SPRiNG Alliance Shelter Movement: 
Expanding Shelter Options for Abused and Neglected Older Adults

PRESENTED BY:
THE HARRY AND JEANETTE WEINBERG CENTER FOR ELDER JUSTICE
AT THE HEBREW HOME AT RIVERDALE
ELDERSAFE CENTER, CHARLES E. SMITH LIFE COMMUNITIES
PIKES PEAK ELDER ABUSE COALITION
Learning Objectives

1: Learn about the elder abuse shelter model movement and various models

2: Learn how shelters work within multidisciplinary teams to coordinate community responses to elder abuse

3: Discuss ways to assist new and emerging shelter communities
We are pioneers of safe shelter for people who experience elder abuse. It is our mission to champion justice and dignity for older adults.

JOY SOLOMON, ESQ.
DIRECTOR AND MANAGING ATTORNEY
The nation’s first elder abuse shelter

The Weinberg Center is integrated into the campus of the Hebrew Home at Riverdale, a 600 bed long-term care facility on 19 acres in Riverdale, NY.

Flexible, low-cost model created without bricks and mortar.

Five pillars of our work:

1. Shelter
2. Replication
3. Legal Initiatives
4. Outreach and Training
5. Partnerships
Going Home
How our model works

- Referral
- Admission
- Assessment
- Provision of Social and Legal Services
- Discharge to Safe Living Environment
In 2018, 82 older adults were referred to the shelter program, with more than 3/4 (76%) coming from hospitals and social service agencies.
Criteria for Admission

- Older adult must be 60+
- Experiences one or more types of abuse or is at serious risk of abuse
- Professional referral
- In need of temporary shelter and agrees to be placed in facility
- No contact with the person(s) who caused harm
Payment Sources

- Medicaid/Medicare
- Insurance
- Foundation grants
- City, County, and/or Federal Funding
- Private funders
- Annual fundraiser
Length of Stay

30-120 days on average
Our Team

Inter-disciplinary team consisting of:
- Attorneys
- Licensed social workers
- Public health specialist
- Case coordinator
- Legal and social service interns
Full Integration

- Clinical Team
- Security Personnel
- Housekeeping
- Food Services
- Finance Department
- Development Team
- Therapeutic Activities Staff
Referrals

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<th>Year</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
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<td>75</td>
<td>88</td>
<td>82</td>
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Admissions

142,560 days of shelter
Weinberg Center Risk and Prevention Screen (WC-RAPS)

- # of positive screens on sub-acute rehab
- 50 of 474 screens completed in 2017
- 54 of 595 screens completed in 2018

1 in 10
5 Elements Necessary for Shelter

1. A Champion
2. Appropriate Housing
3. A Network of Support Services
4. Widespread Awareness
5. Reliable Funding
Lessons Learned

- Shelter is critical component of a coordinated community response
- Trauma matters
- The shelter program needs a team, a champion, and supportive leadership
- Older people have unique and diverse needs
- Data is your best friend
“To create a network of regional elder abuse shelters and other similar service models with close working relationships, shared resources and technical assistance, common standards of excellence and a vibrant community of support.”

We are leaders in a global network of elder abuse shelters
Joy Solomon, Esq.
Director and Managing Attorney
(718) 581-1272 / Joy.Solomon@hebrewhome.org

theweinbergcenter.org
Professional referrals: (800) 56-SENIOR
TOVAH KASDIN, JD
ELDERSAFE CENTER DIRECTOR
CHARLES E. SMITH LIFE COMMUNITIES
ElderSAFE Team

Tovah Kasdin, J.D., Director
KerryAnn Aleibar, LCSW-C, Program Manager
Sydney Palinkas, LGSW, Community Educator
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<td>Advocacy</td>
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Client Services

Language-accessible helpline
Monday – Friday: 9am – 5pm
301-816-5099

Temporary, safe shelter
Client Eligibility

- 60 years of age or older
- A victim of one or more of the following types of abuse (physical, sexual, psychological, financial, neglect) or is at risk for experiencing abuse
- Referred by an agency or program
- Willing to be placed in temporary shelter
- Agree to not contact abuser during shelter stay

Accepts referrals from Maryland, Washington DC and Northern Virginia

Please note:

**ElderSAFE will accept clients without insurance**

**Self neglect and homeless cases are not accepted**
Services in Shelter

- Medical
- Psychological
- Physical, occupational and/or speech therapy
- Spiritual support
- Social Services (safe discharge)
- Legal referrals
- Specialized trauma therapy
- Holistic Therapy Program (yoga, music, art)
Community Education

- First Responders
- Financial Institutions
- Legal Service Providers
- Hospitals and Medical Offices
- Senior Centers
- Faith Based Organizations
- Home Health Agencies
- Social Services Agencies
- Government Agencies
- Academic Institutions
- Cultural Programs
Collaboration is the Key to Success!

- Hospitals
- First Responders
- Adult Protective Services
- Social Services Agencies
- Transitional Housing Programs
- Domestic Violence Programs
- Programs Serving Older Adults
Advocacy

- Legislative advocacy
- Coalition building
- System improvements
ElderSAFE Contacts

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Community Educator, ElderSAFE™ Center
301-770-8365 / Palinkas@ceslc.org

Language accessible helpline: 301-816-5099 (Mon-Fri 9am-5pm)
Website: smithlifecommunities.org
Pikes Peak Elder Abuse Coalition

Elder Shelter Program
Elder Shelter Program
Vision and Mission

**VISION:** A community in which people in later life can live in safety, dignity and with respect.

**MISSION:** To reduce mistreatment of people in later life in the Pikes Peak region through education to improve community understanding, coordination, and response.

