Shelter

The Missing Link In a Coordinated Community Response to Elder Abuse

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"The discovery of abuse should compel us to invest more time, money and hope in an older person, not settle for less than we would if the victim were younger."

Joy Solomon, Esq., Director and Managing
 Attorney, Weinberg Center for Elder Justice

Communities around the country have made great strides in responding to the tidal wave of elder abuse in America. In many places, diverse professionals, each with a role to play in detecting and stopping abuse and supporting survivors, have coalesced into effective multi-disciplinary teams. But nearly everywhere, shelter is the missing link.

Why shelter? Because for some elders, home is not safe. Bias and our collective failure to support healthy aging compounds the dangers. Many victims suffer years of abuse behind closed doors before it's discovered. We're only just beginning to understand the accumulated trauma and process of healing.

Most older victims of abuse won't need shelter, but providing refuge for those who do is essential and within our reach. It doesn't require new construction or even a dedicated facility. As this publication makes clear, there are smart ways to use existing community-based resources, particularly assisted living and skilled nursing facilities. With my colleagues at the Hebrew Home, we forged this model, and it works.

The discovery of abuse should compel us to invest more time, money and hope in an older person, not settle for less than we would if the victim were younger. Elders who have endured great harm deserve a chance to live out the rest of their lives with dignity, purpose and peace. This is precisely what the growing movement for elder justice champions—justice that for some begins with shelter.



Joy Solomon, Esq., is Director and Managing Attorney of the Harry and Jeanette Weinberg Center for Elder Justice, the nation's first shelter specifically for older victims of abuse. It is located at the Hebrew Home at Riverdale, Bronx, NY.

A PDF of this report can be found online at theweinbergcenter.org/thought-leadership/.





The Harry and Jeanette
Weinberg Center for Elder Justice
AT THE HEBREW HOME AT RIVERDALE

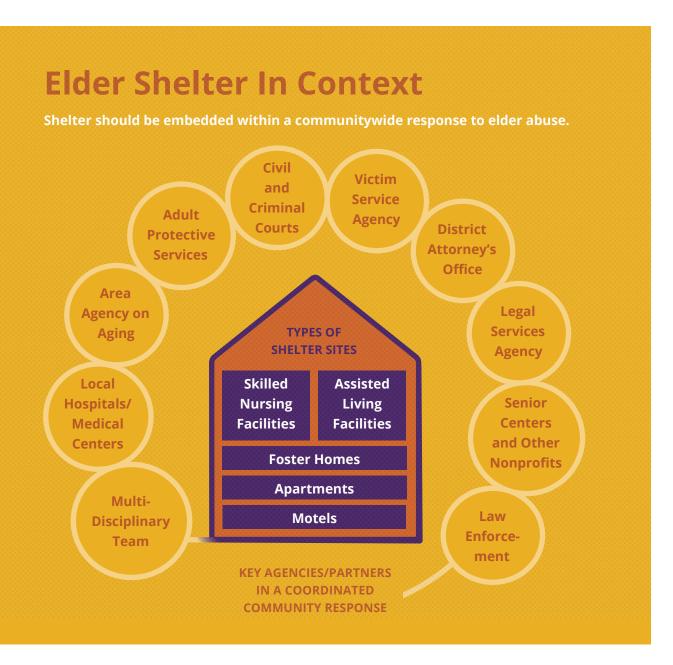
Closing the Gap In Protection

When the officers from the Buffalo Police Department arrived, they encountered an older gentleman and his adult daughter who had been arguing. But much more concerning was the 85-year-old woman they found in the bedroom, clearly malnourished. It was a crisis moment in an abusive relationship between an older woman in need of daily care and her mentally ill daughter, with the elderly husband caught in the middle. The older woman was taken by ambulance to the nearby county hospital where after a few days her condition stabilized.

The lack of emergency housing-a glaring gap in protection for older victims of abuse-has existed for decades, despite advances in other areas of the field. In an incident like this, the older person most likely would have returned to the same unsafe home. The lack of emergency housing–a glaring gap in protection for older victims of abuse–has existed for decades, despite advances in other areas of the field.

"From the day I started nursing practice, I understood the need for shelter. When you see a frail older

person who's being discharged from the hospital, you want to know that person is going to a safe and supportive environment, and I knew that often wasn't the case," recalls Dr. Terry Fulmer. Today, she is president of The John A. Hartford Foundation and widely recognized as a thought leader on issues facing older Americans. "You need a system that ensures a reliable assessment of and response to anyone who might be at risk, and part of that system is shelter."



