COMMISSION ON AGING

RESPONSES TO 2018 COMMITTEE ON HOUSING & NEIGHBORHOOD REVITALIZATION PERFORMANCE OVERSIGHT QUESTIONS

Q1 Please provide a list of the Commission's current members. For each member, please provide the following:

- Member's name
- Ward, agency or organization the member represents
- Who appointed the member
- When the member's term expires
- Attendance record

Response to Q1

A roster of current voting Commissioners, including their Ward of residence and date their term expires follows: Commissioners are all appointed by the Mayor.

Commission on Aging Voting Members as of January 24, 2018

Name	Ward	Term Ends
Carolyn Dungee Nicholas	Ward 4	10/28/2018
Clarence "Buddy" Moore	Ward 1	10/28/2019
Charles Hicks	Ward 6	10/28/2019
Brenda Atkinson-Willoughby	Ward 4	10/28/2018
Marguerite Pridgen	Ward 3	10/27/2020
George Arnstein	Ward 2	10/28/2019
Constance Woody	Ward 7	10/28/2018
Guleford Bobo	Ward 8	10/27/2019
Barbara S. Hair	Ward 8	10/28/2020
Mary Taylor	Ward 7	10/27/2018
Barbara A. Lee	Ward 5	10/28/2018
Carolyn Matthews	Ward 1	10/28/2018
John Giacomini	Ward 3	10/28/2019
Grace Lewis	Ward 5	10/28/2018

By statute[1], ex officio (non-voting) members of the Commission are the Directors of the Department of Human Services, Department of Recreation, Department of Transportation, Department of Employment Services, and the Public Library, Chief, Department of Housing and Community Development, Metropolitan Police Department, and a member of the D.C. Council. Ex-officio members from the Executive branch were identified in the fall of 2016. The ex officio member of the D.C. Council is Councilmember Anita Ward.

[1] DC Code, Title 7: Human Health Care and Safety; Subtitle A: General; Chapter 5: Programs for Older Citizens; Unit A: Office on Aging and Commission on Aging.

Q2. Please provide a list of the Commission's meeting dates, times, and locations, and whether a quorum was reached, for FY17 and FY18 to date.

Response to Q2

Generally, Commission meetings begin at 10:00 a.m. on the fourth Wednesday of each month in the D.C. Office on Aging building at 500 K Street N.E. If agreed to by a quorum of Commissioners, the Commission may not meet in July or August.

Meeting Date	Number of Commissioners Present/Appointed		Quorum	Venue
January 25, 2017	12	14	Yes	DCOA
February 22, 2017	11	14	Yes	DCOA
March 22, 2017	11	14	Yes	DCOA
April 19, 2017	10	13	Yes	DCOA
May 24, 2017	9	13	Yes	DCOA
June 28, 2017	11	15	Yes	DCOA
July 19, 2017*	13	15	Yes	DOES
July 26, 2017*	11	15	Yes	DCOA
September 27, 201	8	14	Yes	DCOA
October 25, 2017	13		Yes	DCOA
November 15, 2017	8	13	Yes	DCOA
December 20, 2017	5	13	Yes	DCOA
January 24, 2018	11	14	Yes	DCOA

* CY17 Commission on Aging Retreat, which was conducted at DCDOES, 4058 Minnesota Avenue NE.

*Commission on Aging Retreat Follow-up Meeti ng

Q3. Did the Commission receive funds in FY16 and FY17 to date? If so, please provide the following:

- **Amount of the funding**
- **Source of the funding;**
- **List of all expenditures; and**
- **Description of how these funds furthered the Board's/Commission's mission.**

Response to Q3

The Commission received no funding in FY17, or any previous year. The Commission does not anticipate receiving funds in FY18. The Commission operates with technical and clerical support provided on an ad hoc basis by DCOA.

The Commission needs funds to provide for Commission administrative support.

The Commission needs fund for Commission members' transportation expenses, if they are to participate more fully and more aggressively in their Ward communities.

The Commission needs funds to provide financial assistance to the five existing Mini-commissions and the three Mini-commissions that need to be established in the Wards that do not have them: Ward 3, Ward 7, Ward 8,

Q4. Please describe the Commission's activities in FY17 and FY18, to date

Response to Q4

- The Chair, Ward 5 Commissioner Romaine Thomas, Vice Chair, Ward 6 Commissioner, and various Commissioners attended Office on Aging Town Halls to demonstrate to seniors that they have a voice in the community and have the attention of the agency.

- The Chair and various Commissioners testified at DCOA's FY17 Performance Oversight Hearing and Budget Hearings.

- The Chair offered testimony supporting the Office of People's Counsel in the dealing with the PEPCO merger

- The Chair, Vice Chair and various Commissioners met throughout the year with numerous community organizations and churches.

- The Chair, Vice-Chair, and other Commissioners attended more than 20 "town hall" meetings organized by DCOA throughout the District in FY16.

- The Chair and Vice-Chair met monthly with the DCOA ED and staff to discuss issues and priorities and plan the next Commission meeting.

- The Chair, Vice Chair and other Commissioners represented seniors at many informational, social and recreational events sponsored by D.C.; such as the Mayor's Senior Symposium, the Mayor's Holiday Party, the Centenarian luncheon, the Ms. Senior D.C. pageant (Cameo Club) and various events at Wellness Centers in six Wards. The Commission Chair also represented D.C. seniors at Representative Norton's Annual Legislative Day.

- Chairwoman Thomas and Vice Chair Swanda are members of the Age-Friendly D.C. Task Force and co-lead two of the Task Force's Committees throughout FY17.

- The Commission met with representatives of the D.C. Superior Court to advise them on how the Court can best serve seniors.

- The Vice-Chair and other Commissioners attended a LGBTQ town hall forum organized by the DCOA. Various providers were in attendance, including MPD's LGBTQ unit. Part of the discussion focused on how the DCOA can each more underserved seniors, e.g., those who are isolated, uncomfortable,

- The Chair, Vice Chair, and Commissioners attended the annual Senior Symposium at Kenilworth Park.

- Commissioner Moore assisted seniors at the Bernice Fonteneau Wellness Center write their memoirs.

- The Chair, Vice Chair, and various Commissioners attended DCOA outreach events.

- The Chair and Vice Chair and various Commissioners attended the Community Health and Wellness Fair the DCOA held in collaboration with the American Kidney Fund at the Model Cities Seniors Wellness Center.

- The Chair and Vice Chair and various Commissioners visited Office on Aging Wellness Centers.

Q5 – Please describe the Commission's goals in FY18 and the plan/timeline for completion

Commission on Aging Goals for FY19

Goal 1: A citywide needs assessment that (a) identifies un-served and underserved elderly D.C. residents (60+) by Ward, (b) identifies the needs of un-served and underserved elderly D.C. residents (60+) by Ward, (c) identifies needed programs and services not currently available to un-served and underserved elderly residents,(d) identifies D.C. seniors with especially adverse challenges, e.g., neglect, abuse, exploitation, food deprivation, homelessness, isolation, insufficient funds, home in need of repair, safety in the home, physical incapacity, mental incapacity, need in-home care/services, (e) identifies the views of elderly D.C. residents (60+) about DCOA programs and services and other D.C. Government agencies that provide services to elderly D.C. residents (60+), by September 30, 2018

1.1 Advise the Executive Director, DCOA, the Mayor, the D.C. Council, and the general public that a citywide assessment of the needs of elderly (60+) D.C. residents is needed.

1.2 Advocate for a citywide needs assessment with the Executive Director, OA, the Mayor, the D.C. Council, and the general public.

1.3 Advise the Executive Director, OA, to request supplemental funds for the Office on Aging FY19 budget with funds for a Citywide Needs Assessment in the testimony for the Performance Oversight Hearing.

1.4 Advise and advocate with the Executive Director, OA, to purchase and use SalesGenie*, a computer program utilized by real estate companies to identify – and target - homeowners in D.C. by name and address, to target elderly homeowners for the next Office on Aging Needs Assessment.

*SalesGenie has an expert research team which employs over 350 employees who are dedicated to building, verifying, and updating its data. Sales Genie's data is built from over 4,000 phone directories and over 350 new business sources such as secretaries of state, county courthouses, and public records. SalesGenie makes 24 million phone calls each year to verify business information.

Goal 2: An information and education campaign that (a) keeps elderly D.C. residents (60+) informed about DCOA activities, programs, and services, (b) keeps elderly D.C. residents (60+) informed about activities, programs, and services provided by other D.C. Government agencies that elderly D.C. residents (60+) deserve, (c) establishes pathways to communicating routinely with un-served and underserved populations, by September 30, 2018,

2.1 Advise the Executive Director, OA, the Mayor, the D.C. Council, and the general public on the need for an information and education campaign for elderly D.C. residents (60+) and the general public.

2.2 Advocate with the Executive Director, OA, the Mayor, the D.C. Council, and the general public for an information and education campaign.

2.3 Encourage the Executive Director, OA, to increase across the City, the distribution of brochures and other literature that informs and educates seniors and the general population about DCOA activities, programs, and services, (b) keeps elderly D.C. residents (60+) informed about activities, programs, and services provided by other D.C. Government agencies that elderly D.C. residents (60+) deserve.

2.4 Identify and propose to the Executive Director, OA, pathways to communicating routinely with un-served and underserved populations.

2.4 Request funding for Commission on Aging members' transportation costs to and from COA meetings, Committee meetings, D.C. Council hearings, symposiums, retreats, community organization meetings, Mini-Commission meetings, ANC meetings, neighborhood organization meetings, Wellness Centers, other D.C. agencies providing services to elderly D.C. residents (60+), community events for seniors, etc. at the FY 18 Performance Oversight Hearing.

2.5 Advocate with the Executive Director, OA, the Mayor, and the D.C. Council for funding for Commissioners' transportation costs to and from COA meetings, Committee meetings, D.C. Council hearings, symposiums, retreats, community organization meetings, Mini-Commission meetings, ANC meetings, neighborhood organization meetings, Wellness Centers, other D.C. agencies providing services to elderly D.C. residents (60+), community events for seniors, etc.

Goal 3: Conduct of an elder abuse public information campaign by September 30, 2018 (See ATTACHMENT B, Hilda and Charles Mason Charitable Foundation, Inc. "Testimony in support of B22-402, Elder Abuse Public Information Campaign,") by September 30, 2014.

3.1Advise the Executive Director, OA, the Mayor, the D.C. Council, and the general public that an elder abuse public information campaign should be conducted to inform and educate the public and thereby raise awareness of the prevalence and dangers of elder neglect, abuse, and financial exploitation, including guardianship and conservatorship abuse.

3.2 Advocate with the Executive Director, OA, the Mayor, the D.C. Council, and the general public for the conduct of an elder abuse public information campaign.

Goal 4: Funding in FY19 budget for Office on Aging programs and services that adequately meet the identified needs of elderly D.C. residents

4.1 Review DCOA performance in the delivery of programs and services provided to meet the needs of seniors identified in the 2016 Office on Aging Needs Survey and the Age-Friendly DC Strategic Plan.

4.2 Re-review the DCOA 2016 Needs Assessment and advise DCOA on how to best achieve the Goals and Objectives outlined in the Strategic Plan.

4.3 Advise the DCOA, when developing the next State Plan on Aging, to address needs of elderly D.C. residents (60+) identified in the Age-Friendly D.C. Plan by including in the State Plan the goals approved in the Strategic Plan.

4.4Advise the Executive Director, OA, on how to better identify and communicate with underserved seniors who may not attend activities at any of D.C.'s Senior Wellness Centers, and those who are isolated at home to learn what are their needs and concerns.

4.5 Assess the Mayor's proposed budget for FY19 to determine its impact on elderly D.C. residents (60+), i.e., if funding is adequate to meet the needs of elderly D.C. residents (60+) identified in the 2016 Office on Aging Needs Assessment and the Age-Friendly DC Strategic Plan.

4.6 Encourage the Executive Director, OA, to request funds for the Office on Aging FY19 budget to provide needed programs and services not currently being provided by the OA to D.C. seniors, including service needs identified in the 2016 Office on Aging Needs Assessment and the Age-Friendly DC Strategic Plan.

Goal 5: Replacement of the Office on Aging with a Department on Aging and Disabilities Services (DADS) and realignment of the Adult Protective Services Division with the DADS by September 30, 2018*

5.1 Advise the Executive Director, OA, the Mayor, the D.C. Council, and the general public of the need to replace the OA with a Department on Aging and Disabilities Services and realignment of the Adult Protective Services Division with the Department on Aging.

5.2 Advocate with the Executive Director, OA, the Mayor, and the D.C. Council, and the general public for a Department on Aging and Disabilities Services to replace the Office on Aging and the realignment of the Adult Protective Services Division with the Department on Aging.

5.3 Advocate with the general public for a Department on Aging and Disabilities Services to replace the Office on Aging and the realignment of the Adult Protective Services Division with the Department on Aging.

5.4 Make presentations at neighborhood meetings, community meetings, ANC meetings, conferences, retreats, universities, churches, synagogues, etc. and discuss openly the need to replace the Office on Aging with a Department on Aging and Disabilities Services and realign the Adult Protective Services Division with the Department

*****A Department on Aging and Disabilities Services will: (a) enhance the agency's capacity to advocate, plan, implement, coordinate, deliver, monitor, and evaluate the education, job training, employment services, transportation, nutrition, health care, nursing care, assisted living, in-home care, adult protective services, and other health and social services designed and structured to promote longevity, independence, dignity, and choice, foster the empowerment, and improve the quality of life for elderly District of Columbia residents (60 +), (b) establish a pre-eminent agency for addressing the challenges of the District's aged and ageing population (60+), (c) create a more prominent, more visible, more conspicuous organization that is dedicated to and responsible for meeting the service needs and addressing the concerns of the District's elderly residents (60+) than is an Office on Aging, (d) give greater recognition to and assign greater importance to the District's aged and ageing population (60+) and persons with disabilities, and thereby fulfill the D.C. Office on Aging vision "to become the premier agency in Washington, D.C. addressing the needs of older adults, persons living with disabilities, and their caregivers," by September 30, 2018 (See ATTACHMENT C, Carolyn D. Nicholas, Hilda and Charles Mason Charitable Foundation, Inc. testimony, "D.C. Department on Aging and Disabilities Services Proposal").

*The Key Recommendations and Conclusions of the 2016 DCOA Needs Study demonstrate that the needs and concerns identified by the Needs Study of 880 elderly D.C. residents surveyed, as well as the multitude of needs and concerns of elderly D.C. residents (60+) that were not identified by the Study, are not being addressed ***AND*** most likely will not be addressed, because Office on Aging funding is inadequate, ***AND***, DCOA's role of allocating and overseeing public monies to the service providers in each Ward.

In the words of **Beverly Lunsford, PhD,RN, FAAN** Principal Investigator;
"Faced with a fast-growing gap between the expanding need for services and public funding that is flat, DCOA needs to re-conceptualize its role beyond that of allocating and overseeing public monies to the service providers in each ward. DCOA needs to strengthen its capacity for advocacy and coordination so that it becomes a catalyst for helping a variety of actors, both public and private, foster healthy, fulfilled aging for all DC residents. This will require DCOA to increase its capacity to provide service level improvements, as well as key system-wide components.

Goal 6: Enforcement of L21-166, "Financial Exploitation of Vulnerable Adults and the Elderly Amendment Act of 2016"* by September 30, 2018

6.1 Advise the Executive Director, OA, the Mayor, the D.C. Council, affected D.C. Government agency heads, and the general public of the need for enforcement of L21-166, "Financial Exploitation of Vulnerable Adults and the Elderly Amendment Act of 2016."

6.2 Advocate with the Executive Director, OA, the Mayor, the D.C. Council, affected D.C. Government and U.S. Government agency heads for enforcement of L21-166, "Financial Exploitation of Vulnerable Adults and the Elderly Amendment Act of 2016."

6.3 Advocate with the Mayor and the D.C. Council for funding to replicate Montgomery County, MD's Crimes Against Seniors and Vulnerable Adults Unit in the District of Columbia.

6.4 Advocate with the Mayor, the D.C. Council, and the general public for a grant of authority to the D.C. Office of the Attorney General to prosecute elder neglect, abuse, and financial exploitation cases, including guardianship and conservatorship abuse.

6.5 Advocate with the general public for enforcement of L21-166, "Financial Exploitation of Vulnerable Adults and the Elderly Amendment Act of 2016."

6.6 Make presentations on and discuss openly the need to enforce the L21-166 at neighborhood meetings, community meetings, ANC meetings, conferences, retreats, universities, churches, synagogues, etc.

*Enforcement includes (a) grant of authority by the U.S. Congress to, or Agreement by the Office of the U.S. Attorney with the Attorney

General (OAG) for the District of Columbia that the OAG be authorized to prosecute elder neglect, abuse and financial exploitation crimes, and (b) replication of the Montgomery County Crimes Against Seniors and Vulnerable Adults Unit in the District of Columbia to investigate and prosecute perpetrators of elder neglect, abuse, and financial exploitation, by September 30 2018 (See ATTACHMENT D, "Montgomery County Crimes Against Seniors and Vulnerable Adults Unit and Elder Fraud Program Administrator Job Duties)."

*§ 22–933.01. Financial exploitation of a vulnerable adult or elderly person.

*A person is guilty of financial exploitation of a vulnerable adult or elderly person if the person intentionally and knowingly: (1) Uses deception, intimidation, or undue influence to obtain the property, including money, of a vulnerable adult or elderly person, with the intent to deprive the vulnerable adult or elderly person of the property or use it for the advantage of anyone other than the vulnerable adult or elderly person; (2) Uses deception, intimidation, or undue influence to cause the vulnerable adult or elderly person to assume a legal obligation on behalf of, or for the benefit of, anyone other than the vulnerable adult or elderly person; or (3) Violates any provision of law proscribing theft, extortion, forgery, fraud, or identity theft against the vulnerable adult or elderly person, so long as the offense was undertaken to obtain the property, including money, of a vulnerable adult or elderly person, or to cause the vulnerable adult or elderly person to assume a legal obligation on behalf of, or for the benefit of, anyone other than the vulnerable adult or elderly person.

Goal 7: An adult protective services system that effectively protects elderly D.C. residents (60+) from neglect, abuse, and financial exploitation and punishes perpetrators criminally, by September 30, 2018

7.1 Advise the Executive Director, OA, the Mayor, the D.C. Council, the Attorney General for the District of Columbia, the Chief of Police, MPD, the Director, DHS, and the general public of the need for an adult protective services system that effectively protects elderly D.C.

residents (60+) from neglect, abuse, and financial exploitation and punishes perpetrators criminally.

