

March 19, 2024

**MOTION BY SUPERVISOR JANICE HAHN**

**Developing a Roadmap and Establishing a Countywide Strategy for a Senior Safe Home Pilot Program**

Older adults over 60 years of age account for 20% of California's population and in Los Angeles County (County), over 2 million older adults meet this growing age demographic. Many older adults in our community are subject to elder abuse, which the Centers for Disease Control and Prevention defines as an intentional act or failure to act that causes or creates a risk of harm to an older adult. Elder abuse can quickly destabilize an older adult's financial security and therefore lead to homelessness, as well as cause early death, physical and psychological health deterioration, and isolation. In 2023 the Continuum of Care Homeless Count estimated that over 25% of people experiencing homelessness in the County are over the age of 55. In addition, studies show that a tenth of adults 60 years or older will have been exposed to some form of elder abuse in the past year, and a tenth of those victims will be at risk of losing their homes. Elder abuse most commonly occurs at the hands of a caregiver, family member or trusted individual and many cases go unreported.

The vast numbers of older adults at risk of abuse and subsequent homelessness are compounded by serious gaps in public services and available care. Aging & Disabilities Adult Protective Services (APS) is the program charged with helping older and dependent adults when they are unable to meet their own needs, or are victims of abuse, domestic violence, neglect, or

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homelessness. It is important for the County to consider existing affordable housing programs, partnerships with developers or other County resources that can be leveraged to create a Senior Safe Home. Continued efforts are needed to expand current resources for our senior population towards the goal of providing coordinated service and improving outcomes.

This puts older adults experiencing abuse at an increased risk of homelessness. They need a safe place away from any abusers to recover from traumatic experiences. Currently, there is no such facility in the region. This is a larger gap in senior care as there is only one senior-centric facility west of the Mississippi located in Sacramento, which accommodates six residents. Due to the lack of care for victims of elder abuse in the region, the Long Beach Senior Safe Home Coalition was established with the goal of creating a safe home that can serve older adults in the County. Senior safe homes, also known as elder abuse shelters, provide victims of elder abuse, with safe, short-term housing and coordinated services to help adults recover from trauma and return to their communities when possible. The shelters can be in places such as long-term care facilities, assisted living facilities or residential homes, and provide services tailored to the needs in their local community.

As cities and the County maintain a state of emergency around homelessness, we must recognize the risk that abuse can play in pushing older adults into homelessness and take proactive action towards prevention. There needs to be a continued focus on building communities, systems, and policies for all ages and abilities. Providing a broader range of housing models specifically tailored to the needs of older adults is in alignment with the State's

Master Plan on Aging. A Senior Safe Home will provide refuge to older adults fleeing from an abusive household while they recover from drastic financial changes and hardships, thereby reducing the risk of senior homelessness. California is the state with the most older adults living in poverty. By 2030, older adults will make up one-quarter of California's population, intensifying the need to invest in the critical programs that support them.

**I, THEREFORE, MOVE** that the Board of Supervisors:

Direct the Los Angeles County (County) Aging and Disabilities Department (AD) to work with the Departments of Public Health (DPH), Health Services (DHS), Mental Health (DMH), Public Social Services (DPSS), the Chief Executive Office's (CEO) Homeless Initiative, other relevant County departments, initiatives, agencies, and community stakeholders; and report back in writing in 180-days on developing a roadmap and establishing a Countywide strategy for a Senior Safe Home Pilot Program for victims of elder abuse who are 55 and older, to ensure that the needs are met for such a vulnerable population throughout the County. The report back should include, but not limited to, the following:

- 1) Continue to build on the work of the Long Beach Senior Safe Home's Coalition report and include Adult Protective Services (APS) data and other data sources from the last five years that demonstrates the prevalence of elder and dependent abuse for adults aged 55 and older who are at risk of homelessness;
  - a. Include reasons why this data might be underreported and other data limitations, what themes and patterns exist from the data for older adults who needed respite, how many

referrals were made to a shelter-based program on a substantiated allegation of abuse or were, length of hospital stays, any other referrals to housing programs that exist within the continuum of care including Project Roomkey and/or Homekey, etc., and any outcomes that may validate the justification for a Senior Safe Home pilot;

