



FY 2012 PERFORMANCE PLAN
Office on Aging

MISSION

The mission of the District of Columbia Office on Aging (DCOA) is to advocate, plan, implement, and monitor programs in health, education, employment, and social services which promote longevity, independence, dignity, and choice for our senior citizens.

SUMMARY OF SERVICES

The District of Columbia Office on Aging is the State and Area Agency on Aging for individuals 60 years of age and older. DCOA oversees an Aging Services Network of more than 20 community based education, government, and private organizations, which operates more than 30 programs citywide; there are seven Lead Agencies that offer a broad range of legal, nutrition, social, and health services. Additionally, DCOA operates the Aging and Disability Resources 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; the information and referral system and the Older Worker Employment and Training program which provides training and job placement opportunities for older persons.

AGENCY WORKLOAD MEASURES

Measures	FY2009 Actual	FY2010 Actual	FY2011 Actual
# of contracts processed by DCOA Finance	26	71	76
# of payment requests processed by DCOA Finance	673	590	567
# of meals served under the supervision of the DCOA Programs and Grants Unit	756,480	780,587	671,809
# of site visits made by the entire DCOA Program and Grants Unit	22	21	21
#of seniors seeking employment assistance from the DCOA Older Workers Employment & Training Program.	411	410	430
#of seniors seeking training assistance from the DCOA Older Workers Employment & Training Program.	55	55	75
# of information related calls received by the DCOA Information and Assistance Unit	6,725	4,927	5,509
# of walk-in clients assisted by the DCOA Information and Assistance Unit	56	174	217
# of information calls received by the DCOA Aging and Disability Resource Center	1,115	1,665	2,129
# of clients who participated in respite related activities facilitated by the DCOA Aging and Disability Resource Center	27	98	95



FY 2012 PERFORMANCE PLAN
Office on Aging

OBJECTIVE 1. To improve financial sustainability of services to seniors and persons with disabilities.

INITIATIVE 1.1: To implement a cost sharing policy to enable grantees to provide diverse service models. (FISCAL STABILITY)

Senior Wellness Centers and Congregate Meal Sites operated by DCOA grantees provide health screenings, nutrition education, counseling, meals, transportation, recreation and socialization all at no cost. This initiative will provide the grantee agencies that operate these programs with the ability to sustain and possibly enhance and expand their existing recreation and socialization services through cost-sharing with eligible participants. The cost sharing policy would allow for the development of a sliding scale fee structure based on the individual's income; older persons with low-incomes, or those at or below the poverty level would not be permitted to cost share.

Initiative 1.2: Search and respond to funding opportunities from the Federal Government, foundations, and other funding sources. (FISCAL STABILITY)

DCOA will continuously research and identify applicable grants and funding opportunities. DCOA has subscribed to various listserv to receive grant opportunity alerts from funders – federal government, private organizations, non-profits, foundations, Office of Grants and Partnerships, Washington Grant Makers, and the like. The agency will maintain an up-to-date listing of possible federal, local, and private funding sources inclusive of grant application requirements and the amount of the grant award. Completion date - July 30, 2012.

INITIATIVE 1.3: Update the DCOA Audit Guidelines and DCOA Grants Manual. (FISCAL STABILITY)

The purpose of updating DCOA's current Audit Guidelines and Grant Manual is to incorporate new rules and regulations affecting the implementation and management of Older Americans Act programs. These updates will clearly speak to DCOA's requirements of allowable and unallowable budgeting items, which will enhance the overall management and quality of programs being offered to the District's 98,512 senior citizens. Completion date - September, 2012.

INITIATIVE 1.4: Review monthly budgets planned vs. actual cost indicators. (FISCAL STABILITY)

Meet with appropriate staff to review findings, and request corrections, as needed. The purpose of this initiative is to help grantees stay within budget and prevent cost overruns. Financial monitoring is currently being done, but as we move forward a more in-depth process is needed.

OBJECTIVE 2. To expand DCOA's efforts in partnering with sister agencies for the purpose of employing older workers.



FY 2012 PERFORMANCE PLAN
Office on Aging

INITIATIVE 2.1: Increase partnerships and employment and training opportunities for seniors. (JOB CREATION)

DCOA Older Workers Employment and Training Program (OWETP) Program will partner with DOES Title V for the purpose of training coordination to expand the training opportunities currently offered. This will improve the training participation rate for FY 2012. Effective date April 1, 2012

INITIATIVE 2.2: Develop an employment resource guide (JOB CREATION)

OWETP will develop an employment resource guide which will list other employment related agencies in and around DC. By doing this, it will create placement resources for seniors to utilize when initiating the job search process. Completion date – September 30, 2012.