When an older victim of abuse has no where else to go-no relative or friendand sees the advantages of leaving home, at least temporarily, shelter can be the best way to stop the abuse and begin the process of healing and recovery. Victims of prolonged financial exploitation who lose their housing may also need shelter.

Elder-specific shelter is only beginning to receive the attention it merits, largely through the efforts of a handful of vanguard practitioners. Dr. Fulmer acknowledges the Weinberg Center for Elder Justice and its parent

Dollars and Sense

Elder abuse siphons dollars that could be put to good use. The healthcare costs alone number in the billions.

\$5.3 billion

Estimated annual cost of medical care that stems from physical abuse alone. The true cost is likely higher.

\$1,233 →

Average cost of a single visit to a hospital emergency room.

\$!!!!!!????

3x Victims of elder abuse are three times

more likely to end up in a hospital emergency room, compared with their peers who are not experiencing abuse.

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The healthcare-related costs of prolonged emotional abuse and unaddressed trauma are unknown but believed to be vast.

\$200^{*}

Average daily cost of sheltering an older adult in a skilled nursing or assistedliving facility.

Investing in elder-specific shelter not only protects people from further harm, it saves money immediately.

* Source: Genworth, 2018 Cost of Care Survey

organization, the Hebrew Home at Riverdale, not only for pioneering elderspecific shelter but also for seeding the practice nationally. As a result, she says, "There are pockets of excellent practice, but also great voids."

Staff of the Center for Elder Law and Justice in Buffalo number among those vanguard practitioners. As a result, the older woman described above found shelter in a skilled nursing facility while the Center and allied organizations worked with her to develop a long-term plan to ensur her safety and well-being.

Given that elder abuse affects 1 in 10 older Americans who live at home, it's somewhat surprising that shelter isn't already available in most communities. Kathy Greenlee, former Assistant Secretary for Aging in the U.S. Department of Health and Human Services, believes the gap is partly the result of a focus on prosecuting perpetrators that is out of proportion and sometimes out of sync with an investment in services for victims.

In Missouri where Greenlee currently heads up her own consulting firm and teaches law, and in neighboring Kansas, she's had more than a couple of "cold conversations" about shelter, even in communities with a specialized elder abuse team. "As soon as I introduced the idea to our Financial Abuse Specialist Team (FAST), they got it. But here and in many places no one has raised the idea."

The "great voids" that Dr. Fulmer described are also part and parcel of a culture in which the aging process is not well understood and older people are sidelined. The average American doesn't even know what the word "geriatrics" means, Dr. Fulmer explained, citing a recent survey by Johns Hopkins. But she sees a tipping point just ahead. "Roughly 10,000 people every day turn 65, so with this demographic shift, we'll see things change."

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A Movement for Shelter Blossoms

The first shelter for older victims of abuse—the Harry and Jeanette Weinberg Center for Elder Justice—is co-located on the bucolic campus of the Hebrew Home at Riverdale. The Home welcomed its first shelter client in 2005 and has expanded over the years to serve a larger number of elders annually.

Seven multi-disciplinary professionals comprise the Weinberg Center team. They work with staff of the Hebrew Home to screen and admit clients and provide services that encompass legal assistance, counseling, discharge planning and transitional support as clients resettle in the community–all from a trauma-informed perspective. Victims can remain at the Hebrew Home as long as needed, and shelter stays range from as little as three months to as long as a year. Some elders transition from shelter to become long-term residents of the Hebrew Home.

For the past several years the Weinberg Center has offered expert guidance, technical assistance and endless cheerleading to communities that want to develop elder-specific shelter-and in a way that matches their particular needs and resources. "I encourage people to create shelter that serves the whole person," says Weinberg Center Founding Director Joy Solomon. "How that works depends on each community's culture and strengths."

In 2012, the Weinberg Center took the lead in launching the SPRiNG (Shelter Partners: Regional. National. Global.) Alliance. The roughly two-dozen members—undoubtedly more by the time you read this—have made elder shelter a reality in their communities or are on the path to doing so. As a collective, the Alliance embodies an array of operational models, proving that the concept of elder shelter is flexible and adaptable to local conditions. The mentoring that Solomon began on her own has expanded exponentially through the SPRiNG Alliance. Member organizations have become passionate advocates for shelter, offer peer-to-peer support, and gather annually to share best practices. The 2018 annual meeting took place in Chattanooga, in a recently created Family Justice Center.