7.2 Advocate with the Executive Director, OA, the Mayor, the D.C. Council, the Attorney General for the District of Columbia, the Chief of Police, MPD; the Director, DHS, and the general public for an adult protective services system that effectively protects elderly D.C. residents (60+ from neglect, abuse, and financial exploitation and punishes perpetrators criminally.

7.3Advocate with the general public for an adult protective services system that effectively protects elderly D.C. residents (60+ from neglect, abuse, and financial exploitation and punishes perpetrators criminally by making presentations on and discussing openly the need to enforce the L21-166 at neighborhood meetings, community meetings, ANC meetings, conferences, retreats, universities, churches, synagogues, etc.

7.4 Advocate with the Executive Director, OA, the Mayor, the D.C. Council, the Attorney General for the District of Columbia, the Chief of Police, MPD, and the Director, DHS to made needed changes to the existing adult protective services in the District of Columbia in accordance with recommendations offered by the Hilda and Charles Mason Charitable Foundation, Inc. testimony, "Advocating for Elder Justice: Recommendations for an Aggressive, Effective Adult Protective Services (APS) in the District of Columbia. (See ATTACHMENT E)

Goal 8: Financial assistance for seniors who do not have sufficient funds to meet their costs of living, as Title I of the 1935 Social Security Act* once provided.

8.1 Advise the Executive Director, OA, the Mayor, the D.C. Council, and the general public of the need to provide Old Age Assistance (financial assistance) to elderly D.C. residents (60+) who are unable to meet the costs of their daily living.

8.2 Advocate with the Executive Director, OA, the Mayor, the D.C. Council, and the general public for the need to enact legislation

authorizing Old Age Assistance (financial assistance) for elderly D.C. residents (60+) who are unable to meet the costs of their daily living.

*The program, called Old Age Assistance (OAA), gave cash payments to poor elderly people, regardless of their work record. OAA provided for a federal match of state old-age assistance expenditures, by September 30, 2018;

Goal 9: Permanent, appropriate shelter for homeless, elderly D.C. residents (60+), by September 30, 2018

9.1 Advise the Executive Director, OA, the Mayor, the D.C. Council, and the general public of the need to provide permanent, appropriate shelter for homeless elderly D.C. residents (60+).

9.2 Advocate with the Executive Director, OA, the Mayor, the D.C. Council, and the general public for the provision of permanent, appropriate shelter for homeless elderly D.C. residents (60+).

9.3 Ask the Executive Director, OA, to request supplemental funds for the FY19 Office on Aging budget to provide shelter for homeless, elderly D.C. residents (60+).

Goal 10: Enactment of current Bills introduced in the D.C. Council in FY18 and Bills introduced in the D.C. Council and the U.S. Congress in FY19 that benefit elderly (60+) D.C. residents (See Attachment D for Bills currently before the D.C. Council and Bills introduced in the D.C. Council)

10.1 Advise the Executive Director, OA, the Mayor, the D.C. Council, and the general public of the need to enactment of Bills currently before the D.C. Council and Bills later introduced in the D.C. Council that benefit elderly D.C. residents (60+) introduced in the D.C. Council should be enacted into law.

10.2 Testify in support of Bills introduced in the D.C. Council in FY18 and Bills introduced in the D.C. Council and the U.S. Congress in FY19 that benefit elderly D.C. residents (60+).

10.3 Encourage seniors and members of the general public in each Ward to testify in support of Bills introduced in the D.C. Council in FY18 and Bills introduced in the D.C. Council and the U.S. Congress in FY19 that benefit the elderly (60+).

10.4 Advocate with the Executive Director, OA, the Mayor, the D.C. Council, and the general public for enactment of Bills introduced in the D.C. Council in FY18 and FY19 that impact elderly D.C. residents (60+).

10.5 Comment on Office on Aging and other D.C. Government agency policies, rules and regulations proposed in FY18 and FY19 that impact elderly D.C. residents (60+)

Goal 11: Establishment of Mini-Commissions in Wards 2, 3, 6 and 7 by September 30, 2018

11.1 Advise the Executive Director, OA, the Mayor, the D.C. Council, and the general public on the need for funding to establish a Mini-Commission in Wards ? 2, 3, 6 and 7.

11.2 Advocate for funding with the Executive Director, OA, the Mayor, the D.C. Council, and the general public on the need for funding to establish a Mini Commission in Wards 2, 3, 6, and 7 and maintain all of the City's Mini-Commissions.

11.3 Testify in support of funding for the establishment of Mini-Commissions in Wards 2, 3, 6 & 7 at the FY18 OA Performance Oversight Hearing and FY19 Budget Hearing.

11.4 Testify in support of funding for the maintenance of Mini-Commissions in each Ward at the OA FY18 Performance Oversight Hearing and FY19 Budget Hearing.

11.5 Update the Commission's Operational Guidelines for Mini-Commissions on Aging" and ensure Mini-Commissions are active and effective.

11.6 Encourage residents in Wards 2, 3, 6 & 7 to get involved with starting and operating a Mini-Commission in their Ward by increasing the visibility of existing Mini-Commissions, establishing needs to be addressed, and providing appropriate information for seniors.

Goal 12: Achievement of COA-targeted Age-Friendly D.C. Strategic Plan goals pertaining to Goal 2 (Transportation), Goal 3 (Housing), Goal 6 (Civic Participation and Employment), Goal 7 (Communication and Information), Goal 8 (Community Support and Health Services), Goal 9 (Emergency Preparedness and Resilience), and Goal 10 (Elder Abuse, Neglect and Fraud) by September 20, 2018. (See Attachment D, COA-targeted Age-Friendly DC Goals for FY 2014-2017)

12.1 Advise the Executive Director, OA, the Mayor, the D.C. Council, D.C. Government agency heads, and the general public of the Commission's intent to work with the Age-Friendly D.C. Coordinator to implement COA-targeted Age-Friendly D.C. Strategic Plan goals.

12.2 Advocate with the Executive Director, OA, the Mayor, the D.C. Council, D.C. Government agency heads, and the general public for implementation of COA-targeted Age-Friendly D.C. Strategic Plan goals. (See ATTACHMENT F, COA-targeted Age-Friendly DC Goals for FY 2014-2017)

12.3 Assist the Age-Friendly DC Coordinator with organizing public consultations related to the next AFDC Plan, covering 2018-2013.

12.4 Assist the Age-Friendly D.C. Coordinator to solicit input from the residents of D.C. Wards by arranging at least one Age-Friendly D.C. public consultation in each Ward, and help ensure the LGBTQ community is adequately consulted during this process.

12.5 Advise the Office on Aging Executive Director of the Commission's assessment of the Mayor's budget and its adequacy or inadequacy to meet the identified needs of elderly D.C. residents (60+).

12.6 Offer testimony before the D.C. Council Committee on Housing and Neighborhood Revitalization and Office on Aging at the Budget Hearing and Performance Oversight Hearing for the Office on Aging and advocate for additional funding, if deemed necessary, to meet the identified needs of elderly D.C. residents (60+)

Goal 13: Opportunities for Commissioners to increase understanding of the mission, roles and responsibilities, functions and relations to the Office on Aging, by September 30, 2018

Goal 14: Enhanced communications and working relationships to address issues that promote efficiency and consistency and maintain quality services for elderly D.C. residents (60+), by September 30, 2018

Q6. What are the Commission's biggest strengths?

Response to Q6:

The Commissioner on Aging is comprised of members who are appointed by the Mayor. The Commission is a citizen's advisory group to the Mayor, the D.C Council, the Office on Aging, and the general public on the needs and concerns of older Washingtonians. The Commissioners serve as advocates on behalf of the District's nearly 108,000 elderly D.C. residents and accomplish their responsibilities through outreach to individuals and institutions, as well s to groups and governments. Eight of the appointees must be 60 years or older.

Presently, there are two Commissioners for Wards 1, 3, 4, 7, and 8. There is only one Commissioner for Wards 2, 5, and 6.

The Commission currently has fourteen members. Each Commissioner has demonstrated awareness and understanding of the needs of the elderly. Each Commissioner has a solid interest in and commitment to ensuring that the needs and concerns of elderly D.C. residents (60+) are addressed.

Each Commissioner is connected with the elderly adults (60+) in his/her respective Ward and in other activities and venues throughout the District of Columbia in a variety of ways.

Each Commissioner voluntarily dedicates his/her time to improving the quality of life for elderly D.C. residents (60+) by sustained efforts to address identified needs and concerns, including protection from elder neglect, abuse, and financial exploitation, guardianship abuse and conservatorship abuse.

Each Commissioner advocates for identification of un-served and underserved elderly D.C. residents (60+) and the needs and concerns of those individuals.

One of the Commission's biggest strengths is working together as a cohesive unit to collectively address issues that affect seniors throughout the District of Columbia and within each Ward individually. Commissioners provide information to others that may assist in solving a problem that exists in another Ward of the City. For example, if a Commissioner in one Ward solves a problem in his/her Ward, s/he will readily share that information with Commissioners of other Wards who may be experiencing the problem that s/he has resolved.

The Commission has established and sustains an effective conduit for communication with the Executive Director and senior DCOA staff. The Commission as well, has an excellent working relationship with the Executive Director and DCOA staff.

The Commission has established and sustains a good relationship with other D.C. Government agencies who willingly present on the services provided by their agencies for seniors, distribute literature on the services provided for seniors by their agencies, and respond to questions at Commission meetings on request.

The Commission has established and sustains a good relationship with private organizations who willingly present on the services provided by their organizations for seniors, distribute literature on the services provided for seniors by their organizations, and respond to questions at Commission meetings on request.

The FY16 and FY17 Commission on Aging Chair, Romaine Thomas, the FY18 and FY19 Commission Chair, Carolyn Nicholas, and the Commissioners for each Ward are known and respected by D.C. seniors in their respective Wards and other Wards, members of the D.C. Council, the Mayor, and members of the general public, and, all are actively involved with seniors and in senior activities in their respective Wards.

Q7. What were the Commission's biggest accomplishments in FY17 and FY 18?

Response to Q7

- Because of the significant potential benefit to seniors, the Commission actively supported the Uniform Paid Leave Act was enacted.

- Through numerous community meetings, the Commission has gained significant credibility, respect and an enhanced awareness of its activities among seniors and senior service providers.

- The Commission conducted its annual Commission on Aging Retreat on July 19th at the Department of Employment Services. The focus was *Pathways to Successful Service for Underserved Seniors*. The topics were demographics, communication, and programming. The purpose was to determine ways for improving the quality of services provided by the Office on Aging to its clientele and make recommendations to the Executive Director, OA.

  Cogent recommendations were offered, for example:

  1. many languages are spoken – we need to engage people who can communicate in other languages to interact with seniors who do not speak English;
  2. a Senior Symposium for just seniors should be held to encourage/motivate attendees to share their needs and wants – DCOA can provide the materials and what needs to be done with programming at our Retreat;
  3. the situation is bigger than a Symposium – it includes reaching out to everyone and bringing them in, including churches;
  4. communications by radio need to be broadened beyond Commissioner Newland – professionals need to be brought in, routine things seniors are aware of and can participate in need to be advertised, intergenerational programs, print ads, etc. to get beyond the same people we always touch;
  5. everyone talked about people at Food Banks, markets, not a lot of seniors on-line ;
  6. we need to mailings – not long letters ;

7. lots of time we get mailings from companies who find us - we should find out how they find us and use the same process to find DC's seniors who are not being served;
8. we need to sit down with the Communications Directors to propose a plan for how we move beyond discussing the same things all of the time ;
9. we need to identify the underserved (who it is we are talking about) and how we will reach them;
10. we must move outside of the Box;
11. we need to ask the Office on Aging how much interaction they have with other agencies
12. how to interact with seniors needs to be discussed at the Mayor's Cabinet meetings the Mayor's Office of Communications should be communicating with agencies and organizations that serve seniors and with seniors;
13. the Office on Aging should be communicating with other agencies
14. Everyone has different perspectives on the underserved.
15. the Office on Aging Congregate Meal Program only serves 20-30 people. There are lots of buildings with seniors near the Program but the Office on Aging does not provide meals to the residents.
16. Over the years there has been distrust between DC's seniors and the Government.
17. We need to figure out a way to get the Office on Aging to serve all seniors.
18. Some seniors need to be helped to be able to read and comprehend
19. The Office on Aging should use You Tube to inform the public of Office on Aging services, like other agencies do
20. Commissioner Nicholas engaged with Ward 4 Mini-Commission members by attending and participating in meetings, inviting and transporting the Mini-Commission Chair to the COA Retreat where she actively participated, and invited the Mini-Commission Chair to attend and participate in COA meetings, which she did.
21. Commissioner Nicholas, as Chair, Elder Abuse and Financial Exploitation Committee, and, Chair, L21-166, "Financial Exploitation of Vulnerable Adults and the Elderly Amendment Act of 2016" Sub-Committee, Office on Aging Elder Abuse Prevention Committee; advocated with D.C. Councilmembers, the Assistant U.S. Attorney, the Attorney General for the District of Columbia, and the Deputpy Chief, MPD to enforce L21-166. Commissioner Nicholas' advocacy has met with some success.

Councilmember Anita Bonds, Councilmember Robert White, and Councilmember Trayon White, Council Chair, Phil Mendelson, Representatives for Councilmember Elissa Silverman and Councilmember Brianne Nadeau, and Councilmember Bonds attended.

Representatives for the DHCD, DCPL, DDOT, DCPR, DHS, COH, and DOES attended.

Councilmember Anita Bonds, Councilmember Robert White, and Counclmember Trayon White, and Council Chair, Phil Mendelson offered remarks.

Representatives of Terrific, Inc., Iona, Seabury Resources for Aging, Office on Aging lead agencies, and Capitol Hill Village attended.

The Deputy Mayor for Health and Human Services, Louis Davis, Executive Director, AARP; Deborah Royster, Executive Director, Seabury, and the Executive Director, Office on Aging, offered remarks.

A number of Commission member invitees attended.

- Numerous officials of non-profit corporations were invited to attend the Commission's monthly meetings. During these meetings, the officials were made aware of what the Commission does and how their organizations can assist the Commission. For example, the Commission had two (2) representatives from the ALS Association (Lou Gehrig disease). The Commissioner who invited the ALS Association representative was advised they were highly impressed with the Commission and its duties. Those two (2) representatives stated that they would inform others of the Commission's existence and offerings.

- The Commission's knowledge of programs and services available to elderly D.C. residents (60+) was increased by public and private guests who made presentations and answered questions: (1) DC Department of Employment Services, by Ayesha Upshur, Program Manager, who announced an impending Stakeholder's Symposium which will provide mature workers with an opportunity to hear from employers directly and engage with them; (2) Ethics Review – "10 Principles of Ethical Conduct," by Brian Flowers, General Counsel, Board of Ethics and Government Accountability; (3) Seniors Engagement Survey, by Dr. Emily Morrison, GWU; (4) Accessing

Meeting Minutes, by Tanya Reid, Executive Assistant, DCOA; (5) ALS Association, by Judy Taylor, Executive Director, DC/MD/VA Chapter and Karen Rarog, Executive Assistant; (6) Taste-Testing Request, by Jackie Geralnick, Public Health Nutritionist, DCOA – at least twenty seniors representing each Ward needed to participate in a taste test of food prepared by vendors interested in contracting with the DCOA to provide meals at the wellness centers, community dining sites, and the home-delivered meals program; (7) D.C. Public Library Update, by Eric Riley, Coordinator for Community Program and Public Partnerships, D.C. Public Library; (8) DC DDOT General Overview and Update, by David Koch, AccessDC, DDOT, on paratransit and how people with disabilities and/or seniors get around without a vehicle.

The Executive Director, OA, provided monthly Office on Aging Updates,
The Age-Friendly DC Coordinator, Gail Kohn, provided Age-Friendly DC Updates on the needs assessment methodology and progress achieving stated goals.

Ward 4 Commissioner Carolyn Nicholas scheduled a presentation on estate planning at her church, Plymouth Congregational United Church of Christ.

Ward 4 Commissioner Nicholas presented on enforcement of L21-166, "Financial Exploitation of the Elderly Amendment Act of 2016," at Ward 4 ANC 4D. Two ANC Commissioners complained to Commissioner Nicholas that they had received a report of resident elder abuse, that APSD came and knocked at the door, but when no one answered, they left and never returned to provide assistance/protection to the elderly resident.

Please note that the Elder Abuse Specialist, Office of the Attorney General for the District of Columbia, reported a similar circumstance. The MPD and the APSD were at a home in SE DC where financial exploitation of the elderly female resident by a young man had been reported. When no one answered the door, the APSD representative left. The MPD got the door open and found an elderly woman inside who was being financially exploited by a younger man who they found elsewhere in the building an arrested.

- Newly-elected Chair, Ward 4 Commissioner Carolyn Nicholas presented a Commission on Aging Agenda/Work Plan for CY18 at the January 24, 2018 COA meeting, which was approved by Commissioners. The Chairwoman's proposed presentations for FY18 include:
  1. Providence Hospital's Health Village and plan for development of acreage surrounding Providence hospital
  2. Adult Protective Services
  3. Guardianship Assistance Program - & WINGS Program
  4. Attorney General (AG) for DC and Elder Abuse Specialist, OAG
  5. Department for Hired Vehicles
  6. Seabury Transportation ,
  7. Coordination with D.C. agencies that serve the elderly and people with disabilities
  8. Department of Housing and Community Development (Housing Purchase Assistance Program and other financial assistance for housing for no, low, and moderate-income D.C. residents);
  9. Department of Mental Health
  10. Department of Health
  11. Homeless Seniors

  The Chair's proposed FY18 Agenda/Work Plan and proposed presentations were approved by Commissioners present at the January 24, 2018 COA meeting.

  Other Commissioners proposed the following presentations for FY18, which also were approved:
  1. Seniors and AIDS;
  2. DC DOT (Department for Hired Vehicles (DFHV) re: Transport DC
  3. Transportation (METRO ACCESS, and Enhancement Card)
  4. Housing - for low to moderate-income D.C. residents, including Inclusionary Zoning Units (IZUs)
  5. PACE Program
  6. Contract with D.C. agencies for data on seniors served
  7. Adult Day Centers for each Ward (and transportation to and from Centers)

Q8. What challenges does the Commission face?