Founded in October 2005 as the Colorado Coalition Against Abuse in Later Life.
- Started with 10 different agencies and professionals.
- Now have 21.
- Name changed in 2013.

**Pikes Peak Elder Abuse Coalition Mission**

A community collaboration working toward preventing and eliminating mistreatment of elder & at-risk adults in the Pikes Peak region.
History

2005: Colorado Coalition to Address Abuse in Later Life (CCALL) developed with technical assistance from Bonnie Brandl of the National Clearing House on Abuse in Later Life.

Started with 10 members. Currently 21 members.

2013: Name Change to Pikes Peak Elder Abuse Coalition (PPEAC)
Accomplishments

Education and Outreach since 2005.
Survey of Individuals age 50 and over.
OVW Grant 2007-2010.
Annual World Elder Abuse Day Event.
Presentations at national and state conferences.
Elder Shelter Network in 2016.
Guardianship Volunteer Advocate Program in 2018.
Elder Shelter

Started February 2016.

- Challenges
  - 24 hour access for placement.
  - PASRR
  - Medicaid Application

9 skilled nursing facilities and six assisted living facilities.

1 nonprofit that provides shelter for victims who don’t require SNF or AL.

Next steps:
- formalize process and agreement through a MOU.
- Funding for a full-time coordinator.
- 3-5 year strategic plan.

As of 6/10/2019 over 125 clients have received safe haven from abuse or neglect.
APS Procedure

Client must meet criteria of being at-risk
- Unable to perform or obtain services or lacks sufficient understanding or capacity to make or communicate responsible decision

Situation requires an immediate response due to client’s health/safety

Rotating staff coverage Monday-Friday from 8-5
Client must be willing to go
Local hospital collaboration process
APS Medicaid Process

Internal process developed to expedite emergency applications

Lead Intake worker oversees and works closely with assigned APS staff

Online system allows APS staff to submit Medicaid application the same day as the shelter placement is required

APS staff works with client and/or supports to obtain necessary verifications

APS client services funds

PPEAC
PIKES PEAK ELDER ABUSE COALITION
ELDE PIKES PEAK ELDER ABUSE COALITION 3RM

Referring Agency Information

Name and title of person making referral____________________________________________________

Phone_________________ Fax______________________ Email________________________________

Has abuse been reported to Police/APS? Who? ______________________________________________

Has the Victim been admitted in past _______if yes, which facility_______________________________

Agency making referral: __Adult Protective Services     __Police    __Hospital   __ (others?)

Agency Address:  ______________________________________________________________________

_____________________________________________________________________________________

Demographic Information of Victim

First Name_______________________ MI._______ Last Name_________________________________

___Male    ___Female    Date of Birth______________ Social Security Number_____________________

Type of Abuse: ____Physical    ____Sexual   ____Psychological    ____Neglect    ____Financial ____Other

Current Address________________________________ City____________________________________

State________ Zip_________ Home Phone__________________    Is it Safe to Contact?____________

Cell Phone______________________ Is it Safe to Contact?__________________

Married ___Yes   ____No               Dating Partner ___Yes   ____No

Spiritual Preference ____________________________________________________________________

Emergency Contact Name ________________________________Phone Number___________________

Relationship to Victim____________________________________ Is it safe to contact this person?____

Medical Information

List of Medical Conditions/Diagnosis_____________________________________________________

List of Medications________________________________________________________________________

Allergies__________________________________________________________

List and dates of recent hospitalizations_________________________________________________

List of Psychological Conditions/Diagnosis________________________________________________

Psychological/Mental Health Hospitalizations list and dates__________________________________

History of Substance Abuse or Alcohol Abuse______________________________________________

Current Usage (indicate what) Current Smoker__________     Tobacco _________     Marijuana ____________

Social History, include any potential for violence and suicidal ideations________________________

Information Regarding Abusive Situation

Name and Relationship of Person(s) Committing Abuse _______________________________________

Address of person(s) Committing Abuse_____________________________________________________

Does Person committing Abuse have access to guns or weapons? ____yes ____No  ____unknown

Is there a Court order in place? ________________   Kind______________________________________

Facility to Review & Contact Person

*Please Provide any copies of Power of Attorneys, medical cards, Identification cards, Court Orders, (other?)

Facility Address /fax/phone

_____________________________________________________________________________________

Facility acceptance /decline section

Notes:
Statistics

SavaSeniorCare Colonial Columns Participating Community

➢ 42 clients served from 6/21/16 to present
➢ 12 transitioned to different location (Assisted Living or Apartment)
➢ 30 converted to LTC
➢ 9 Expired at facility (6 required Hospice services at admission).
➢ 21 still reside at community

Facility collected through collaboration with the APS and DHS expedited Medicaid application, a total of $1.82M in Medicare, Medicaid and Private Pay revenue.

Success is a result of constant collaboration between APS, CSPD, key hospital emergency personal, Judicial Magistrate and Emergency Guardianships, Dept of Human Services (Medicaid funding expedited), and the participating communities.
Elder Shelter Collaboration
Learn more about Pikes Peak Elder Abuse Coalition:
https://humanservices.elpasoco.com/adult-elder-abuse-prevention/
Elder Shelter Contacts

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Scott Bartlett, Ombudsman PPACGAAA, 719-471-7080 x113, sbartlett@ppacg.org
Tracy Munson, APS Supervisor, 719-444-5754, tracymunson@elapsoco.com
Chuck Szatkowski, CSPD, 719-444-7594, szatkoch@ci.colospgs.co
Questions?
Thank you!