

“We Are Their Trusted Partners”

*Supporting Older Adults in Affordable
Housing During COVID-19*

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Selfhelp

The logo for Selfhelp, featuring the word "Selfhelp" in a blue serif font with a blue underline.



Selfhelp is a not-for-profit organization dedicated to maintaining the independence and dignity of seniors and at-risk populations through a spectrum of housing, home health care, and social services and will lead in applying new methods and technologies to address changing needs of its community. Selfhelp will continue to serve as the “last surviving relative” to its historic constituency, victims of Nazi persecution.

ACKNOWLEDGMENTS

Our thanks and admiration to all of Selfhelp’s staff who worked tirelessly to protect the 25,000 clients in our care during the COVID pandemic. These include:

- Social workers and community workers throughout all of our programs, including those serving Holocaust survivors, older adult centers, case management, NY Connects, and NORCs;
- The home care team that worked so valiantly to provide in-home care to frail individuals;
- Those supporting the most vulnerable through community guardianship, Adult Protective Services and the Selfhelp Alzheimer’s Resource Program;
- The Virtual Senior Center team that created and maintained thousands of hours of programming to keep people connected while at home;
- The Selfhelp Realty Group that continued to develop new affordable housing for older adults; and
- The Selfhelp Administration team and Board of Directors whose exceptional leadership have been vital throughout the COVID-19 pandemic.

None of this could have happened without the critical work of Selfhelp’s Facilities Management, Fiscal, Payroll, Development, Human Resources, Legal, and IT departments, and the other individuals whose extraordinary accomplishments kept staff and clients supported during this period of extreme challenges.

For this paper, we offer a special thanks to Virginia Yu, LMSW, Program Director for Housing Services, and five of the dedicated housing social workers who took time from their busy days to tell their stories for this paper: Charlotte Bowman, LMSW, Heidi Goldberg-Fitterman, LMSW, Shana John-Cortes, MSW, Marsha Moise, LMSW, and Julia Pilosov, MA.

INTRODUCTION

THERE HAVE BEEN MANY LESSONS learned by human service providers during the COVID-19 pandemic. Under extreme pressure and in unprecedented circumstances, providers pivoted quickly to help their clients and their staffs. Some organizations were more prepared than others, having created internal structures and policies years earlier that anticipated emergencies. This white paper is a look back at how Selfhelp addressed the urgent needs of over 1,400 older adult residents in its 14 affordable senior housing buildings in New York City and on Long Island. The second half of this paper contains the experiences of 5 Selfhelp housing social workers in their own words, as well as a key member of the leadership team, Mohini Mishra, LMSW, Vice President, Senior Communities, who oversees housing services and many other community-based programs for Selfhelp Community Services and Selfhelp Realty Group. At the end of the paper, we attempt to identify lessons learned, in the hope that some of them may be useful to the field at large. It is a difficult story to tell, as we all know.

Older adults have been the primary victims of the COVID pandemic. The numbers are staggering, and numbing. The New York State (NYS) Department of Health (DOH) says that as of March 24, 2022, 86.3% of all deaths from COVID in the state were people ages 60 and over. This means that of the 67,000 deaths from COVID in NYS since the start of the pandemic, 58,000 were older adults.¹ Of these, 15,360 were deaths in nursing homes.² Throughout the pandemic, Selfhelp took significant measures to mitigate the impact of COVID – including efforts to minimize spread of the virus, help residents access vaccines and boosters, and address social isolation – to name a few.

This was clearly an extraordinary, if not unprecedented time for New Yorkers. Initially, the danger seemed remote and unimaginable. There were strong winds of denial and misinformation. But soon everyone knew someone who was ill, and then we all knew of people who were hospitalized. The death toll rose rapidly – family members, co-workers, acquaintances. Some of us became terribly ill, and the rest were waiting for the other shoe to drop. The course of everyday business suddenly stopped.

The leadership of Selfhelp Community Services, and its affordable housing development entity, Selfhelp Realty Group, quickly realized the potential danger to their older adult clients. They took immediate steps to protect

This was clearly an extraordinary, if not unprecedented, time for New Yorkers.



When PPE was difficult to obtain, Selfhelp partnered with the NYC Department of Health and Mental Hygiene to distribute masks to home care agencies throughout Queens. Pictured are Ming Zhong Jin and Marvyn McCants at Selfhelp's official distribution center in Flushing, at the Benjamin Rosenthal-Prince Street Innovative Senior Center.

themselves and employees from the virus, forming a response team in March of 2020 whose members were tasked with implementing all public health directives from local, state and federal officials. Congregate client activities were canceled, employees were instructed to work from home and provided with the technology to do so, and face-to-face contact with clients was restricted for more than a year except in emergencies. The agency increased communication within the organization as managers figured out effective ways to continue to assist the vulnerable older adults in their care and address the extreme fear, stress and sadness that many Selfhelp staff experienced.