Once a nondescript box of a building on a stretch of road lined with strip malls, the building has been transformed into a welcoming and healing environment for people of all ages. The Center's commitment to meeting the needs of older victims is significant. Although Family Justice Centers are proliferating worldwide, to date most are better equipped to respond to violence between non-elderly intimate partners and child abuse than to elder abuse.

The Weinberg Center and, by extension, the SPRiNG Alliance have received support from The Harry and Jeanette Weinberg Foundation. "It was Joy who taught me that shelter can be the foundation for providing a full compliment of services that protect people from further harm, help them to heal, and allow them to thrive in their communities," said Aaron Merki, the Foundation's Managing Director for Programs and Grants who also directs the Foundation's giving in the area of services for older adults.

JOIN THE SPRING ALLIANCE!



At 22 members and growing, the SPRiNG Alliance is a source of knowledge about shelter practices as well as peer-to-peer support. Any community with an elder shelter or a commitment to creating one is encouraged to join. For more information, visit springalliance.org.



The creation and growth of the Alliance shows the impact of targeted philanthropy: "When I talk to other funders in the Aging space, especially those who are interested in helping to build a field that meets a pressing need in this country," Merki explains, "I encourage them to consider funding shelter and other responses to elder abuse." "When I talk to other funders in the Aging space, especially those who are interested in helping to build a field that meets a pressing need in this country, I encourage them to consider funding shelter and other responses to elder abuse."

Aaron Merki, Managing Director for
 Programs and Grants, The Harry and Jeanette
 Weinberg Foundation

Creating Elder Shelter In Your Community, A Flexible Fit

To create elder-specific shelter and sustain it, a community must have the following five elements:

A CHAMPION

There has to be someone locally who owns the idea, is committed to making elder shelter a reality, and can marshal the necessary support.

2 APPROPRIATE HOUSING

This could be one site or multiple sites, but communities have to accommodate older adults with a range of needs.

3 A NETWORK OF SUPPORT SERVICES

Shelter is one piece of a multifaceted and coordinated response to older victims of abuse that encompasses medical, psychological, legal and social services, all of which are necessary to address peoples' complex situations.

MIDESPREAD AWARENESS

Shelter only works when people in the community, especially professionals likely to encounter older adults, know about it and know how to refer someone who might need safe housing.

Success in this area requires regular outreach and education. Even in communities where shelter is available, the biggest challenge is identifying elders in need.

RELIABLE FUNDING

Shelter isn't expensive, but it isn't free. A community needs funding to cover initial start-up costs and steady funding to support case management and other administrative functions, plus the cost of housing itself. A combination of government funding, cost sharing among allied organizations, and private philanthropy is often the mix that works best. Within the broad parameters of these five essential elements, elder-specific shelter can and does take a variety of forms. Operational aspects on which communities are likely to differ include the following:

Gateway to shelter and administrative hub

One significant difference from place to place is what entity serves as the initial point of contact for shelter and administrative hub. In Buffalo, it's a nonprofit legal services agency; in Baltimore, it's an elder abuse program run by a Jewish services organization; in Chattanooga, it's a city-run family justice center; in Rockville, MD, it's a long-term care facility.

In many communities, especially those without an elder abuse or family justice center, Adult Protective Services is a natural locus from which to manage the provision of emergency housing for older victims of abuse. That's the model in Utah, for example, where APS is developing a statewide shelter system.

Many communities have at least one individual who works full-time and exclusively on shelter cases; some have a few dedicated employees. In other communities, a small team of people handles shelter clients as part of their broader responsibilities. Either staffing model can work regardless of what entity serves as the hub for shelter. It's also important to provide basic training in the dynamics and repercussion of abuse–including necessary security precautions–for staff of care facilities that shelter victims.

Admissions criteria

Shelter is generally restricted to victims of abuse as opposed to self-neglect, although some cases involve both. In communities where APS functions as gatekeeper, all shelter clients will have an open APS case. Age is another common admission criteria: Many communities limit shelter to people 60 and older.

Shelter should be available regardless of a person's ability to pay, although individuals with financial resources may be required to contribute a portion of their income to offset the cost.