INITIATIVE 2.3: Increase outreach efforts to expand pool of employers (JOB CREATION)

OWETP plans to increase its outreach efforts by utilizing grantees and lead agencies to advertise the program at the community level, and citywide, through the *Senior Beacon* and other free media broadcast outlets. Expand the service delivery and partnership of the Older Workers Employment and Training Program. One main goal of OWETP is to partner with 20 new employers per month (10 per month – per worker – 240 total), to increase the placement rate in FY 2012 by 50%. Completion date – September 30, 2012.

Objective 3. To improve access to services by District seniors and persons with disabilities.

Initiative 3.1: Establish a satellite Aging and Disability Resource Center (ADRC) office in each Ward. (PUBLIC SAFETY)

The Aging and Disability Resource Center (ADRC) has been successfully operating a fully-functional, single-entry point resource center for the past 3 years, and has served many clients. Still others, lacking in knowledge and resources, prefer to suffer in silence rather than ask for the help they need to function independently in the community. The ADRC will be able to address underserved consumers by creatively reaching out to them in their neighborhoods, wellness centers, and in the satellite ADRC offices. Completion date - August 30, 2012.

Initiative 3.2: Develop a service delivery model for implementation of ADRC services to be provided in senior housing communities (access).

The ADRC will expand its current program by taking its services to the customer. This new and innovative service delivery model will increase familiarity and awareness of ADRC's program and services among the underserved seniors and disabled adults and make access to ADRC services easier than ever before. No longer will transportation barriers keep residents from accessing needed services. Completion date - August 30, 2012.



FY 2012 PERFORMANCE PLAN
Office on Aging

Initiative 3.3: Implement an Awareness Campaign to inform consumers of the programs and services of the ADRC.

While on-going outreach activities are being implemented to inform seniors and disabled adults about the ADRC's program and services, DCOA/ADRC will be launching an Awareness Campaign to reach even more consumers of the target population. The Awareness campaign will include bus posters, media advertisement, and mass mailing. Completion date - May 30, 2012.

Initiative 3.4: Collaborate with other agencies and service organizations to expand needed services and to reach more seniors and disabled residents.

DCOA/ADRC will collaborate with DC Fire and EMS personnel to establish a free health screening program to check blood pressure and glucose levels of residents in all senior apartment buildings, congregate meal centers, and wellness centers. DCOA/ADRC will also partner with other service organizations to host health fairs at identified sites and locations in DC. Completion date - May 30, 2012.

Initiative 3.5: Assist our community based partners and other stakeholders in creating three new senior villages in the District of Columbia.

DCOA will work with Family Matters of Greater Washington, East River Family Strengthening Collaborative, existing senior village stakeholders, sister agencies, and District residents in creating new senior villages. A senior village is an organization designed to address the many needs of our seniors. The purpose of the senior village is to ensure that seniors have access to services and supports that will prevent premature nursing home placement. Services and supports include transportation, socialization programs, handyman service, lawn care service, and grocery shopping assistance.

Objective 3.6: Create the DCOA Ambassador Program and train 40 participants.

The Ambassador Program is designed to educate advocates and other stakeholders about the services and programs offered by DCOA. Trained ambassadors will be encouraged to refer seniors, persons with disabilities, and family caregivers to DCOA for assistance. The goal of the program is to reach a larger number of constituents who have not accessed DCOA's services and programs and who could greatly benefit from them.

Objective 4. To increase active consumer participation in the decision making process.

Initiative 4.1: Collaborate with area hospitals to develop a universal person-centered discharge planning process.

DCOA/ADRC was awarded an AOA grant to initiate the hospital discharge planning component of DCOA/ADRC programs and services starting with five pre-selected hospitals. Since the inception of the hospital discharge planning program, DCOA/ADRC has established relationships with 13 local hospitals. A Hospital Discharge Planning Advisory Council has been formed, made up of nurses, case managers, social workers, and discharge planners from 13 partnering hospitals. Over the next twelve months, DCOA/ADRC and partnering hospitals will be implementing a real system change to



FY 2012 PERFORMANCE PLAN Office on Aging

develop a streamlined, person-centered approach to discharge planning. The identified stakeholders from the partnering hospital will assist with developing this hospital discharge planning model that meaningfully engages and solicits patient input and participation and maximizes the opportunity, especially for Medicaid patients, to return home with home and community-based services upon discharge. Completion date - July 30, 2012.

Initiative 4.2: Expand the options counseling program by identifying 50 participants of other established service organizations to complete the options counseling training module.

DCOA/ADRC was awarded a two-year grant from September 2010 – September 2012 to strengthen the options counseling (i.e. options counseling (OC) is formally defined as a person-centered, interactive, decision-support process whereby individuals receive assistance in their deliberations to make informed, long term and short term choices in the context of their own preferences, strengths and values. OC is available to persons regardless of their income or financial assets) and assistance function within the ADRC's one-stop access point model. DCOA/ADRC have identified stakeholders to collaboratively develop and implement a comprehensive set of statewide standards to guide, monitor, and continually improve the delivery of options counseling and assistance with the DCOA/ADRC operational standards. Completion date - April 30, 2012.