Selfhelp leadership frequently communicated with every employee, encouraging days off for mental health care, and absorbing the required co-pays for mental health services ordinarily paid by staff. Extraordinary efforts were taken to obtain and distribute ample supplies of Personal Protective Equipment (PPE) for all staff whether in the field, the office or working from home. Once available, access to COVID testing and vaccinations were provided for free. Telehealth services were introduced. Vacation policies were revised to help employees manage their time off and reduce anxiety associated with losing vacation time. Stress-reducing Zoom activities were offered, virtual Health Happy Hours were created, the Employee Assistance Program (EAP) mobilized to provide group therapy, and Selfhelp leadership created an Emergency Relief Fund for employees who were hardest hit by the pandemic.

Staff started working remotely, often from their kitchen tables, surrounded by toddlers whose preschools were closed down. There were babies on laps, cats sauntering in front of Zoom screens, and a few insistent barkers in the background. Nonetheless, the social workers in our affordable senior housing were dedicated and made conscientious efforts to implement the comprehensive Selfhelp Active Services for Aging Model (SHASAM) which, for more than 10 years, has successfully helped older adults to maintain their health and

independence so they can age in place. The social workers regularly assessed clients' needs, checked on their health, benefits, and entitlements, provided emergency financial assistance and supportive counseling, connected them to food delivery programs and prescription delivery, referred them to mental telehealth providers, and spent hours teaching them how to use their smartphones or computers to access services and see their loved ones. Selfhelp's Finance and Information Technology Departments provided the essential infrastructure needed to support residents and protect workers during this exceptional time.

A new type of camaraderie developed between employees, even as they worked remotely. Morning conference calls and afternoon Zoom meetings were added to the schedule. These were safe spaces to share feelings of anxiety, sadness, and grief, while receiving and providing mutual support. Everyone was in it together.

All of this was happening during the 85th anniversary year of the founding of Selfhelp, a time to reflect on the accomplishments of an organization founded in crisis, before the start of World War II, to assist Jewish refugees fleeing from the Nazis. Selfhelp, today, is an organization with over 1,700 employees that provides comprehensive services including affordable housing, home care and social care to 25,000 older adults in New York City and Long Island. And surprising to many, in 2022, we still assist over 5,400 elderly Holocaust survivors.



Even while most staff worked remotely during the first stages of the crisis, certain Selfhelp programs – notably Home Care, Guardianship, and Selfhelp's Fiscal, Payroll, Technology, and Facilities Management departments – worked in the office to ensure the safety of our clients. Pictured here is Phedra McCalla, MSW, from Selfhelp's Community Guardianship Program.

A LOOK BACK

MORE THAN TWO YEARS INTO THE COVID pandemic, and during a hopeful decrease in infections and deaths, Selfhelp started to look back, and look inward, to see how our clients have fared, and how well we have done as an organization in helping them through what was clearly a traumatic period. We also wanted to explore and document how the social work team implemented the SHASAM service model to meet the needs of residents during this exceptional time.

SHASAM is designed to promote resident health by supporting their social determinants, such as food, economic security, and reducing social isolation. Results from an independent research study published in 2018, underwritten by the JPMorgan Chase Foundation, showed excellent health outcomes for older residents compared to a control group of similarly aged individuals living in the same zip codes (*see box, below*). In retrospect, the results from this study suggested that SHASAM was a robust intervention that could withstand emergencies such as COVID.

HEALTHY HOUSING:

Highlights from an external evaluation of SHASAM by Dr. Michael Gusmano of the Hastings Center. Dr. Gusmano conducted a three-year retrospective analysis of Medicaid and Medicare claims data, for SHASAM residents compared with non-residents of similar ages who lived in the same zip codes.

- **Lower hospitalization rates:** The odds of being hospitalized were significantly lower for SHASAM residents – 68% lower for the Medicaid study and 51% lower for the Medicare study. Both studies showed that the median length of stay in the hospital was one day less for SHASAM residents.
- **Lower rate of Emergency Department visits.** The odds of visiting a hospital Emergency Department were likewise lower for SHASAM residents: 53% lower in the Medicaid study and 23% lower in the Medicare study.
- **Lower cost of hospitalizations,** particularly for chronic diseases that respond to community-based care. For SHASAM residents, the average cost of a hospitalization for chronic disease was less than half of the average cost for non-residents, in both the Medicaid and Medicare data.
- **Higher rates of visits for primary care and specialty care.** 85% of SHASAM residents visited primary care physicians at least once during the three years of the study, compared to 74% of the comparison group. 94% of SHASAM residents visited a specialist at least once, compared to 79% of the comparison group.

For more information, please see <https://selfhelp.net/wp-content/uploads/2022/03/Selfhelps-Healthy-Housing-White-Paper.pdf>

AFFORDABLE SENIOR HOUSING

ALTHOUGH MANY AFFORDABLE SENIOR HOUSING projects still do not, as a rule, provide services to residents who are living independently, we are seeing more and more collaborations spring up between developers and community-based service providers. Indeed, Selfhelp provides services for older adults in developments that we do not own or operate, in addition to our own. It is widely recognized that as residents age, they may need some form of assistance, and if they are not able to access the services they need, many become ill and incapacitated, requiring a transfer to a health care facility that can assist them. Such a transfer takes a mental health and physical toll on residents. They may show signs of relocation stress syndrome and/or transfer trauma which may include feeling sad, angry, irritable, depressed, anxious, tearful, and fearful. Their physical health may also decline.³ During COVID, a transfer to a nursing home was deadly for many. And so, the goal of the SHASAM services before, during, and after COVID, is to help residents maintain their independence in their own homes. Services are optional and are readily provided upon request from the resident.



