



## 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 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.

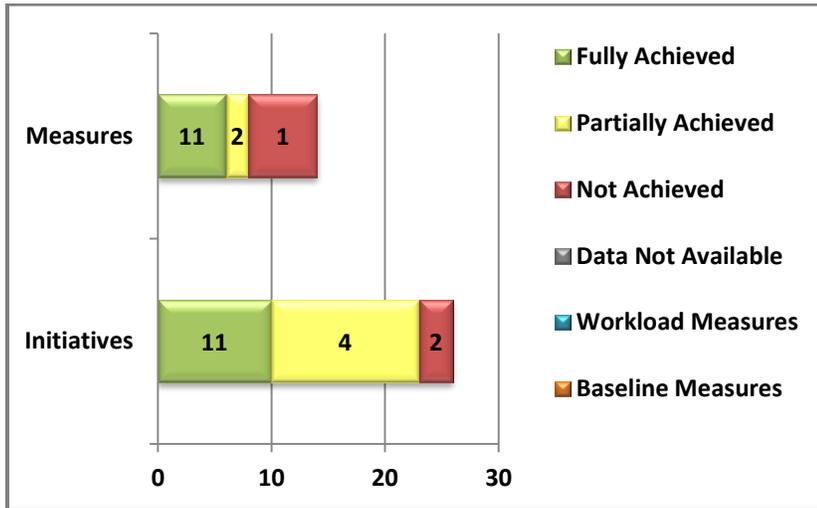
DCOA operates more than twenty-seven (27) programs internally and in collaboration with twenty-two (22) grantees and Lead Agencies in each of the District's eight Wards. Since August, 2008, DCOA has also operated (with support from the Department of Health Care Finance) the Aging and Disability Resource 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.

### ACCOMPLISHMENTS:

- ✓ DCOA's Aging and Disability Resource Center was located at a separate site from its headquarters. Now, under Dr. Thompson's leadership, the ADRC has been moved with the main office at 500 K Street NE, which will be an estimated savings in Fiscal Year 2013 of \$112,398. Mayoral priorities for this accomplishment relate to: **Fiscal Stability**
- ✓ Recruited and trained 18 Master Trainers for the diabetes Self-Management Program and exceeded its goal of 52 workshop completers, with a total of 123 workshop completers in FY 2011. Mayoral priorities for this accomplishment relate to: **Self Determination**
- ✓ Created a Healthy Aging Coalition made up of health related and/or aging organizations, community stakeholders, and consumers. Mayoral priorities for this accomplishment relate to: **Self Determination**



## OVERVIEW OF AGENCY PERFORMANCE





## Performance Initiatives – Assessment Details

### Performance Assessment Key:

 Fully achieved     Partially achieved     Not achieved     Data not reported

### 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.**

Response: In FY 2011, DCOA successfully operated four wellness centers, and opened one new wellness center. Programs offered are designed to enhance and integrate physical activity, offer social and emotional well-being, promote sound health habits through nutrition education and counseling, and offer health dialogues and health screenings, which help seniors to be well-informed health consumers, and prevent unnecessary costly medical encounters. There were 1,617 seniors who participated in wellness activities and reported an improvement in health. All five wellness centers received one formal evaluation and four unscheduled site visits. The wellness centers were formally evaluated according to program goals objectives outlined by each grant proposal and standards set forth by the DC Office on Aging. Through the evaluation of comprehensive wellness modalities, outreach efforts, membership sustainability and growth, and fiscal management, it was determined each wellness met or surpassed the goals and objectives. **Fully achieved**

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

Response: Completed September, 2011. Each Wellness Center had a representative to complete the Stanford Patient Education class and have at least one on-site Master Trainer at their Wellness Center. The Senior Wellness Centers were used to recruit Medicare recipients to participate in the Diabetes Self-Management Program. **Fully achieved**

### 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.**

Response: The D.C. Office on Aging Older Workers Employment and Training Program (OWETP) is a public/private program that provides employment and training opportunities for District of Columbia residents 55 years of age and older. In FY2011, OWETP successfully increase the training slots from FY2010 from 50 to 100 or 100%. OWETP placed 100 seniors above and below the federal poverty guide line. It is important to note that seniors above this guideline do not typically qualify for employment assistance programs. This was also accomplished by adding to new training programs that were offered to all District seniors regardless of income. OWETP also offered a third reoccurring training without income restrictions. The University of the District of Columbia's Institute of Gerontology facilitates two of the training programs offered by OWETP. These classes included the **Food Handlers Training Program** (60 participants) and the **Visiting Neighbors Training and Respite Program** (25 participants). **Home Care Partners**



facilitated the third reoccurring *Home Health Aide* training program (15 participants) for FY 2011. **Fully achieved**