Initiative 4.3: Conduct diabetes self-management workshops in senior housing buildings and wellness centers.

DCOA/ADRC was awarded a National Council on Aging (NCOA) grant to implement the Stanford evidence-based Diabetes Self-Management Program to DC Residents. The ADRC has implemented over 15 workshops, especially to those with higher rates of chronic diseases, there are 8 workshops planned for FY 2012. The ADRC is coordinating with the public housing buildings and senior wellness centers, along with medical facilities to conduct the Diabetes Self-Management workshops. The District of Columbia Healthy Aging Coalition (DCHAC) is a multi-disciplinary, multi-network group comprised of key leaders from organizations throughout the city with an interest in health promotion and/or aging, was formed. The DCHAC's *vision* is that the District of Columbia will create and sustain programs, policies, and environments to foster healthy aging and the health, well-being, and independence of its citizens. The Health Aging Coalition is a component of the Diabetes Self-Management Program grant in terms of the sustainability of the program and the promotion of a healthy living lifestyle beyond the grant period. Completion date - May 30, 2012.

Initiative 4.4: Develop a user-friendly respite care database.

DCOA/ADRC developed a matrix that includes contact information of all respite care providers in the District; types of services, whether in-home or out-of-home respite care; family caregiver eligibility requirements, costs of services. This information will be posted on the Website and made available to clients who contact the center. Completion date - August 30, 2012.



FY 2012 PERFORMANCE PLAN
Office on Aging

Objective 5. To explore and launch new programs and services, as well as, expand current programs and services, to continue to provide the community resources that seniors need.

Initiative 5.1: Conduct a formal evaluation of all DCOA program and services.

All DCOA program and services will measure its efficiency based on an evaluation plan to determine where the program is now and how things are going, to determine if the program is having an impact and are program participants benefiting, and to document the program's activities. Evaluation measurement tools will be used continuously throughout the project, specifically at the beginning (during the program design phase), during the implementation phase, as well as an evaluation after the program has been operating for a while, during the sustainability phase. Customer satisfaction surveys, focus groups will detect changes that should be made in the project in order to improve it in subsequent implementation, specify program status and conditions for accountability purposes, as well as provide results that are to be used as a final needs assessment for subsequent planning of changes in the program. A formative evaluation, (process/implementation evaluation) will also be conducted to examine various aspects of the project in order to make changes and improvements and while the program is being implemented, document the activity to show the activities of the project.

Completion date - August 30, 2012.



FY 2012 PERFORMANCE PLAN
Office on Aging

PROPOSED KEY PERFORMANCE INDICATORS

Measure	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2012 Projection	FY 2013 Projection	FY 2014 Projection
Number of Seniors receiving: health promotion, nutrition education, counseling at centers and network sites	9,575	8,000	9,650	9,900	10,395	10,395
Percentage of persons requesting and receiving nutritious meals	99.48%	98%	100%	98%	98%	98%
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.)	80%	80%	80%	85%	90%	90%
Number of seniors seeking employment that receive job placements	25%	55%	32.77%	50%	55%	55%



FY 2012 PERFORMANCE PLAN
Office on Aging

Measure	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2012 Projection	FY 2013 Projection	FY 2014 Projection
Number of elderly and disabled customers served for all services by DCOA/ADRC	16540	10400	10,400	10,800	10,900	10,900
Number of new customers served by ADRC age 18-59	1,009	1500	1458	700	750	750
Average time (days) to close ADRC cases	14	14	14	14	14	14
Number of Medicaid Waivers for elderly and persons with disabilities	2,769	4,500	288	288	300	300
Number of persons attending DCOA/ADRC outreach events and activities	16950	16,000	24,122	34,000	39,000	39,000
Number of satellite offices established in Senior Housing communities (assertive case management delivery model)	*Not Applicable	*Not Applicable	2	4	6	6
Number of organized aging in place programs and senior villages operational	5	5	5	3	3	3



FY 2012 PERFORMANCE PLAN
Office on Aging

Measure	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2012 Projection	FY 2013 Projection	FY 2014 Projection
Value of competitive grants awarded	\$6,478 million	\$700,000	\$6.829 million	\$7,147 mil.	\$7,147 mil	\$7,147 mil
Percentage of sub grantee's budget spent on programmatic costs	87%	65%	92%	92%	92%	92%
Percentage of scheduled monitoring reports as defined by agency monitoring plan completed for each grant award	Not Available	100%	Not Available	100%	100%	100%

*Denotes new programming beginning in FY 2012.