

JFSC Hoarding Project 2.15.22

Present: Eric Andrews, Courtney Owen, Susan Hoskins

What problem was being addressed? Hoarding that affects safe housing and health

What actions have been implemented? Individual sessions, groups, education of professionals.

What has worked? The groups have been very successful. There are now two Buried in Treasure groups, starting 8 weeks apart, each meeting 16 times. One is co-led by a student and one by a trained peer facilitator. The second one is filled up. Monthly drop-in groups have been added for maintenance: they too will become peer-led. Seeking a facilitator for an art group and training a new mindfulness facilitator. A family support group will start this week (for 6 weeks).

More referrals are coming through the Hoarding Task Force, Electric Co, L&I (licensing and inspection), legal services, and OAPS (adult protective services). Some also come through JFCS' care coordinators, who are now able to serve a diversity of residents in 5 counties. Two new care coordinators were hired. JFCS also took over the NORC program which serves 6 zipcodes in the Northeast, and may be a source of referrals.

JFCS held 3 virtual webcasts with big name people in the field, drawing 50 people each. Feedback was good and the webcasts may continue even if other training reverts to in-person. Several professional training sessions were held, including for the NJHSA, and train-the-trainer sessions are being planned.

The Community Cares grant enabled training volunteers who make check-in calls and encourage clients. It is possible some graduates will also volunteer. It is not certain whether this grant will repeat. Volunteers are being sought to pick up donations.

The hard part has been the in person/virtual transitions as well as the length of the pandemic. All participants have access to virtual groups through tablets, but isolation remains a challenge. It is uncertain what the long-term impact of the pandemic will be on hoarding.

Surprises include clients preferring virtual groups (no transportation challenges). Unexpected benefits include a growing role for graduates of the program in supporting participants.

Assessment derives from surveys and participation data.

DEI efforts include adding non-Jewish board members, appointing a DEI committee, updating the strategic plan and extending services beyond the Jewish community.

JFCS is awaiting completion of the contract with CBH (Community Behavioral Health) to be a provider, so that they can bill Medicaid for services. They also hope to contract with APS which would create a payment pathway. This will be a big step toward sustainability, and the vision is to replicate the program and reimbursement plan in other counties (besides Philadelphia). These additional sources of revenue would allow FFA to transition funding to another JFCS program (care coordination?) or another organization in 2023.

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