**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).**

Response: The Aging and Disability Resource Center (ADRC) continues to enhance their program by adding new services to better meet the needs of the elderly and disabled adults. The ADRC has expanded its capacity to provide in-person assistance to older adults and family caregivers regarding long-term care options and resources. The ADRC has also expanded collaboration among aging services, health care, faith-based, and other strategic partners to identify high risk older adults and caregivers, as well as strengthen referrals to evidence-based intervention programs, such as Hospital Discharge Planning and Diabetes Self-Management. **Fully achieved**

● **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.**

Response: DCOA has recently been awarded a Life Span Respite Supplemental grant to enhance and improve its program by addressing affordability barriers, by implementing a Flex Spending program, and the issue of quality service, through the introduction of a Quality Pledge Campaign. **Partially achieved.**

● **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.**

Response: Completed September 2011, the Aging and Disability Resource Center for the District's seniors and disabled persons provides long-term care resources, discharge planning, and caregiver support options partnership. This is designed to assist older adults and persons with disabilities in locating supportive services and eldercare resources in order to continue living as they choose in their community. Located at the DC Office on Aging/Aging and Disability Resource Center are a number of resources and staff members to assist clients including: social workers, options counselors, Medicaid and food stamp representative from Economic Security Administration, housing specialist, rehabilitation services representative for employment and public health advisors. **Fully achieved**

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

Response: The Hospital Discharge Planning Program begun as a pilot project with the partnership of 5 local hospitals: Howard University, Providence Hospital, Specialty Hospital of Washington-Hadley, United Medical Center, and Specialty Hospital-Capitol Hill. The program has since expanded and now includes collaboration efforts with 12 local hospitals. These hospitals refer patients to DCOA/ADRC for enrollment in the Hospital Discharge Planning Program. Representative(s) from the hospitals, community-based service providers, and the Aging and Disability Resource Center staff, make up the Hospital Discharge Planning Advisory Council, and meet on a bi-monthly basis to discuss current trends, evaluate best practices, and create a universal discharge planning process to be implemented in the District of Columbia.



DCOA predicts assisting over 95 seniors and disabled adults annually with their hospital discharge planning to the appropriate community-based services. **Partially achieved**

**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.**

Response: In FY 2011, D.C. Office on Aging administered a comprehensive needs assessment of the District's seniors to better understand the needs of older adults. The intent of the needs assessment for the general public and professionals in the field was to identify services that respondents believe are important at this time and the near future. DCOA requested the services of a contractor with local and national expertise that was vested in the District beyond the study, to design and conduct an innovative and interactive District-wide comprehensive Senior Needs Assessment. The contractor was tasked with identifying community needs, assets and gaps in services, scan and compare regional best practices and their aging communities, to name a few. The methodology used to conduct the assessment included but was not limited to qualitative and quantitative analysis, simulation models and GIS mapping. The document will be released in FY 2012. DCOA views the Senior Needs Assessment as a beginning not an ending and will utilize it as a living document to help chart the course for service delivery. **Partially achieved**

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

Response: Updates to the services standards manual began in FY 2011 and will be completed by September 30, 2012. **Not achieved**

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

Response: From 2011 and continuing to the end of fiscal year 2012, the Office on Aging will continue to focus on the four (4) strategic goals in our State Plan. The plan focused on empowering older people, persons with disabilities, their families and other consumers to make better decisions that will allow to remain in their own homes, stay and healthy, ensure that their rights are protected and maintained an effective and responsive management and administration of programs and services. Given the city's budget challenges over the last few years and unanticipated program changes, this agency was able, through careful planning and strategizing, to meet or exceed over 70% of its goals and objectives in the first year and accommodate those residents most in need of supportive services. The goals and objectives that were not met in the first year will be continued in 2012 if feasible. **Fully achieved**

**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.**

Response: In FY 2011, the replacement plan was not completed, however; in FY 2012 DCOA has submitted a replacement plan to acquire 21 additional buses over a five year period from (2012-2016) with a projected cost of 1.3 million to the Mayor's capital budget committee. **Partially achieved.**