Response to Q8

One of the Commission's biggest challenges is identifying all of the elderly D.C. residents (60+) in the District of Columbia who are in need of services, including the un-served and the underserved. The Commission's equally significant challenge is finding a way, i.e., the resources to fund the programs and services needed by elderly D.C. residents (60+) once their needs are identified.

The Commission is challenged as well with adequately and successfully representing and advocating for the nearly 108,000 elderly D.C. residents (60+ who reside in the eight Wards of the District of Columbia who have a range of diverse needs and concerns and a multitude of issues. Adequate and successful representation is often difficult for a Commission of fourteen, all-volunteer members.

The Commission is challenged with successful advocacy for adequate funding for identified program and service needs of elderly D.C. residents (60+).

The Commission is challenged with trying to aggressively and successfully advocate without funds.

Commissioners are challenged with financing their transportation to and from Commission meetings, conferences, hearings, town halls, retreats, visits to OA Wellness Centers, participation on other Boards and/or Commission, including Age-Friendly DC meetings, visits to other D.C. Government agencies that serve elderly D.C. residents (60+), and a multitude of public and private activities designed and hosted for elderly D.C. residents (60+)

Q9. Is the Commission required to post meeting notes or agendas online? Has the Commission done so?

Response to Q9

The Commission must meet all applicable standards described in the D.C. Open Meetings Act. The DCOA has dedicated legal and other staff resources to advise and support the Commission with these efforts. A roster of Commissioners and recent meeting minutes are available to the public via the DCOA website.
The Commission intends to post Meeting Notices, Meeting Agendas, and Meeting Minutes on-line, but at this time does not have a Commission on Aging. The Commission will request that Office on Aging to assist with the establishment of a Commission on Aging website so that Commission Meeting Notice, Agendas, and

Minutes are posted on-line. Public invite to all COA meetings also will be posted on-line.

Q10. How does the Commission represent and solicit feedback from residents? Please describe:

a. The process for soliciting feedback and number of submissions

Response to Q10a.

The Commission is moving to establish Mini-commissions in each Ward whose monthly meetings the representative Commissioners are encouraged to attend and participate in.

Commissioners who attend Mini-Commission meetings for their Wards bring back the issues and concerns of Mini-commission memberships to the Commission and report them at Commission meetings. The Commission brings issues and concerns reported by Mini-Commission Chairpersons the attention of the Executive Director, OA, and the Mayor and D.C. Council, if necessary.

The Commission also participates in the Mayor's Senior Symposium, particularly the Work Sessions, to share information with participants by responding to questions, reacting to comments and presentations, and sometimes making presentations, and, to obtain information from participants.

Commissioners are encouraged to invite residents of their Wards and other contacts, including members of neighborhood groups, community organizations, ANC members, church members, ministers, etc., to Commission meetings and symposiums to share information, i.e., needs and interests. Commissioners also are encouraged to participate on Commission committees to help the Commission learn more about the needs of elderly DC residents (60+) in their Wards and to obtain recommendations for improving communications and services delivery.

Individual Commissioners receive feedback from the residents in his/her Ward, which is shared informally with other Commissioners and shared formally, during monthly Commission meetings via Ward Reports and at COA Committee meetings (Housing, Transportation, Elder Abuse and Financial Exploitation, Health and Wellness, Education and Employment).

The feedback received by the Commission focuses primarily, if not exclusively, on the availability and adequacy of senior services, not the performance of the

Commission itself. Accordingly, suggestions for improving the performance of the Commission come from within the Commission, i.e., from Commissioners. The most significant performance improvements - all recommended and approved by a majority of Commissioners – have been: (1) re-institution of Committees, (2) stabilizing the venue for Commission meetings, (3) creating a standard template for meeting agendas, (4) conducting an annual retreat, and (5) updating commission operating procedures.

Each Commissioner is expected to develop regular contacts with a wide range of seniors residing in their Ward, and to report significant issues at the next meeting of the Commission. If an issue is unique to a single Ward, the Commissioners from that Ward are encouraged to seek resolution. If the issue is common to multiple Wards, the Commission will seek resolution. Other than meeting minutes, we do not track the number of issues raised.

The Commission believes counting the number of comments we receive is far less important than resolving issues. Creating a tracking system for the Commission would impose an impossible and costly administrative burden on the all-volunteer Commission. We also note that DCOA has an extensive, federally-mandated system for tracking contacts and the services provided.

b. What has the Board/Commission learned from this feedback?

Response to Q10b

The Commission has learned that the Mini-commissions need funding for administrative activities s and/or administrative support by the Office on Aging. The Mini-commissions also need funding for either an a.m. brunch or mid-day lunch.

Representative Commissioners have learned of (i) crime issues faced by Ward residents, (ii) need for significant street repairs, (iii) need for significant sidewalk repairs, (iv) need for traffic calming to restrain speeders and red-light runners, (v) need for safe street crossing assistance, e.g., red lights, large, visible STOP signs, pedestrian walkways, etc., to keep pedestrians from being struck as they try to cross streets, especially since speeding, lane weaving, and red-light running has increased dramatically, (vi) need for benches for senior seating at bus stops, (vii) help needed to survive (ward 4 Mini-Commission),

The Commission believes counting the number of comments we receive is far less important than resolving issues. Creating a tracking system for the Commission would impose an impossible and costly administrative burden on the all-volunteer Commission. We also note that DCOA has an extensive, federally-mandated system for tracking contacts and the services provided.

c. How has the Commission changed its practices as a result of such feedback?

Response to Q10c

The Commission Chair has asked Commissioners without Mini-Commissions in their Wards to establish them, to encourage membership to attend Commission meetings to provide input on the needs and concerns of seniors residing in their Wards, and to participate on Commission Committees to help the Commission address the needs of seniors residing in their Wards.
In 1998, the Commission developed written guidelines for establishing and operating "Mini-Commissions on Aging" in each Ward. Mini-Commissions help the Commissioners representing a Ward to communicate with a wider range of seniors than would be otherwise be possible. Commissioners then use input from their Mini-Commission, and others, to choose the issues to be discussed in their monthly Ward report to the Commission. The Commission's current guidelines for Mini-Commissions are now being revised to allow more structural and procedural flexibility between Wards, while maintaining the primary goal of increased communication with seniors in each Ward.

Whenever DCOA has a "town hall" meeting, Commissioners for that Ward attend, listen and comment. Commissioners are also encouraged to communicate regularly with any DCOA service providers serving their Ward.

Q11. What is being done to promote greater diversity in the composition of the Commission's membership?

Response to Q11

The Commission has no role in selecting its members. Statutes require the Mayor to use the following criteria when selecting members of the Commission:
"Members shall be appointed with due consideration for fair geographical distribution, representation from organizations of older persons, public and voluntary agencies concerned with the aged, and members of the general public

who have given evidence of particular dedication to and understanding of the needs of the aged. At least 8 members shall be 60 years of age or over, and all must be residents of the District of Columbia."

However, Commissioners are free to solicit – and some do solicit – members of diverse backgrounds to apply for appointment to the Commission, or serve on a Mini-Commission, or serve on a Commission committee.

Individual Commissioners have made attempts to persuade individuals who are bilingual to consider becoming a Commissioner. To date, efforts have not been successful. Some contacts have expressed apprehension over becoming a Commissioner.

Q12. The Office on Aging recently completed a 2016 Needs Assessment. In the opinion of the Commission, what should be the greatest takeaways for the Office on Aging from the assessment?

Response to Q12

The GW Center for Aging**,** Health & Humanities, in collaboration with the District of Columbia Office on Aging (DCOA, conducted the Needs Assessment and prepared the Needs Assessment Report.

Only 880 elderly D.C. residents were surveyed over the telephone!!!! 880 elderly D.C. residents cannot speak for almost 108,000 elderly D.C. residents (60+) most of whom do not know about the Office on Aging and it s programs and services. Neither do they know about elder neglect, abuse, and financial exploitation, how to prevent it, and who to report it to when incidents occur. A Citywide needs assessment needs to be conducted. A Citywide information and education campaign needs to be conducted.

Despite the small number of seniors assessed, the 2016 Needs Assessment should be helpful for making Office on Aging budget and program decision-making.

A City-wide needs assessment is needed, nevertheless.

Q13. Additionally, are there any issues the Commission believes the Needs Assessment did not sufficiently cover?

Response to Q13

While the 2016 DCOA Needs Study produced a compilation of needs and concerns of elderly D.C. residents (60+), the following Key Recommendations and Conclusions of the 2016 DCOA Needs Study demonstrate that the needs and concerns identified by the Needs Study, as well as the multitude of needs and concerns of elderly D.C. residents (60+) that were not identified by the Needs Study, are not being addressed, ***AND***, most likely will not be addressed, because Office on Aging funding is inadequate, ***AND***, DCOA's role of allocating and overseeing public monies to the service providers in each Ward.

KEY RECOMMENDATIONS
2016 DCOA Needs Study

As a result of our comprehensive review of the state of aging needs and services in DC, the consulting team identified key opportunities that cut across need domains. Faced with a fast-growing gap between the expanding need for services and public funding that is flat, DCOA needs to re-conceptualize its role beyond that of allocating and overseeing public monies to the service providers in each ward. DCOA needs to strengthen its capacity for advocacy and coordination so that it becomes a catalyst for helping a variety of actors, both public and private, foster healthy, fulfilled aging for all DC residents. This will require DCOA to increase its capacity to provide service level improvements, as well as key system-wide components.

CONCLUSIONS

The results of the DCOA 2016 Needs Assessment point out the significant challenges that DCOA faces as it plans how to stretch finite and constrained resources to meet a large and rapidly growing need. This study did NOT reveal any simple, quick fixes pointing to low priority services that can simply be dropped from the budget. Instead, the study suggests that an array of new approaches is needed to meet the challenges of serving DC's aging citizens. These approaches are not simple andmay require investment of substantial time and resources. They may need to be staged, with full completion taking a number of years.

We believe such effort will pay off in helping DCOA – and the associated aging services network - pivot from its historic role of serving pieces of the constrained contractual resources of the Older Americans Act pie, into a visionary agency that can marshal public and private energy to make enough pie to meet a larger portion of the need.

The recommendations relating to system infrastructure for communication, quality measurement, and innovation are all multi-year projects. Each could be a major initiative in itself. While there are some "low hanging fruit" within each area (such as having a system to track waiting lists at contractors), fully developing these systemic infrastructure capacities will not be quick. Nevertheless, we recommend beginning the planning for projects in the recommended areas soon, so that the needed system capacity for ongoing measurement of need, quality, and capacity to innovate to meet those needs will be

supported.

The recommendations in the area of improving linkage and coordination between the traditional social services of the Senior Services Network (those services funded through Older Americans Act monies) and the health care system (mostly funded through Medicare, Medicaid and private payors) requires a fundamental shift in strategy for DCOA. As long as DCOA continues to see its predominant role as that of steward for the limited stream of DCOA funding and resulting services, it will remain limited in its capacity to fully achieve its mission of promoting "longevity, independence, dignity, and choice for older District residents, people with disabilities, and their caregivers."

Building on the advocacy role that is encoded both in the Older Americans Act and in DCOA's mission, DCOA can build bridges with healthcare providers so that healthcare and social services are more thoroughly linked from the perspective of both the service recipient and the provider. This approach should build on the evidence that integrated social and health services helps reduce the burden on the health care system (e.g. rapid inhome meal provision after a hospitalization can reduce readmissions). It could also help DCOA leverage its capacity for case management and service delivery in such a way that it could access additional funding from the health service sector. In its advocacy role, DCOA could serve as convener and catalyst to help the health service sector better serve the senior population. Launch of a PACE program is one obvious goal that should be implemented soon. Other possibilities – such as an integrated case management IT system through which both health care providers and social service providers could access up to date and comprehensive information on clients – can only happen with sustained and broad collaboration across the health care and social services sector.

Finally, in the area of prioritizing specific services that should receive more or less funding, we caution that there is tension between the urgent needs of those who are most in need at this moment vs the preventive approach that supports wellness and quality of life in order to prevent, delay, or ameliorate later deterioration of health and wellbeing. The evidence to support cost-effectiveness of widespread wellness and prevention efforts can be hard to come by because the payoff is far into the future compared to the immediate impact of providing urgent or emergent services during crises. But the goal of an age friendly city, which DC has embraced, will require attention to prevention and wellness as well as to capacity to intervene effectively in crisis. Finding the right balance within constrained funds will continue to be a challenge.

The 2016 Needs Assessment did not sufficiently cover housing, transportation, health care, including physical therapy and in-home care, adequacy of income, legal assistance (e.g., for TOPA-related issues), estate planning assistance for preparation of financial and durable powers of attorney and Will,

The Commission strongly recommends that the DCOA undertake a study to be completed by September 30, 2018 to:

- identify un-served and underserved elderly D.C. residents (60+) by Ward

- identify the number of un-served elderly D.C. residents (60+) by Ward
- identify the needs of un-served elderly D.C. residents (60+) by Ward, including housing, transportation, food, funds, health care, physical therapy, in-home care, legal assistance (e.g., for TOPA-related issues and petitions for Court-appointed guardian and/or conservator for the individual)), estate planning assistance for preparation of financial and durable powers of attorney and Will
- identify the needs of underserved elderly D.C. residents (60+) by Ward, including housing, transportation, food, funds, health care, physical therapy, in-home care, legal assistance (e.g., for TOPA-related issues and petition for guardianship/conservatorship for the individual), estate planning for preparation of financial and durable powers of attorney and Will
- identify the number of neglect, elder abuse, and financial exploitation complaints, including guardianship and conservatorship abuse, by Ward
- identify the number of elder neglect, abuse, and financial exploitation cases, including guardianship and conservatorship abuse, by Ward
- Identify the number of investigations of elder neglect, abuse and financial exploitation, including guardianship and conservatorship abuse, received by the Adult Protective Services Division (APSD) and the Metropolitan Police Department (MPD), and the outcomes, by Ward
- Identify services provided to protect elderly D.C. residents (60+) from elder neglect, abuse, and financial exploitation, including guardianship and conservatorship abuse, by Ward
- Identify the number of calls to the APSD and to the APSD HOT LINE for elder neglect, abuse, and financial exploitation that were ignored or not followed through by the APSD, e.g., not returning to an elderly individual's home if they do not open the door when the APSD representative knocks (perhaps the person is dead, incapacitated or confined by an abuser, and cannot come to the door as happened with the widow of a former Dean, Howard University School of Religion, and as reported recently to Ward 4 Commissioner Carolyn Nicholas by two Ward 4 ANC Commissioners
- Identify the number of prosecutions of perpetrators of elder neglect, abuse, and financial exploitation, including guardianship and conservatorship abuse

Q14. Please detail the Commission's efforts in FY17 for outreach and engagement with seniors in the District? Does this fall under the authority and responsibility of the Commission?

Response to Q14

The Commission is chartered to provide advice and has no other authority. However, in order to perform its duties, the Commission strives to be actively involved with community outreach and engagement. Key activities are:

Each Commissioner is expected to develop regular contacts with a wide range of seniors residing in their Ward, and to report significant issues at the next meeting of the Commission.

In 1998, the Commission developed written guidelines for establishing and operating "Mini-Commissions on Aging" in each Ward. Mini-Commissions help the Commissioners representing a Ward to communicate with a wider range of seniors than would be otherwise be possible.

Whenever DCOA has a "town hall" meeting, Commissioners for that Ward attend, listen and comment.

Commissioners are encouraged to communicate regularly with any DCOA service providers serving their Ward.

Commissioners are encourage to interact as much as possible with the residents of their Ward.

Various reports and customer/consumer surveys performed by DCOA, the Age-Friendly D.C. Initiative, DHCF, DDOT and DHCD were reviewed by the Commission throughout FY16. These surveys all serve as an excellent means of community outreach, engagement and understanding.

Q 15. The Committee wants to better understand how the Commission works in coordination with the Office on Aging. Could you please explain the following:

a. What is the specific role of the Commission?

Response Q15a.

The role of the D.C. Commission on Aging is to advise the Executive Director, OA, the Mayor, the City Council, and the general public on the needs and concerns of older D.C. residents, including bringing to the attention of the Mayor and the

Office on Aging incidents of bias against in the aged in the administration of the laws of the District of Columbia, and cases of neglect and abuse of the aged, including financial exploitation. As such, the Commissioners serve as advocates on behalf of the District's nearly 108,000 elderly residents.

b. How does the Commission assist the role of the Office on Aging?

Response to Q15b.

The Commission assists the role of the Office on Aging by providing information and advice on the needs and concerns of elderly residents of the District of Columbia (60+) and offering recommendations for addressing those needs.

The Commission assists the role of the Office on Aging by:

- testifying in support of the Office on Aging annual budgets;
- advising the Director on cooperation with federal, state, and private agencies concerned with activities pertaining to the aged;
- reviewing and commenting on the annual state plan required under the Older Americans Act (the statement of the Commission is transmitted to the Department of Health and Human Services with the annual state plan);
- developing a list of not more than three (3) persons the Commission recommends for the position of Director, Office on Aging, whenever that position is vacant, and submitting that list to the Mayor;
- conducting or participating in public hearings and other forums to determine views of older persons and other members of the public on matters affecting the health, safety, and welfare of the aged in the District of Columbia;
- bringing to the attention of the Director, OA, cases of neglect and abuse of the aged and incidents of bias against the aged in the administration of the laws of the District of Columbia
- reviewing and commenting on the Director's review of proposed District and federal legislation, regulations, policies and programs, and on the Director's policy recommendations on issues affecting the health, safety, and welfare of the aged;
- providing a continuing review of the activities of the Office on Aging and issuing reports thereon at least annually;
- testifying in support of the performance of the Office on Aging at D.C. Council Performance Hearings on the Office on Aging, when satisfied with the operation of Office on Aging programs and delivery of Office on Aging services.

c. Does the Commission advise the Director, OA, on agency operations, assist in reviewing plans of action prior to implementation, or does the Commission advise the Mayor?

Response to Q15c.

The role of the D.C. Commission on Aging, as prescribed by Statute (§7-504.01), is to "advise the Mayor, the Director of the Office on Aging, the Council of the District of Columbia, and the public concerning the views and needs of the aged in the District of Columbia." As such, the Commissioners serve as advocates on behalf of the District's nearly 108,000 elderly residents.