- 2) Develop site specific criteria (e.g., square footage, number of rooms, amenities, nearby facilities, etc.), determine specific locations where sites are needed, and identify the operating costs of the sites. Coordinate with CEO Real Estate to find available properties that meet the defined criteria which could be used to establish the County Senior Safe Home pilot;
- 3) With the goal of piloting a Senior Safe Home within the County, AD will develop a funding model/template (Roadmap) to replicate the pilot throughout the County and local municipalities;
  - i. This Roadmap should focus on equity, inclusion, and best prevention practices for older adults who are at risk of abuse. It should also incorporate input from older adults with lived experience;
  - ii. Engagement and partnership with local municipalities that want to replicate this work to ensure that logistical best practices and guidance are shared and there are shared resources between cities and the County;
  - iii. Projected financial costs and any potential external funding sources, including but not limited to APS' sheltering programs, Home Safe funding, public-private partnerships, or any additional funding streams that provide wraparound/case management services for

survivors of elder abuse;

- 4) Collaborate with DHS, DMH, DPH, DPSS, and local jurisdictions on the feasibility of developing a Memorandum of Understanding to identify funding sources that provide supportive services/case management/long-term case management (wraparound services), and for this population to ensure a Senior Safe Home in each Service Planning Area is available to County residents;
  - a. Including but not limited to, Area Agency on Aging funding, Home Safe funding, and other funding streams that may exist to serve this vulnerable population in an equitable way;
  - b. Outreach and awareness of wraparound services including but not limited to, In-Home Supportive Services and possible housing subsidies.
- 5) Identify potential funding opportunities and appropriate staffing levels for FY 2024-25 to establish an Older Adult Homeless section within the AD department. This section will be the champion for change with older and dependent adults who are at risk of homelessness and are homeless within APS. Position(s) dedicated to this work should be considered as part of the emergency homeless declaration so that AD can obtain and expedite onboarding staff to address this homeless population immediately.

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# THE LONG BEACH SENIOR SAFE HOME



*Prepared by: Allan A. Goldstein, M.S. Commissioner. Long Beach Senior Citizen Advisory Commission. Contact: [lbseniorc@gmail.com](mailto:lbseniorc@gmail.com)*

**THE LONG BEACH SENIOR SAFE HOME COALITION**

## **1.0 Introduction**

The National Center on Elder Abuse (NCEA) reports that there was over five million reported cases of elder domestic abuse (EDA) last year across the nation. The most cases occurred in California, totaling eleven per cent or six hundred and sixty-thousand cases.

Los Angeles County had the highest number of cases in the state, exceeding eight thousand confirmed cases of EDA according to Adult Protective Services (APS). The 4th District accounted for 12% of that total or just under a thousand cases which included the 362 confirmed EDA cases in Long Beach. (Appendix A)

Shockingly, no sanctuary exists in L.A. County that meets the specific needs of these EDA victims. Consequently, most of the victims choose to remain in their abusive situation living with their abuser since over 60% of the perpetrators of EDA are the victims spouses or adult children.

Even though the Los Angeles County APS is doing excellent work, they are limited in the options they can offer victims of EDA. They reported in their June SOC 242 statistical report, that of the seventy-three

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EDA cases that were recommended for housing relocation, not a single one was accepted.

For many senior victims of EDA, a homeless shelter, a half way house or a domestic abuse sanctuary seems like a worse alternative to their present living situation. They need a safe home that's designed to meet their age specific needs. A senior centric safe home where they feel they are part of a common community and not the odd man out.

Unfortunately, there is only one senior safe home west of the Mississippi that addresses this need. It is a six bed facility in Sacramento, offering a 30 day stay and run by Volunteers of America. There is an urgent and dire need to rectify this deficiency.

The establishment of the Long Beach Senior Safe Home (LBSH) is intended to address this need. It will be the first of its kind in Southern California, available to all Long Beach, District 4, and L.A. County residents. A confidential, senior-centric safe home created to offer emergency shelter and trauma-informed services in the hope and desire to provide a gateway to a better future for victims of EDA.



## **2.0 Overview**

The LBSH will be a universal designed home-like senior shelter offering fifteen well appointed private bedrooms, wrap around medical, psychological and social support services, nutritious meals, peer to peer support, twenty-four hour staffing and volunteer involvement

It will offer a thirty to ninety day stay while a safe and permanent situation is established for each of its guests.

The fifteen private bedrooms will accommodate a total of between 180 to 60 guests per year depending on the length of their stay.