Beginning in April 2020, Selfhelp coordinated meal deliveries for residents who did not have other sources of food. Some residents also volunteered to help distribute meals. Pictured here is Suki Acquah, a resident volunteer.

The loss of life to the pandemic is unspeakably tragic. Several potential risk factors have been identified for poor COVID health outcomes in the general population including age, race, ethnicity, underlying medical conditions, and social determinants of health (SDOH).⁴ And yet, because the SHASAM model works to address SDOH issues such as access to health care, housing, food, and economic security, it is not unreasonable to hypothesize that the SHASAM model helped to reduce infection rates, hospitalizations, and deaths in Selfhelp affordable senior housing buildings. (*Please see the description of SHASAM services, next page.*)

SELFHELP'S ACTIVE SERVICES FOR AGING MODEL (SHASAM)

FOR MORE THAN 10 YEARS, SHASAM HAS SUCCESSFULLY HELPED OLDER ADULTS TO MAINTAIN THEIR HEALTH AND INDEPENDENCE SO THEY CAN AGE IN PLACE.

- Assistance with benefits and entitlements.** All tenants receive assistance, as needed, with entitlements and benefits including Medicaid, Supplemental Nutrition Assistance Program (SNAP aka food stamps), Medicare, Senior Citizen Rent Increase Exemption (SCRIE), Section 8, Supplemental Security Income (SSI), Home Energy Assistance Program (HEAP), Verizon Lifeline mobile phone, Personal Emergency Response Systems (PERS), Supplemental Needs Trusts (SNT), Medicare Secondary Payer (MSP), Advance Directives, advocacy, housing income recertifications, rent arrears, other housing issues, and emergency financial assistance grants.
- Holistic health and wellness** are forms of healthcare that consider the whole person – body, mind, spirit, and emotions – in the quest for optimal health and wellness. The services and methods of the SHASAM model are designed to improve residents' knowledge, confidence, and skills surrounding their health and health care so that they are better able to take charge of their own health. Residents are invited to participate in health screenings which are organized in partnership with local hospitals and other community partners, and health events pertaining to vision, hearing, eye, foot care, and gait and balance. Onsite flu and shingles shots, and access to COVID vaccines, boosters, and face masks are also offered. Residents are provided with activities and coaching to promote general wellness, and to reduce the risks of acquiring or exacerbating physical and behavioral health conditions.
- Care Transitions Assistance.** Aimed at reducing the rate of hospital readmissions, the social worker provides support to people who have recently returned from the hospital. The goal is to maximize understanding and adherence with discharge plans as well as to improve access to health and social services as needed.
- Referral Services.** In response to the resident's presenting issues, the social worker makes referrals for other services. These may include medical providers, home health care, housekeeping, Meals on Wheels, NYC Department of the Aging's (DFTA) bill payer program, vision, hearing and speech specialists, legal assistance, managed long-term care providers, NYSARC trust services, older adult centers and more.
- Socialization programs.** Socialization events are centered around seasonal celebrations, i.e. the spring party, end of summer party, Thanksgiving, New Year's, Lunar New Year, Christmas, Hanukah, Al-Hijra, Eid, and special events like birthdays, meet and greets, and coffee hours that provide opportunities to residents to meet their neighbors and form mutually supportive friendships. During COVID, socialization events were held virtually.

COVID IN CONTEXT

AFTER SEVERAL DECADES working with its founding population of European refugees from the Nazis and Holocaust survivors, Selfhelp began in the 1960s to apply its historical experiences to a diverse and multicultural population of older adults. Many of these newer clients also have lived experiences of trauma. Selfhelp's service approach has been formalized in "person-centered trauma-informed care" (PCTI), a term first introduced to us by the US Administration for Community Living (ACL) and Jewish Federations of North America (JFNA). In 1998, the landmark Adverse Childhood Experiences (ACEs) study "established a 'strong and cumulative' link between trauma in childhood and poor health outcomes in adulthood."⁵ Social workers trained in PCTI interventions are taught to appreciate and understand "the loss of control and ruptured sense of safety that are the core experiences of trauma."⁶

Exposure to trauma "can result in fear, hypervigilance, and difficulties sleeping, concentrating, thinking clearly, and managing emotions,"⁷ and the stressors of COVID-19 have intersected with other traumatic events and changes in peoples' lives, not the least of which is the trauma of social isolation. Other concurrent traumatic events include financial hardship due to job loss or illness, housing and food insecurity, the deaths of loved ones, changes to work and school environments, and increased stress and conflict within families.

