



District of Columbia Office on Aging

DCOA (BY)

MISSION

The mission of the District of Columbia Office on Aging (DCOA) is to promote longevity, independence, dignity and choice for District of Columbia residents who are age 60 and older.

SUMMARY OF SERVICES

DCOA provides a variety of community-based services including: transportation; senior wellness centers; congregate and in-home meals and nutrition programs in collaboration with various city agencies.

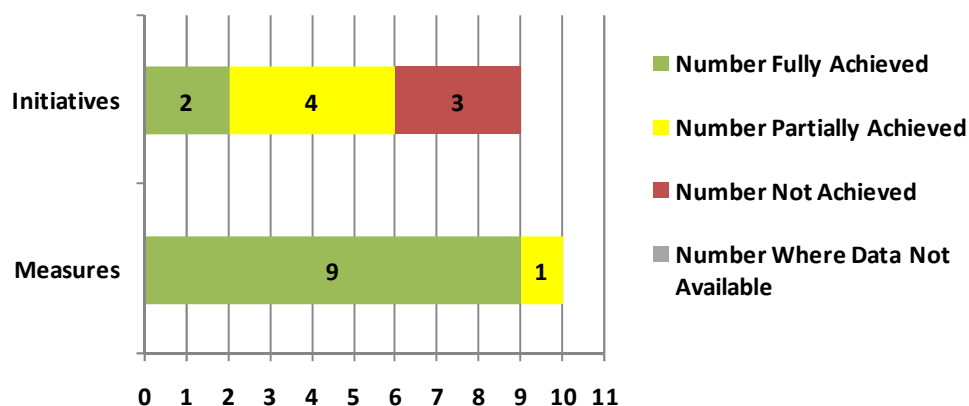
AGENCY OBJECTIVES

1. Establish “wellness,” healthy aging and self-care practices as community-wide goals for elderly individuals, to help seniors stay well and help those who have become ill or disabled to keep physical and mental limitations from becoming insurmountable impediments to independent living.
2. Ensure that older adults who want to work or for economic reasons need to return to the workforce are trained, placed and employed.
3. Provide consumer information, assistance and outreach for older people to improve access to and make more informed decisions about their health, housing, transportation and other service needs.
4. Develop, implement and evaluate new opportunities and initiatives to improve access to services, expand resources and develop alternatives to institutional care.

3 KEY ACCOMPLISHMENTS

- ✓ Opened the Aging and Disability Resource Center to provide cross-agency information and coordination on long term care services and benefits to the elderly and persons with disabilities.
- ✓ Eliminated long-term contractor for transportation and meal delivery services and moved to a new contractor to provide services more efficiently and transparently.
- ✓ Implemented the Harmony Client Information Database and Tracking System to ensure greater accountability and accuracy of services provided by DCOA’s Senior Service Network of grantees.

OVERVIEW OF AGENCY PERFORMANCE






Performance Initiatives – Assessment Details

Performance Assessment Key:


 Fully achieved  Partially achieved  Not achieved  Data not reported

OBJECTIVE 1: Establish “wellness,” healthy aging and self-care practices as community-wide goals for elderly individuals, to help seniors stay well and help those who have become ill or disabled to keep physical and mental limitations from becoming insurmountable impediments to independent living.

-  **INITIATIVE 1.1: Open Wellness Centers across the city to promote health and disease prevention—including health screening, nutrition and exercise—to help seniors maintain independence and avoid institutionalization and medical care costs.**


Partially Achieved. DCOA faced delays in opening the Ward 1 Senior Wellness Center, due to failure of the contractor (who has since been terminated) to start construction and a Mayoral decision to relocate the center from Georgia Avenue to the Gage-Eckington School. DCOA expects to open the Ward 1 Senior Wellness Center by September 2009 and the Ward 6 Senior Wellness Center in mid-2010. In FY08 DCOA began more rigorous assessment of participant outcomes at Wellness Centers and Nutrition Sites. In FY08 DCOA also opened the renovated Community Group Home (Harmony House) on the campus of the Washington Center for Aging Services.

OBJECTIVE 2: Ensure that older adults who want to work or for economic reasons need to return to the workforce are trained, placed and employed.

-  **INITIATIVE 2.1: Improve, enhance, and increase the employment and training services for seniors by providing more jobs and volunteer opportunities for seniors who do not qualify for the “Way to Work” program.**

Partially Achieved. DCOA projected 500 additional job and volunteer placements for seniors in FY08 but of the 200 volunteers who applied for positions, only 54 were placed. However, unpaid seniors volunteerism was high across the senior service network at more than 2000 individual volunteers. The percent of seniors seeking employment who received job placement through the subsidized older Worker Employment Program increased slightly from 53% in FY07 to 54% in FY08.