Even those who understand the need for shelter can be reluctant to develop it, fearing the demand will be overwhelming, but experience shows that's not the case. While shelter is a crucial and effective early intervention for some victims, it's not necessary in the majority of elder abuse cases and sometimes not what victims want—the decision to leave home and enter shelter should always be the victim's, or a legal guardian or other supportive decision maker. Using appropriate admissions criteria and a simple screening process, it's possible to make good use of a scarce resource that should be a last resort.

Shelter setting

One of the most significant variables is where victims are physically housed. Some communities provide shelter in one multi-purpose care facility while others have multiple shelter sites operated by separate entities. In either model, having access to both skilled nursing and assisted living levels of care is essential. Building on that base, some communities have added foster homes, apartments and even motels into the mix.

In Baltimore, through a multi-agency collaboration originating out of Jewish Community Services, SAFE: Stop Abuse of Elders operates a faith and community-based elder abuse shelter program, including a fully-equipped studio apartment for one. SAFE also accesses beds in a long-term care facility and assisted living. The setting depends on the clients' medical needs.

Jessica Hernandez, an adult protective services supervisor whose program has taken the lead in developing shelter in Sonoma County, CA, says they decided to also use some local motels to preserve the independence of victims who don't need on-site care. "Our goal is to ensure the appropriate level of care and support in the least restrictive environment," she explains. Maintaining or cultivating independence facilitates discharge planning and can even shorten

TAPPING MEDICARE AND MEDICAID TO PAY FOR SHELTER

Medicare and to a greater extent Medicaid are the single biggest sources of revenue to offset the cost of shelter for victims of elder abuse.

Medicare, government health insurance for people 65 and older, pays all costs for up to 20 days in a skilled nursing facility and partial cost for up to 80 additional days. But for people residing in an assisted living facility, Medicare covers only qualified healthcare services, not the monthly cost of residency or the cost of supportive services provided by the facility.

Medicaid, government health insurance for lowincome Americans, fills the compensation gap for virtually everyone in a skilled nursing or assisted living facility who doesn't have supplemental insurance or sufficient personal income to cover the costs of care.

The availability of Medicaid makes it possible to shelter victims of elder abuse in a skilled nursing facility beyond the 20-day period that Medicare covers 100% or in assisted living facilities—but not in a non-healthcare setting (e.g. foster home, apartment, motel, etc.). The process of certifying someone as Medicaid-eligible, however, can take considerable time. Working with your state Medicaid office to expedite review and certification of shelter applicants would help allay concerns care facilities may have about timely reimbursement. This untested area of practice merits exploration. the shelter period, and it leads to better longer-term outcomes for individuals.

Sheltering victims in non-institutional environments can also conserve costs. That's one reason Memphis and surrounding Shelby County adapted foster care to serve some older victims of abuse. But since Medicaid only reimburses skilled nursing facilities, additional revenue streams or in-kind donations of space are required to support a wider range of shelter settings.

Duration of shelter

Shelter stays vary greatly in duration, and not only case by case. Some communities place a

limit on how long a person can remain in shelter. The limit in Sonoma County, for example, is 45 days, a requirement under the state grant that funds the shelter system.

In many other places, it's a soft cut-off. In Utah, for example, the initial shelter period in an assisted living facility is just five days but can be renewed as necessary–a policy designed to keep the overall shelter period as short as possible without compromising an individual's safety. Thirty days or less is the target in Buffalo. "But in practice it's more like we do the best that we can to find safe and stable housing within that first month," says Sarah Duval, Supervising Attorney for the Center for Elder Law and Justice. In Buffalo,

WHAT YOU CAN DO WITH VOCA MONEY

VOCA stands for Victims of Crime Act and refers to the 1984 federal legislation that established a permanent fund to support victim services using fines, fees and other penalties paid by individuals convicted of federal crimes. Every year, the federal government allocates portions of the fund to each of the 50 states that, in turn, make grants to organizations serving crime victims.

Within VOCA's broad mandate, there is a great deal of flexibility in what kinds of organizations can receive grants and how those funds can be spent—and some grants are renewable year after year. In 2018, Saint Elizabeth Haven for Elder Justice applied for and received VOCA money to fund its short-term shelter program. Founded in 2009, the shelter program operates within Saint Elizabeth Community—a non-profit that provides care along a continuum to older adults in Rhode Island—and in partnership with other community-based agencies.