A STRUCTURE THAT ADAPTS TO EMERGENCIES

IN JANUARY 2022, THE SELFHELP REALTY GROUP issued a white paper⁸ detailing the building blocks of Selfhelp's process for creating affordable senior housing. In many of our buildings we function as a developer, owner, and service provider. Selfhelp Realty Group's Design and Construction team provides expertise on senior-friendly design and amenities, and works with the building architect to design the building in accordance with available space, financing requirements, and building codes, utilizing Selfhelp's design guidelines. Selfhelp plays a key role in operating the buildings, working closely with the property manager and superintendent.

The SHASAM model is supported by the building's design, construction, and management. During COVID, these strong elements proved to be a relatively effective deterrent to the spread of the virus. Building management worked closely with Selfhelp to manage the public spaces and to maintain strict sanitizing protocols to reduce the possibility of COVID spread. This nexus of elements – the building design, building management, the superintendent, and SHASAM services – provided protection and support to residents during the unprecedented crisis.

ROLE OF THE HOUSING SOCIAL WORKERS

HOWEVER, THIS NEXUS OF LIFE-SAVING structures and support would not have functioned without the skill and dedication of Selfhelp’s social workers, a profession that is celebrated at Selfhelp and which, together with home care, propels almost every program and every service for 25,000 clients. In keeping with Selfhelp’s mission, our social workers perform many tasks in an effort to realize a progressive vision of a just and caring society. Working with older adults requires an integration of knowledge about individuals, groups, couples, families, neighborhoods, formal and informal organizations, communities, and societies. Selfhelp social workers are culturally and linguistically affirming, and skilled at integrating knowledge about who their client is, the environment and society in which they live, and the intervention strategies that are successfully utilized in working with people in this age group. They are also knowledgeable about, and sensitive to, ageism and its deleterious effects on peoples’ mental and physical health, and work carefully to ensure that aging stereotypes do not influence services and decision-making. One size does not fit all and no two older adults are alike.⁹

In keeping with Selfhelp’s mission, our social workers perform many tasks in an effort to realize a progressive vision of a just and caring society.

KEY INTERVIEWS

IN MARCH 2022, A SELFHELP STAFF RESEARCHER conducted a Zoom focus group with eleven housing social workers, followed by in-depth one-on-one interviews with five of them.¹⁰ We wanted to learn:

- How did the skills of our housing social workers contribute to resident safety during COVID?
- How did the SHASAM model, and its service approach, contribute to the maintenance of residents’ health, and how well did the model function during COVID?
- How did the affordable senior housing design and building techniques used by Selfhelp Realty Group contribute to the safety of residents from COVID?

We also wanted to learn what we could have done better and to see if we can provide suggestions, based on our experience, that may be useful to other affordable senior housing providers.

There were overlapping themes in our interviews. The social workers talked about the early days of the pandemic when there was very little reliable information about COVID transmission. They received public health directives and information from the Selfhelp COVID Response Team, which they then used to inform their clients about self-protection, testing, and vaccines. Interviewees talked about the fear of the unknown that they and their clients faced simultaneously. They spent a great deal of time teaching residents how to use the virtual conference platforms on their smartphones or computers and providing technical assistance – well beyond the normal scope of their interventions – but then again, not much was normal during the pandemic.



We followed these interviews with a one-on-one interview with Mohini Mishra, LMSW, Vice President, Senior Communities at Selfhelp. In this role, Ms. Mishra oversees multiple community-based services for older adults including SHASAM housing services. Ms. Mishra observed that the SHASAM services model worked well during COVID, even if some services had to be postponed due to social distancing requirements.

SOCIAL WORKERS AND RESIDENTS: TRUSTED PARTNERS

“ONE OF THE FOUNDATIONS OF OUR WORK is creating a trusting working relationship with residents,” explained Ms. Mishra, “to be trusted partners in the process of helping. Most of these relationships were formed over a period of years, and so, when the pandemic hit in the spring of 2020, most of our residents knew us, knew their building social worker, and respected their judgment.

During the early months of fear and confusion, when there was a tremendous amount of misinformation floating around, our housing social workers were able to provide the most reliable public health information available, vetted by the Selfhelp pandemic response team, and to recommend measures that would offer

“During the early months of fear and confusion, when there was a tremendous amount of misinformation floating around, our housing social workers were able to provide the most reliable public health information available.”

protection, such as social distancing and hand washing. Being a trusted partner also meant that the social workers could be reliable supportive counselors, helping residents to get through fear, sadness, and grief.”

A social worker talked about ways that she brought residents together so they would be less socially isolated and be able to give and receive mutual support. “...In-person group activities were out of the question. There were several celebrations that we did on Zoom or by conference calls that got great responses – Thanksgiving, Lunar New Year, and others. There were special Russian-language virtual activities as well.”

“We really tried to keep these get-togethers as light and fun as possible, but it was not always possible. I also provided supportive counseling over the phone, and did my best to suggest coping mechanisms – most of all to turn off the TV. I contacted each resident weekly, some every other week, to see how they were doing, and also provided them with my Selfhelp cell phone number which resulted in many calls for assistance and many more for a listening ear – both of which I was able to provide.”

HOW DID WE KEEP RESIDENTS AS SAFE AS POSSIBLE?