The D.C. Commission on Aging is charged also with bringing to the attention of the Mayor and the Office on Aging incidents of bias against the aged in the aged in the administration of the laws of the District of Columbia, and cases of neglect and abuse of the aged, including financial exploitation.

The Commission provides advice to these agencies whenever the Commission deems it appropriate or when advice is requested.

The Commission on Aging reviews and submits to the Mayor, the D.C. Council and the Office on Aging, an annual report, including comments on the analysis of the needs of the aged in the District of Columbia made in the report of the Director, OA.

• Statutes (§7-504.10) specifically stipulate that the Commission should review and comment on the annual state plan required under the Older Americans Act, any proposed District and federal legislation, regulations, policies and programs impacting seniors, and on the Director's policy recommendations on issues affecting the health, safety, and welfare of the aged.

ATTACHMENTS

COMMISSION ON AGING RESPONSES TO 2018 COMMITTEE ON HOUSING & NEIGHBORHOOD REVITALIZATION PERFORMANCE OVERSIGHT QUESTIONS

ATTACHMENTS

ATTACHMENTA: Testimony in Support of B22-402, "Elder Abuse Public Information Campaign"

ATTACHMENT B: D.C. Department on Aging and Disabilities Services Proposal

ATTACHMENT C: Montgomery County Crimes Against Seniors and Vulnerable Adults Unit and Elder Fraud Program Administrator Job Duties

ATTACHMENT D: Executive Summery, DCOA 2016 Needs Assessment

ATTACHMENT E: Hilda and Charles Mason Charitable Foundation, Inc., "Advocating for Elder Justice: Recommendations for an Aggressive, Effective Adult Protective Services System in the District of Columbia"

ATTACHMENT F: COA-targeted Age-Friendly DC Goals for FY 2014-2017

ATTACHMENT A

TESTIMONY

COMMITTEE ON HOUSING AND NEIGHBORHOOD REVITALIZATION AND OFFICE ON AGING

PUBLIC HEARING

for

B22-402

"ELDER ABUSE PUBLIC INFORMATION CAMPAIGN ACT OF 2017"

Carolyn Dungee Nicholas

President

Advocates for Elder Justice

Hilda and Charles Mason Charitable Foundation, Inc.

October 5, 2017

THANK YOU COUNCILMEMBER BONDS AND COUNCILMEMBER TODD FOR INTRODUCING B22-402, “ELDER ABUSE PUBLIC INFORMATION CAMPAIGN ACT OF 2017.” AND THANK YOU COUNCILMEMBER GRAY, COUNCILMEMBER WHITE, COUNCILMEMBER CHEH AND COUNCILMEMBER NADEAU FOR CO-SPONSORING THE BILL.

?WHY SHOULD THE DISTRICT OF COLUMBIA CONDUCT AN ELDER ABUSE PUBLIC INFORMATION CAMPAIGN?

THE DISTRICT OF COLUMBIA SHOULD CONDUCT AN ELDER ABUSE PUBLIC INFORMATION CAMPAIGN TO INFORM AND EDUCATE THE PUBLIC AND THEREBY RAISE AWARENESS OF THE PREVALENCE AND DANGERS OF ELDER NEGLECT, ABUSE, AND FINANCIAL EXPLOITATION, INCLUDING GUARDIANSHIP AND CONSERVATORSHIP ABUSE - A PART OF THE MISSION OF ADVOCATES FOR ELDER JUSTICE, HILDA AND CHARLES MASON CHARITABLE FOUNDATION, INC.

IN ADDITION TO ADVERSELY AFFECTING ELDERLY ADULTS, ELDER ABUSE IMPACTS EVERYONE IN OUR SOCIETY, AND, TAKES AWAY FROM PUBLIC HEALTH, CIVIC PARTICIPATION, AND ECONOMIC RESOURCES.

THE NATIONAL CENTER ON ELDER ABUSE HAS DECLARED ELDER ABUSE, INCLUDING ELDER FINANCIAL ABUSE, AN UNDER-RECOGNIZED PROBLEM WITH DEVASTATING AND EVEN LIFE-THREATENING CONSEQUENCES, AND ENCOURAGES DYNAMIC INVOLVEMENT FROM NOT ONLY THE AGING SERVICES AND AFFILIATED NETWORKS BUT ALSO FROM THE PUBLIC AT LARGE TO RECOGNIZE ELDER ABUSE AND TAKE ACTION IN PREVENTING IT!

THOUGH AS MANY AS ONE IN TEN OLDER ADULTS ARE ABUSED EACH YEAR, A MAJORITY OF CASES GO UNREPORTED FOR MANY REASONS. ELDERLY PERSONS: (1) MAY LACK OF AWARENESS AND UNDERSTANDING OF WHAT IS ELDER ABUSE; (2) MAY BE RELUCTANT TO REPORT ABUSE THEMSELVES FOR FEAR OF RETALIATION; (3) MAY LACK THE PHYSICAL AND/OR COGNITIVE ABILITY TO REPORT ELDER ABUSE; (4) DO NOT WANT TO GET THE ABUSER IN TROUBLE; (5) DO NOT KNOW TO WHOM – OR WHERE – TO REPORT THE ABUSE; AND, (6) LACK THE SOCIAL SUPPORTS NEEDED TO MAKE REPORTING EASIER.

IN FY ‘2014, THE D.C. ADULT PROTECTIVE SERVICES DIVISION (APSD) INVESTIGATED 246 NEGLECT CASES, 139 ABUSE CASES, AND 191 FINANCIAL EXPLOITATION CASES.

IN FY ‘2015, 269 NEGLECT CASES, 155 ABUSE CASES AND 210 FINANCIAL EXPLOITATION CASES WERE INVESTIGATED.

IN FY '2016, 453 NEGLECT CASES, 257 ABUSE CASES, AND 333 FINANCIAL EXPLOITATION CASES WERE INVESTIGATED.

WHILE THE NUMBER OF NEGLECT, ABUSE, AND FINANCIAL EXPLOITATION CASES INVESTIGATED BY THE APSD IN FY '2014, FY '2015, AND FY '2016 ARE KNOWN, UNFORTUNATELY, THE INCIDENCE AND PREVALENCE OF ELDER NEGLECT, ABUSE, AND FINANCIAL EXPLOITATION, INCLUDING GUADIANSHIP AND CONSERVATORSHIP ABUSE, IN THE DISTRICT OF COLUMBIA, ARE UNKNOWN.

NATIONALLY, THE U.S. GOVERNMENT ACCOUNTABILITY OFFICE (GAO), REPORTED IN 2010 HUNDREDS OF ALLEGATIONS OF PHYSICAL ABUSE, NEGLECT, AND FINANCIAL EXPLOITATION BY GUARDIANS IN 45 STATES AND THE DISTRICT OF COLUMBIA BETWEEN 1990 AND 2010. GUARDIANS ALSO STOLE $5.4 MILLION IN ASSETS FROM THEIR WARDS IN THAT PERIOD, THE GAO SAID.

THE INCIDENCE AND PREVALENCE OF GUARDIANSHIP AND CONSERVATORSHIP ABUSE IN THE DISTRICT OF COLUMBIA ALSO ARE UNKNOWN, BECAUSE THE D.C. SUPERIOR COURT GUARDIANSHIP ASSISTANCE PROGRAM (GAP) DOES NOT CAPTURE GUARDIANSHIP AND CONSERVATORSHP ABUSE STATISTICS.[1]

THIS DESPITE A 2003 WASHINGTON POST REVIEW OF MORE THAN 10 YEARS OF CASE DOCKETS AND HUNDREDS OF COURT FILES, AS WELL AS INTERVIEWS WITH MORE THAN 200 JUDGES, ATTORNEYS, AND CLIENTS AND THEIR FAMILIES, WHICH FOUND HUNDREDS OF CASES WHERE COURT-APPOINTED "PROTECTORS" VIOLATED COURT REQUIREMENTS.

SINCE 1995, ONE OF FIVE GUARDIANS HAD GONE YEARS WITHOUT REPORT TO THE COURT. SOME HAD NOT VISITED THEIR AILING CHARGES. AND IN MORE THAN TWO DOZEN CASES, GUARDIANS OR CONSERVATORS HAD TAKEN OR MISHANDLED MONEY.

NEGLECTFUL CARETAKERS WERE RARELY DISCIPLINED, D.C. BAR RECORDS SHOWED. AND EVEN WHEN THEY WERE CAUGHT STEALING OR CHEATING THE WARDS FOR WHOM THEY WERE APPOINTED TO "PROTECT," ATTORNEYS WENT AS LONG AS NINE YEARS BEFORE THEY WERE PUNISHED.

[1]Superior Court of the District of Columbia, Probate Division, Guardianship Assistance Program, "Annual Report 2015-2016. The closest statistics captured by the Guardianship Assistance Program, during FY '2014, FY '2015, FY '2016 are the number of cases reviewed by the Program where recommendations were made for a status hearing or for removal of the guardian. However, in some of those cases, the recommendation for removal was due to health issues of the guardian.

IN ABOUT 240 CASES FROM 1992 TO 2003, JUDGES HAD RE-APPOINTED ATTORNEYS WHO HAD BEEN SANCTIONED OR BROUGHT TO THE COURT'S NOTICE FOR SERIOUS PROBLEMS, SUCH AS MISMANAGEMENT OF MONEY, ACCORDING TO A REVIEW OF COURT RECORDS. MANY HAD BEEN REMOVED FROM AT LEAST ONE SUBSEQUENT CASE AS WELL.[2] WHILE REPORTEDLY, THE D.C. SUPERIOR COURT THEN ESTABLISHED NEW RULES TO ADDRESS THESE PROBLEMS, GUARDIANSHIP AND CONSERVATORSHIP ABUSE CONTINUE.

THE PURPOSES OF THE LAW KNOWN BOTH AS GUARDIANSHIP AND CONSERVATORSHIP ARE: (1) TO GUARD INCAPACITATED OR INCOMPETENT PEOPLE FROM HARMING THEMSELVES; (2) TO CONSERVE THE INCAPACITATED OR INCOMPETENT PERSON'S ASSETS AND PROPERTY; (3) TO PREVENT INCAPACITATED OR INCOMPETENT PEOPLE FROM BECOMING A PUBLIC CHARGE – WHICH IS EXACTLY WHAT HAPPENS WHEN THEIR ASSETS AND PROPERTY ARE MISUSED AND/OR STOLEN BY COURT-APPOINTED GUARDIANS AND/OR CONSERVATORS.

GUARDIANS AND CONSERVATORS CAN HAVE VAST POWERS, FROM CHOOSING A HOUSING UNIT AND MEDICAL CARE TO INVESTING MONEY AND PAYING BILLS. ATTORNEYS RECEIVE $80.00 PER HOUR, PAID FROM A PUBLIC FUND WHEN CLIENTS ARE INDIGENT. CLIENTS WITH ASSETS PAY AT ATTORNEY'S HOURLY RATE, OFTEN MORE THAN $200.00 PER HOUR, ONCE A JUDGE APPROVES THE FEES. IT SHOULD BE OBVIOUS THAT CLIENTS WITH ASSETS DO NOT KEEP THEM LONG, GIVEN THE HOURLY ATTORNEY RATES THEY MUST PAY.

GUARDIANSHIP/CONSERVATORSHIP IS A POWERFUL LEGAL TOOL THAT CAN BRING GOOD OR ILL FOR AN INCREASING NUMBER OF ELDERLY ADULTS, BECAUSE STRANGERS ARE GIVEN TOTAL AND ABSOLUTE CONTROL OVER THE LIFE, LIBERTY, AND PROPERTY OF ELDERLY ADULTS WHO THE D.C. SUPERIOR COURT APPOINTS TO "PROTECT" THEM; BUT, DESPITE GIVING GUARDIANS AND CONSERVATORS ALL OF THIS RESPONSIBILITY, MANY STATES, INCLUDING THE DISTRICT OF COLUMBIA, HAVE LITTLE OR NO OVERSIGHT OVER GUARDIANS AND CONSERVATORS.

"PROTECTED PERSONS" CAN BE AND OFTEN ARE STRIPPED OF THEIR CIVIL AND CONSTITUTIONAL RIGHTS, ROBBED OF THEIR PROPERTY, ABUSED, NEGLECTED, AND EVEN HIDDEN FROM OR PREVENTED FROM SEEING THEIR FAMILIES AND LOVED ONES.

[2] Leonnig, Carol D, Sun, Lena H., and Cohen Sarah, Washington Post Staff Writers, "Misplaced Trust, Guardians in the District Under Court, Vulnerable Became Victims, Attorneys who Ignored Clients or Mis-spent Funds Rarely Sanctioned. Sunday, June 15, 2003, page A01.

"PROTECTED PERSONS" ARE SO POWERLESS IN FACT, THEY DO NOT EVEN HAVE THE RIGHT TO BE HEARD, IF THEY CRY OUT FOR HELP; THIS, BECAUSE THEY NO LONGER HAVE THE RIGHT TO SPEAK FOR THEMSELVES.

GUARDIANSHIP ABUSE IS WHAT OCCURS WHEN PREDATORS USE THE GUARDIANSHIP SYSTEM TO LOOT A VULNERABLE PERSON'S ESTATE, WHILE THEY NEGLECT OR ABUSE THE PERSON THEY SHOULD BE PROTECTING.

THE PUBLIC NEEDS TO KNOW THAT SOME COURT-APPOINTED GUARDIANS AND CONSERVATORS NEGLECT, ABUSE, AND FINANCIALLY EXPLOIT THE ELDERLY ADULTS THAT THE D.C. SUPERIOR COURT APPOINTS THEM TO "PROTECT," SO THEY AND/OR THEIR FAMILIES ARE NOT BLIND-SIDED INTO A SYSTEM THAT IS PAINTED AS A PANACEA, BUT INSTEAD ENABLES PREDATORS TO ABUSE THEM.

RISKS FOR ELDER NEGLECT, ABUSE, AND FINANCIAL EXPLOITATION, INCLUDING GUARDIANSHIP AND CONSERVATORSHIP ABUSE INCLUDE:

SOCIAL ISOLATION
LOW SOCIAL SUPPORT
DEMENTIA
EXPERIENCE OF PREVIOUS TRAUMATIC EVENTS, INCLUDING INTERPERSONAL AND DOMESTIC VIOLENCE[3]
FUNCTIONAL IMPAIRMENT AND POOR PHYSICAL HEALTH
FEMALE GENDER
YOUNGER AGE
LIVING WITH A LARGE NUMBER OF HOUSEHOLD MEMBERS OTHER THAN A SPOUSE[4]
LOWER INCOME OR POVERTY
LOW ECONOMIC RESOURCES
NON-USE OF SOCIAL SERVICES
NEED FOR ASSISTANCE WITH ACTIVITIES OF DAILY LIVING
POOR SELF-RATED HEALTH
NO SPOUSE/PARTNER
AFRICAN-AMERICAN RACE

[3] Experience of previous traumatic events, including interpersonal and domestic violence has been found to increase the risk for emotional,, sexual, and financial mistreatment.

[4] Living with a large number of household members other than a spouse is associated with an increased risk of abuse, especially financial abuse.

THE DISTRICT OF COLUMBIA CAN REDUCE THE RISK OF ELDER ABUSE BY PUTTING SYSTEMS IN PLACE THAT CAN PREVENT ABUSE FROM THE START, INCLUDING: (1) ENABLING ELDERLY AND VULNERABLE ADULTS TO KNOW AND RECOGNIZE THE RISKS FOR AND WARNING SIGNS OF ELDER ABUSE BY INFORMING AND EDUCATING THEM ABOUT ELDER ABUSE; (2) CREATION OF COMMUNITY SUPPORTS AND SERVICES FOR CAREGIVERS AND OLDER PEOPLE THAT CAN REDUCE THE RISK FACTORS TIED TO ELDER ABUSE; (3) INCREASED FUNDING TO PROVIDE TRAINING ON THE PREVENTION AND DETECTION OF ELDER ABUSE FOR PEOPLE WHO WORK IN AGING-RELATED CARE; (4) IDENTIFICATION OF WAYS TO EMPOWER ELDERLY ADULTS THROUGH SENIOR CENTERS AND INTERGENERATIONAL PROGRAMS THAT REDUCE THE HARMFUL EFFECTS OF AEGISM; (5) REQUIRING ADULT PROTECTIVE SERVICES TO AGGRESSIVELY AND EFFECTIVELY INVESTIGATE NEGLECT, ABUSE, AND FINANCIAL EXPLOITATION COMPLAINTS, INCLUDING GUARDIANSHIP AND CONSERVATORSHIP ABUSE, ALONG WITH THE METROPOLITAN POLICE DEPARTMENT, AND FORWARD CASES TO THE D.C. ATTORNEY GENERAL AND THE OFFICE OF THE U.S. ATTORNEY FOR PROSECUTION OF PERPETRATORS.

IT IS IMPORTANT ALSO THAT ONCE ELDERLY ADULTS PERCEIVE THAT THEY OR INDIVIDUALS THEY KNOW ARE BEING ABUSED, THEY KNOW WHERE AND HOW TO SEEK PROTECTION.

EQUALLY IMPORTANT AS REPORTING AND SEEKING PROTECTION FROM ELDER ABUSE IS, ENFORCEMENT OF D.C. LAWS THAT CRIMINALIZE ELDER NEGLECT, ABUSE, AND FINANCIAL EXPLOITATION AND PUNISH PERPETRATORS. OTHERWISE, OUR LAWS ARE MEANINGLESS.

THESE INCLUDE THE RECENTLY ENACTED L21-166, ‘FINANCIAL EXPLOITATION OF VULNERABLE AND ELDERLY ADULTS AMENDMENT ACT OF 2016,” AND ENHANCED PENALTY FOR CRIMES AGAINST SENIOR CITIZEN VICTIMS, WHICH INCLUDE DC CODE 22-321(EXTORTION), DC CODE 22-3221 (FRAUD), DC CODE 22-3211 (THEFT), DC CODE 22-2801 (ROBBERY), DC CODE 22-932 (CRIMINAL ABUSE AND NEGLECT OF VULNERABLE ADULTS).

