



## FY 2011 PERFORMANCE PLAN OFFICE ON AGING

### 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 to District seniors and their caregivers, including:

- Transportation services;
- Senior wellness centers;
- Congregate and in-home meals and nutrition programs;
- Employment and job training;
- In-home care, adult day care and nursing home care;
- Caregivers' respite and support;
- Recreation, and special annual events;
- Case management; and
- Information and Assistance.

DCOA operates more than twenty-seven (27) programs internally and in collaboration with twenty-two (22) grantees and Lead Agencies in each of the District's eight Wards. Since August, 2008, DCOA has also operated (with support from the Department of Health Care Finance) the Aging and Disability Resource Center (ADRC), a one-stop resource for long-term care information, benefits and assistance for residents age 60 and older and persons with disabilities age 18 and older.

### AGENCY WORKLOAD MEASURES

Measure	FY2008 Actual	FY2009 Actual	FY2010 YTD
# of active grants	37	56	52
# of active contracts	4	4	4
Number of nutrition sites	52	55	55

### OBJECTIVE 1: Improve health and wellness, and enable independent living among District seniors.

#### INITIATIVE 1.1: Promote health and disease prevention by operating, opening and evaluating Senior Wellness Centers across the District.

Senior Wellness Centers operated by DCOA provide health screenings and information, nutrition programs and exercise facilities with the goal of helping seniors maintain their independence, avoid institutionalization and limit their medical care costs. The new Ward 1 Senior Wellness Center (\$7.5 million in capital costs) opened in September, 2010. Construction of the Ward 6 Senior Wellness Center (with Tot Lot, a program for families and young children to have an intergenerational relationship with Wellness Center



participants, and the new office site for the DCOA), at a \$9.2 million capital cost, is underway with completion scheduled for December, 2010. It is anticipated that more than 500 seniors will be served annually by each Center.

In FY2009, DCOA trained staff on a new evidence based program (Enhanced Fitness), which will be used in all senior wellness centers to measure participants' health outcomes. The program will be implemented during FY 2010, with data collection and analysis completed by July 30, 2010. The program will be expanded to Ward 1 & 6 Senior Wellness Centers and include staff training within the first two months of opening, and data collection and analysis completed by the end of FY 2011.

**INITIATIVE 1.2: Implement an evidenced-based Diabetes Self-Management Program (DSMP) in the six senior wellness centers.**

One of the significant health issues among District's seniors is diabetes. In FY 2010, the Office on Aging received a two-year grant from the U.S. Administration on Aging to implement DSMP in the District's senior wellness centers. The DSMP trains persons with diabetes to take better care of a chronic disease by providing them with self-management tools that have been proven to be effective. Twenty-four Master Trainers will be trained by October 1, 2010, to train 52 recently diagnosed Medicare residents on how to monitor diabetes. All 52 diagnosed clients will be trained by the end of FY11.

**OBJECTIVE 2: Ensure that older adults who want to or need to work are trained, placed and remain employed.**

**INITIATIVE 2.1: Increase employment and training services for seniors aged 55+ who do not qualify for other Federal and Local subsidized senior employment programs.**

In FY 2009, DCOA assumed responsibility (from the Department of Employment Services) for providing direct services to older residents seeking employment and training through its Older Workers' Employment and Training Program (OWETP). This change also allows District residents, regardless of income, to participate in the special job training and placement program for home health aide certification and office technology provided by the University of the District of Columbia. In FY 2010, the program served 376 clients. Thirty-three (33) older workers will complete the specialized job skill training program in FY 2010 at UDC and job placement is underway.

In FY 2011, DCOA will serve 100 additional older residents seeking jobs and provide skill training to 40 older residents including twenty (20) DOES Title V participants. DCOA staff will also place greater emphasis on trainees' job placement (unsubsidized employment) by achieving a fifty percent (50%) or higher placement rate. Staff will incorporate job placement into yearly performance plans.

