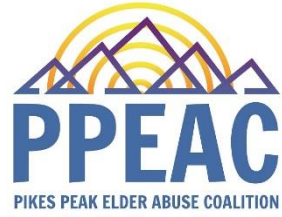


## *Elder Shelter Program*



# Vision and Mission

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

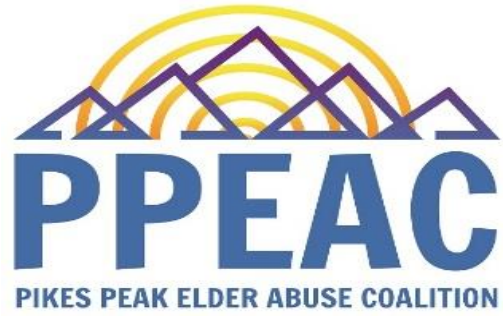
**MISSION:** To reduce mistreatment of people in later life in the Pikes Peak region through education to improve community understanding, coordination, and response.

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

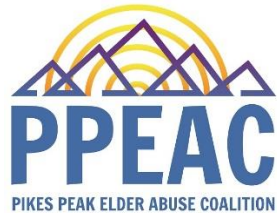
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2005: Colorado Coalition to Address Abuse in Later Life (CCALL) developed with technical assistance from Bonnie Brandl of the National Clearing House on Abuse in Later Life.

Started with 10 members. Currently 21 members.

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

2021: Pikes Peak Elder Justice Center becomes the non-profit entity for the Coalition with Elder Shelter, Forensic Team and Guardianship services



# Accomplishments

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Education and Outreach since 2005.

Survey of Individuals age 50 and over.

OVW Grant 2007-2010.

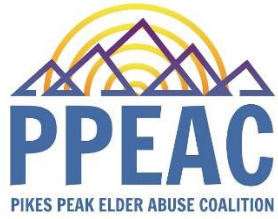
Annual World Elder Abuse Day Event.

Presentations at national and state conferences.

Elder Shelter Network in 2016.

Guardianship Volunteer Advocate Program in 2018.

SPRiNG Alliance, Next Fifty Initiative and Colorado SB21-290 funding to found the nonprofit Pikes Peak Elder Justice Center 2021.



# Elder Shelter

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Started February 2016.

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

9 skilled nursing facilities and 1 assisted living facility

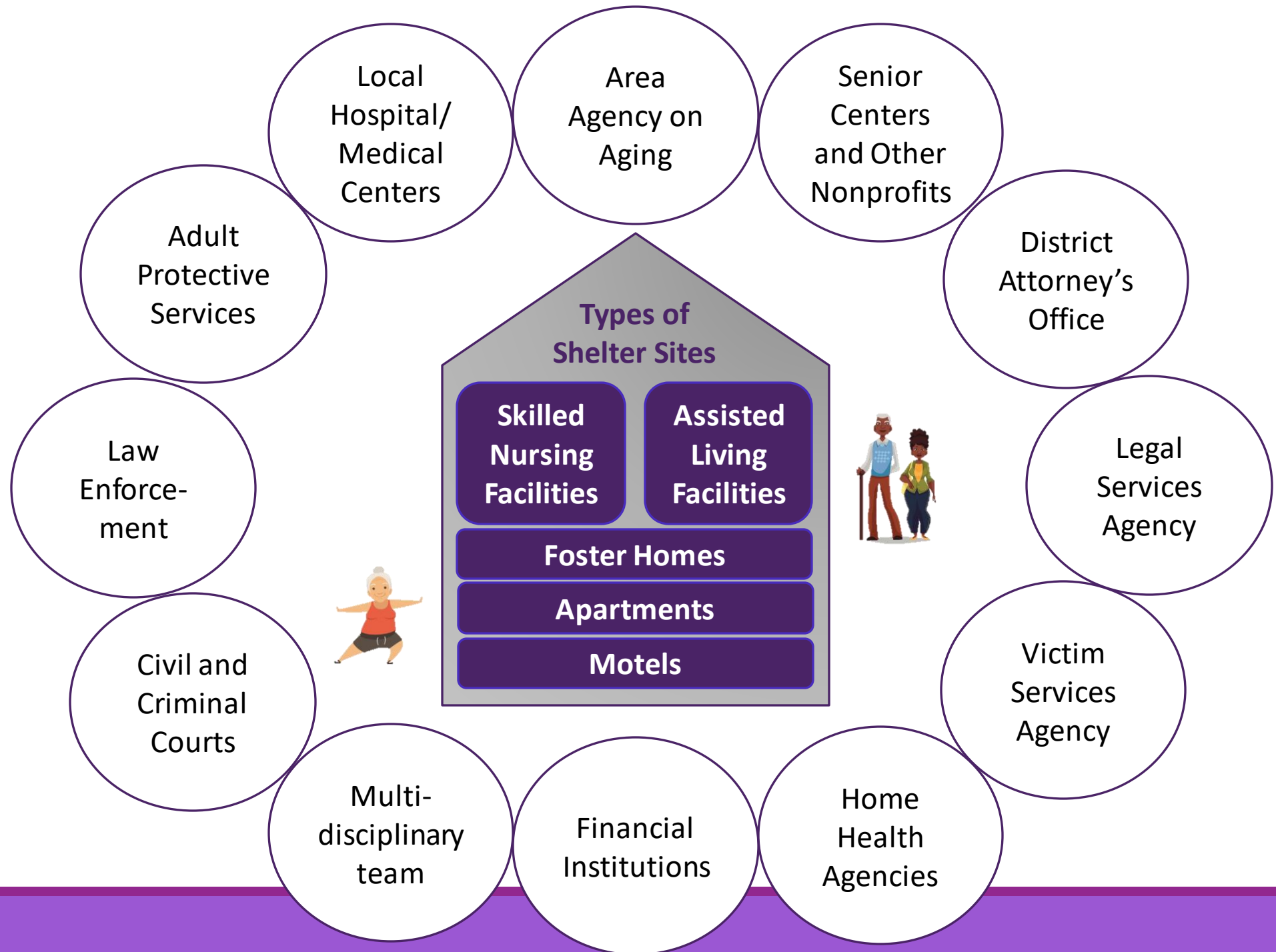
1 nonprofit that provides shelter for victims who don't require SNF or AL.