INASMUCH AS THE D.C. ADULT PROTECTIVE SERVICES DIVISION HAS HAD YEARS TO ANNUALLY CONDUCT A COMPREHENSIVE, UNIFORM DISTRICT-WIDE PUBLIC INFORMATION CAMPAIGN TO INFORM AND EDUCATE THE PUBLIC ABOUT ELDER NEGLECT, ABUSE, AND FINANCIAL EXPLOITATION, INCLUDING GUARDIANSHIP AND CONSERVATORSHIP ABUSE, AND HAS NOT;

AND, INASMUCH AS THE D.C. OFFICE ON AGING EACH YEAR HAS TAKEN THE INITIATIVE TO UTILIZE THE MAYOR’S ANNUAL SENIOR SYMPOSIUM AND THE

WORLD ELDER ABUSE AWARENESS DAY TO INFORM AND EDUCATE ELDERLY ADULTS ABOUT ELDER ABUSE VIA THE DISTRIBUTION OF INFORMATIONAL MATERIALS AND PRESENTATIONS, HOSTS REGULAR PRESENTATIONS ON ELDER FINANCIAL EXPLOITATION ABUSE AND WAYS TO PREVENT VICTIMIZATION AT THE OFFICE ON AGING HQ, AND, HAS ESTABLISHED A FUNCTIONING ELDER ABUSE PREVENTION COMMITTEE WHOSE FOCUS IS THE PREVENTION OF ELDER ABUSE, AND, WHICH ROUTINELY INFORMS THE PUBLIC ABOUT ELDER ABUSE AND FINANCIAL EXPLOITATION, THE RESPONSIBILITY FOR AN ANNUAL COMPREHENSIVE, UNIFORM CAMPAIGN TO INFORM AND EDUCATE THE DISTRICT OF COLUMBIA PUBLIC ABOUT ELDER ABUSE, INCLUDING GUARDIANSHIP AND CONSERVATORSHIP ABUSE, SHOULD BE THAT OF THE D.C. OFFICE ON AGING.

FOR THESE REASONS I SUPPORT ENACTMENT OF BILL 22-402, "ELDER ABUSE PUBLIC INFORMATION CAMPAIGN ACT OF 2017."

I FURTHER SUPPORT THE REALIGNMENT OF THE ADULT PROTECTIVE SERVICES DIVISION WITH THE D.C. OFFICE ON AGING TO ENHANCE THE D.C. GOVERNMENT'S CAPACITY TO ADVOCATE, PLAN, IMPLEMENT, COORDINATE, DELIVER, MONITOR, AND EVALUATE PROGRAMS AND SERVICES THAT ARE DESIGNED AND STRUCTURED TO PROMOTE LONGEVITY, INDEPENDENCE, DIGNITY, AND CHOICE; FOSTER EMPOWERMENT, IMPROVE THE QUALITY OF LIFE FOR ELDERLY RESIDENTS OF THE DISTRICT OF COLUMBIA; AND, PROTECT ELDERLY D.C. RESIDENTS FROM NEGLECT, ABUSE, AND FINANCIAL EXPLOITATION, INCLUDING GUARDIANSHIP AND CONSERVATORSHIP ABUSE.

SPECIFIC RECOMMENDATIONS:

THE DISTRICT OF COLUMBIA SHOULD ENACT B22-403, "ELDER ABUSE PUBLIC INFORMATION CAMPAIGN ACT OF 2017," TO AUTHORIZE/DIRECT THE D.C. OFFICE ON AGING TO IMPLEMENT AN ELDER ABUSE PUBLIC INFORMATION CAMPAIGN WHICH:

> INFORMS AND EDUCATES THE PUBLIC ABOUT ELDER NEGLECT, ABUSE, AND FINANCIAL EXPLOITATION, INCLUDING GUARDIANSHIP AND CONSERVATORSHIP ABUSE, AND, HOW TO PREVENT VICTIMIZATION;
>
> INFORMS AND EDUCATES THE PUBLIC ABOUT RISK FACTORS FOR ELDER NEGLECT, ABUSE, AND FINANCIAL EXPLOITAITION, INCLUDING GUARDIANSHIP AND CONSERVATORSHIP ABUSE;

INFORMS AND EDUCATES THE PUBLIC ABOUT RECOURSES FOR THOSE WHO ARE OR HAVE BEEN VICTIMS OF ELDER NEGLECT, ABUSE, AND FINANCIAL EXPLOITATION, INCLUDING GUARDIANSHIP AND CONSERVATORSHIP ABUSE;

PROVIDES ON-GOING TRAINING TO STAFF OF: (1) THE ADULT PROTECTIVE SERVICES DIVISION, (2) THE METROPOLITAN POLICE DEPARTMENT, (3) THE OFFICE ON AGING, (4) PRIVATELY OPERATED PROGRAMS AND SERVICES FOR THE ELDERLY, AND (5) THE FINANCAL COMMUNITY REGARDING HOW TO DETECT AND REPORT ELDER NEGLECT, ABUSE, AND FINANCIAL EXPLOITATION, INCLUDING GUARDIANSHIP AND CONSERVATORSHIP ABUSE;

PROVIDES ON-GOING TRAINING TO STAFF OF: (1) THE ADULT PROTECTIVE SERVICES DIVISION, (2) THE OFFICE ON AGING PROGRAMS AND SERVICES, (3) THE METROPOLITAN POLICE DEPARTMENT, (4) PRIVATE PROGRAMS AND SERVICES FOR THE AGING, AND (5) THE FINANCAL COMMUNITY REGARDING INTER AND INTRAGENCY PROCESSES FOR INVESTIGATING AND PURSUING PROSECUTION OF PERPETRATORS;

PROVIDES ON-GOING TRAINING FOR: (1) THE ADULT PROTECTIVE SERVICES DIVISION, (2) THE OFFICE ON AGING PROGRAMS AND SERVICES, (3) THE METROPOLITAN POLICE DEPARTMENT, (4) PRIVATE PROGRAMS AND SERVICES FOR THE AGING, AND (5) THE FINANCIAL COMMUNITY REGARDING PARTICULAR FACTORS THAT MIGHT MAKE AN ELDERLY ADULT AT RISK OF BECOMNG A VICTIM OF ELDER ABUSE, INCLUDING:
WHAT IS ELDER NEGLECT, ABUSE, AND FINANCIAL EXPLOITATION

POTENTIAL PREDATORS (WHO MAY INCLUDE FAMILY MEMBERS, IN-HOME CAREGIVERS, CARE MANAGERS, IN-HOME ARE PERSONNEL AGENCIES, NURSING HOMES, NURSING HOME NURSES AND CAREGIVERS, PRIVATELY ENGAGED ATTORNEYS, COURT-APPOINTED ATTORNEYS, GUARDIANS, AND CONSERVATORS, OTHER INDIVIDUALS “OF TRUST,” AND ORGANIZATIONS OF TRUST)

ALL AGENCIES IN THE DISTRICT OF COLUMBIA THAT PROVIDE ADULT PROTECTIVE SERVICES, INCLUDING THE D.C. ADULT PROTECTIVE SERVICES DIVISION, D.C. SUPERIOR COURT GUARDIANSHIP ASSISTANCE PROGRAM (GAP), D.C. OFFICE ON AGING, METROPOLITAN POLICE

DEPARTMENT (MPD), AARP, ETC., THE ROLES, RESPONSIBILITIES, AND AUTHORITY OF EACH, AND, CONTACT INFORMATION FOR EACH

ADULT PROTECTIVE SERVICES HOT LINE

WHAT IS GUARDIANSHIP AND CONSERVATORSHIP

WHAT IS GUARDIANSHIP AND CONSERVATORHSIP ABUSE

THE ROLE, RESPONSIBILITIES, AND AUTHORITY OF THE GUARDIANSHIP ASSISTANCE PROGRAM, PROBATE DIVISION, D.C SUPERIOR COURT

D.C. SUPERIOR COURT GUARDIANSHIP AND CONSERVATORSHIP ABUSE HOT LINE

HOW TO FILE A COMPLAINT AGAINST ABUSIVE COURT-APPOINTED GUARDIANS, CONSERVATORS, AND ATTORNEYS

DEFINITION OF INCOMPETENCY/LACK OF CAPACITY

HOW INCOMPETENCY/LACK OF CAPACITY IS DETERMINED

WHAT A DETERMINATION OF INCOMPETENCY/LACK OF CAPACITY MEANS TO INDIVIDUALS DETERMINED INCOMPETENT

NEED FOR ESTATE PLANNING (FINANCIAL POWER OF ATTORNEY, HEALTH CARE POWER OF ATTORNEY, TRUST, WILL)
IDENTIFICATION OF TRUSTWORTHY FAMILY MEMBER(S), FRIENDS, AND/OR TRUST AND ESTATE ATTORNEYS TO SERVE AS FIDUCIARY ATTORNEY-IN-FACT, HEALTH CARE ATTORNEY-IN-FACT, SUCCESSOR TRUSTEE, AND PERSONAL REPRESENTATIVE

D.C. LAWS THAT PROTECT THE ELDERLY FROM NEGLECT, ABUSE, AND FINANCIAL EXPLOITATION, INCLUDING GUARDIANSHIP AND CONSERVATORSHIP, AND PUNISH PERPETRATORS, FOR EXAMPLE, D.C. CODE 22-932, “CRIMINAL ABUSE AND NEGLECT OF VULNERABLE ADULTS,” AND D.C. LAW 21-166, “FINANCIAL EXPLOITATION OF VULNERABLE ADULTS AND THE ELDERLY AMENDMENT ACT OF 2016.”

It was once said that the moral test of government is how that government treats those who are in the dawn of life, the children; those who are in the twilight of life, the elderly; and those who are in the shadows of life, the sick, the needy and the handicapped.

Hubert H. Humphrey

ATTACHMENT B

TESTIMONY

BUDGETARY OVERSIGHT HEARING

NEIGHBORHOOD DEVELOPMENT AND REVITALIZATION COMMITTEE & OFFICE ON AGING

D.C. DEPARTMENT ON AGING AND DISABILITIES PROPOSAL

Carolyn Dungee Nicholas

President

Advocates for Elder Justice

Hilda and Charles Mason Charitable Foundation, Inc.

April 24, 2017

Should the D.C. Office on Aging be restructured as a Department on Aging and Disabilities or remain the Office on Aging?

The D.C. Office on Aging should be restructured as the D.C. Department of Aging and Disabilities Services to enhance the agency's capacity to advocate, plan, implement, coordinate, deliver, monitor, and evaluate the education, job training, employment services, transportation, nutrition, health care, nursing care, assisted living, in-home care, adult protective services, and other health and social services designed and structured to promote longevity, independence, dignity, and choice, foster the empowerment, and improve the quality of life for elderly District of Columbia residents (ages 60 and above).

- *Fourteen states have separate departments aimed at aging issues that also administer programs: Alabama, California, Florida, Illinois, Iowa, Kansas, New Mexico, Ohio, Pennsylvania, Rhode Island, Texas, Vermont, Virginia and Maryland. Tennessee, Texas, and Vermont also include people with disabilities.*

  In 1959, the Maryland Department of Aging originated as the State Coordinating Commission on the Problems of the Aging (Chapter 1, Acts of 1959). It was renamed Commission on the Aging in 1971 (Chapter 595, Acts of 1971). The Governor's Coordinating Office on Problems of the Aging was established by the Governor in 1974. In 1975, the Commission on the Aging and the Governor's Coordinating Office on Problems of the Aging merged to form the Office on Aging, a cabinet-level agency (Chapter 261, Acts of 1975). In July 1998, the Office was restructured as the Department of Aging, a principal executive department (Chapter 573, Acts of 1998).

- *A quick search of counties and cities that have a Department of/on/for Aging, Senior Services, Aging and Independent Living, Elder Affairs, Aging and Rehabilitation Services, Aging and Elder Services, Disabilities, or Aging and Independent Living found that eleven counties and cities, including (Geauga County, Ohio, Milwaukee County, Wisconsin, Oneida County, Wisconsin, New York City, NY, Baltimore County, MD, Baltimore City, MD, Anne Arundel County,*

MD, Frederick County, MD, St Mary's County, MD, Howard County, MD, Montgomery County, MD) that do.

- **The D.C. Office on Aging** currently is an office administratively located in the Executive Office of the Mayor, District of Columbia, and thus by definition a "support" structure for the Office of the Mayor.

  Offices provide support services to the chief executive and/or to an organization, e.g., department, administration. An office, i.e., "support" structure, in the Executive Office of the Mayor is not the appropriate organizational structure for developing, coordinating and managing the health, education, employment, social services which promote the longevity, independence, dignity, choice, and quality of life in general for older District residents (age 60 plus), persons living with disabilities (age 18 to 59) and their caregivers.

  An Office on Aging administratively located in the Executive Office of the Mayor, rather than a Department on Aging at Cabinet level, is merely an appendage of the Office of the Mayor

- **A D.C. Department on Aging and Disabilities** will be a more prominent, more visible, more conspicuous organization that is dedicated to and responsible for meeting the service needs of the District's elderly residents ages 60 and older than is an Office on Aging. A D.C. Department of Aging and Disabilities Services will become the pre-eminent agency for addressing the challenges of the District's aged and ageing population.

- **A D.C. Department on Aging and Disabilities** will give greater recognition to and assign greater importance to the District's aged and ageing population (D.C. residents aged 60 years and older) and D.C. residents with disabilities, and thereby fulfill the D.C. Office on Aging **vision** "to become the premier agency in Washington, D.C. addressing the needs of older adults, persons living with disabilities, and their caregivers."

- **Case management** should be the responsibility of the D. C. Office on Aging (Department on Aging) staff who are D.C. Government DS-employees who

use the same/uniform position description. In other words, contract case managers should no longer be used.

- **A D.C. Department of Aging and Disabilities** will encompass all D.C. Government programs and services for D.C. residents 60 years of age and over currently located organizationally with other D.C. Government offices and agencies and private organizations, including responsibility for implementation of the Age-Friendly D.C. Strategic Plan (which currently is located in the Executive Office of the Mayor), the Long-term Care and In-home Care Ombudsman (which is located with the AARP), and the Adult Protective Services Division (which is aligned with the D.C. Department of Human Services).

- The collocation and realignment of all D.C. Government services for D.C. residents 60 years of age and older will provide for the delivery of wrap-around services that meet/address the needs of D.C. residents 60 years of age and over by one bureaucratic structure, including adult protective services, the Long-term Care and In-Home Care Ombudsman, Age-Friendly D.C., and case management for every elderly and/or disabled D.C. resident who is in need of case management services.

- A departmental structure will allow the expressed allocation of clearly defined roles and responsibilities for different functions and processes in a hierarchy of different entities such as administrations, bureaus, divisions, branches, units, offices.

- If a **D.C. Department on Aging and Disabilities** is established to replace the D.C. Office on Aging, it will be critical for the Department to identify the challenges the Department will face, determine, categorize and organize the tasks to be accomplished and separate specific tasks from others to result in the formation of divisions within the organizational structure to fulfill the D.C. Office on Aging mission "to advocate, plan, implement, and monitor health, education and social services needed by elderly and/or disabled D.C. residents, including financial assistance to the elderly and case management, which promote longevity, empowerment, independence, dignity, choice, and quality of life for older District residents (age 60 plus), persons living with disabilities (age 18 to 59) and their caregivers.

- "DCOA needs to re-conceptualize its role beyond that of allocating and overseeing public monies to the service providers in each ward." [5]

- Services currently delivered to elderly and/or disabled D.C. residents via contracts should instead be delivered by a Bureau of Programs and Services in each ward by the Department on Aging and Disabilities Services, which monitors the delivery of programs and services, and evaluates the quality of services delivered.

  Programmatic and budgetary decisions should be based on monitoring and evaluation feedback, including program and services utilization by elderly and/or disabled residents, and the quality of programs and services delivered. The rote handout of contracts to companies with little to no monitoring and no evaluation for program and/or service quality needs to come to an end.

- Increased publicity regarding ageing programs and services is needed to increase awareness of programs and services for the elderly.

- Outreach to D.C. seniors is needed to participation of the elderly in ageing programs and services.

- Though the number of D.C. residents who are mentally retarded and/or otherwise developmentally disabled is far fewer (cannot find the numbers) than the number of elderly (60 +) who reside in the District of Columbia, the District of Columbia has a Department on Disability Services to serve that population group.

  The Office on Aging which is merely an appendage of the Executive Office of the Mayor serves only 17,500 of the 107,000 residents of the District of Columbia who are ages 60+. Clearly a significant number of elderly DC residents are not being served by the Office on Aging.

- Though the number of D.C. residents who are mentally ill is far fewer (cannot find the numbers) than the number of elderly (60+) who reside in the

[5] George Washington University, DCOA 2016 Needs Assessment, 2016, pg. 1

District of Columbia, the District has a Department of Behavioral Health to serve that population group.

The Office on Aging which is merely an appendage of the Executive Office of the Mayor serves only 17,500 of the 107,000 residents of the District of Columbia who are ages 60+. Clearly, a significant number of elderly DC residents are not being served by the Office on Aging.

The focal question the DCOA 2016 Needs Assessment endeavors to answer is:
How do we serve more seniors, and/or serve seniors more effectively, including:

1. Keeping seniors in their homes longer,
2. Providing holistic array of services to optimize quality of life, and
3. Ensuring that the people who are most frail and sick are heard, as those who are more able-bodied may be more able to obtain resources they need. [6]

This proposed D.C. Department on Aging and Disabilities is an answer to that focal question.

The Executive Director, D.C. Department on Aging and Disabilities shall:

- be appointed by the Mayor with the advice and consent of the D.C. Council.

- be responsible for planning, developing, coordinating and managing a comprehensive system of health, education, employment and social services for the District's older adults (ages 60 years and older), persons living with disabilities (18 to 59 years old), and their caregivers which promote longevity, independence, dignity, and choice, and quality of life in general for older District residents (age 60 plus), persons living with disabilities (age 18 to 59) and their caregivers.

- chair the Interagency Committee on Aging Services, the Oversight Committee on Quality of Care in Nursing Homes and Assisted-Living Facilities, and serves as advocate for the elderly at all levels of government.

[6] Ibid, pg. 1.

- serve on the Mayor's Executive Council, the Interagency Disabilities Board; the Health and Human Services Referral Board; the Interagency Council on Homelessness; the State Coordinating Committee for Human Services Transportation; the District of Columbia Commission on Suicide Prevention, the District of Columbia Veterans Trust, and the Mayor's Workforce Investment Board.

- directly oversee Communications, Information Technology, Operations, and Fiscal Services.