## **3.0 The Operational Model**

The LBSH operational approach has been based upon discussions with the Sacramento Safe Home, WISE and Healthy Aging, the SPRiNG Alliance, as well as reports from the RAND Corporation Social and Behavioral Policy Program research studies on shelter models for elder abuse.

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Individuals experiencing EDA often need a variety of interventions to restore health, recover from trauma, resolve or recoup financial losses, separate from their abusers, and relocate to new housing.

This means they often require a combination of legal assistance, social services, and trauma informed treatments for their emotional, mental and physical health.

The LBSH will employ a multidisciplinary, holistic approach of coordinated services and trauma-informed care to address these needs.

Specifically, LBSH will offer counseling and medical care, advocacy, financial, legal, and housing assistance, a support group of peers, as well as access to social and community based services for their use when they re-enter back into their community.

### **4.0 The Team**

A multidisciplinary care team will deliver the care and support. An on site case/social worker will coordinate the teams activities. The team will be both salaried on site and volunteer on-call members.

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The Social service staff will assist residents in accessing medical care, legal services, and other bio-psycho-social needs.

The LBSH day to day operations will be entrusted to an experienced non-profit organization with a proven track record in the delivery and administration of human service programs.

### **5.0 EDA Demographics:**

June 2022 Los Angeles County. APS SOC 242 Report:  
Gender: Female: 57%. Male: 42%. Race & Ethnicity:  
White: 16%. Hispanic: 15%. African American: 6%.  
Asian: 3%. Other: 16%, Unknown: 44%.  
Median Age: 78. Annual SSI Income: \$15, 366

### **6.0 The Thirty to Ninety Day Time Line:**

Guests are referred typically from hospitals, Adult Protective Services, or police for a 30-90 day stay.

During the initial intake phone call the guests' capacity and need for guardianship and medical services will be assessed. Appropriateness for placement will be determined during this initial intake call.

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The guest will be assigned to a case manager who will coordinate/oversee an assessment by on-call volunteer physicians, nurses, and salaried in house trained staff.

Medical care, services and supplies (such as dentures and medications) and immediate trauma support will subsequently made available.

With the help, support and guidance of the multidisciplinary care team the guest will be given time to ascertain their own needs and wishes, without influence from their family and friends.

The guests' financial issues and credit will be reviewed and discussed to see what housing options could be available.

A determination will also be made on whether it is safe to return home to get belongings, and contact family members.

Social workers and therapists will provide support and guidance to deal with trauma and help restore relationships if requested by the guest

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The social service staff will also provide additional needs identified by the guest including but limited to:

*Access to tablets or mobile communication and cellular services*

*Access and awareness of social services the guest is eligible for will be made available.*

*Advocacy with various agencies (banks, housing, APS), legal assistance, and financial awareness will be offered.*

Daily social opportunities to engage with other guests will be made available to all guests in order to encourage and foster peer to peer support.

Arrangements with neighborhood organizations and social agencies will be enlisted to support the guest upon leaving the LBSH and monitor their return and re-establishment back into their community.

### **8.0 The LBSH Facility:**

The LBSH will either be a new build or a complete renovation of an existing structure. In either event, it will be ADA accessible and as per the tenants of universal design it will be able to be accessed,

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understood, and used regardless of disability. It will be LGBTQ inclusive, pet friendly and every facet of the overall interior and exterior design will be focused upon the needs and challenges of the senior guests.

The aim is to render the LBSH as non institutional as possible. Hence, the bedrooms will be homey, providing unimpeded access to an exterior window for daylight, two full or one double bed, a comfortable arm chair, a closet for personal belongings, a set of drawers, a television and radio, adjustable overhead lighting, and a bathroom that can be accessed without going through another persons space.

The open floor plan will include a full kitchen and living and dining room areas. Guests will have access to shared dining venues, wellness enhancing amenities for socializing, recreation, fitness, and concierge services such as laundry, meals and housekeeping.

Guest rooms will be grouped around an open-plan living area with a dining room and a kitchen that's accessible 24/7, as well as a back yard. Administrative offices, an interview room, an examination room with tele medical support will be in a separate facility.

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### **9.0 Operational Costs:**

The Sacramento Safe Home is a stand alone facility built by Mercy Housing and donated to the non profit organization Volunteers of America who oversee daily operations. It has a yearly budget of approximately \$400,000 for the six room facility.