For more information on where and how to apply for VOCA funding in your state, consult the National Association of VOCA Assistance Administrators at navaa.org.

where everyone is sheltered in either a skilled nursing or assisted living facility, people can't be discharged unless they have a safe place to go that meets their needs. Like New York, many other states have similar legal requirements for safe discharge.

Costs and funding

The most costly part of any shelter system is the housing and care provided on site. Experience shows that although some shelter sites are willing to donate space, at least on a short-term basis, many need to be fully compensated for their services and may require assurances their costs will be covered before signing a Memorandum of Understanding (MOU) or agreeing to any protocols.

The most common funding streams to compensate care facilities are Medicare (shortterm and for skilled nursing facilities only) and Medicaid for those who income qualify. Most shelter clients are poor or made poor by their abuse-that's why they end up with no place else to go-so care facilities are usually reimbursed by Medicaid.

Funding to provide shelter in a non-healthcare setting-as well as funding for related administrative costs-may be available from county and state departments of aging (specifically Adult Protective Services), state VOCA (Victims of Crime Act) grants, grants from the federal Office on Violence Against Women (OVW), private foundations and individual donations. Local and regional foundations are especially good sources of funding to cover start-up costs and to close the gap in government funding.

Shelter Models at a Glance

Across the country, communities are taking different approaches to providing shelter. Below are brief descriptions of six systems highlighting some of their distinguishing characteristics.



Sonoma County, California

In Sonoma County, a state grant supports emergency housing as a recent outgrowth of the county's two multidisciplinary teams (MDTs), one of which focuses on financial abuse. An assisted living and skilled nursing facility, as well as local motels, have all signed agreements to shelter victims for up to 45 days. The county has also partnered with community agencies to rent and use a senior apartment as temporary, transitional housing. Drawing on this network of shelter sites, Adult Protective Services places victims of abuse who agree to relocate and

have the capacity to make that decision in the least restrictive environment that meets their care needs. Temporary safe shelter and planning for long-term housing needs are critical parts of a discharge plan. An experienced APS supervisor oversees shelter cases, drawing on APS and MDT colleagues to develop effective discharge plans.

Rockville, Maryland

Established in 2014, the ElderSAFE[™] Center, a program of Charles E. Smith Life Communities in Rockville, is a comprehensive healthcare-based elder abuse prevention program serving Maryland, Washington, DC and Northern Virginia. The program serves adults 60 years of age and older who have experienced physical, psychological, sexual or financial abuse or neglect by an intimate partner, family member, caregiver or another third party. ElderSAFE provides temporary shelter, wrap-around services and referrals to address clients' medical, mental health and legal needs, and in 2016, launched an innovative trauma-informed yoga, music and art program to support clients recovering from abuse. It's staffed by a fulltime director, program manager and community educator.



Buffalo. New York In Buffalo, the nonprofit Center for Elder Law and Justice takes the lead in finding emergency housing for older victims of abuse. They sheltered their first client in 2015 and in the years since have placed an average of two people annually in a skilled nursing or assisted living facility in the greater Buffalo area. Several facilities have signed MOUs agreeing to provide shelter—retaining discretion in each

case—and others have pitched in to meet a specific elder's needs. The center works in close partnership with another nonprofit, Crisis Services, drawing on their expertise in family violence to provide a full compliment of services and the intensive case management required in these cases.

Memphis, Tennessee

In the city of Memphis and surrounding Shelby County, emergency housing is part of a Coordinated Response to Elder Abuse (CREA) funded initially by the Plough Foundation and currently through a VOCA grant. The Family Safety Center, a local family violence center, serves as the gateway to shelter. The county is notable for its innovative adaptation of foster care to serve victims of abuse 60 years and older. Depending on a person's needs, assessed danger and preferences, shelter can be provided short-term (typically 30 to 45 days) in a foster home operated under contract with Meritan Home Health, a CREA partner organization. (Other victims are sheltered in a care facility.) People who want to remain in their foster home beyond the emergency period and have sufficient Social Security or other income can become private-pay clients of Meritan.

Utah



Adult Protective Services (APS) officials in Utah are building a

statewide shelter system grounded in Memos of Agreement and dependable streams of government funding. They started with assisted living facilities, which can quickly admit a victim, whereas nursing homes in Utah require medical clearance in advance. To be able to shelter elders who require a higher level of care, they're working with geriatric psychiatric units at major hospitals, where an endangered elder can be admitted without delay, medically assessed, and then transferred to a skilled nursing facility. Building a system that stretches into all corners of the state—still very much in process—began with a federal grant and a conversation with Joy Solomon at the Weinberg Center, which led Utah's APS Director Nan Mendenhall to join the SPRiNG Alliance.