A HOUSING SOCIAL WORKER DISCUSSED CHALLENGES she faced in the helping process. “Since I was unable to visit residents in person and conduct a visual assessment, I had to rely on what clients told me over the phone about their health and overall living conditions. I would call each resident every one or two weeks, more frequently for people with greater needs, and less often for people who were stable. If a resident did not pick up their phone or call me back, I would contact the onsite superintendent who would knock on the door. If the tenant was nowhere to be found, I would call their emergency contacts, who sometimes would sadly report that the client was hospitalized or had died. At times, the superintendent would serve as the eyes and ears of the social worker, reporting when residents became ill or had died. Resident volunteers would often serve the same purpose. The communication of this news sometimes turned into an impromptu grief counseling session, over the phone, for the family member or friend, staff member or volunteer. In all, I was able to confirm that four residents in my building died from COVID.”

A social worker observed that “we – both residents and staff – were very lucky that we were able to get COVID testing and vaccines within walking distance at one of Selfhelp senior centers where we collaborated with the Charles B. Wang Community Health Center to set up shop.”

ORGANIZATIONAL STRUCTURE AND DESIGN OF SELFHOLD HOUSING

MS. MISHRA EXPLAINED THAT THE ORGANIZATIONAL structure of Selfhelp’s affordable senior housing turned out to be very helpful in keeping residents safe. “We probably did not fully realize before COVID how resilient our housing model would be in an emergency. Looking back, it is clear that our strong relationship with the building management companies enabled us to quickly make the environment safer... closing off communal areas of the building and sanitizing all public areas regularly. We established weekly COVID response Zoom meetings with each of the building managers in order to review any issues that needed to be resolved and worked collaboratively and systematically with them to maintain the housing stability of all residents. And, when the Selfhelp COVID response team instructed social workers to work from home, they could ask the building superintendent to check on tenants who were not answering their phones... These buildings were originally designed with the health and safety of the residents in mind. But all in all, I think the fact that we were already trusted partners with the residents was a major force in keeping most residents safe.”



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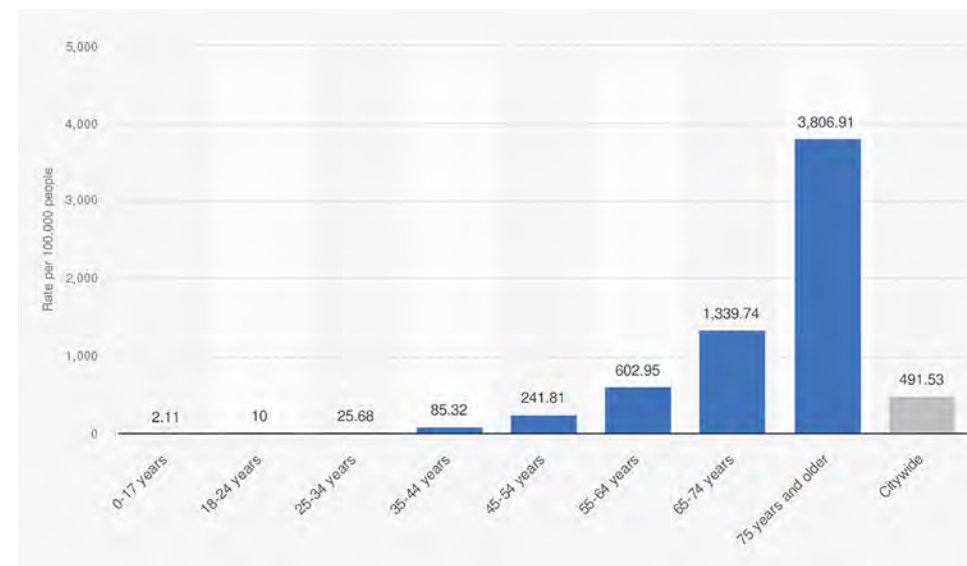
EMOTIONALLY CHALLENGING

A VETERAN SOCIAL WORKER SAID she “found it all very difficult emotionally... In all of my long career, nothing has touched me more than the illness and death of my clients from COVID. Many times, I found myself tearing up. Working from home was very difficult and added to my sadness because I could not do the job I was trained to do. And surprisingly, returning to the office has been equally difficult.”

“The first seven months of the pandemic were extremely difficult for everyone,” she continued. “One of the building supers died during the very first month of the pandemic. It was when I realized how bad things were and how much worse it could get. COVID created very difficult circumstances, intersecting traumas, for so many residents. Many immigrant clients compared COVID to their experiences during war time because of the long lines they waited on to buy groceries and their fear of leaving their homes.”

A newly minted social worker said that “Adapting to the COVID emergency was a serious uphill climb for me. There were so many obstacles to helping clients over the phone, especially those who had a hearing impairment.

DEATH RATES FOR COVID-19 IN NEW YORK CITY AS OF JULY 22, 2022, BY AGE GROUP (per 100,000 people)



Social workers were acutely aware that older adults were the most likely to not survive COVID-19.

Making sure that everyone had their entitlements and benefits became very difficult because in many cases I needed the client to provide a live signature on crucial documents, which, once submitted, took forever to get a response. I did my best to track each client’s illness and hospitalizations, relying primarily on hospital social workers who were sometimes able to give me a basic report on the residents’ condition.”

