#### D.C. Commission on Aging D.C. Office on Aging Wednesday, September 28, 2016 10:00 a.m.

#### AGENDA

I.	Call	to	Order

Chairperson Thomas

**II.** Inspiration

III. Review and Approval of Minutes

- **IV.** Presentations
  - a. Medical Aid in Dying

Commissioners

Donna Smith Compassion and Choices

Dr. Omega Silva Veterans Administration

b. Programs of All-Inclusive Care for the Elderly

c. Age-Friendly D.C. Report

d. Update on D.C. Office on Aging

#### V. Committee Reports

- a. Elder Abuse and Financial Exploitation
- b. Health and Wellness
- c. Transportation
- d. Education and Employment
- e. Governance
- VI. Ward Reports
- VII. New Business
- VIII. Public Comment
- IX. Announcements
- X. Adjournment

Peter Fitzgerald PACE Advocacy Organization

Gail Kohn AFDC Program Manager

Laura Newland D.C. Office on Aging

Commissioner Carolyn Nicholas Vice Chairman Ron Swanda Commissioner Charles Hicks Commissioner Brenda Willoughby Commissioner Samuel McCoy

#### District of Columbia Commission on Aging Draft Meeting Minutes for Wednesday, September 28, 2016

#### **Commissioners Present**

R. Thomas, Chairperson; Ron Swanda, Vice-Chairperson; Brenda Atkinson-Willoughby; George Arnstein; Barbara Hair; Clarence "Buddy" Moore; Grace Lewis; Carolyn Nicholas; Constance Woody.

## D.C. Office on Aging (DCOA) Staff Present

Laura Newland, Executive Director; Michael Kirkwood, General Counsel; Tanya Reid, Executive Assistant; Garret King, Chief of Staff.

## **Guests Present**

Gail Kohn, Age-Friendly D.C. Coordinator; Vivian Grayton, Seabury Resources for the Aging; Peter Fitzgerald, PACE; Donna Smith, Compassion and Choices; Gulliford Bobo, Ward 8 Mini-Commission; Sterling Johnson, Ward 8 Mini-Commission; Katrina Polk, Community Preservation and Development Corporation

## Call to Order

Chairwoman Thomas (Chairwoman) called the meeting to order at 10:08 a.m.

#### **Inspiration**

Chairwoman read an especially thoughtful inspirational message.

## **<u>Review and Approval of Minutes</u>**

The meeting minutes from the Commission's August meeting were approved as read upon a motion made by Commissioner Lewis and seconded by Commissioner Woody.

#### **Presentations**

## A. Update: D.C. Office on Aging- Laura Newland, Executive Director

**Town Halls<sup>1</sup>:** According to Director Newland, she and her team are conducting town halls across the city to discuss DCOA' services. Specifically, she and her team will discuss how the agency allocates money for its various services and/or programs. During the first round of town halls, staff will discuss services and programs. Afterwards, during the second round Director Newland will return to each ward and the seniors who attend the initial town hall will make a presentation to Director. Newland. Their presentations will encompass their feedback and/or concerns regarding DCOA's programs and services.

Director Newland thanked the Commission for its letter containing its feedback concerning DCOA's service delivery model. Director Newland and her Executive Team have discussed the letter and are grateful for the Commission's feedback.

<sup>&</sup>lt;sup>1</sup> A copy of the town hall power point, "Senior Services Town Hall" and DCOA's glossary of services were provided to the commission members

Director Newland encouraged the Commissioners to participate in the town halls, particularly the second round because it will involve seniors giving feedback on the agency's budget.

**Terms of Commissioners**: There are vacancies and some terms will be expiring soon. DCOA is working with the Mayor's Office of Talent and Appointments (MOTA) for replacements; and are open to suggestions. If you know of people who are interested in committing, please let us know. Director Newland is pushing hard to bring more diversity to the Commission because we have challenges here in DC and want to be as inclusive as possible.

**Needs Assessment**: Director Newland anticipates that the assessment will give the agency varying perspectives across providers, residents and needs, while linking them to best practices across the country. She indicated that the primary takeaway that we must focus on is communication and data; communication, to tell people what's happening and data, getting feedback. DCOA has service areas that are priorities, but until communication is strengthened the agency will struggle quantifying what's happening in the service areas.

As an example, Director Newland shared that the assessment revealed the most important thing for all groups surveyed was "fear of falls." This was surprising for Director Newland because it's not something that is mentioned, but DCOA obviously needs to do further reflect on this issue. The data piece is DCOA's weaknesses; however, the agency is upgrading its current case management system. Director Newland and her team are telling their grantees DCOA is serious about collecting data because it impacts funding.