- There are 21 departments within the Government of the District of Columbia as of 2015, including the Department of: Behavioral Health, Consumer and Regulatory Affairs, Corrections, Disability Services, Employment Services, Environment, Fire and Emergency Medical Services, Forensic Sciences, General Services, Health Care Finance, Health, Housing and Community Development, Human Services, Insurance, Securities and Banking, Metropolitan Police, Motor Vehicles, Parks and Recreation, Public Works, Small and Local Business Development, Transportation, Youth Rehabilitation Services. A Department on Aging and Disabilities should be the 26th.

It was once said that the moral test of government is how that government treats those who are in the dawn of life, the children; those who are in the twilight of life, the elderly; and those who are in the shadows of life, the sick, the needy and the handicapped.

Hubert H. Humphrey

ATTACHMENT C

MONTGOMERY COUNTY CRIMES AGAINST SENIORS AND VULNERABLE ADULTS (CASVA) UNIT

- Montgomery County Crimes Against Seniors and Vulnerable Adults (CASVA) Unit is comprised of two (2) Divisions: (1) Special Victims Division handles all sex assault, child abuse, human trafficking, domestic violence, etc. types of cases; (2) Special Prosecutions Division handles white collar financial crimes and other unique types of cases. Montgomery County wanted both of the Divisions since so many crimes against seniors are both physical and financial in nature.
-
- The Crimes Against Seniors and Vulnerable Adults Unit has two (2) Division Chief's:
    - Chief, Special Victims Division;
    - Chief, Special Prosecutions Division.

- The Crimes Against Seniors and Vulnerable Adults Unit has two Circuit Court prosecutors. Both are highly trained in prosecuting financial and physical cases. In addition to handling CASVA cases, they also handle other cases for the State Attorney Office for their respective Units.
-
- A recently engaged prosecutor handles all of the elder/vulnerable adult cases at the District Court level. He is assigned to the CASVA Unit only.
-
- Usually misdemeanors or smaller dollar amount cases are handled in District Court. Typically, cases are moved up to Circuit Court when the dollar amount is $10K or more, or if the abuse/neglect is more serious and/or at the felony level.
-
- A Legal Assistant also was recently engaged to help with screening cases and other administrative tasks.

- The Program Manager/Investigator for the Unit handles the day to day operations and acts as liaison between other agencies. She screens and investigates financial cases as well and prepares them for trial.
-
- The Program Manager/Investigator and the Legal Assistant receive all of the intakes that Montgomery County Adult Protective Services accepts for investigation. Once the social workers complete their investigation, they discuss their findings and determine if there is anything criminal in nature that the Crimes Against Seniors and Vulnerable Adults Unit could proceed on.
-
- The CASVA Unit currently has seven (7) staff but has grown by two (2) in only two years because there is such a need.
-
- Though there is an assigned investigator for the Unit, they also utilize some of the financial investigators that work in the Special Prosecutions Division since there is such an overflow.
-
- Three (3) financial investigators work in the Special Prosecutions Division.
-
- The Fraud Unit also sometimes helps to investigate financial cases. About six (6) detectives are assigned to the Fraud Unit. They investigate ALL cases of fraud in the county. There are no detectives specially assigned to investigate elder financial abuse cases.
-
- The Montgomery County Police Department also has a Special Victims Investigations Division (SVID) and within that division is the Elder/Vulnerable Adult unit.
-
- The number of detectives assigned to the Special Victims Division is unknown.
-
- Two (2) detectives investigate cases of physical abuse and neglect.
-
- There are several units within the Special Victims Division. One is the Sex Assault Team which investigates any sexual abuse complaints where the victim is a senior or vulnerable. The Sex Assault Team has one sergeant and four (4) detectives
-

- The DV/Elder Abuse Unit investigates cases of abuse and neglect where the victim is a senior or vulnerable adult. The DV/Elder Abuse Unit also investigates all Domestic Violence cases. The DV/Elder Abuse Unit has one sergeant and three (3) detectives.
-
- If there is a sexual abuse investigation involving a senior or vulnerable adult, then it is handled by one of the Sex Assault/DV detectives, who are also part of the SVID.
-
- Approximately ten (10) Adult Protective Services social workers investigate these types of cases. The Investigator/Program Manager works closely with them on their investigations.
-
- The ten (10) or so Adult Protective Services workers that investigate the Units cases are NOT assigned to the CASVA Unit. They are a separate entity within the APS and investigate all types of APS cases.
-
- The CASVA Unit's numbers for 2015 and 2016 have increased quite a bit. An even bigger jump is expected in 2017, now that the Unit has added two new positions.
-
- The Unit also is part of an Elder and Vulnerable Adult Abuse Task Force (EVAATF) that meets monthly with other government agencies to discuss problematic cases and come up with a game plan.
-
- According to the Program Manager/Investigator, it is evident that a major part of the Unit's success thus far has been its multi-disciplinary approach to these cases and having the support of the State's Attorney, County Executive, Adult Protective Services, and other agencies.

ELDER FRAUD PROGRAM ADMINISTRATOR JOB DUTIES

Triage complaints of financial crimes victimizing seniors

- Cases clearly not criminal
- Cases that need immediate investigation
- Cases where more information is needed to evaluate
  - Subpoena records
  - Interview victims & witnesses
  - Interview targets

Liaison to other government agencies involved in senior issues

Answer questions from Adult Protective Services workers and supervisors about:

- Criminal law
- Steps to be taken in specific cases

Assist Adult Protective Services in getting all necessary information for an evaluation of reports filed under Maryland financial crime reporting laws by banks

Interact with Police financial crimes and family violence divisions

Provide guidance as to steps needed to build a criminal case

Be a resource for questions during their investigations

Monitor cases referred to police by our office

Track cases and complaints where seniors are victims

Ensure cases are entered in Justware

Ensure proper attributes are assigned to victims

Maintain a log of complaints reviewed that do not become cases

Provide outreach to community groups

Give presentations to groups interested in both financial and physical crimes against seniors

Participate in developing training material and conducting training events for those who work with seniors

Build relationships with professionals such as doctors and clergy who regularly interact with seniors but are not involved in reporting and combating crimes against seniors.

Involvement with advocacy groups on senior issues

Keep current on best practices for investigating crimes against seniors

Distribute education material within the SAO and to other govt agencies

Monitor grant opportunities to fund new initiatives

Participate in blogs, listservs, and other electronic groups

Report to both head of Special Prosecutions and head of Family Crimes

Consult with State Attorney's Office chief investigator regularly

Consult with Family Crimes program manager regularly

Interact regularly with attorneys assigned cases with senior victims to know current status of prosecutions

ATTACHMENT D

EXECUTIVE SUMMARY

PURPOSE

The DCOA 2016 Needs Assessment was conducted to:
1. improve overall agency efficiency,
2. identify high-value areas for improvement, expansion or innovation, and
3. implement a sustainable approach for establishing priorities and procedures to meet the needs of individuals 60 years and older in DC.

BACKGROUND

There are currently over 107,000 seniors living in DC, and about 17,500 (16.5%) utilize DCOA services and programs. The other 90,000 older adults who are not touched directly by DCOA services may still benefit from DCOA advocacy and DCOA information widely available to elders and their families. However, the extent to which DCOA advocacy and information impacts these older adults is unknown. Furthermore, the extent to which elders use their own purchasing power to access desired services (such as private case management, assisted living, even gym memberships) has not traditionally been measured nor considered as part of the aging services network. Assessing the adequacy or gaps in private market services has not been seen as within the purview of DCOA. This is also true for many services provided by other DC governmental agencies and for a wide array of health services funded through Medicare, Medicaid, and private insurers. In sum, the traditional view of DCOA's domain has been limited to the services DCOA itself provides or funds and to the clients receiving those services. However, this is only a part of the full scope of services that elders use to maintain and enhance their quality of life.

The DCOA client constituency may be roughly seen as three overlapping groups, each of whom has different needs and resources (see Figure 1). First are the well elderly who are living in the community and are hoping to maintain or enhance their quality of life. About half of the elderly in DC live alone. The needs of the well elderly are for information (i.e. advance care planning information, information about caregiving), support for enhancing quality of life (i.e. socialization, civic participation), preventive services to preserve health and functioning (such as fall prevention), support for staying in the community (i.e. accessible housing), and advocacy to address a variety of impediments to "age friendly" living.

The second group is the frail elderly. These are elders with significant health conditions that may bring them into frequent contact with the health care system. A third of DC elder residents are disabled, although the definition for frail and disabled is not precisely equivalent. Many of the frail elders are home bound or socially isolated. Their needs are for tighter integration of health and social socials, for rapid delivery of services during crisis, and for sustained and coordinated support to keep them in community. Finally, there is the

subgroup of elders with limited economic power. Currently, about one quarter of DC elders have incomes less than 150%of the federal poverty level. For these residents, poverty compounds age-associated problems by making it harder to afford basic services such as housing and food. Many of these residents contend with significant economic barriers that

are not primarily about aging issues, but that are exacerbated by – and in turn exacerbate – the challenges of living well and happily as one ages.

Finally, the stark contrast between the rapid increase in the elderly population and the static or declining governmental funding for aging services is well known. Faced with this, the challenge for DCOA is either how to prioritize services within the static pool of available funds, or how to advocate for new funding (including private market funding) that might keep pace with population growth.

FOCAL QUESTION

The focal question the DCOA 2016 Needs Assessment endeavors to answer is:
How do we serve more seniors, and/or serve seniors more effectively, including:
- Keeping seniors in their homes longer,
- Providing holistic array of services to optimize quality of life, and
- Ensuring the most frail and sick people are heard, more able-bodied individuals may be more able to advocate for themselves for resources.

METHODOLOGY

The ***conceptual framework*** of the ten age friendly domains developed as part of DC's participation in the WHO Global Network of Age-Friendly Cities and Community Programs was utilized to address the questions posed by the DCOA 2016 Needs Assessment.

We supplemented these domains with two additional domains: food security and caregivers (Table 1).

TABLE 1. DCOA 2016 NEEDS ASSESSMENT 12 DOMAINS

1 Outdoor spaces
2 Transportation
3 Housing
4 Social participation
5 Respect & social inclusion
6 Civic participation
7 Communication & information
8 Community & health services
9 Emergency preparedness & resilience
10 Legal
11 Food Security

12 Caregivers

Three data pathways (Figure 2.) were used to collect relevant data addressing the focal questions:

• Surveys of seniors in DC, surveys of service providers, and focus groups with vulnerable populations;

• Interviews with key informants and thought leaders; and

• Identification of best practices

Figure 2. Data Pathways

The **Senior Survey** asked seniors or their caregivers to rate each of 39 services on these dimensions:

• ***How important is this to you?***
(Rated on a 4-point Likert scale from "Very important" to "Not at all important")

• ***If you have assistance, who assists you?***
(Choices were family, friend, DCOA, religious organization, other write-in) Rated on a 5-point Likert scale from "Very satisfied" to "Very dissatisfied")

• ***If you are not receiving assistance, why not?***
(Choices*: "*Don't need", "Don't know how to get services", "Can't afford services", "Don't share financial information", "Never thought about this", "Family's responsibility to provide", "Other" write-in).

This report covers the analysis of 880 resident surveys completed online and in hard copy by September 15, 2016.

The **Service Provider Survey** mirrored the Senior Survey in the items queried. For each of the 39 services and/or activities, service providers were asked:

• ***How important is this to you?***
(Rated on a 4-point Likert scale from "Very important" to "Not at all important")

• ***How satisfied are you with DCOA and Network Services currently offered?***
(Rated on a 5-point Likert scale from "Very satisfied" to "Very dissatisfied")

• ***What are the challenges in offering this service/addressing this need?***
Space was provided for open-ended responses.
The provider survey participants included 57 individuals who self-identified as providing services to older adults in DC.

Interviews with Aging Care Leaders were conducted with 13 key geriatric/gerontology healthcare providers in DC to elicit critical healthcare needs of older adults; to inquire about innovative and evidence-based practices either in use by, or known by, the contacts; to explore opportunities for collaboration with DCOA in caring for Seniors in DC. The interdisciplinary healthcare providers interviewed were practicing in DC hospitals, nursing homes, outpatient clinics, home-based geriatric primary care practices, hospice, front-line DCOA service professionals, and community outreach programs. Providers included physicians, nurse practitioners, social workers, registered nurses, community outreach personnel, and DCOA transitional care coordinators.

Best Practices were identified by reviewing professional literature, websites and organizational information. A search was conducted for best practices in each of the age friendly domains and the practices were evaluated based on the American Public Health Association's (APHA) Health in All Policies framework. These five criteria are: 1) Promoting health and equity, 2) Supporting inter-sectoral collaboration, 3. Creating co-benefits for multiple partners, 4) Engaging stakeholders, and 5) Creating structural or process change. Our final list of identified 165 best practices relevant to the age friendly domains of concern.

Data Pathways

RESULTS

Demographics of survey respondents were comparable to all DC older adults:

- more likely to be female (77%survey vs. 60% all DC seniors)
- more likely to be African American (73%survey vs. 60%all DC seniors)
- more likely to have income below 150% of federal poverty level (31% survey vs 24%all DC seniors)
- same level of education with 13% no high school diploma and 61% at least some college
- equally likely to live alone (56%survey vs. 55%all DC seniors)
- equally likely to be disabled (30%survey vs. 33%all DC seniors)

Nearly one quarter of respondents were between 65 and 69, and 20% were between 70 and 74 years. Of seniors responding to the question *What health challenges do you face?*, the most commonly reported conditions were heart disease (including hypertension), hard of hearing, and diabetes mellitus. The distribution of respondents across the Wards in DC varied from 7%in Ward 3 to 18%in Ward 4. All Wards were represented with some overrepresentation by percent from Wards 1, 4, 7 and 8, some underrepresentation from Wards 2, 3, 5, and 6.

The respondents to the organizational survey mostly worked with private entities: nonprofit organizations (51%), and for-profit organizations (21%). The service areas in which they provided services were roughly equally distributed across all DC wards. Over half of respondents reported their provider organizations served DC exclusively, while the balance served the entire Metro area, including Maryland and Virginia suburbs of DC.

A Priority Ranking based on perceived importance and need was developed of each service by combining survey responses about importance (the question "How important is this to you?") with responses that indicated unmet need. The measure of unmet need was the proportion of respondents who said either "don't know how to get services", "can't afford services" or "won't share financial information" in response to the question "If you are not receiving assistance, why not?" Importance and unmet need were combined in equal weights to create a priority ranking score. The importance, unmet need and priority were examined in three sets of respondents: all respondents to the senior survey, only those who were seniors with disabilities, and only those with incomes less than $15,000 per year. The top four responses for all older adult respondents, older adults with low income (<$15,000), older adults who indicate they are disabled are illustrated in Figure 3.

1
2
3
4

Preventing Falls and other accidents

Knowing what services are available

Keeping warm/cold as weather changes

Assistance with repairs and maintenance of my home or yard

Knowing what services are available

Info/assistance applying for health ins. or Rx coverage

Assistance applying for other benefits, e.g. SNAP

Getting exercise that is good for me

Knowing what services are available

Preventing Falls and other accidents,

Info/assistance applying for health ins. or Rx coverage

Keeping warm/cold as weather changes

Figure 3. Top Four Services By Priority Ranking

MAJOR FINDINGS

 85%of seniors and 98%of providers rated "Knowing what services are available" as *very important,* yet for every domain, 20% or more of seniors report they don't know how to access the service

- For every domain, a high proportion of older adults report "don't know how to get services." This ranges from one in four (24.5%) for the legal advocacy domain to one in eight older adults (12.1%) for the civic participation domain.
- Health care professional interviewees requested many improvements in DCOA service information, ranging from a "one stop shop" resource person at DCOA to more print and on-line information to presentations and training.
- Although almost all (95%) of provider respondents reported knowing about DCOA and its services, almost a quarter (22%) did not know about ADRC services.
- Although providers reported perception of significant variation in quality between service providers, there is no system-wide data collection to assess either unmet need or quality of service.
- 75% of provider respondents said they could not adequately meet the needs of all their clients
- 40% of provider respondents reported maintaining a wait list to provide services, including subsidized handicap accessible housing, case management services, homebound services, emergency shelters, home modifications, delivery of meals for homebound clients, housekeeping services, delivery of medical supplies, and adult day care.

More communication and information needed
No infrastructure for monitoring quality or unmet need
Significant unmet need for services in many areas

- Seniors' reported unmet need was high in all domains. Unmet need ranged from 39% in the housing domain to 36% in the communication/information domain to a low of 17% in the civic participation domain (employment and voting.)
- *Knowing what services are available* and *preventing falls/accidents* rank among the top 5 priorities for all seniors overall and for the subgroups of seniors with disabilities and seniors with low income.
- Seniors with low income and seniors with disabilities rate *assistance applying for health insurance,* much more highly than do all seniors.
- Seniors with low income rate *assistance applying for other benefits*, and *getting exercise* much more highly than do all seniors or seniors with disabilities.
- Providers, both on the survey and in interviews, place a higher importance on services needed to meet urgent or emergent needs.
- On average, disabled and low-income respondents rate many more services as highly important (at least 3.0 on 4 point scale of importance). For all seniors, 27 out of 39 services were ranked at least 3.0. But seniors with disabilities ranked 35 services and seniors with low income ranked 36 services at least 3.0 in importance.
- On average, need is higher on many more services for seniors with disabilities or seniors with low income than for all seniors.

KEY RECOMMENDATIONS

As a result of our comprehensive review of the state of aging needs and services in DC, the consulting team identified key opportunities that cut across need domains. Faced with a fast-growing gap between the expanding need for services and public funding that is flat, DCOA needs to re-conceptualize its role beyond that of allocating and overseeing public monies to the service providers in each ward. DCOA needs to strengthen its capacity for advocacy and coordination so that it becomes a catalyst for helping a variety of actors, both public and private, foster healthy, fulfilled aging for all DC residents. This will require DCOA to increase its capacity to provide service level improvements, as well as key system-wide components. The five main recommendations are summarized below and are shown conceptually in Figure 4.

Priorities differ based on senior situation

Figure 4. Recommendations from DCOA 2016 Needs Assessment

• ***Improve communication and connectivity*** among services/activities, DCOA, older adults, caregivers, families, and service providers for older adults in DC.

- Develop a more robust DCOA website with Age-Friendly Navigation.

- Establish a Virtual Senior Center to provide consistent and city-wide information regarding services offered.

- Utilize Virtual Senior Center to provide city-wide interactive programming for exercise, socialization, arts activities, education, etc.