Ms. Mishra continued: “This could not have been easy for the social workers who were also dealing with the impact of the pandemic in their own families... emotional support was needed all around... Selfhelp prioritized the mental health of its employees as much as their employees prioritized the mental health of their clients... It was a win-win most of the time. Frequent, pre-scheduled Zoom meetings between social workers and managers, and the use of a conference line for meetings and group conversations between residents, made sure that mostly everyone felt connected and not alone.”

A housing social worker talked about the one-hour daily Zoom groups where “we could decompress and talk about what’s been going on. It was mutual support. Selfhelp did all that they could to keep us safe and our supervisors really enforced the rules. I was very fortunate that I didn’t contract COVID, although it was terribly sad and frustrating when a client became ill and I could not be present for them... We held a staff Zoom memorial for residents who died and had a psychologist virtually counsel us on compassion fatigue. I think we all grew closer. It was helpful to have a safe space to talk about it all.”

“...it was terribly sad and frustrating when a client became ill and I could not be present for them...”



Meal delivery from World Central Kitchen. The yellow tape closed off common areas (usually a hub for social gathering) for the duration of the crisis. Pictured here is Jeffery McKay, a handyman assisting with food distribution.

ADDRESSING SOCIAL DETERMINANTS OF HEALTH (SDOH)

SELFHELP'S AFFORDABLE SENIOR HOUSING social workers use SHASAM to support the residents' social determinants of health, and help them to maintain their economic security, access to nutritious food, and community connection, all of which positively impact individual health.



Home health aides were an essential part of the care team for Selfhelp clients.

According to Ms. Mishra, the social workers employed the technique of risk stratification to determine how to prioritize residents' needs. "Unfortunately, some things never change," said Ms. Mishra. "People still needed food security, stable housing, and medical/mental health care. Risk stratification is based on the information that residents provide to us about the difficulties they are encountering. For example, some may be chronically ill and need home care, others may have ambulatory issues, no food in the refrigerator, or can't pay the rent. The difference during COVID was that instead of a

few people experiencing issues – particularly food insecurity – suddenly almost everyone in the building needed additional help. The social workers' caseloads grew and they worked long hours facilitating home meal and grocery deliveries."

"Referrals for home-delivered meals from Meals on Wheels and World Central Kitchen were prioritized for residents," said one social worker. "We also arranged for grocery deliveries. These are things that we always did... but usually for a smaller percentage of clients. Suddenly we were doing it for almost everyone, and so was everyone else in the city. It was very time-consuming, as you can imagine, but essential. Arranging for home health care was also something of a challenge."

A social worker remembered that "during the period when we were working from home, it was extremely difficult to coordinate the paperwork needed to recertify and extend some benefits and entitlements. You forget that you can't do *everything* by computer. There are still papers to be signed and returned. Many clients, particularly those who did not speak or read English, or those who were vision impaired, often ignored official mail that alerted them to the potential cutoff of benefits. This was rarely a problem before because they would simply take such mail down to my office on the first floor of the building. It took some time to remind folks to call me when an official looking letter came in, and I did a great deal of follow-up to ensure that I got what I needed. I was able to explain to some people how to take a picture of paperwork from their smartphone and how to send it to me. Home health aides were very helpful in making sure that important mail was sent to me. I turned the suggestion box outside my office into a place to deposit papers for pick-up."

Ms. Mishra spoke about how she and other managers participated in regular Zoom meetings with LiveOn NY, which advocates on behalf of older adults and helped to resolve systemic issues with benefits, entitlements, and other matters during COVID. "Our residents were indeed fortunate that the city suspended the recertification of some benefits, and that others renewed automatically. But some troubleshooting needed to be done around the Section 8 housing benefit because some clients thought they would be evicted if they were not recertified. And for those unable to pay their rent, we helped them to apply for NYS Emergency Rental Assistance Program (ERAP), until those funds ran out, or to receive one-shot deals from the city."

"Thank goodness some recertifications were suspended," said a social worker, "particularly for Medicaid and SNAP (food stamps)." She continued, "But people in Section 8 apartments kept receiving termination notices, even though there was no practical way to resolve the issue since city workers were overwhelmed. Things that should take days took weeks, and things that should take weeks, took months. It was a frightening period for some tenants who thought they would be evicted even when I assured them that we were in touch with building management and they would not be. I really don't know what I would have done without help from the building super, families of residents, and the building's management company."

"We usually make a lot of referrals for our clients," said a social worker. "but this proved to be extremely difficult during the height of the pandemic. Health care providers and hospitals were overwhelmed, so routine appointments were out of the question unless conducted by Zoom, which was not an option for most residents... I made a few referrals to the CAPE Mental Health Clinic which ordinarily provides in-person services at our Maspeth, Clearview, and Benjamin Rosenthal senior centers. They provided telephone psychotherapy during the pandemic in Mandarin, Cantonese, and Spanish."

"I was also able to make referrals to the NYC Department of the Aging's (DFTA) bill payer program, to vision, hearing and speech specialists, to legal assistance, managed long-term care providers, trust services, and more."