OBJECTIVE 3: Provide consumer information, assistance and outreach for older people to improve access to and make more informed decisions about their health, housing, transportation and other service needs.

-  **INITIATIVE 3.1: Develop and implement a new interagency public information, community-based outreach and marketing initiative along with an Aging and Disability Resource Center in collaboration with the DC Office of Aging & Disability (DOH: MAA).**

Fully Achieved. The Aging and Disability Resource Center (ADRC) opened in July 2008 and was nearly fully staffed by the end of FY08, with representation from more than 12 key health and human service agencies. In the last quarter of FY08, the ADRC provided services for more than 2000 elderly and/or disabled DC residents.



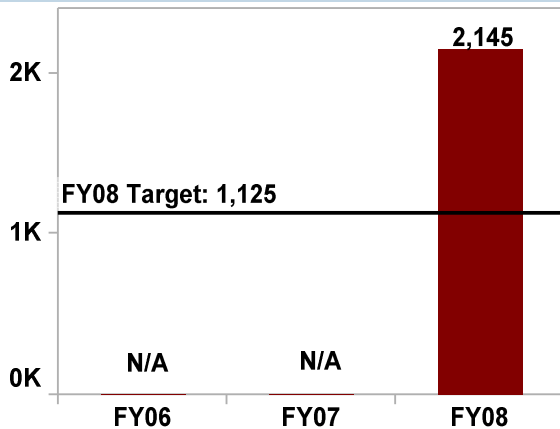
OBJECTIVE 4: Develop, implement and evaluate new opportunities and initiatives to improve access to services, expand resources that are available for seniors and develop alternatives to institutional care.

- INITIATIVE 4.1: Develop, publish and disseminate the “Mayor’s Strategic Plan of Action for Seniors: 2008-2012” in the District of Columbia by January 2008.**
Not Achieved. Development of the Mayor's Strategic Plan of Action for Seniors has been rescheduled to coincide with the federal government requirement that all state units on aging develop and submit a 3-year State Plan on Aging, under the Older Americans Act. The process and development of the State Plan -- involving community input, town hall meetings, input from service providers and stakeholders--will be used to develop the Mayor's Strategic Plan.
- INITIATIVE 4.2: Expand intergenerational projects to include collaboration with the Mayor’s Youth Advisory Council, school system (DCPS), Wellness Centers and various community-based organizations.**
Partially Achieved. Youth volunteers across DCOA's Senior Service Network numbered more than 7000 in FY08 (exceeding the FY08 target), typically tied to one-time events, such as the Senior Thanksgiving and holiday celebrations. Progress on intergenerational activities at the Wellness Centers has been modest with a program that was not fully developed in FY08 and in need of more direct DCOA involvement. In addition, most of seniors’ involvement with the school system has occurred through the leadership of other community-based organizations (e.g. Experience Corp) and individual actions of volunteerism.
- INITIATIVE 4.3: Implement the new client information database and tracking system (Harmony) for all aging service providers.**
Fully Achieved. The Harmony client information database and tracking system was implemented in October 2007 and is currently being used by all providers in the senior service network, as well as by the ADRC (Aging and Disability Resource Center). More than 80,000 customers have been entered into the database. DCOA provided training to senior service network users and also has a help desk and technical support staff to assist users.
- INITIATIVE 4.4: Conduct an Agency Needs Assessment by the end of FY08.**
Not Achieved. The Agency needs assessment was not completed in FY08 due to a decision to include this initiative as a component of the required federal state plan due in FY 09. The Needs Assessment will coincide with the process to develop the required federal State Plan on Aging and the Mayor’s Strategic Plan of Action for Seniors for 2010 to 2012. All are to be completed by August 2009.
- INITIATIVE 4.5: Develop a site plan for an affordable elderly housing project on the campus of the Washington Center for Aging Services to address the continuum of care needs using innovative architectural design, technology, and public-private partnership.**
Not Achieved. A site and development plan for an affordable elderly housing project on the campus of the Washington Center for Aging Services was not developed in FY08. In FY09, a site plan and request for proposal of a development plan will be completed, with construction beginning in FY10. In FY08 the last group home (of four) was developed on the WCAS campus, through a collaboration between public and private partners.
- INITIATIVE 4.6: Plan and conduct transportation services cost analysis and alternatives for the senior service network for more efficiency and quality of service.**
Partially Achieved. DCOA did not thoroughly analyze its senior transportation services in FY08, in large part due to the unexpected need to analyze and change its WHETS (Washington Elderly Handicapped Transportation Services). DCOA examined and subsequently changed its contractor for WEHTS -- its most costly and significant transportation program-- to improve efficiency and provide better services.