**OBJECTIVE 3: Provide information and outreach to District residents to improve access to and decision making for health, housing, transportation and long-term care services.**



**INITIATIVE 3.1: Expand and continue to grow the operations and services of the District’s Aging and Disability Resource Center (ADRC).**

In July 2008, the Aging and Disability Resource Center (ADRC) opened as a single-entry point for obtaining long-term care information and services. The ADRC includes several co-located health and human services agency staff as well as community-based non-profit organizations within the Senior Service Network. In FY 2010, the ADRC projected number of contacts or customers to be served is 19,000, which consists of 18,500 residents age 60 and older and 500 persons with disabilities ages 18-59. The total number of cases, which require more significant services (e.g. Medicaid waivers, housing, employment, etc.) is 1,000; the average time to close an ADRC case is 14 days; and the number of new EPD Waiver applications and re-certifications processed is 3,500. In FY 2011, the projected numbers on the latter measures will be increased or improved upon by placing strategic outreach flyers in CVS’s and at bus stops, and ADRC will conduct more outreach collaboration with grantees. This increase will be indicated by the number of new customers served by the ADRC age 18-59 key performance indicator. This will be reported quarterly.

**INITIATIVE 3.2: Implement Enhancements and Improvements to the District’s Life Span Respite Care Program and Services for family caregivers of children and adults with disabilities.**

The Aging and Disability Resource Center received a three-year grant from the U.S. Administration on Aging (AOA) to expand and improve life span respite care services in the District for family caregivers of children and adults with disabilities. In collaboration with other District human services agencies such as Child and Family Services (CFSA), DCOA Senior Service Network, and relevant community-based non-profit organizations, a Life Span Respite Care Coalition will be formed, respite care services will be expanded and promoted, and a strengthened infrastructure developed by October 1, 2010. During the first quarter of FY2011, the coalition will be operational, and by the end of FY 2011 respite care service delivery will increase by 10 percent.

**INITIATIVE: 3.3 Develop a single entry point (SEP) model for family and informal caregiver services for District residents for better coordination and improved services, as part of the Aging and Disability Resource Center.**

In 2002, the DC Caregivers’ Institute (DCCI), funded by DCOA, was created as a single point of entry for comprehensive caregiver services for District residents. However, caregivers’ support and services, including Title III programs funded by the Older American Act and administered by DCOA, remained fragmented and ineffective. Under a three-year grant from the U.S. Administration on Aging (AOA) in October 2010, ADRC will develop a single entry point system for caregivers by restructuring and realigning funds and programs under DCCI and the ADRC. By the end of FY 2011, the SEP should be 100% operational by involving all relevant stakeholders and agencies in the Senior Service Network for a more efficient and effective program.



**INITIATIVE 3.4: Strengthen and improve relationships with area hospitals so ADRC will be included in discharge planning processes.**

ADRC will improve and strengthen its relationships and collaborative efforts with hospital discharge planning units. ADRC received a federal grant from the U.S. Administration on Aging to accomplish this, along with improvements and changes to the District's caregivers' programs and services. In FY 2011, under a Memorandum of Agreement, ADRC will work with five District hospitals to improve and strengthen the relationship between ADRC and hospital discharge planning units. The MOA objective is to link ADRC programs and services to clients discharged from hospitals to avoid re-entry and nursing home placement.

**OBJECTIVE 4: Evaluate the needs of District seniors and the operations of DCOA to identify and address service gaps.**

**INITIATIVE 4.1: Plan and conduct a comprehensive needs assessment of the health care and home and community-based services need of seniors in the District and the resources available to address the needs.**

A comprehensive assessment of seniors' needs, services, and resources in the District has not been done since 1986. In FY 2011, the Office on Aging will design and conduct a needs assessment of District elderly population. The focus will be on the perceived and actual needs of seniors, resources available for seniors, gaps in services and an examination of the existing Senior Service Network capacity and resources to provide needed services. Planning on how to effectively conduct the needs assessment will commence in the first quarter of FY11 and conclude by the end of the second quarter. At that point, DCOA will appoint an external organization to determine an appropriate, transparent and fair methodology based on input from key stakeholders. The assessment will be completed by the end of FY 2011.