The capital and operating costs for the LBSH remain unknown at this point. A comprehensive cost analysis and feasibility study is required to ascertain both the capital costs and the annual operating budget.

### **10.0 Funding Sources:**

Most shelter clients are poor or made poor by their abuse so the most common funding stream to compensate a health care facility is Medicaid. Funding in a non-health care setting, such as the LBSH, as well as funding for related administrative costs, are 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), recently

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announced grants (\$5 million dollars) earmarked for shelters by H.U.D., private foundations and individual donations.

### **11.0 The Long Beach Senior Safe Home Coalition**

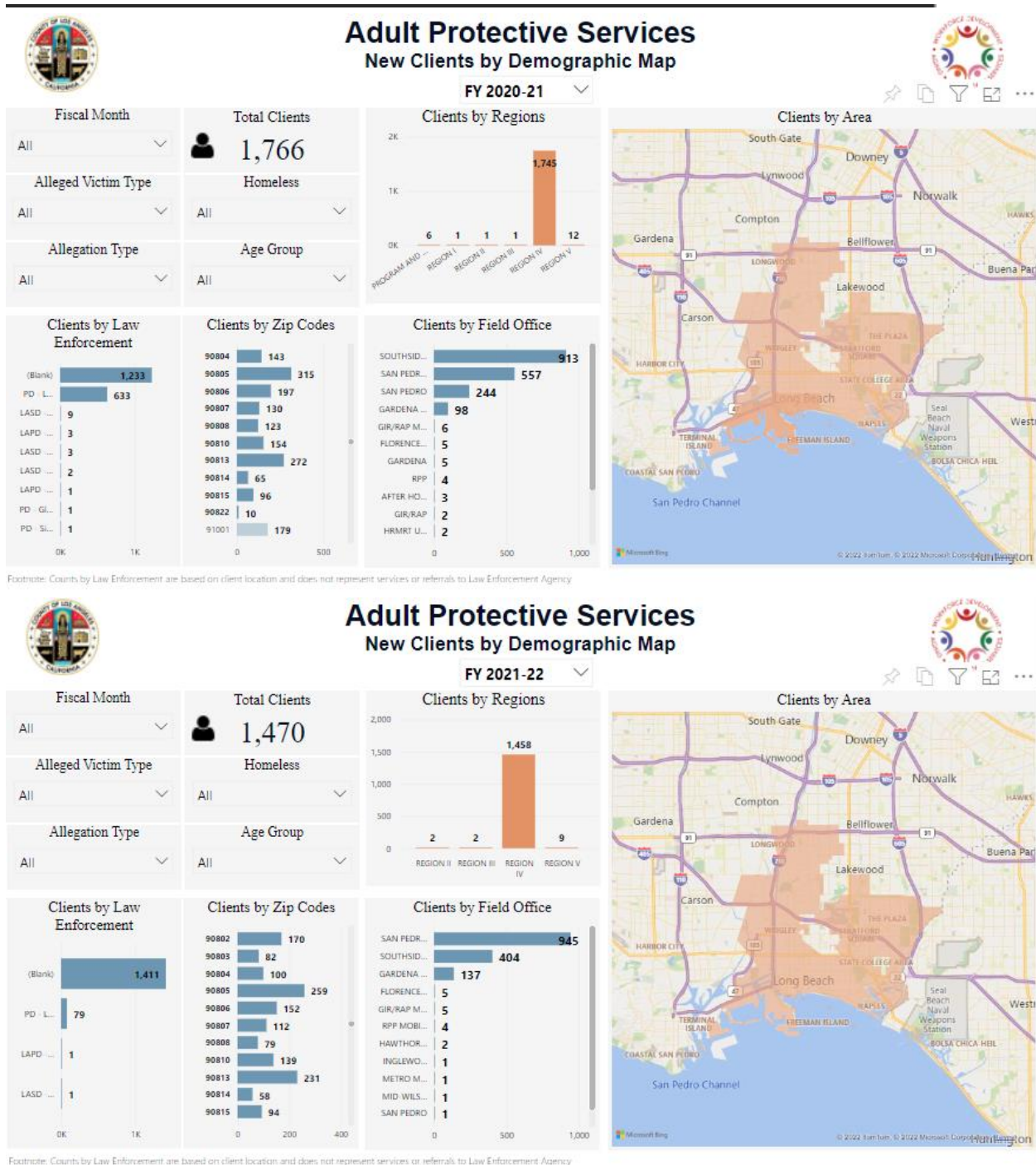
*The Long Beach Senior Safe Home Coalition is an advocacy collective of elected and appointed government officials, thought leaders, activists, practitioners and academics that have banded together for the expressed purpose of establishing a senior-centric brick and mortar temporary shelter for older victims of domestic elder abuse.*