A Virtuous Circle: How Sheltering a Few Can Benefit the Many

If we think of elder shelter at all, we tend to understand it as a discrete response to a known victim of abuse. But a system that shelters even a small number of older victims annually can have benefits that accrue to many, many elders throughout a community.

"Our vantage point is of real value in refining a truly coordinated and communitywide response to elder abuse."

Deirdre Lok, Assistant Director and General
 Counsel, Weinberg Center for Elder Justice

This payoff is perhaps most visible within care facilities. Once facility staff understand the dynamics of elder abuse–and staff training is essential–they're more likely to become attuned to comments, behaviors and other signs by nonshelter residents that might indicate ongoing or past abuse. Opportunities to stop abuse, ideally early on, and to support healing are created where they probably would not have been.

Care facilities often believe they're helping to solve a problem 'out there' in the community, as opposed to one under their own roof, but victims of elder abuse are everywhere. Recent data collected by the Hebrew Home backs up this common sense conclusion.

In addition to providing skilled nursing and assisted living levels of care, the Hebrew Home operates a sub-acute residential rehabilitation center on its

CARE THAT'S TRAUMA-INFORMED

Working from a trauma-informed perspective is something that professionals in the field of child abuse have done for decades. In the field of elder abuse, by contrast, trauma-informed care is a relatively new area of practice. It encompasses more than just a sensitive approach to therapy; it colors, for the better, all the ways that professionals engage with a survivor of elder abuse.

Weinberg Center Senior Staff Attorney Malya Levin always brings a social worker with her whenever she talks with a shelter client about legal issues. What might otherwise be a straightforward discussion about advanced healthcare directives or the person's will, for example, can touch on painful and confusing relationships. As Levin explains: "I'm working with someone now whose daughter was the abusive party, yet the client wants to name the daughter as the beneficiary on her life insurance policy so that she can arrange and pay for the client's funeral. Is that wise? I'm not sure. The daughter had been stealing her money." For Levin, trauma-informed lawyering means realizing that every issue will take longer to resolve than it might for someone who hasn't experienced abuse; it's rarely just one discussion.

Trauma-informed care flows from getting to know a person and his or her history—and before raising pointed questions about abuse. "A person is so much more than a victim, and some still don't identify as victims," explains Glendalee Olivera, a licensed social worker and Senior Elder Justice Specialist at the Weinberg Center.

The goal is to be able to serve people in ways that don't retraumatize them, which is not always easy when there can be multiple triggers: closing the door when someone had been locked in a room as part of their abuse, not maintaining eye contact, or simply asking too many questions or too quickly, for example.

In working with a survivor from this perspective, it's not uncommon to discover a long history of abuse. One woman in her 80s was abused as a child, had an abusive husband, and ended up in shelter because her children were abusing her. She arrived very under-weight and unable to connect with people. Clients like this women, "come here believing their lives are over and then they find new life in themselves," says Levin. main campus. Using an evidence-based screening tool^{*} developed by the Weinberg Center that focuses on circumstances and events within the past year, as well as current and future risks, the Hebrew Home staff screened 536 rehab patients over a yearlong period from May 2017 to May 2018. Nearly 12 percent, or 63 individuals, had positive indicators for abuse, roughly mirroring the rate of elder abuse in the community at large–typically cited as affecting 10 percent of older adults.

More generally and over time, trauma-informed care provided to shelter clients can influence a facility's culture, fostering environments where the experiences and desires of residents are more likely to be seen, heard and honored.

The benefits of shelter also extend beyond care facilities. Staff who screen and work with this population of elders are likely to learn about system-level failures that allow abuse to continue unchecked. Weinberg Assistant Director and General Counsel Deirdre Lok learned that many of the elders whose cases she reviewed had been involved in prior eviction court proceedings, yet judges rarely made inquiries to determine whether financial exploitation or other abuse might be the reason a person who had always paid rent on time suddenly stopped paying.

"Our vantage point is of real value in refining a truly coordinated and communitywide response to elder abuse," Lok says. And partners and funders who understand the wider benefits of a service that directly serves just a few especially vulnerable elders are also more likely to be committed proponents of shelter. It's a virtuous circle.