"Instead of a few people experiencing issues... suddenly everyone in the building needed additional help."

HOSPITALIZATIONS



“I WORKED WITH THE HOSPITAL SOCIAL WORKER to facilitate the transition of residents from the hospital to home or to rehab, said a social worker. “This proved to be extremely difficult because of the crush of people sick with COVID. I often enlisted help from family members and emergency contacts... and took full advantage of pre-existing relationships that I had with health providers in order to find out how a client was doing.”

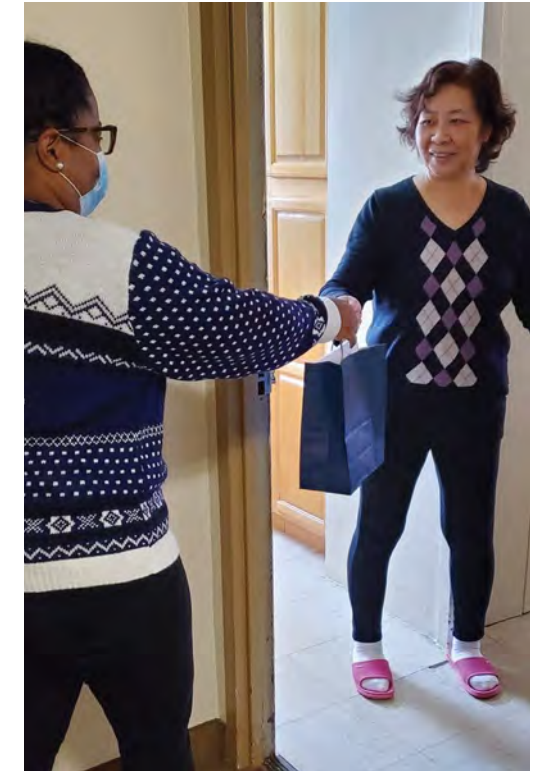
“Pre-existing relationships with hospital social workers made it easier to locate residents who had been hospitalized. But, there were many times that I could not get any information whatsoever, which was very frustrating and upsetting. Where there was family involvement, I could work with them in obtaining information on their relative... There were nine confirmed COVID deaths in my building.”

EMOTIONAL SUPPORT FOR RESIDENTS

A SOCIAL WORKER SAID THAT “there were many people testing positive, getting sick, and hospitalized. Several residents died and so did many of their friends. Many were inconsolable. Certainly, our attention to basic needs of residents provided some emotional support, as well as the supportive counseling provided by the social workers.”

Ms. Mishra pointed out that SHASAM social workers have always worked to prevent residents from being evicted for non-payment of rent or re-certification issues. “Residents knew that they were protected in this manner. Despite the eviction moratorium that was in place, the uncertainty of life during COVID brought those fears to the forefront, especially for those who received erroneous letters from the city warning of their Section 8 termination. The housing social workers were able to provide reassurance by making it clear to residents that Selfhelp was working closely with building management and that, in no uncertain terms, would they ever be evicted.”

Communication was key to helping residents cope. “I am pretty tech savvy,” said one social worker, “and so I set out to help residents who had cell phones learn how to connect using Zoom or another app. Needless to say, this was very difficult to do without being there in person. I often enlisted the help of family members. But for the most part, I created group conference calls that all residents could join, and which I facilitated. It decreased their social isolation and allowed them to receive mutual support. I found my residents surprisingly adaptable to their difficult circumstances. Many improved their computer and smartphone skills and after a time were able to see their friends and family via Zoom.”



Social worker Marsha Moise delivers a goody bag to a resident.

Another social worker said, “I ran support groups with my clients which I tried to keep light... with humor and positivity. Some of these groups were reminiscing groups. Some were about places you’d like to travel to. These lighter groups helped me too. Of course, other groups were terribly sad.

“We also provided goody bags with special items to all 1,400 residents for New Year’s and Thanksgiving. They reacted very positively and several times I heard, “Thank you for remembering me.”

LESSONS FOR THE FIELD

AS WE LOOK BACK, IT IS CLEAR that our pre-COVID organizational structure, which was cohesive and flexible, served us well. As many of us have been reminded, emergencies happen with little or no advance warning, and initially, we can only use the tools at our disposal to respond. The following observations about what was effective for our staff and clients may be of use to other providers as well:

- **Channels for regular, frequent communication** between service provider, building management, and the emergency response team need to be established immediately, if they do not already exist.
- **Attention to the needs of staff** are paramount if they are to provide effective and responsive help to clients. As discussed here, Selfhelp launched several initiatives, as well as tangible assistance, to help social workers remain strong and focused.
- **More communication.** Selfhelp initiated multiple tiers and methods of communication to ensure that all employees were on the same page, and that they knew help was available if they needed it including Zoom information sessions and weekly emails from Stuart Kaplan, Selfhelp's CEO, detailing Selfhelp's safety measures and opportunities for mental health support. This was especially important when social workers were working from home.
- **Skilled employees.** It should go without saying that a highly skilled social work team is essential. Maintaining or achieving this during the pandemic was a major challenge for some organizations. Workforce shortages made it difficult to recruit new employees and replace those who resigned. And yet, some organizations saw less recidivism than others. Selfhelp was able to maintain nearly all of its housing social workers during the pandemic, and was also able to recruit one person who had previously been a social work intern.
- **Trust between the social worker and residents.** We were able to provide responsive services and support to residents during the crisis because they knew and trusted their social workers and had a longstanding relationship with them.