**INITIATIVE 4.2: Update and Revise the District of Columbia Office on Aging Service Standards Manual.**

The Office on Aging (DCOA) has a Services Standards Manual for all services and programs provided to District residents for use by service providers and staff. There are twenty-three (23) programs and services included in the manual with a description of: service definitions; service objectives; service units; service area; service location; service priorities; service standards; and prohibited service components. The Services Standard Manual has not been revised or updated since August 2003. During FY 2011, with the reauthorization of the Older American Act and the addition of the Aging and Disability Resource Center, the Service Standards will be revisited and revised with input from relevant stakeholders, especially service providers, and completed by the end of FY 2011.

**INITIATIVE 4.3: Implement and monitor progress of the 2011-2012 District of Columbia State Plan on Aging.**

In June 2010, DCOA submitted its FY 2011-2012 State Plan on Aging to the U.S. Administration on Aging (AOA) as required under the Older American Act, as amended.



The plan is under review by AOA and approval is expected prior to the end of FY 2010. The two-year State Plan describes the goals, objectives and strategies DCOA will focus on, including decision-making rights, home care needs, personal safety and nutritional advancement. The State Plan was developed with broad and extensive input from stakeholders, consumers, seniors, persons with disabilities, service providers, caregivers and others. During FY 2011, DCOA will implement the State Plan and measure and monitor progress toward all goals and objectives set forth in the approved plan. These goals and objectives will be measured throughout the two years in which it is applicable.

**OBJECTIVE 5: Implement system, infrastructure and management changes to increase program efficiency, improve service quality and save District funds.**

**INITIATIVE 5.1: Plan and implement a fleet replacement plan for medical and adult day care transportation (WEHTS) and Home Delivered Meals.**

In FY 2009, DCOA assumed a substantially greater role in managing and coordinating the senior transportation services under the Washington Elderly Handicapped Transportation Services (WEHTS) and Home Delivered and Congregate Meals Program in collaboration with two non-government entities. In FY 2009 DCOA transferred all 52 agency-funded vehicles from grantees to the Department of Public Works and the District's self-insured program, to achieve significant savings. However, during FY 2009, a review of the fleet revealed the poor condition of the vehicles, which has resulted in higher than expected costs for maintenance and repairs.

In FY 2010, DCOA developed and implemented a plan and identified resources for a phased-in approach to upgrading and replacing WEHTS and Home Delivered Meals vehicles using existing local and federal funds, seeking federal transportation funds and becoming a certified Medicaid transportation provider eligible to receive Medicaid reimbursement. In FY 2010, the fleet replacement plan will be approximately 80% complete and the Office on Aging is receiving Medicaid reimbursement for medical transportation of clients under Medical Transportation Management, Inc. In FY 2011, DCOA will complete the fleet replacement plan for WEHTS and achieve a 100% replacement of old vehicles with new handicap accessible vehicles or commercial buses. DCOA will also monitor and assess the operations and cost savings of the new lease vehicles for the Home Delivered and Congregate Meals Program during FY 2011. DCOA will report on these costs at the end of FY 2011.

**INITIATIVE 5.2: DCOA will implement a ground lease option for the two city-owned nursing home facilities.**

In FY 2009, DCOA worked with DRES and OCP to consider a long-term ground lease option, as opposed to the current managed contract solicitation option, for the Washington Center for Aging Services (WCAS) and the JB Johnson Nursing Center. The WCAS transition aims to achieve an initial cost savings (\$13.5 million or more) for the District, through private operation of and responsibility for each facility. DCOA expects to save over \$1 million annually. In FY 2010, the Office on Aging successfully completed the process and change for WCAS which is now under a ground lease. By



December 31, 2010, the Office on Aging will complete the process of converting the JB Johnson Nursing home from a management contract to a ground lease based, which we expect to allow us to realize much more cost savings, based on the success and process used for WCAS.

