SAINT ELIZABETH HAVEN
Providing a safe haven for elderly victims of abuse

Frequently Asked Questions

What is the Haven?

It is a statewide program of the Saint Elizabeth Community that provides short-term shelter to elder abuse victims. The Haven also provides community-based services to those elders who are abused or at risk of abuse and who do not enter the shelter.

Where is the Haven shelter located?

It is a virtual shelter in that a victim is placed wherever and whenever there is a bed available in one of Saint Elizabeth Community facilities.

Due to the cost of operating a nursing facility, it is financially impossible to maintain a vacant bed dedicated to the Haven. The cost of the shelter bed when in use by an elder victim is donated by the facility.

How are referrals made to the Haven?

All referrals from community agencies and the Adult Protective Service Workers are screened by the Haven team consisting of the Elder Advocate, Admissions Director and facility manager. Information about the abuse and abuser, health status, legal status, and family support system is collected by staff. The team determines if the elder is appropriate for the shelter, identifies a bed in one of the facilities and develops the plan to transition the person into the facility.

All self-referrals and community agency referrals are reported to the Adult Protective Services Unit (DEA) for investigation.

Workers making a referral must call the Haven and fax a completed referral form to a designated fax number.

Those victims not admitted into the shelter are provide community-based services by the Elder Advocate.

Who is ‘an appropriate’ Haven shelter client?

First and foremost, the elder must be living in a dangerous situation and staying there increases the risk of harm.

The Haven shelter serves both males and females. The elder must be physically, psychologically, sexually, or financially abused; age 60 or old; has no other family or community resource; understands the purpose of the Haven shelter; is willing to be
admitted; is competent to make a decision; agrees to abide by the rules of the facility and the terms of the care plan.

Elders with low level dementia have been sheltered. Elders with higher level dementia and at risk of wandering and behavior issues may be problematic when identifying a bed.

When a bed is located in a nursing facility, a Level 1 ID for MI and DD must be completed to determine an individual's appropriateness for the facility. The elder's care must fall within the medical protocol of the facility.

When a bed is located in an assisted living facility, the Level 1ID is not required.

The Haven does not serve elders who are victims of self-neglect, are collectors or homeless unrelated to abuse. Saint Elizabeth does not have the financial or physical capacity to meet these needs.

**What is a Level 1 ID for MI and DD?**

For elders placed in a nursing facility, the Haven (Saint Elizabeth) must admit them into the facility as it would any elder entering as a patient.

All rules, regulations and protocols for nursing home admission apply. As barriers to sheltering are identified, we are reviewing them and working to find solutions so the Haven can assist as many elder victims as possible.

The PASRR (Preadmission Screening and Resident Review) or Level 1 ID for MI and DD is a federal requirement to help ensure that individuals are not inappropriately placed nursing homes for long term care.

PASRR requires that 1) all applicants to a Medicaid-certified nursing facility be evaluated for serious mental illness (SMI) and/or intellectual disability; 2) be offered the most appropriate setting for their needs (in the community, a nursing facility, or acute care settings; and 3) receive the services they need in those settings.

Routinely, hospitals, doctors and social workers complete the Level 1 ID screen. When necessary, the Haven’s Elder Advocate will complete the screen.

The Level 1 ID screen is not required when admission is to an assisted living facility.

**Is transportation available to bring the elder to the Haven?**

The lack of transportation should not be a barrier to the admission of an elder to the Haven. If necessary, an ambulance service can be dispatched.
Why a ‘Haven Shelter’ rather than other types of shelters?

Saint Elizabeth Community has over a hundred years of experience working with frail elders. The facilities are completely handicapped accessible, provide 24-hour nursing care, provide programs and services geared to elders, and maintain elder-friendly environments.

Is there a charge to the elder for shelter services?

None. There is no charge assessed an elder for services. Whenever possible, services such as medical are billed to the elder’s insurance plan. Saint Elizabeth Community absorbs the cost of the shelter bed. (In one case, however, an elder’s family did reimburse for expenses because the financial resources were available.)

The Elder Advocate will work to complete a Medicaid application if necessary as well as other program and benefit applications to insure that all resources are available to the elder victim.

How long can an elder stay in the shelter?

The goal is to transition the elder into a safe permanent living situation within 30 days. Experience demonstrates that some stay for shorter terms and others require longer stays. The discharge planning begins when the elder enters the facility.

What happens once the elder is admitted to the shelter?

Upon admittance, a safety plan is put into place, a health/psych assessment is completed and needs are identified and addressed. A social/safety assessment is completed. The elder is integrated into the program activities of the facility. The elder resides anonymously in the facility.

The Elder Advocate provides case management services that include obtaining resources for counseling and support as well as the development of a discharge plan. Discharge may be to an alternate safe and viable living arrangement in the community or may be to a long term care facility.

The Elder Advocate meets with a community social service team made up of elder case managers, mental health workers, community service representatives and DEA. This group reviews the history of the situation, advises the Advocate and elder about services, formulates a discharge plan and identifies the role of each team member in achieving the safe transition back to the community or into a long term care facility. The Elder Advocate leads the discharge plan and transitions the elder to the care of the community agency/LTC facility upon discharge.

What happens to the elder who is not an appropriate admission to the shelter but is at high risk of being harmed in this current situation?
Not every elder referred to the Haven is an appropriate match with the nursing facility concept and its regulatory requirements or the elder may chose not to be sheltered. For every referral to the Haven, an assessment of the elder needs and the Haven’s capacity to meet those needs is conducted by the Elder Advocate and Admissions Director.

The Haven Elder Advocate will serve those individuals who are not admitted. The Elder Advocate will work with the referring agency, community case management agency and the APS to provide safety planning and linkage to community resources. The Elder Advocate will provide case management services and follow up services.

Eligibility for the community-based program is the same as the shelter. Elder must be 60 and older, male or female, a victim of abuse and willing to work with the Elder Advocate.

(rev 1/2017, 2/16/2017, 3/31/2017)