As of 5/10/2022 over 180 clients have received safe haven from abuse or neglect.

# Criteria for Admission

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- 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



# [SPRiNGAlliance.org](https://springalliance.org)

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“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



# APS Procedure

Client must meet criteria of being at-risk

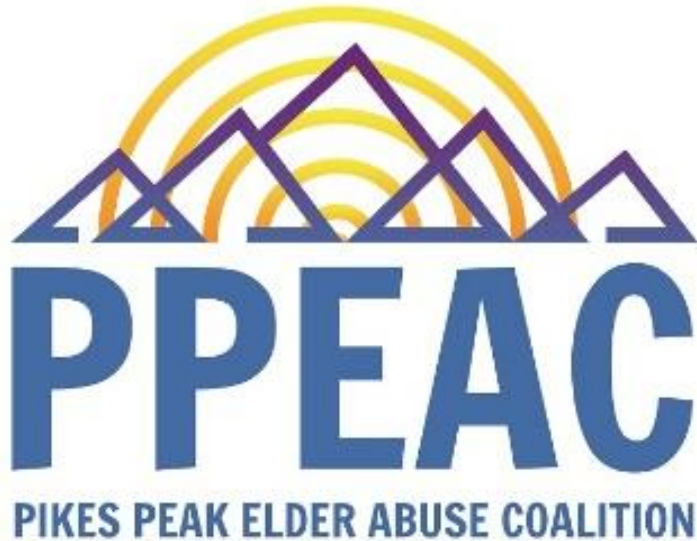
- Unable to perform or obtain services or lacks sufficient understanding or capacity to make or communicate responsible decision

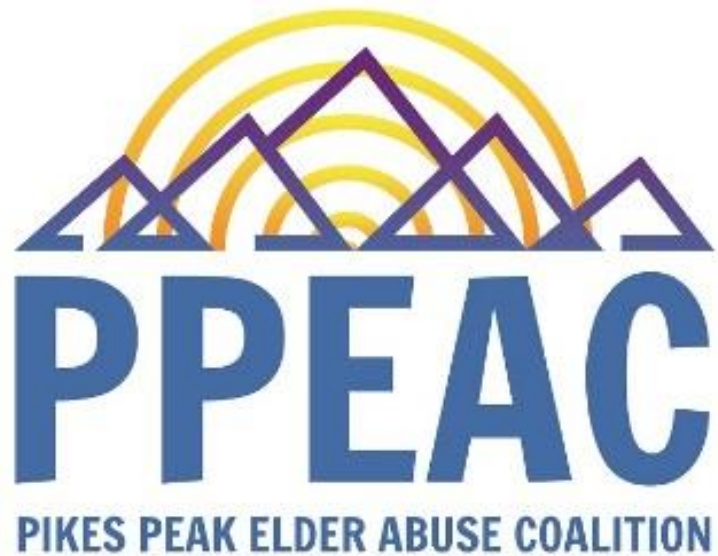
Situation requires an immediate response due to client's health/safety

Rotating staff coverage Monday-Friday from 8-5

Client must be willing to go

Local hospital collaboration process





# APS Medicaid Process

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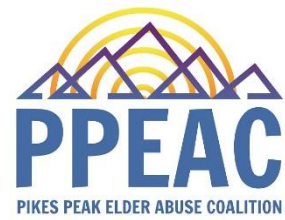
Internal process developed to expedite emergency applications