**INITIATIVE 5.3: Replace the current FoxPro software used by WEHTS for medical appointments and scheduling for enhanced effectiveness, data tracking and compatibility with Customer Services Tracking and Reporting System (CSTARS).**

The current software (FoxPro), used by WEHTS for scheduling more than one hundred, twenty-five (125) customers daily, five days a week for medical appointments, determining routes and tracking data such as Medicaid eligible clients, is outdated and not compatible with the agency's web-based CSTARS. The current software requires external technical assistance, has limitations for required reports and data, and on-going costs. DCOA will work with OCTO to select and/or design a replacement for the FoxPro software for WEHTS by the end of FY 2011.

**INITIATIVE 5.4: Conduct an evaluation of all DCOA nutrition sites to determine effectiveness and if sites are meeting required service standards and performance.**

In FY 2011 DCOA will be required to reduce the number of congregate meal sites in the District. Currently, there are fifty-two (52) congregate nutrition and education sites in the District's eight wards. The sites mandate an average attendance of at least twenty-five participants a day, five days a week. Most of the participants are independent and provide their own transportation to the sites. In addition to serving nutritious meals, participants receive health and nutrition education information, recreation and socialization and are assessed for any other needs. By April, 2011, DCOA will develop and implement a criteria and evaluative process to assess the performance and effectiveness of the nutrition sites based on this established criteria and the Office on Aging Service Standards. This information will be used to decide what sites should remain operational or be terminated or what actions can be taken to improve the sites.

**INITIATIVE 5.5: Conduct in-home assessments of home-bound meal clients.**

There are approximately 2,200 District residents who receive five home delivered meals three days a week. DCOA's Lead Agencies (e.g. IONA, Barney, etc.) are responsible for determining the eligibility of clients for home-bound meals within their respective wards. For several reasons, complete and up-to-date in-home assessments of current clients have been a challenge for the Lead Agencies and they require a plan and resources that have not existed to assist them in accomplishing this important task. The assessment is needed to ensure that clients are still eligible for the home-bound meals and that all information is current and accurate. By March 31, 2010, DCOA will develop and implement a plan with the Lead Agencies to complete in-home assessments of all (100%) home-bound meal clients by the end of FY 2011.

**OBJECTIVE 6: Implement, expand and evaluate new services provided to vulnerable District seniors.**





**INITIATIVE 6.1: Grow, support and sustain community-and neighborhood-based Aging in Place Programs.**

In FY 2009, DCOA supported four innovative, community-based, non-profit, neighborhood focused programs that provide services for residents age 60 and over within a defined neighborhood service area. Each “Senior Village” assists older residents by partnering with and connecting them to social and cultural activities, exercise opportunities, transportation assistance, household and home maintenance, and medical and assisted living services at home. More than 13 villages are planned, formed or operating in the District.

In FY 2011, DCOA will continue to grow and support Senior Villages and other aging in place models by seeking external funding, providing staff technical assistance and establishing linkages with DCOA’s Senior Service Network. This collaboration will increase the number of seniors we reach and improve coordination of aging services throughout the District. In addition, DCOA will plan a District-wide resource exchange forum by December 31, 2010 and conduct this forum by March 31, 2011.

**INITIATIVE 6.2: Submit several competitive grant applications to the Federal Government, foundations and other sources that will expand agency resources, provide new opportunities for senior services, focus on diverting seniors from institutional care, and support aging in place.**

In FY 2010, DCOA submitted several grant applications to the Federal Government to support its mission for FY 2011. In FY 2009, the Office on Aging submitted eleven (11) competitive grant applications valued at \$4 million. Eight grants were awarded valued at \$1.3 million. The grant submission, review and award process for FY 2010 is currently underway determinations will be made by October 1, 2010. In FY 2011, DCOA will enjoy funding from long-term grants previously awarded and will continue to aggressively and successfully apply for and seek competitive grant opportunities with the goal of achieving a 50% success rate or total dollar value of \$700,000 and help community-based organizations reach their goals. DCOA will build upon its experience over the past three fiscal years, lessons learned, relationships developed, and additional staff support.

