the local health officer who organizes this coalition as well as acts as the enforcement arm if conditions are not improved.

The following sections outline common partners you may use in responding to these types of cases.

NHDHHS Bureau of Adult & Aging Services (BAAS)

BAAS carries out the legal requirements of the Protective Services to Adults Law under the [Adult Protection Program](#) for those 18 years old and older. Activities include investigating reports of alleged emotional abuse, physical abuse, sexual abuse, neglect, exploitation, and/or self-neglect, determining the validity of the report and the need for protective services; and providing or arranging for the provision of protective services when necessary. BAAS also provides a variety of social and long-term supports to adults age 60 and older and to adults between the ages of 18 and 60 who have a chronic illness or disability.

Child Protection & Juvenile Justice

The NH DHHS Division for Children, Youth and Families (DCYF) manages protective programs and provide a wide range of family-centered services for children younger than 18 years old. To further ensure the safety of NH children, a special investigations unit investigates all allegations of abuse and neglect. [You can learn more about DCYF's Child Protection Bureau here](#) or call to make a report at 603-271-6562.

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NH IS A MANDATORY REPORTING STATE

As a mandatory reporting state, anyone who suspect abuse, neglect, self-neglect or exploitation of person, no matter what their age, is obligate to report this to the appropriate agency.

As a health officer, your role is especially important. If you see or someone reports to you a concern with a vulnerable adult 18 years old and older, you **must** call [BAAS to file a report](#). Concerns for the living conditions in and around a home can be grounds for filing a report. If you receive a concern of hoarding or unsanitary living that involves children (any individual under the age of 18), [you must file a report immediately with DCYF](#).

NH Society for the Prevention of Cruelty to Animals

As part of their mission, the [NH Society for the Prevention of Cruelty to Animals \(SPCA\)](#) responds to animal cruelty through a variety of programs and services. The SPCA is one of the few humane societies in the state with a cruelty investigations staff. If you receive a concern of hoarding or unsanitary living that involves animals, please contact the NH SPCA [and file a complaint here](#).

Additional Partners

Each hoarding case is unique as to the conditions present, the space impacted, and the individuals involved. As a result, you may involve additional partners including:

Local fire: Fire officials can identify safety or fire hazards present in the home or for first-responding staff.

In-home services: This staff may help you gain access, verify conditions, document barriers to compliance, and identify solutions. You may want to refer residents to supportive services. If not already connected.

Medical providers: Hoarding can co-occur with other mental and physical illnesses. Determine if the resident needs connection to medical services.

Housing provider: If applicable, ensure the landlord is kept informed of progress.

Local police: Involve local police if you have concerns for illegal activity or your personal safety.

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When Does Hoarding Become a Public Health Problem?

Hoarding becomes a public health problem when the extent of the hoarding poses a health or safety risk to others. In multi-unit dwellings, it is easier to prove that the hoarding conditions present a public health hazard to adjacent occupants. These dangers can be in the form of noxious odors, pest infestations, or improper disposal of waste. RSA 147 allows Health Officers to order the owner or occupants to clean and put the premises in proper sanitary condition when an area has become a source of danger. The following statutes outline this authority:

RSA 147:4 Nuisances: allows a Health Officer to order an owner or occupant of a building to remove a nuisance considered by the Health Officer to be injurious to the public health.

RSA 147: 13 Offensive Matter: allows a Health Officer to order a person to dispose of any refuse or garbage or substances, which may become putrid or offensive, which may be injurious to the public health.

RSA 147:17 Cleansing Premises: allows the Health Officer to order the owner or the occupants to clean and put the premises in proper sanitary condition when a building or dwelling has become a source of danger to the health of its occupants or others.

Strategies for Communicating with Hoarding Residents

Attempts to “clean out” hoarding environments often fail. While you may order a home cleared or even have the resident removed, it is likely the behavior will resurface. As a result, it is critical to ensure residents are connected to service providers who can motivate them to maintain sanitation. In addition, your conversations with the resident can help build trust and compliance. Here are some communication strategies:

- Try to understand the perceived importance of the hoarded items and understand the challenges he faces in removing the items. Find out what motivates the person to organize.
- Help the person to understand how the hoarded items interferes with his personal safety, and the safety of those entering the space (fire responders, family, service providers., etc.).
- Strategize ways to make the space safer for the resident. Suggest moving items away from doorways, heating elements, and cooking devices, and removing spoiled food and refuse .

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Suggested Inspection Protocol

When a Health Officer or local board of health receives a hoarding or unsanitary living concern, you may:

Verify the complaint: Attempt to gain entry into the unit to verify the existence of the conditions and interview the resident as to any services he or she is connected to and barriers they face in removing items. Determine if the conditions present a “public health hazard”.

Identify potential partners and report as necessary: As a result of your inspection, identify and report conditions to partner agencies who may assist you in follow up.

Follow Up: In follow up to your inspection, document your findings and concerns, include any photographic evidence. Collaborate as appropriate with partner agencies to reduce barriers in resolving health hazards. This may require periodic site visits or meetings with

partners to discuss the resident’s progress in abating the hazards.

Enforce as appropriate: If a violation exists under RSA 147 you may choose to begin the process of enforcement as outlined in that statute. In some cases, it may be that the conditions do not improve and health and safety hazards remain. You may determine that the space is unfit for habitation. In these situations, you may order the resident to vacate the home as is outlined in RSA 147 or deem the space inhabitable as described in RSA 155-b. Remember to work closely with the town attorney to ensure you are correctly following statutory protocol. Additionally, work closely with social service agencies to help ensure the resident can be moved into a temporary residence.

Responding to Hoarding: Single Family Homes

In the event a hoarding condition is present in a single family home, it may be more difficult to cite RSA 147 unless you can prove a public health hazard exists. If RSA 147 cannot apply to a single family home, you may utilize your authority under RSA 128 to “inquire into causes of danger to the public health” and conduct an investigation. While you may have limited enforcement authority, your inspection report can be utilized by other agencies as documented evidence of health concerns on site. Upon consultation with a town attorney, your municipality may choose to evoke [RSA 155-B “Hazardous and Dilapidated Buildings”](#) to order hazardous conditions corrected.

For more information

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Additional Resources

[DHHS Adult Protective Service “Abuse Hurts at Any Age”](#)

[NH DHHS Health Officer Manual: Reporting Abuse and Neglect](#)

[International OCD Foundation Hoarding Fact Sheet](#)

[Hoarding in Massachusetts: Some Basic Information](#)

[Hoarding Disorder from the Mayo Clinic](#)

[NH DHHS Bureau of Adult and Aging Services](#)

- Adult Protective Services Central Intake # 603-271-7014
- apscentralintake@dhhs.nh.gov

[NH DHHS Reporting Child Abuse](#)

- 603-271-6562

Health Officer Liaison Unit
Division of Public Health Services
NH Department of Health and Human Services
29 Hazen Drive, Concord, New Hampshire
603-271-3468 healthofficer@dhhs.nh.gov
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For more information

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