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

Response: The ground lease was completed in FY 2011. Fully achieved

- **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)**

Response: The FoxPro system at WEHTS was not replaced or enhanced due to funding and delegation of responsibility. The responsibility of the WEHTS program and its database is of the provider that was awarded the Grant, Barney Neighborhood House. All record keeping is the sole responsibility of the Grantee. Additionally, an equivalent system was never found by OCTO that could replace FoxPro and the scheduling system. The funds were never allocated for DCOA or given to Barney Neighborhood House to replace the system. At this time the replacement of the FoxPro program is not cost effective. The FoxPro system sufficiently schedules and tracks clients at a minimal cost. **Not achieved**

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

Response: In FY 2011, there were forty-four (44) formal site visits to nutrition sites and fifty-six (56) informal site visits. Sites were evaluated on operations, programs offered, food safety, participation and standards set forth by the DC Office on Aging. Results of the site visits show a decline in program and participation of congregate sites, specifically those located in privately owned housing facilities. A total of forty-four (44) sites, seventeen (17) sites were identified as highly effective sites that meet or exceeded program standards. There were twenty-five (25) sites that were identified as marginally effective, with adequate attendance and support, but lacking quality programs at the sites. Two sites were identified as low performing sites, with low attendance, and sub-par programs and recommended for consolidation. **Fully achieved**

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

Response: In FY 2011, all Lead Agencies were tasked with conducting re-assessments of all Homebound Meal clients. A task force was assembled to develop a standardized assessment form for all wards and to assist with the in-house reassessments. Approximately 1450 clients were re-assessed through these efforts. As a result, of the re-assessments 103 clients were identified as either deceased, re-located, or no longer needing homebound meals services. The assessments also helped identify 40 clients as needing additional services. **Fully achieved**

#### **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.**

Response: The Office on Aging has established a working group on senior villages which will develop age in place programs for low and moderate income residents. Two pilot initiatives will be launched fiscal year 2012. **Fully achieved**

- **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.**

Response: DCOA responds to funding opportunities on a continuous basis to expand the



programs and services available through its Aging and Disability Resource Center. ADRC has secured grant funds in the amount of 2,825,199.00. **Fully achieved**



## Key Performance Indicators – Details

### Performance Assessment Key:

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

		Measure Name	FY2010 YE Actual	FY2011 YE Target	FY2011 YE Revised Target	FY2011 YE Actual	FY2011 YE Rating	Budget Program
●	1.1	Number of seniors receiving health promotion, nutrition education and counseling programs at centers and network sites	9575	8000		9650	120.63%	
●	1.2	Percentage of persons requesting and receiving nutritious meals	99.48%	98%		100%	102.04%	
●	1.3	Percentage of wellness center participants who increase their awareness and adopt healthy behaviors as identified by improvements in their overall health	80%	80%		80%	100%	
●	2.1	Percent of seniors seeking employment and receiving job placements	25%	55%	32.77%	32.77%	100 %	
●	3.1	Number of elderly and disabled customers served for all services (DCOA and ADRC)	16540	20,000	10400	10400	100%	
●	3.2	Number of new customers served by ADRC age 18-59	1,009	600	1,500	1,458	92.2%	
●	3.3	Total number of ADRC cases	1058	1546		1546	100%	



		<b>Measure Name</b>	<b>FY2010 YE Actual</b>	<b>FY2011 YE Target</b>	<b>FY2011 YE Revised Target</b>	<b>FY2011 YE Actual</b>	<b>FY2011 YE Rating</b>	<b>Budget Program</b>
●	3.4	Average time (days) to close ADRC case	14	14		14	100%	
●	3.5	Number of new EPD Waiver applications and re-certifications processed (DHS:IMA and ADRC combined)	2,769	174		288	165.51%	
●	3.6	Number of persons attending DCOA/ADRC outreach events and activities	16590	16,000		24,122	150.76%	
●	3.7	Cost savings from vehicle maintenance due to new vehicles	100000	125,000		0	0%	
●	3.8	Average delivery time per home delivered meal	2.5	2.5		2.5	100%	
●	6.1	Number of organized Aging in Place programs and Senior Villages funded and operational	5	5		5	100%	
●	6.2	Value of competitive grants awarded to DCOA	6.478	700,000	6.829	6.307	92.35%	