**PROPOSED KEY PERFORMANCE INDICATORS**

Measure	FY2009 Actual	FY2010 Target	FY2010 YTD	FY2011 Projection	FY2012 Projection	FY2013 Projection
Number of seniors receiving health promotion, nutrition education and counseling programs at centers and network sites	6,339	7,000	6,473	8,000	9,000	9,000
Percentage of persons	99%	98%	98.9%	98%	98%	98%



<b>Measure</b>	<b>FY2009 Actual</b>	<b>FY2010 Target</b>	<b>FY2010 YTD</b>	<b>FY2011 Projection</b>	<b>FY2012 Projection</b>	<b>FY2013 Projection</b>
requesting and receiving nutritious meals						
Percentage of wellness center participants who increase their awareness and adopt healthy behaviors as identified by improvements in their overall health (evidence –based health outcomes.)	85%	75%	80%	80%	85%	90%
Percentage of seniors seeking employment that receive job placements	24%	50%	25%	55%	60%	60%
Percentage of participants in UDC specialized job skill training program placed in unsubsidized jobs	Not Available	Not Available	15%	50%	55%	60%
Number of elderly and disabled customers served for all services by DCOA/ADRC	18,215	19,000	16,540	20,000	21,000	22,000
Number of new customers served by ADRC age 18 -59	451	500	356	600	700	800
Number of ADRC cases age 18 and older (open and closed)	125/687	50/1,000	1058/157	50/1,300	50/1,500	50/1,700
Average time (days) to close ADRC case	21 days	14 days	14 days	14 days	10 days	7 days
Number of Medicaid Waivers for elderly and persons with disabilities	2,945	3,500	2,957	4,500	4,500	5,000
Number of persons attending DCOA/ADRC outreach events and activities	11,068	14,000	16,590	16,000	18,000	19,000
Number of long-term planning guides distributed to District residents	Not Available	80,000	27,983	Not Available	Not Available	Not Available
Number of new vehicles for senior programs	6	10	11	5	2	2
Cost savings from vehicle maintenance & repairs due to new vehicles	\$0	\$100,000	100,000	\$125,000	\$125,000	\$125,000





<b>Measure</b>	<b>FY2009 Actual</b>	<b>FY2010 Target</b>	<b>FY2010 YTD</b>	<b>FY2011 Projection</b>	<b>FY2012 Projection</b>	<b>FY2013 Projection</b>
Number of organized aging in place programs and senior villages funded and operational	5	5	5	5	5	5
Number of persons requesting and receiving nutritious meals from Stimulus Funds	Not Available	700	745	Not Available	Not Available	Not Available
Value of competitive grants awarded	\$50,000,	\$500,000	1,200,000	\$700,000	\$750,000	\$800,000
% of subgrantee's budget spent on programmatic costs <sup>1</sup>	Not Available	Not Available	Not Available	65%	65%	65%
% of scheduled monitoring reports as defined in agency monitoring plan completed for each grant award <sup>2</sup>	Not Available	Not Available	Not Available	100%	100%	100%

<sup>1</sup> The Wise Giving Alliance of the Better Business Bureau identifies 65% to be an industry standard for this measure <http://www.bbb.org/us/Charity-Standards/>. This metric measures all subgrantees' programmatic costs as a percentage of their overall costs.

<sup>2</sup> Pursuant to 11.4 of the Grants Manual and Source Book all District agencies must complete monitoring reports. All District agencies should be in compliance with this standard. The standard is 100%.