*The 2019 creation of the California Master Plan for Aging has served as a blueprint for promoting healthy aging for all Californians. Establishing a statewide network of elder abuse shelters supports this master plan. Presently that network includes skilled nursing homes, assisted living facilities, in home assistance and domestic abuse shelters.*

*But there is a missing link in this network that is urgently needed in order for a coordinated community response to elder abuse to be effective and successful. It is the establishment of brick and mortar senior safe homes. We believe that this issue is far too large and complex for any one individual, agency or organization to tackle. Hence we've come together as a coalition of groups and individuals to promote the most effective strategies for addressing the programs and policies that are needed to achieve the goal of creating The Long Beach Senior Safe Home.*



# Appendix A : Client Intake Numbers for Long Beach Based on Service Zip Codes: FYs 20-21 & 21-22



## Appendix B: Natalie: A Case Study



*Natalie was born in 1946 right here in Long Beach at St. Mary's Hospital. She grew up in Rose Park, was happily married, and raised her son in a cute California Craftsman near Wilson High. After being together for 45 years, she sadly buried her husband Sam, in the winter of 2019 over at Forest Lawn. Their dog, Pops didn't eat for days.*

*Life has a way of throwing curve balls at even the best of people and Natalie got thrown quite a few. First her SSI income was reduced and she had trouble making ends meet on just over \$20,000 a year. Then her arthritis really kicked in and that sent her for a loop. By her 75th birthday*

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*she was in a walker on good days and in a wheel chair on her not such good days.*

*Her son was worried sick about her and wanted her to consider some kind of assisted living arrangement but she resisted. Eventually a compromise was reached and Natalie and Pops moved in with her son and daughter-in-law.*

*At first everyone was getting along, the bright California sunlight shone through her window every morning, and she felt appreciated. She helped out with household chores, but as time passed she began to forget little things and her arthritis worsened. Expensive china began to slip out of her arthritic hands and shatter onto the floor. Pops kept chasing after that darn cat. Once,*

*she was so distracted by the pain in her fingers, that she left the kitchen faucet on and the entire floor flooded.*

*Tempers began to fray and her son eventually asked her to stop helping out around the house. She felt totally humiliated. Time went by and all the pent up frustrations came to a head when Natalie, alone in the house, fixed herself a bowl of soup and forgot to turn off the stove burner.*

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*The smoke from the burnt pot triggered the fire alarms and her son arrived home to discover firetrucks parked in front of his house and Pops madly barking at an EMT who was tending to Natalie. The EMT told him his mom was fine but just a little disoriented.*

*Once the firemen left, her son stormed into her bedroom. He closed the door behind him, grabbed her, and shook her like a rag doll. From that day forward she and Pops were banned from cooking and restricted to her room and the bathroom.*

*The bruises on her arms took weeks to fade away but the memory of that day never left her.*

*Things then went from barely tolerable to really bad. As her arthritis and memory issues grew worse, so did the way her son treated her. He got rougher and rougher in his physical treatment of her and constantly belittled her when they were alone. Natalie was too embarrassed, and frankly in fear of reprisal, to say anything.*

*He never hit or slapped her but the way he helped her get up, sit down or lift her out of her bed or wheel chair seemed rougher than need be. She was being abused but she didn't know it, or simply couldn't admit it to herself.*

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*When her doctor inquired about her bruises, she remained evasive. He called Adult Protective Services who offered to relocate her to a homeless shelter until a better situation could be found. She felt unsure and when they told her Pops couldn't come along she refused. So she chose to accept her abusive situation and remain living in silent humiliation and fear.*

*Several months later Natalie passed away. The official cause of death was a heart attack caused by a bad heart; unofficially it was caused by a broken heart. Pops was dropped off at an animal shelter and euthanized.*

*Prepared by: Allan A. Goldstein, M.S. Commissioner. Long Beach Senior Citizen Advisory Commission. Contact: lbseniorc@gmail.com*

**NOTES:**