A resident enjoying a home-delivered meal

- **Trusting relationships with service network and with advocacy groups.** The strength of our longstanding working relationships with other community-based providers helped us to access services for clients that were much harder to find during the worst of COVID.
- **Keeping the focus on client needs.** Pre-COVID client assessments were updated so we could stratify risk and provide services to address social determinants of health.
- **Adapting to new questions.** While resident safety is always a concern, COVID added distinct challenges that we had never encountered. How could we help clients to stay safe? How could we get them information quickly? How could we help them to socially distance?
- **Follow public health guidelines.** We took care to make sure that all of the information we provided regarding COVID came from trusted sources such as the CDC, the NYS Department of Health, and the NYC Department of Health and Mental Hygiene. We did not want to spread misinformation.

We will continue our review of this terrible period in the lives of older New Yorkers and other vulnerable individuals.

During the summer of 2020, when there was optimism that the pandemic was slowing, Selfhelp CEO Stuart Kaplan sent staff an email that said "Recently, I've enjoyed catching glimpses of New York City reminiscent of life before COVID. It's refreshing to see people strolling down the street (in masks, of course), dining outdoors as restaurants have extended seating onto streets, and shops reopening their doors, albeit with limited capacity... New Yorkers should be proud, we all should be proud, of how diligently we've followed safety precautions to flatten the curve and get where we are now..."

In recognition of the "extraordinary dedication, and sheer hard work" of all Selfhelp staff, in June 2021, the Boards of Directors of Selfhelp Community Services, Inc., the Selfhelp Realty Group, and the SCS Foundation carefully considered and approved a joint resolution recognizing and rewarding staff for their "valiant and exceptional response" to the urgent needs of clients throughout the organization.

ENDNOTES

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- 9 University of Michigan, School of Social Work. Social Work with the Elderly syllabus. Retrieved from: <https://ssw.umich.edu/sites/default/files/documents/course-outlines/20113/W11SW694001.pdf>.
- 10 Please note that the social workers sometimes offered similar observations. In these cases, quotes were sometimes combined.



To the great excitement of Selfhelp residents, New York City re-opened senior centers at 25 percent capacity in June 2021. These included Selfhelp senior centers which are adjacent to many Selfhelp buildings. Pictured here is a ballroom dancing class, masked, observing social distancing, and joyful.

ABOUT SELFHELP: HOW WE SERVE OUR COMMUNITY

Selfhelp Community Services was founded in 1936 to help refugees fleeing Nazi Germany maintain their independence and dignity as they struggled to forge new lives in America. In the years that followed, Selfhelp provided Holocaust survivors with housing assistance, help with employment, home care and summer camp opportunities for children. Selfhelp began with a small group of volunteers helping émigrés, and has grown over the last several decades to become one of the largest and most respected not-for-profit human service organizations in the New York metropolitan area.

Each year Selfhelp serves over 25,000 men and women, through its 46 programs located throughout the five boroughs of New York City and Nassau County, helping them to live with dignity and avoid institutionalization. Among its program highlights, Selfhelp:

- Operates the **oldest and largest program serving Holocaust survivors** in North America, providing comprehensive services to 5,400 elderly and frail individuals.
- Owns and operates **15 affordable housing residences** in Queens, the Bronx, Brooklyn and Long Island, housing 1,500 low- and moderate-income residents in attractive, functional apartments with supportive services as needed.
- Manages **five city-funded Older Adult Centers**, including one of the first to be designated by the City of New York as an **Innovative Senior Center**. Selfhelp also offers an **Alzheimer's Social Day Program** to care for those coping with Alzheimer's and related disorders, as well as much needed respite for their caregivers.

- Trains and employs **1,800 home health care workers** who provide approximately 2 million hours of service each year to the elderly, infirm, and families at risk.
- Offers comprehensive services for older adults living in four **Naturally Occurring Retirement Communities (NORCs)** in Queens.
- Serves as legal guardian for hundreds of individuals in need through **three Court-Appointed Guardianship Programs**.
- Is a leader in providing groundbreaking **Aging Services Technology**, enriching the lives of elders living independently through remote sensors and telehealth monitoring, and Selfhelp's internationally acclaimed Virtual Senior Center.
- Operates **NY Connects** in Queens – New York City's point of entry for information and referral into long-term services and support systems for older adults and people of all ages with disabilities.

During the first year of COVID-19, Selfhelp provided more than 2 million hours of home care; made more than 52,000 phone calls to Holocaust survivors and more than 42,000 calls to senior center members; distributed more than 2.3 million pieces of PPE to home care agencies throughout Queens; provided thousands of hours of virtual programming through the Virtual Senior Center to members of older adult centers and NORCs; contacted more than 4,300 seniors to assist them with making vaccination appointments; and much, much more.



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