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



# Intake Form

## ELDER ABUSE EMERGENCY INTAKE FORM

### 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 \_\_\_\_\_

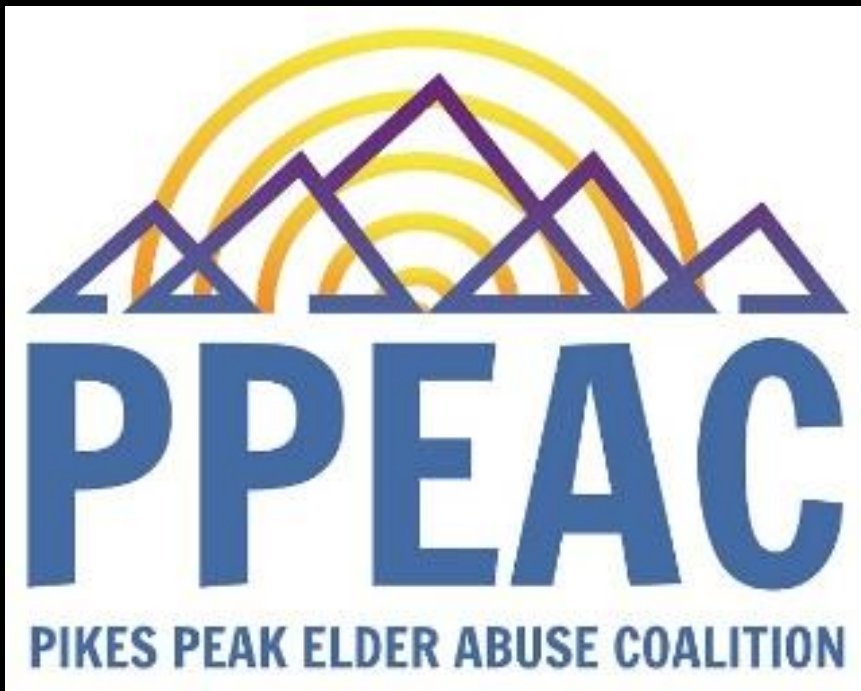
### Facility to Review & Contact Person

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

Facility Address /fax/phone \_\_\_\_\_

Facility acceptance /decline section \_\_\_\_\_

Notes:



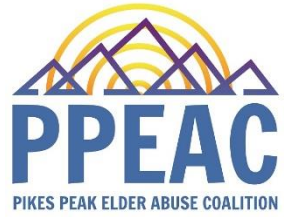
# Statistics

## 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.*

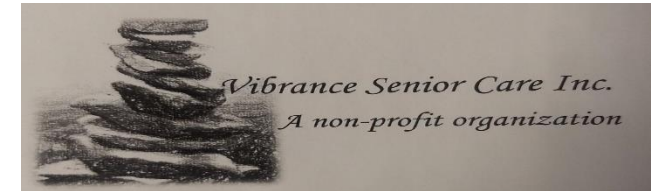
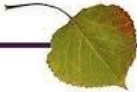


# Elder Shelter Collaboration



THE LIVING CENTER  
AT SUNNY VISTA  
REHABILITATION AND LONG-TERM SUPPORT

CRIPPLE CREEK CARE CENTER  
*Your Colorado Mountain Home*



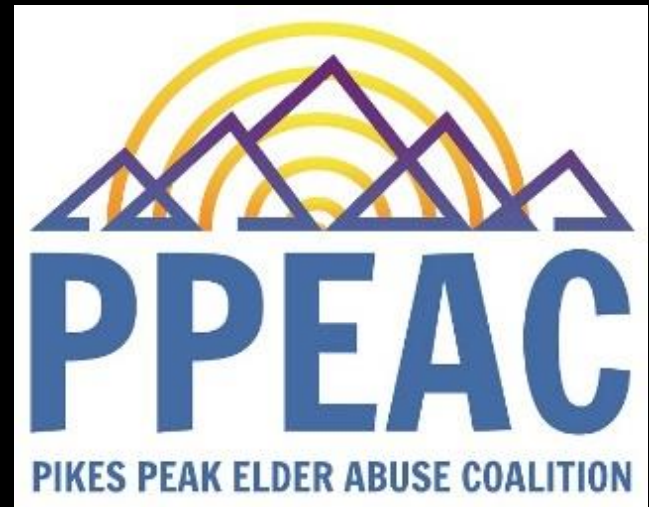
Pikes Peak Area  
Council of Governments  
Communities Working Together

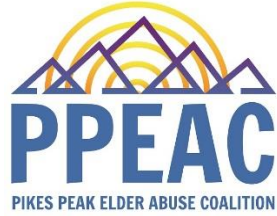
# Web Link



Learn more about Pikes Peak Elder Abuse Coalition:

<https://humanservices.elpasoco.com/adult-elder-abuse-prevention/>





# Elder Shelter Contacts

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[rodriguez\\_m@ppejc.org](mailto:rodriguez_m@ppejc.org)

Tiffany Marisitto, APS Supervisor, 719-444-5754, [tiffanymarisitto@elapsoco.com](mailto:tiffanymarisitto@elapsoco.com)

Detective Dedra Worley, CSPD, 719-444-7594, [dworley@ci.colospgs.co](mailto:dworley@ci.colospgs.co)

# Questions?

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Thank you!

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