The CEO's Perspective

Daniel Reingold, President and CEO of River-Spring Health and a co-founder of the Weinber Center, and Carol Silver Elliott, President and CEO of Jewish Home Family, Rockleigh, NJ, ha become passionate advocates for elder justic and for shelter in particular.

Care facilities are the bedrock of a system capable of sheltering older victims of abuse. Dan and Carol both run large, multi-purpose agencies that provide residential care to olde adults. Here they talk about what moved the to open their doors to older victims, how the work has evolved, and why shelter will alway be a part of what they do.

Q: Dan, the Hebrew Home accepted its first shelter client well over a decade ago. Can you recall what led you to make that decision and why?

Dan: I remember exactly the moment. It was October 2003, and I was talking with Joy [So omon] about what happens to older victims who have no place to go. When Joy said we need a shelter, my immediate response was, "We can do that." It wasn't only that the Hebrew Home had the infrastructure to shelter victims, I believed we could save people's live

r-	Q: Carol, how did you get involved in this work?
berg	
nd	Carol: It evolved out of a repetitive conver-
nave	sation I'd been having with Dan! I was CEO of
tice	a senior care continuum in Cincinnati at the
	time. Interestingly, we thought we were doing
	it to serve people in the larger community,
	but we soon discovered we had victims in
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^{*} Jeanne A. Teresi, Katja Ocepek-Welikson, Mildred Ramirez, Joy Solomon & Daniel Reingold (2018) Methodological approaches to the analyses of elder abuse screening measures: Application of latent variable measurement modeling to the WC-RAPS, Journal of Elder Abuse & Neglect, DOI: 10.1080/08946566.2018.1523766.

had cleaned out all of her bank accounts and disappeared.

Dan: I had a similar realization. The lesson for people who run care facilities is that they have an obligation to address elder abuse whether or not they incorporate shelter into their operations-although they should! At the Hebrew Home, we now screen all of our short-term rehab patients for current or past abuse.

Q: Dan, sheltering victims began as a leap of faith and is now firmly embedded within your institution. Can you talk about that process?

Dan: We have come a long way as an organization. Our staff now embrace the idea of shelter and understand what we do and why we do it. That didn't happen overnight. And with accumulated experience we now provide more than just safe housing, we've built community where people who have suffered in extraordinary ways can recover and thrive.

Q: Shelter makes so much sense, intuitively. Why is it still the exception, rather than the rule, around the country?

"Our Board is proud of this work and believes it distinguishes us. They get it, as do our donors."

 Carol Silver Elliott, President and CEO, Jewish Home Family

Carol: I was honored to serve on the New Jersey Governor's Task Force on Abuse of the Elderly and Disabled, where I was able to advocate for the importance of shelter. I've also been talking with Leading Age about adding something to their policy platform about elder justice, and I think we will see a formal position soon. But the battle is bigger. We have to fight the pervasive ageism in our country.

Dan: Also, running a care facility is not easy, and for many people their first reaction to the idea of shelter is, why take on something else, why add to my headaches? But once they understand the impact of it, most are grateful to have the opportunity to do this work.

Q: How do your Board Members view your shelter work?

Carol: Our Board is proud of this work and believes it distinguishes us. They get it, as do our donors. At a fundraising event I described a recent shelter client, a woman I'm convinced wouldn't have survived otherwise. I could see the impact of that story on peoples' faces.

Dan: Our Board embraces this program. And it's in our DNA. The Hebrew Home was founded a century ago in Harlem, next to a synagogue that served poor elders in the neighborhood. Our current campus in Riverdale had once been the Colored Orphans Asylum, so providing refuge and shelter is part of our heritage.

"Clients come here believing their lives are over and then they find new life in themselves."

— Malya Levin, Senior Staff Attorney, Weinberg Center for Elder Justice

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Coming Soon...

The Weinberg Center for Elder Justice is developing a "playbook" to help guide communities through the process of developing and launching an elder shelter. This practical manual will address a host of key issues—from how to unite key stakeholders around a common vision early on to troubleshooting common challenges—and will include sample MOUs, operational protocols, and other useful tools drawing on the diversity of shelter practices around the country.

Second edition 2019



The Harry and Jeanette Weinberg Center for Elder Justice AT THE HEBREW HOME AT RIVERDALE

We are pioneers of safe shelter for people who experience elder abuse. It is our mission to champion justice and dignity for older adults.



We are leaders in a global network of elder abuse shelters.