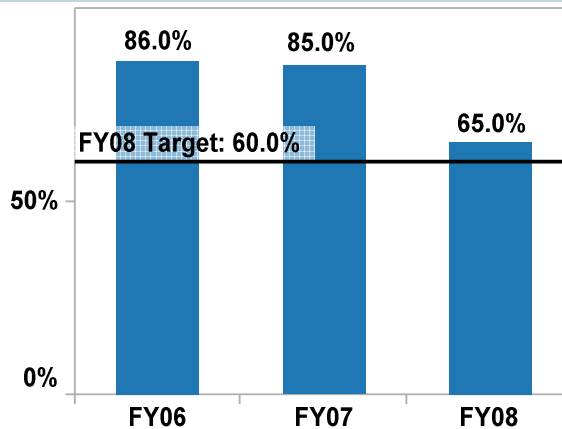
Key Performance Indicators – Highlights

From Objective 1: # of Elderly & Disabled Customers Served at ADRC



FULLY ACHIEVED

From Objective 3: % of Wellness Participants with Improved Health



FULLY ACHIEVED

More About These Indicators:

How did the agency's actions affect this indicator?

- Coordinated opening and ongoing operations of the ADRC.
- Developed and implemented marketing and outreach plan to identify new customers to be served by the center. These efforts will be expanded in FY09.

What external factors influenced this indicator?

- Collaboration and participation of agencies across the health and human services sector in opening the ADRC and providing dedicated staff to coordinate services for elderly and disabled residents.
- Community organizations' referral of consumers and their families/caregivers to the ADRC.

How did the agency's actions affect this indicator?

- In FY08, DCOA changed the measure it uses for this KPI to more rigorously evaluate the health outcomes of wellness center participants, resulting in an apparent decline in performance from earlier years of less accurate measurement.
- DCOA proposed spending over \$400,000 to develop and implement nutrition education programs at wellness centers in FY08, but this initiative was postponed until FY09.

What external factors influenced this indicator?

- Nonprofit organizations – including DCOA lead agencies as well as Providence Hospital – play a large role in the day-to-day operations of the wellness centers.
- Development of the Ward 1 Senior Wellness Center was stalled, in part due to a one-year delay in construction start-up resulting in contract elimination and a decision to relocate the center from the site originally proposed.



Key Performance Indicators – Details

Performance Assessment Key:

- Fully achieved
 ● Partially achieved
 ● Not achieved
 ● Data not reported

	FY06 Actual	FY07 Actual	FY08 Target	FY08 Actual	FY09 Projection
OBJECTIVE 1: Establish “wellness,” healthy aging and self-care practices as community-wide goals for elderly individuals, to help seniors stay well and help those who have become ill or disabled to keep physical and mental limitations from becoming insurmountable impediments to independent living.					
● # of elderly and disabled customers for all services...	N/A	N/A	1,125	2,145	1,375
● # of new customer intake and assessments performed for long-term care services.	N/A	N/A	300	1,512	450
OBJECTIVE 2: Ensure that older adults who want to work or for economic reasons need to return to the workforce are trained, placed and employed.					
● % of seniors seeking employment who receive job placements.	46%	53%	54%	54%	55%
OBJECTIVE 3: Provide consumer information, assistance and outreach for older people to improve access to and make more informed decisions about their health, housing, transportation and other service needs.					
● # of seniors receiving health promotion, nutrition education and counseling programs at centers and network sites.	6,184	7,584	6,000	31,403	6,500
● % of persons requesting and receiving nutritious meals.	99.9%	99.9%	95.0%	99.0%	98.0%
● % of wellness center participants who increase their awareness and adopt healthy behaviors as identified by improvements in their overall health.	86%	85%	60%	65%	60%
OBJECTIVE 4: Develop, implement and evaluate new opportunities and initiatives to improve access to services, expand resources that are available for seniors and develop alternatives to institutional care.					
● # of customers tracked and entered in database for all services.	18,021	18,969	30,000	84,448	33,000
● % of elderly 60 & older who remain in their home and age in place as a result of supportive services & community-based care... ..	91%	62%	65%	52%	67%
● #of new units of special needs and elderly and housing (facilitate production through interagency teamwork and existing inventory.	N/A	N/A	100	232	100
● # of youths involved in intergenerational programs. . .	N/A	N/A	3,000	7,268	3,300