

Good morning and welcome. My name is Rosemary Bakker and I direct a geriatric program on environmental design at the Weill Medical College of Cornell University. In addition to topics such as fall prevention and environmental accessibility, clutter and hoarding were frequently requested topics by service providers. Cluttered environments pose many health and safety problems for the occupant. Service providers reported on clients living in environments so cluttered that necessary home care services were denied until the hoarding was resolved. They spoke of beds and bathtubs so filled with belongings that there was no room for sleeping or bathing and large amounts of combustible materials blocking walking paths, radiators and fire exits.

To help address this challenging problem, last year I convened a Task Force, gathering the energies of a diverse group of professionals representing many disciplines and perspectives, including housing, legal, health, animal control, psychology, and social work. And what an extraordinary, dedicated task force it is! When I originally started the group, I asked about 30 people to participate, assuming that monthly attendance at meetings would dwindle down to a dedicated group of 10. Instead, we had about a 95% participation rate, and at each meeting we had at least 25 participants. Quite frankly, my breakfast budget for these meetings was out of control! Before we officially begin, I would like to take a moment to honor the Task Force who gave so generously of their time. I would like all Task Force members to stand and I would like us to honor them. (Applause)

Today we will present to you the summation of our work – our collected shared wisdom. We will discuss the challenges of assessing risk, the referral process, eviction proceedings, therapeutic protocols, practical de-cluttering guidelines and more. We will use case examples to illustrate the importance of working together to achieve optimum results. We will address both life-long hoarding problems and those that develop slowly over the years due to Alzheimer's disease. Our final presentation will be a case study, presented by representatives of the New York City Task Force.

Our goal today is to share the information that we have gathered, address gaps in service deliveries, and outline a vision of where we want to go in the future. Our long-range goal is to enable older adults with this disorder to remain *safely* at home. With high rates of recidivism, it is a challenging task. But today, we begin by providing you with practical tools and resources to better understand this problem, and hopefully, intervene more effectively.

On that brief note, I would like to welcome Dr. Frost, the one and only, without whose help we would not be here today.