**Questions/Concerns:** Vice-Chair Swanda asked about the process for getting feedback from the seniors at the town halls. Director Newland explained a volunteer will lead a presentation regarding: 1) services delivery; 2) feedback about services; and 3) ideas for service delivery models.

Vice-Chair Swanda also asked if DCOA hired a Communications Director. According to Director Newland, a person was hired but there was a challenge with her placement. Subsequently, DCOA has hired Karen Dorbin, who has experience in marketing. Karen will attend the second round of town halls with the Director.

Commissioner Nicholas asked if the needs assessment extended beyond the Senior Wellness Centers. It covered seniors in all eight wards and it was conducted during a short period of time with a limited amount of funds. It was not set up to fund a statistically significant number of people, but it was a diverse sampling of people.

Upon Vice-Chair Swanda's request, Director Newland committed to providing the Commission with a copy of the assessment once it's completed.

Commissioner Nicholas asked if case managers were cut from any of DCOA's programs. Director Newland stated the agency made cuts in transportation, but the cuts will be made up in Medicaid dollars. DCOA cut in case management because it was getting billed for money that was being spent elsewhere. The agency is working with grantees to help identify where needs are in terms of segmented populations.

Chairwoman Thomas asked if the concern in Ward 5 regarding Providence Hospital providing transportation was resolved. Director Newland has a meeting with the Project Director next

week. DCOA does not provide vehicles for our Senior Wellness Centers. DCOA's transportation provider is Seabury. The agency does not provide rides for its other grantees. At issue was Providence had been operating its own vehicles to transport seniors and the grantee was paying for the driver with DCOA funds; that's not permissible. Director Newland expressed to the participants there's more than one way to solve a problem.

# B. Medical Aid in Dying: Dr. Donna Smith of Compassion and Choices

Dr. Smith began by inquiring how many commissioners had heard of the Death with Dignity Bill. Dr. Smith is employed by Compassion and Choices; it is most known for legislative advocacy of death with dignity bills. In fact, the company has introduced legislation across 26 states and the District of Columbia.

DC Councilmember Mary Cheh has introduced a Death with Dignity Bill. Medical Aid in Dying. It proposes that a mentally competent person who is diagnosed with a terminal illness and is within six (6) months of dying, may request a prescription to end their life. A consulting physician must determine they are able to self-administer and mentally competent. If there's a question about mental competency, a referral is made to a psychiatrist. No one who participates in the process is forced to do anything they don't want to do. About 1,700 people in Oregon have requested the medication and about 750 have taken the medicines. They were mostly taken by people with HIV or individuals suffering from some form of cancer.

**Questions/Concerns:** Mr. Moore shared that his wife passed in 2010. He supports the bill and says his wife would have liked to have had this option near her death.

Mr. Bobo asked if you must be able to self-administer. According to Dr. Smith, yes. It is a cocktail of pills and the person has to be able to self-ingest the medicine. If a person can't, it's not for the person.

Commissioner Lewis asked who would monitor physicians. According to Dr. Smith, it would be monitored by the Department of Health and Human Services. The Department would monitor it by the forms that must be completed before and after the incident. Also, because it's "medical aid in dying," and not "suicide" on the death certificate, it would state the underlying cause of death that the person suffered from. The doctor is not required to be present with the person when they choose to administer the cocktail.

# C. Medical Aid in Dying Resolution- Vice Chair Swanda

Vice-Chair Swanda encouraged the commission to express its support for the medical aid in dying legislation to the Council. As such, he drafted a resolution expressing the Commission's support of the proposed legislation.<sup>2</sup>

Commissioner Moore motioned the resolution be adopted. His motion was seconded by Commissioner Hair. Five members voted in favor of the resolution's passage. None were opposed; however, Commissioners Woody, Lewis, Willoughby and Nicholas abstained. As such, the commission adopted the resolution.

<sup>&</sup>lt;sup>2</sup> Vice-Chair Swanda provided a copy of the resolution for all members present.

## D. Program of All-Inclusive Care for the Elderly (PACE); Peter Fitzgerald

PACE is provider-based organization. It originally began in San Francisco's Chinese community. According to Mr. Fitzgerald, the organization operates "PACE" centers around the country. The centers provide primary care, social activities, meals and therapy. They also offer transportation, social work and home and personal care.<sup>3</sup> PACE is paid a flat monthly fee for a person's care. It is a Medicaid and Medicare-funded program. PACE does work with community-based physicians who join its teams; currently this is done via a waiver.