- Extend/Leverage "No Wrong Door" Model to provide portal for comprehensive service access and rapid intake.

- Extend collaborations with AARP and Villages as local and trusted source of information.

• ***Bridge social and health needs*** to more effectively address the health care needs of older adults and their families/caregivers, including healthcare, housing, food security, transportation and safe environments

- Establish coalition of DCOA stakeholders and healthcare organizations to collaborate for coordinating and improving care and transitions for older adults, e.g. care management provided by the ADRC's could be coordinated more effectively with hospital programs, programs to reduce hospital readmission could be coordinated with DCOA supports and services.

- Extend interprofessional DCOA team to include a Geriatric Advanced Practice Nurse to bridge social and broader health services, including chronic disease

education and consultation.
o Recognize importance of addressing chronic illness management in older adults as 4 out of 5 Americans over 50 suffer from at least one chronic condition, more than 50%have more than one and 20%have some form of mental illness (Centers for Medicare and Medicaid Services, 2006), which

DCOA Needs Assessment Key Recommendations

Improve communication and connectivity

Bridge social and health needs

Build urgent and emergent capacity

Develop quality measures and processes

Spur collaboration and innovation precludes addressing social needs in isolation of physical and mental health
problems.

o Address service improvements through recognition of the DCOA services as important social determinants of health, which are six domains, i.e. economic stability, neighborhood and physical environment, food, community and social context, and healthcare system. For example, food is a social determinant of health. What about food makes it a social determinant of health? An example is a neighborhood with quality grocery stores and access to three meals a day makes maintaining a healthy diet easier. Hunger and access to healthy options impact an individual's health. Living in a food desert or obtaining one meal a day impacts health outcomes. Collectively the six social determinants of health domains impact the mortality, morbidity, life expectancy, health care expenditures, health status and functional limitations of the District.

• ***Build urgent and emergent capacity*** for critical services
o Improve ***transportation capacity and quality*** for older adults, especially sick and frail in DC.

 Develop mechanisms for “urgent care” access to transportation.

 Develop funding sources beyond DCOA to expand capacity; these may involve public/private partnerships, or collaboration with health care institutions.

 Collaborate with other agencies/organizations who also provide these services to reduce gaps in transportation

o Improve ***housing capacity and quality*** for older adults, especially sick and frail in DC.

 Continue 'Safe at Home" to improve housing for older adults, including reducing fall risk and barriers that limit mobility.

 Develop funding sources beyond Older Americans Act funding to expand capacity.

 Expand public/private partnerships and collaboration with health care institutions.

o Improve capacity to provide ***adequate and healthy foods*** for older adults, especially sick and frail in DC.

 Ensure comprehensive nutrition services city-wide to provide dedicated expert nutritional providing nutrition information, assessment, and counseling to older adults (geriatrics), their families and caregivers on nutrition and feeding issues education for providers, older adults, families and caregivers, that include: unintentional weight loss or poor appetite; dementia-related feeding issues; dysphagia; diabetes nutrition management; chronic kidney disease nutrition; cardiovascular nutrition issues; weight management; tube feeding or oral calorie & protein nutrition supplements; wound healing; and, general healthy eating for seniors.

 Utilize city-wide nutrition nutritionist who can write prescriptions for nutrition supplements, secure public and private additional funding and support to maintain an adequate supply of special supplements (nutrition supplement bank at Capital Area Food Bank;

 Advocate for home delivered meals as part of EPD waiver services for FY18, and

 Establish transitional care nutrition (hospital to home) to reduce compromised health condition and possible readmission.

• ***Develop quality measures and systematic process*** for measurement and evaluation of DCOA service quality, including monitoring unmet needs.

o Select from available published measures to create a parsimonious panel of structure, process and outcome measures applicable to SSN.

o Involve SSN in selecting the measures so that they feel the measures are useful in their operations, and not simply reporting for sake of reporting.

• ***Spur collaboration and innovation*** with current Senior Service Network (SSN) and other agencies that serve older adults in DC to increase and expand services.

o Create an innovation incubator which would provide funding and technical assistance to help SSN agencies test and scale innovations.

- DCOA would solicit innovations in target areas aligned with strategic plan.

CONCLUSIONS

The results of the DCOA 2016 Needs Assessment point out the significant challenges that DCOA faces as it plans how to stretch finite and constrained resources to meet a large and rapidly growing need. This study did NOT reveal any simple, quick fixes pointing to low priority services that can simply be dropped from the budget. Instead, the study suggests that an array of new approaches is needed to meet the challenges of serving DC's aging citizens. These approaches are not simple and may require investment of substantial time and resources. They may need to be staged, with full completion taking a number of years. We believe such effort will pay off in helping DCOA – and the associated aging services network - pivot from its historic role of serving pieces of the constrained contractual resources of the Older Americans Act pie, into a visionary agency that can marshal public and private energy to make enough pie to meet a larger portion of the need.

The recommendations relating to system infrastructure for communication, quality measurement, and innovation are all multi-year projects. Each could be a major initiative in itself. While there are some "low hanging fruit" within each area (such as having a system to track waiting lists at contractors), fully developing these systemic infrastructure capacities will not be quick. Nevertheless, we recommend beginning the planning for projects in the recommended areas soon, so that the needed system capacity for ongoing measurement of need, quality, and capacity to innovate to meet those needs will be supported.

The recommendations in the area of improving linkage and coordination between the traditional social services of the Senior Services Network (those services funded through Older Americans Act monies) and the health care system (mostly funded through Medicare, Medicaid and private payors) requires a fundamental shift in strategy for DCOA. As long as DCOA continues to see its predominant role as that of steward for the limited stream of DCOA funding and resulting services, it will remain limited in its capacity to fully achieve its mission of promoting "longevity, independence, dignity, and choice for older District residents, people with disabilities, and their caregivers."

Building on the advocacy role that is encoded both in the Older Americans Act and in DCOA's mission, DCOA can build bridges with healthcare providers so that healthcare and social services are more thoroughly linked from the perspective of both the service recipient and the provider. This approach should build on the evidence that integrated social and health services helps reduce the burden on the health care system (e.g. rapid inhome meal provision after a hospitalization can reduce readmissions). It could also help DCOA leverage its capacity for case management and service delivery in such a way that it could access additional funding from the health service sector. In its advocacy role, DCOA could serve as convener and catalyst to help the health service sector better serve the senior population. Launch of a PACE program is one obvious goal that should be implemented soon. Other possibilities – such as an integrated case management IT system through which both health care providers and social service providers could access up to date and comprehensive information on clients – can only happen with sustained and

broad collaboration across the health care and social services sector.

Finally, in the area of prioritizing specific services that should receive more or less funding, we caution that there is tension between the urgent needs of those who are most in need at this moment vs the preventive approach that supports wellness and quality of life in order to prevent, delay, or ameliorate later deterioration of health and wellbeing. The evidence to support cost-effectiveness of widespread wellness and prevention efforts can be hard to come by because the payoff is far into the future compared to the immediate impact of providing urgent or emergent services during crises. But the goal of an age friendly city, which DC has embraced, will require attention to prevention and wellness as well as to capacity to intervene effectively in crisis. Finding the right balance within constrained funds will continue to be a challenge.

ATTACHMENT E

Hilda and Charles Mason Charitable Foundation, Inc.

Advocating for Elder Justice

RECOMMENDATIONS FOR AN AGGRESSIVE, EFFECTIVE ADULT PROTECTIVE SERVICES (APS) SYSTEM IN THE DISTRICT OF COLUMBIA

by

Carolyn Dungee Nicholas, MPA

President

Advocates for Elder Justice

Hilda and Charles Mason Charitable Foundation, Inc.

Revised December 4, 2014

RECOMMENDATIONS FOR AN AGGRESSIVE EFFECTIVE ADULT PROTECTIVE SERVICES SYSTEM IN THE DISTRICT OF COLUMBIA

The D.C. Adult Protective Services Division does not aggressively and effectively protect elderly D.C. residents from neglect, abuse and financial exploitation, including guardianship and conservatorship abuse.

The District of Columbia has not criminalized elder financial abuse/exploitation, though thirty-three (33) states have done so. And fourteen (14) states, including Maryland, have criminalized elder financial exploitation by use of "undue influence."

Financial or Material Abuse/Exploitation is defined as the illegal or improper use of an older person's or vulnerable adult's funds, property, or assets. Examples include, but are not limited to, cashing an older/vulnerable person's checks without authorization or permission; forging an older person's signature; misusing or stealing an older person's money or possessions; coercing or deceiving an older person into signing any document (e.g., contracts or will); and the improper use of conservatorship, guardianship, or power of attorney.

According to Attorney Lori Stiegel, Associate Staff Director, American Bar Association Commission on Legal Problems of the Elderly, "financial abuse of the elderly covers an expansive array of issues. These include misuse of durable powers of attorney and bank accounts and the misuse or neglect of authority by a guardian or conservator. They embrace the failure to provide reasonable consideration for the transfer of real estate, failure to provide or excessive charges for goods or services for which one is paid, and using fraud or undue influence to gain control of or obtain money or property. To many people, the definition of financial abuse also applies to predatory lending, telemarketing fraud, sweepstakes fraud, and other scams that are targeted toward older persons."

Since elder financial exploitation is not a crime in the District of Columbia, individuals and/or organizations that prey on the graying do not hesitate to do so.

Elder neglect, abuse and financial exploitation, including guardianship and conservatorship abuse, occur in every state, the U.S. territories and the District of Columbia!

Every year, an estimated 2.1 million older Americans are victims of physical, psychological, or other forms of neglect, abuse and financial exploitation. In the past year alone – and this is a conservative figure – at least one in thirteen persons 60 years and over was abused. For every case of elder neglect, abuse, and financial exploitation reported to authorities at least 23 cases go unnoticed. In cases of financial abuse only one in 44 cases is made known. In cases of neglect a staggering one in 57 cases is made known.

Elder financial abuse is considered to be the most common form of abuse, costing its victims an estimated $2.6 billion a year. Elder financial abuse in fact, is becoming the crime of the 21ST century as the growing senior population is increasingly targeted.

The National Center on Elder Abuse has declared elder abuse, including elder financial abuse, an under-recognized problem with devastating and even life-threatening consequences, and encourages dynamic involvement from not only the aging services and affiliated networks but also from the public at large to recognize elder abuse and take action in preventing it!

Studies show that family members (spouses, intimate partners, children, grandchildren, nieces, nephews, siblings, etc.) are the culprits in more than one half of financial abuse/exploitation cases. Consequently, unless an outside service provider reports the abuse, it may go unpunished.

Other culprits include: friends and trusted others, caregivers, caregiver referral/employment agencies, care managers, privately engaged attorneys, usually trust and estate attorneys, who too often maneuver their elderly and/or disabled clients to give them financial power-of-attorney and health care power of attorney, designate them trustee for a revocable or irrevocable trust, and/or designate them executor, or personal representative for their estate in a Last Will and Testament; Court-appointed attorneys, guardians and conservators; lenders, real estate investors, a host of scam artists.

A recent Freedom of Information request of the Office of the U.S. Attorney for the number of prosecutions of perpetrators of elder financial exploitation yielded zero prosecutions. Clearly, those who prey on the graying need have no fear of being held accountable for their misdeeds.

Elder abuse is a general term used to describe harmful acts toward an elderly adult, such as physical abuse, sexual abuse, emotional or psychological abuse, financial exploitation, and neglect, including self-neglect.

Elder abuse can take place anywhere but the two main settings addressed by the law are domestic settings, such as the elder's home or the caregiver's home, and institutional settings, such as nursing homes or group homes.[7]

The National Research Council defines elder abuse and mistreatment as (a) intentional actions that cause harm or create a serious risk of harm to a vulnerable elder by a caregiver or other person who stands in a trust relationship to the elder, or (b) failure by a caregiver to satisfy the elder's basic needs or to protect the elder from harm.[8]

Elder abuse includes psychological and emotional abuse such as threats, fear and humiliation; physical abuse from beating to prolonged deprivation of food, and water; financial abuse which

[7] NCEA, How You Can Help in the Fight Against Elder Abuse.
[8] National Research Council.

is the abuse of money, jewelry or property; neglect which includes failure to assist with personal hygiene to failure to protect from safety hazards; and abandonment such as a willful force taking of another by a person responsible for the care and custody.

While abuse comes in many guises, the net effect is the same. Abuse creates potentially dangerous situations and feelings of worthlessness, and it isolates the older person from people who can help.[9]

Neglect is defined as the refusal or failure to fulfill any part of a person's obligations or duties to an elder. Neglect may also include failure of a person who has fiduciary responsibilities to provide care for an elder (e.g. pay for necessary home care services) or the failure on the part of an in-home service provider to provide necessary care. Neglect typically means the refusal or failure to provide an elderly person/vulnerable adult with such life necessities as food, water, clothing, shelter, personal hygiene, medicine, comfort, personal safety, and other essentials included in an implied or agreed-upon responsibility to an elder.

Self-neglect is regarded as an adult's inability, due to physical or mental impairment or diminished capacity, to perform essential self-care tasks, including (a) obtaining essential food, clothing, shelter, and medical care; (b) obtaining goods and services necessary to maintain physical health, mental health, or general safety; and/or (c) managing one's own financial affairs. Choice of lifestyle or living arrangement is not in itself, evidence of self-neglect.[10]

The total population of District of Columbia elderly, according to the 2012 U.S. Census estimates, is 103,483 – or 16.4% of the City's population. It is projected that by 2015, almost 17% of the D.C. population could be at least 60 years of age and older - that is one out of every seven District of Columbia residents.

There are no data depicting the incidence and prevalence of elder abuse and/or elder exploitation in the District of Columbia. None were found for any years on the Adult Protective Services Division (APSD) website and requests to the Chief, Adult Protective Services Division, over several years have yielded no incidence and prevalence data. The D.C. Adult Protective Services Division neither collects nor projects incidence and prevalence data, though annual case numbers are kept.

[9] American Psychological Association Online, *Elder Abuse and Neglect: In Search of Solutions,*" Public Interest, Office on Aging.

[10] Moody, Errold F., No Nonsense Finance

Guardianship & Conservatorship Abuse

Guardianship/conservatorship is the Court process designed to "protect and exercise the legal rights of individuals who lack the capacity to make their own decisions and have not made adequate plans to address this possibility.

If individuals do not delegate authority to someone who can do for them when they no longer are able to do for themselves, the D.C. Superior Court has provided a system of guardianship and conservatorship. But even if individuals have delegated authority to someone who can do for them when they no longer can do for themselves, the D.C. Superior Court may still appoint a guardian and/or conservator to preserve their health and "conserve" their wealth.

Guardianship and conservatorship removes fundamental rights from elderly and/or disabled people who are declared wards of the Court and increase opportunities for abuse of the very people it is designed to protect.

Many states, including the District of Columbia, have little or no oversight over guardians and conservators and Court-appointed attorneys. Over the years, a growing, uncaring and unjust judicial system has helped convert guardianship and conservatorship from an appropriate law to one which often is misused. Instead of being protected by the guardianship/conservatorship system, some elderly and/or disabled wards are victimized by it.

The guardianship/conservatorship system has become a feeding trough for unethical lawyers and other "fiduciaries" appointed by the Court as guardians and/or conservators and attorneys. Many in fact, are nothing more than predators.

Once a person is placed into involuntary guardianship, they lose all of their civil rights and essentially face civil death. They cannot vote, marry, contract, divorce, decide where they live, what medical care they can get, what drugs they can take or refuse to take and even if or when they will die. All of these decisions are assigned to a stranger in most cases who will run the person's life

Most importantly to the perpetrators of financial abuse, the person they will protect looses complete control of their money and property. The Guardian or Conservator gains full control over every single dime of money that belongs to the incapacitated person and they do not even have to tell the person that they are controlling their money or what they are doing with it

What comes next are lots and lots of bills from Court-appointed attorneys, guardians, and conservators who rack up enormous fees all to be paid from their newly acquired ward's estate without his or her knowledge. The professional guardians and conservators never object to the attorney fees that are higher than a kite on a windy day, because a large number of guardians and conservators are attorneys and they are in it together.

In the end it is the taxpayer who picks up the tab. When a ward's money is gone, everyone including the judge knows that Medicaid and Social Security dollars will be paid to take care of them." [11]

[11] National Organization to Stop Elder & Guardianship Abuse (NOTEGA) "STOP ELDER ABUSE AND GUARDIANSHIP ABUSE."