It's for seniors who meet DC's nursing home level of care need. The average age of participant is 82 years old. Many participants come to PACE centers for medical care or to alleviate social isolation.

Discussions are being had here in D.C. regarding a center(s) being located in Wards 7 or 8. Mr. Fitzgerald encouraged the Commission to let the administration know this is something they care about and would like to see it get funded by the city.

**Questions/Concerns:** Commissioner Arnstein inquired about what financial management assistance PACE provides, if any. According to Mr. Fitzgerald, PACE has social workers who could assist or direct a senior to assistance.

In response to her question about 24-hour care Mr. Fitzgerald advised Commissioner Nicholas that PACE does it on a short-term basis only.

Commissioner Lewis inquired about the disadvantages to PACE. Mr. Fitzgerald offered that there are 121 programs; since its inception three facilities have closed. The Montana program closed as a result of budget cuts. The Vermont program closed due to a conflict of interest. And a program closed in Hawaii because it couldn't obtain enough people.

# E. Age-Friendly D.C. Report- Gail Kohn, AFDC Program Manager

**Age-Friendly DC** ("AFDC") is one year away from reporting to the World Health Organization about its progress. This is a five-year cycle and the cycle is coming to an end.

**2016 Progress Report**: The report will soon be released from the Mayor's Office.<sup>4</sup> There will be presentations beginning in November 2016 to discuss the report; they will take place in all eight wards. Volunteers will be trained and will be at the presentations to either give presentations or take notes.

One thing to be discussed in the report will be programs like PACE; PACE is needed in D.C.

Commissioner Willoughby asked if there will be a competitive process for PACE. According to Ms. Kohn, because PACE is a trade organization, there is no competition since there's no other program like PACE. However, there will be competition among providers who are interested in providing a PACE program. According to Mr. Fitzgerald, each PACE program is operated by a local individual provider. The individual sponsor could call it something else. DC has done a competitive process for identifying a provider.

<sup>&</sup>lt;sup>3</sup> Mr. Fitzgerald provided each of the Commissioners present with a handout describing PACE and its services.

<sup>&</sup>lt;sup>4</sup> Ms. Kohn gave the commissioners a handout to show what the progress report will look like.

**Well-Being Study**: GWU in conjunction with AFDC will interview seniors about well-being and the influence of one's community and neighborhood. The study will take place next month. Seniors 60+ are asked to meet with a GWU student for one hour at a location of their choosing.

**Questions/Concerns:** Commissioner Lewis asked what the deadline is to get seniors signed up. Ms. Kohn indicated interviews will be conducted throughout the semester; the students are in a class and must complete the interviews before the semester ends.

## **Committee Reports**

A. **Elder Abuse and Financial Exploitation:** According to Commissioner Nicholas, DCOA's EAPC established a committee to propose measures to help with enforcement of the "Financial Exploitation of Vulnerable Adults and the Elderly Amendment Act of 2016." The bill went to the Mayor on August 4, 2016, but it has not been signed. We need to determine its status.

B. **Health and Wellness:** Commissioner Swanda discussed the Uniform Paid Leave Act. If passed it would allow paid leave to employees at the employer's expense. According to the Vice-Chair, council members are working to get the legislation back to the original definition of a family member, which is much broader than the revised definition. (This will be an included topic on next month's agenda.)

C. **Transportation**: Although Commissioner Hicks was not present, Commissioner Moore shared with members that seniors who qualify for Metro Access can get a cab ride for \$5 for medical appointments or employment. The committee is working to restore the benefit that would permit seniors to schedule appointments for social trips.

D. Education/Employment: Commissioner Willoughby did not have anything to report. But she's delighted that the Dir. of Comm. Is coming on board.

# Ward Reports

There were no Ward reports.

## **Public Comment**

There was no public comment.

## **Announcements**

Vice-Chair Swanda and Chairwoman will begin their visits with the Council soon and intend to discuss paid leave and the PACE program. The Vice-Chair committed to informing Commissioners when they visit their respective council members and invite them to accompany them.

Chairwoman created a nominations committee to review the election of Commission Officers; the committee will be chaired by Commissioner Hicks.

<u>Adjournment</u> The meeting was adjourned at 12:33 p.m.

These minutes were recorded by Michael Kirkwood, General Counsel, D.C. Office on Aging, and were formally approved by the Commission on Aging on [date].

Respectfully Submitted,

Michael Kirkwood General Counsel District of Columbia Office on Aging