VII. RECOMMENDATIONS FOR IMPROVING THE DISTRICT OF COLUMBIA ADULT PROTECTIVE SERVICES SYSTEM

D.C. Code 7-1901, Title 7. Human Health Care & Safety, Subtitle I. Protection and Care Systems, Chapter 19 should be amended to:

1. require the Department of Human Services, Department on Behavioral Health, Department of Developmental Disabilities, the Metropolitan Police Department, the Office of the Attorney General and other responsible agencies to create and implement a system of services that proactively and effectively protects elderly D.C. adults from neglect, including self-neglect, abuse, and financial exploitation;

2. require the D.C. Adult Protective Services Division to Inform and educate the public about the epidemic of elder neglect, abuse, and financial exploitation by predators that include but are not limited to family members, in-home caregivers, care managers, nursing care personnel agencies, privately-engaged attorneys, Court-appointed attorneys, Court-appointed guardians, and Court-appointed conservators;

3. require the D.C. Adult Protective Services Division to inform and educate the public about all available adult protective services programs, including services provided by the DC Adult Protective Services Division (APSD), DC Superior Court Guardianship Assistance Program (GAP), DC Office of Aging (OA), and the DC Metropolitan Police Department (MPD);

4. require the D.C. Adult Protective Services Division to inform and educate the public about the role, responsibilities, and authorities of the DC Adult Protective Services Division;

5. require the D.C. Adult Protective Services Division to ubiquitously NOTIFY the public of the D.C. Adult Protective Services Division HOT LINE for victims, observers and reporters of elder neglect, abuse, and financial exploitation;

6. require the D.C. Adult Protective Services Division to Inform and educate the public about all public and private programs in the District of Columbia that provide services to elderly adults, including mental and physical health care, nutrition, transportation, housing, recreation, social services, case management, protection, advocacy, etc.;

7. require the D.C. Adult Protective Services Division to advocate and lobby for enactment of model D.C. laws, rules and regulations, policies and procedures to protect elderly adults from neglect, abuse, and financial exploitation;

8. require the D.C. Adult Protective Services Division to inform and educate the public about the definition of incompetency, including how incompetency is determined, and, what a determination of incompetency means to the individual who is deemed incompetent;

9. to require D.C. Adult Protective Services Division staff to accompany each elderly adult to the examination of his/her competency and appear with that adult person in Court at his/her competency determination hearing;

10. require the D.C. Adult Protective Services Division to enter an appearance in D.C. Superior Court proceedings as a Friend of the Family on behalf of elder adults who are being victimized by Court-appointed guardians, conservators and/or attorneys, and privately-engaged attorneys;

11. require D.C. Adult Protective Services Division social workers to investigate reports and allegations of elder neglect, abuse, and financial exploitation by Court-appointed guardians, conservators, and attorneys, and privately engaged attorneys for the elderly;

12. require the D.C. Adult Protective Services Division to develop and implement programs focusing on the special needs of at-risk, elderly residents of the District of Columbia;

13. require the D.C. Adult Protective Services Division to increase use of volunteers to augment the D.C. Adult Protective Services Division staff resources (volunteers to be trained by management and service delivery staff prior to caseload assignment);

14. require the D.C. Adult Protective Services Division to respond immediately-and no later than 24 hours-to reported incidents of elder neglect (including self-neglect), abuse, and/or financial exploitation, regardless of the source;

15. require the D.C. Adult Protective Services Division to establish and implement an Adult Protective Services Division OUTREACH Program which will identify on an on-going basis elderly adults who are victims of neglect (including self-neglect), abuse, financial exploitation (and other dire circumstances in which they find themselves, e.g., homelessness, hunger, need for medical care, in-home care, assisted living, nursing home care, etc.);

16. require the D.C. Adult Protective Services Division to expeditiously and vigorously protect elderly adults from neglect (including self-neglect), abuse, and financial exploitation, and, other dire circumstances in which they find themselves, including homelessness, hunger, need for medical care, in-home care, assisted living, nursing home care, etc.;

17. require the D.C. Adult Protective Services Division to collect, analyze, and publish on an on-going basis elder neglect (including self-neglect), abuse, and financial exploitation incidence and prevalence data by all perpetrators, including Court-appointed guardians, conservators and attorneys, and privately engaged attorneys;
18. require the D.C. Adult Protective Services Division to prepare and publish annual elder neglect, abuse and financial exploitation case disposition reports;

19. require the D.C. Adult Protective Services Division to routinely search and apply for public and private grant funding to augment the annual Adult Protective Services Division budget and expand currently available resources for protection of the elderly from neglect, abuse, and financial exploitation;

20. require the D.C. Adult Protective Services Division to routinely search for new and innovative elder neglect, abuse, and financial exploitation interventions, including those planned and/or practiced by other states;

21. require the D.C. Adult Protective Services Division to provide routine training of Adult Protective Services Division staff and volunteers in new and innovative methods for detecting elder neglect, abuse, and financial exploitation;

22. require the D.C. Adult Protective Services Division to provide on-going, in-service training to D.C. Adult Protective Services Division staff to hone adult protection skills and capabilities;

23. require the D.C. Adult Protective Services Division to establish safe havens, e.g., respite and foster homes for elderly adults;

24. require the D.C. Adult Protective Services Division and the Metropolitan Police Department to charge individuals and organizations that neglect, abuse and/or financially exploit the elderly, including family members, attorneys, guardians and conservators;

25. require on-going evaluation of and accountability by the D.C. Adult Protective Services Division to determine what works and what does not work and assure that funds are properly spent;

26. require the D.C. Adult Protective Services Division to conduct City-wide forums for exchange of ideas, education and communication between groups and individuals interested in providing or furthering adult guardianship services, or alternative protective services to elderly persons in need of such services in the District of Columbia;

27. require the D.C. Adult Protective Services Division to affiliate with other organizations and associations, including the National Guardianship Association, American Association for Retired Persons, Elder Justice Association, National Association to Stop Guardianship Abuse, National Protective Services Association, etc. to advocate and lobby for better achieving mutually agreed upon goals and purposes;

28. require the Adult Protective Services Division provide additional and regular training for APSD social workers/case managers;

29. require that an Adult Protective Services Division social worker/case manager attend Court Hearings for elderly and/or disabled adults who are involved in DC Superior Court, Probate

Division proceedings, including Hearings regarding routine Guardianship/Conservatorship Reports;

30. require the Adult Protective Services Division to inform and educate elderly adults about taking responsibility for planning for one's own aging, to include estate planning (Wills, Trusts, Health Care & Financial Powers of Attorney, Advanced Directives), Long-term Care Insurance, Health Care Insurance, including Medicare, Medicaid, Medigap, etc.;

31. require the Adult Protective Services Division to provide respite slots for elderly adults who self-neglect or whose health, safety and/or lives are in danger in existing living conditions;

32. require the Adult Protective Services Division to follow for a period of time cases that have been satisfactorily resolved to ensure the elderly and/or disabled adult remains in a protected environment/situation;

33. require the Adult Protective Services Division to recruit volunteers to attend Court Hearings for elderly and/or disabled adults who are involved in DC Superior Court, Probate Division proceedings, including Hearings regarding routine Guardianship/Conservatorship Reports;

34. require the Adult Protective Services Division to conduct a District of Columbia-wide older victims services needs assessment;

35. require the Adult Protective Services Division to determine the incidence and prevalence or elder neglect, abuse, and financial exploitation, including guardianship and conservatorship abuse, in the District of Columbia;

36. require the Adult Protective Services Division to inform and educate the public about ways to prevent elder neglect, abuse and financial exploitation;

37. increase Adult Protective Services Division staff specializing in elder financial exploitation by use of "undue influence;"

38. require the Adult Protective Services Division to inform and educate the public about how to report suspected elder neglect, abuse and financial exploitation;
39. require the Adult Protective Services Division improve responses to elder abuse cases through professional trainings;

40. require the Adult Protective Services Division to require that intake and continuing services for elder neglect, abuse and financial exploitation victims be regularly monitored;

41. require Adult Protective Services Division to complete the Adult Protective Services Risk Assessment be completed within five (5) days of initial home visit;

42. require the Adult Protective Services Division inform and educate the public about how to report suspected elder neglect, abuse and financial exploitation;

43. require the Adult Protective Services Division to improve responses to elder abuse cases through professional trainings;

44. require detailed documentation of all Adult Protective Services case actions to document regularly are included in the Adult Protective Services Standards and Guidelines and staff are instructed during staff meetings and supervisory conferences to be sure to document all contacts and actions taken;

45. require the Adult Protective Services Division to raise complex/urgent cases to up the chain of command to the FSA Administrator;

46. require the Adult Protective Services Division to employ "trust but verify" before every APS case closure to ensure risk is mitigated**;**

47. require the Adult Protective Services Division to actively use Adult Protective Services Division Continuing Services social workers during eligibility determination, if the case passes 60-day mark;

48. require the Adult Protective Services Division and the Metropolitan Police Department to review policies and protocols that impact elder victim safety and offender accountability;

49. require the Adult Protective Services Division to raise the level of awareness of elder abuse by routinely informing and educating the public about elder neglect, abuse and financial exploitation and how to prevent victimization;

50. require the Adult Protective Services Division to raise the level of awareness of elder neglect, abuse, and financial exploitation, including guardianship and conservatorship abuse, through interviews with top newspaper, Public Broadcasting Network, ABC, NBC, and Fox radio and TV affiliates;

51. require the Adult Protective Services Division and the Metropolitan Police Department to review policies and protocols that impact elder victim safety and offender accountability and revise where necessary;
52. require the Adult Protective Services Division and the Metropolitan Police Department to coordinate community responses of first responders to better serve elderly victims of neglect, abuse, and financial exploitation, including guardianship and conservatorship abuse;

53. require that the Metropolitan Police Department create a specialized law enforcement elder financial exploitation unit;

54. require that the Adult Protective Services HOT LINE # be broadly advertised in the community;

55. require that the Adult protective Services HOT LINE be answered each day, 24 hours per day;

56. require the D.C. Metropolitan Police Department to create new forensic expertise that will (a) promote detection of elder neglect including self-neglect), abuse and financial exploitation, and, (b) provide technical, investigative, coordination and victim assistance resources to support elder neglect, abuse and financial exploitation cases;

57. require the D.C. MPD to provide enhanced community policing efforts to protect at-risk elderly adults from neglect, including self-neglect, abuse, and financial exploitation;

58. require the D.C. MPD to respond immediately to a reported criminal act perpetrated upon an elderly adult, including neglect, abuse and financial exploitation;

59. require that nursing assistants (caregivers) who provide care for elderly adults in their own homes, in foster homes, group homes, nursing homes and any other community-based facility in which an elderly adult resides, and, in day programs for elderly adults be licensed and bonded;

60. establish and maintain a Nursing Care Registry which identifies licensed and bonded nursing care personnel for private home, group home, and assisted living settings;

61. require criminal background check for all nursing assistants (caregivers) who provide care for elderly adults in their own homes, foster homes, group homes, assisted living facilities, and any other community-based facility in which an elderly adults reside, and, in day programs for elderly adults;

62. require that Care Managers for elderly adults be licensed and bonded;

63. require criminal background check for all Care Managers for elderly adults;
64. establish and maintain a Care Manager Registry which identifies licensed and bonded Care Managers who are without a criminal record in the District of Columbia and any of the fifty (50) states;

65. increase security, collaboration and consumer information in long-term care settings (assisted living facilities and nursing homes) including: (a) prompt reporting of crimes in long-term care settings; (b) criminal background checks for long-term care workers, (c) enhancing long-term care staffing; (d) information about long-term care for consumers through a Long-Term Care Consumer Clearinghouse; (e) promoting accountability through new legislation to prosecute abuse, neglect, and financial exploitation in nursing homes, assisted living facilities, group homes, private homes;

66. require the D.C. Superior Court to fully staff the Guardian Assistance Program;

67. require that the responsibility of the DC Superior Court Guardian Assistance Program be expanded beyond monitoring Court-appointed Guardians to include monitoring of Court-appointed Conservators and Court-appointed attorneys;

68. enact legislation to establish D.C. Government authority and responsibility for disciplining attorneys who breach the D.C. Bar Code of Ethics in accordance with the breaches, including disbarment;

69. enact legislation to require the Adult Protective Services Division to petition the D.C. Superior Court to relocate self-neglecting adults and adults who are in danger in their living circumstances for whatever reason to a safer environment;

70. require the removal of Court-appointed Guardians, Conservators and Attorneys who financially exploit, neglect, and/or abuse their wards from D.C. Superior Court Probate Division Panel for Court Appointments;

71. encourage the involvement of churches District-wide;

72. require that only skilled, sensitive, caring, dependable, licensed, bonded monitored in-home caregivers be assigned to care for elderly adults who need assistance with daily living, medications, and/or companionship;

73. require the D.C. Probate Court to standardize definition of incapacity, method for determining capacity/incapacity, and qualifications for individuals who determine capacity;

74. require the D.C. Department of Human Services to add a sufficient number of Adult Protective Services Division social worker/case management to the APSD for proactive and effective protection of elderly DC residents from neglect, abuse and financial exploitation;

75. require that the D.C. Superior Court, Probate Division, not replace concerned family members who are trying to ensure quality of life for the remaining years of the elderly adult members of their families by setting them aside and appointing an attorney or other person outside of the family unit as Guardian and/or Conservator; [12]

76. revise state-mandated reporting protocols in facilities providing care to elderly and/or disabled adults;

77. provide policy-related best practices for hiring professional caregivers of elderly and/or disabled persons;

[12] Advocates for Elder Justice, August 2011.

78. require that caregivers of elderly and/or disabled persons have acceptable sanitation habits;

79. require that caregivers of elderly and/or disabled persons be monitored and the "care" they provide coordinated and/or supervised;

80. require that caregivers of elderly and/or disabled persons be licensed;

81. require criminal background checks for caregivers of elderly and/or disabled persons;

82. provide training for law enforcement staff on interviewing victims of elder neglect, abuse, and financial exploitation, including guardianship and conservatorship abuse;

83. require that the Metropolitan Police Department collaborate with the Adult Protective Services Division during investigations of elder neglect, abuse, and financial exploitation, including guardianship and conservatorship abuse;

84. **enact legislation that criminalizes elder financial exploitation by use of "undue influence;"**

85. require that the Metropolitan Police Department charge perpetrators of elder neglect, abuse and financial exploitation, including guardianship and conservatorship abuse;

86. amend "The D.C. Revitalization Act of 1997" to reassign responsibility for prosecuting adult felonies, including elder neglect, abuse and financial exploitation, in the District of Columbia, from the Office of the U.S. Attorney to the D.C. Office of the Attorney General;

87. until responsibility for prosecuting adult felonies, including elder neglect, abuse and financial exploitation, in the District of Columbia is reassigned from the Office of the U.S. Attorney to the D.C. Office of the Attorney General, "encourage" the Office of the U.S. Attorney to prosecute perpetrators of elder neglect, abuse and financial exploitation, including guardianship and conservatorship abuse;

88. require that U.S. District Attorneys be cross-trained regarding elder neglect, abuse, and financial exploitation, including guardianship and conservatorship abuse;

89. realign the Adult Protective Services Division with the D.C. Office on Aging – or a Department on Aging - to establish a program that provides comprehensive services to elderly District residents, including case management services.

APPENDIX F

COA-TARGETED FY 2014 – 2017 AGE-FRIENDLY DC GOALS

GOAL -2 - TRANSPORTATION

GOAL 2.1: Ensure all modes of transportation are safe, affordable and accessible for residents of all ages and abilities, particularly older adults

2.1.1: Improve transparency of reports for, and prioritization of, service requests for repairs of sidewalks, curb cuts, and street lights

2.1.2: Use safe, aesthetically pleasing materials for sidewalk, construction that minimize falls and accidents

2.1.4: Require that replacement of missing street/traffic signage is easily readable, well-lit at night, and addresses access and functional needs

2.1.5: Increase seating options at public transit stops (e.g., Metrobus, Circulator, streetcars)

GOAL 2.2: **Provide residents with the information and tools they need to make informed travel choices**

2.2.1: Create an integrated, one-call, one-click system for older adults and those with disabilities to access and schedule transportation options, including accessible options

2.2.2: Develop an available-on-demand, cross-training for direct service staff to ensure they have up-to-date information about current accessible transportation options and the one-call, one-click system

2.2.5: Integrate eligibility determination for transportation options into the DC Access System (DCAS)

GOAL 3 – HOUSING

Goal 3.1: Streamline, expand, and promote programs that support affordable housing and aging in place

3.1.2: Improve awareness of an access to home modification programs prior to mobility limitations and streamline the process for residents in urgent need to apply , e.g., the Single Family Residential Rehabilitation Program (SFRRP) ,and Handicapped Accessibility Improvement Program (HAIP), and Rebuilding Together

3.1.3: Include an occupational therapy (OT) home assessment in all home modifications for accessibility purposes

3.1.4: Amend D.C. Zoning Law to permit accessory dwelling units ADU or "granny flats") by right in more residential zones

3.1.5: Work with DCHA or eligible non-profits to purchase Inclusionary Zoning units (IZUs) to serve elderly populations with a focus on increasing the number of units targeting 0-30% AMI

3.1.6: Promote and research options for home-sharing, both intergenerational and among residents age 50+, as a strategy to enable older adults who are capable to remain in the community

3.1.7: Encourage development, preservation, and improvement of new and existing, affordable and accessible housing, proximate to mass transit

3.1.8: Increase assisted living residences (ALR) by neighborhood using best practice models and creative financing (e.g., Green Houses, Bridge Meadows, "Pay for Success" partnerships)

3.1.9: Designate some portion of the Housing Production "Trust Fund to produce new affordable, transit-oriented, universally-designed units

Goal 3.2: Maximize awareness and provide training to increase the amount of housing that is accessible, affordable, and healthy

3.2.1: Develop a series of easy-to-comprehend fact sheets, webinars, and/or infomercials on topics such as qualifying for tax credits, Fair Housing Act compliance, saving money on utilities, and maintaining healthy homes

3.2.2: Develop a user-friendly inventory and description of housing choices welcoming to residents age 50+ who are LGBTQ, have disabilities, or who are English language learners, and identify methods for wide dissemination

3.2.3: Provide training for managers of existing public and private hosing (including tenant-owned buildings) to address the needs of aging residents, including Fair Housing and ADA compliance and cultural competency, for populations such as residents who are LGBTQ, disabled or English-language learners

3.2.4: Promote consistent compliance with the Fair Housing Act by providing DCRA and third-party inspectors with additional guidance and training and offering technical assistance to architects and developers during design and construction

GOAL 6 – EMPLOYMENT

Goal 6.1: Increase full and part-time employment and entrepreneurial opportunities for older residents

6.1.1: Establish an inter-agency work group to increase coordination and spread awareness of employment services for residents age (50+), including phased retirement and explore employment application and interview processes to make it easier for older residents and those with disabilities

6.1.2: Develop a new D.C. Government adult internship/fellowship program for residents age 50+

6.1.3: Develop a series of easy-to-comprehend fact sheets of FAQs on topics such as the impact of working while receiving Social Security, practices and resources to identify home-based, part-time and job-sharing employment opportunities, age-discrimination claims, and starting a business

6.1.4: Offer technical assistance and explore financial incentives, to help small and local businesses become age-friendly and hire residents age 50+

GOAL 9 – EMERGENCY PREPAREDNESS

GOAL 9.1 Identify, locate and reach special, vulnerable and at-risk older resident populations in an emergency

9.1.1: Increase Alert DC, Smart911, and SmartPrepare enrollment by requiring direct service contractors and grantees to offer enrollment during the client intake process

9.1.2: Provide training on preparedness practices to shelter-in-place or relocate to accessible shelters when necessary

9.2.2: Promote and support personal responsibility and first responder opportunities for residents and neighborhoods

9.2.3: Create and assist community-supported, neighbor-to-neighbor networks across the City that are accessible to all income levels (e.g., villages, fraternal organizations, faith-based communities, neighborhood associations)

GOAL 10 – ELDER ABUSE AND FINANCIAL EXPLOITATION

10.2.1: Implement processes which allow key government agencies and social services staff to coordinate on interventions for reported cases of elder abuse, neglect, or fraud, including data-sharing, interagency team meetings, data tracking and monitoring, and co-locating staff

10.2.2: Create a Home Health Worker Registry in which names of those who have been terminated for reasons pertaining to elder agues and/or fraud are included