District of Columbia Office on Aging

DCOA (BY)

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 including 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 and referrals, benefits and assistance for residents age 60 and older and persons with disabilities age 18 and older and the Older Worker Employment and Training program which provides training and job placement opportunities for older persons.

ACCOMPLISHMENTS:

✓ DCOA acquired the Commodity Supplemental Food Program ("CSFP") and the Senior Farmers Market Nutrition Program ("SFNP") from the Department of Health. This was a logical move as DCOA is responsible for promoting the well-being of seniors, including providing meals and food items that promote sound nutrition, and seniors comprise approximately 98% of CSFP beneficiaries in the District of Columbia. Thus, seniors in CSFP and SFNP are better able to access other DCOA services that will help them to live quality lives in the community. Moreover, this acquisition is the first step in tackling the issue of food insecurity – or, in other words, hunger – that adversely affects, seniors by cross checking seniors participating in CSFP, the Supplemental Nutrition Program, and DCOA’s nutrition program.

✓ DCOA established the Nursing Home Transition Unit, which is comprised of nursing and social worker staffs who transition willing and capable nursing home residents back into the community and assist them with securing cost effective home and community-based services.

✓ DCOA established its own Ambassador Program. This program recruits community volunteers who have a desire to learn about DCOA’s programs and services and share it with others who could benefit from these resources.
OVERALL AGENCY PERFORMANCE

TOTAL MEASURES AND INITIATIVES

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<tr>
<th>Measures</th>
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<th>Partially Achieved</th>
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Note: Workload and Baseline Measurements are not included

RATED MEASURES AND INITIATIVES

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<td>62%</td>
<td>23%</td>
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Note: Workload and Baseline Measurements are not included

Default KPI Rating:

- >= 100%: Fully Achieved
- 75 - 99.99%: Partially Achieved
- < 75%: Not Achieved
Performance Initiatives – Assessment Details

Performance Assessment Key:

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

Agency Management

OBJECTIVE 1: To advocate and support legislation that would improve housing, safety, and financial security for seniors living in the District of Columbia.

INITIATIVE 1.1: To introduce legislation proposing a city-wide "Silver Alert System" to notify the public of missing seniors.
- Fully achieved. The “Silver Alert System” was successfully implemented in May 2013.

INITIATIVE 1.2: To introduce consumer protection legislation to address current abuses in real property tax foreclosure sale process.
- Fully achieved. DCOA collaborated with government and community stakeholders in support of legislation and other policy initiatives to address this issue. Legislation was introduced and remains pending before the Council of the District of Columbia.

INITIATIVE 1.3: To introduce legislation requiring stand by emergency electric generation capacity in residential facilities that house seniors and persons age 18 years of age and older with cognitive impairments.
- Partially achieved. DCOA continues to collaborate with key community stakeholders to determine feasibility of this initiative.

INITIATIVE 1.4: To increase DCOA’s revenue stream beyond local and federal dollars.
- Not achieved. DCOA continues to collaborate with key government stakeholders to determine feasibility of obtaining O-Type revenue authority for the agency.

OBJECTIVE 2: To enhance and expand programs and services offered by the DCOA’s Aging Disability Resource Center and Aging Services Network Providers (One City Action Plan Action 3.3.2).

INITIATIVE 2.1: Operate an Aging and Disability Resource Center (ADRC) in each Ward (One City Action Plan Action 3.3.2).
- Fully achieved. The ADRC is fully decentralized with eight (8) newly-established program sites.

INITIATIVE 2.2: Implement an Awareness Campaign to inform consumers of the programs and services of the ADRC.
- Fully achieved. DCOA has distributed revised flyers and new promotional information pertaining to ADRC programs. DCOA has increased its awareness in reaching people in various District communities.

INITIATIVE 2.3: Expand collaborations with other agencies and service organizations to bring health and human services into the community, promoting healthy lifestyles among seniors and disabled adults.
- Fully achieved. DCOA continues to strengthen and foster relationships with relative agencies and service-oriented organizations.
INITIATIVE 2.4: Launch a virtual portal system.
- Partially achieved. DCOA has begun to develop a virtual portal system.

INITIATIVE 2.5: Expand the DCOA Ambassador Program.
- Fully achieved. The DC Office on Aging (DCOA) Ambassador Program is a FREE, interactive, member-based program designed to reach out to older adults and their caregivers to help them learn about the services and resources available to them through DCOA. 200 members received training in FY13.

INITIATIVE 2.6: Enhance the DCOA Effort to Eliminate Food Insecurity
- Fully achieved. DCOA acquired the Commodity Supplemental Food Program (“CSFP”) and the Senior Farmers Market Nutrition Program (“SFNP”) from the Department of Health.

INITIATIVE 2.7: Establish a DCOA First Responder Volunteer Program.
- Fully achieved. DCOA established a First Responder Volunteer Program.

OBJECTIVE 3: To increase active customer participation in the decision making process of home and community based services.

INITIATIVE 3.1: Integrate options counseling into current ADRC programs.
- Fully achieved. Options Counseling is currently incorporated into all ADRC programs and services.

INITIATIVE 3.2: Expand the offering of disease self-management workshops.
- Not Achieved. The grant period for the disease self-management workshops has ended.

INITIATIVE 3.3: Implement an Awareness Campaign with the Department of Health to inform consumers of the HIV programs and services.
- Fully achieved. DCOA established an Awareness Campaign with DOH and started a media campaign including posters, metro ads, and other media. DCOA held promotional event at the PEW Center highlighting HIV awareness.

INITIATIVE 3.4: Establish a flex spending program.
- Partially achieved. DCOA has begun assessing consumers for its flexible spending account system. The MOU is being reviewed in preparation of implementation of the program.

INITIATIVE 3.5: Develop new senior villages and maintain existing villages in the District of Columbia.
- Fully achieved. DCOA assisted in the development of 3 new senior villages.

OBJECTIVE 4: To explore and launch new senior programs and services and expand current programs and services, to continue to provide community resources.

INITIATIVE 4.1: Conduct a formal evaluation of all DCOA programs and services through the implementation of the service provider performance SCORECARD.
- Not Achieved. In order to successfully overhaul DCOA’s entire program and grants system, we have come to realize it is both complex and time consuming. We still have more research to do around reimbursement rates and reimbursement policy along with best practices in an effort to make the new system work in the best of interest of all parties involved, particularly the seniors of the District of Columbia. Due to the fact that we serve in a unique role of both the State Unit on Aging and the...
Area Agency on Aging, we have the challenge that other jurisdictions don’t encounter because we provide the oversight of Older American Act programs while also rendering direct long-term care services. That said we want the new system to be well-thought out and carefully implemented.

**INITIATIVE 4.2: Track the Impact of Life Support Transportation Services.**
**Fully achieved.** Seabury Connector has been closely monitored since FY 2013. The program is on target with its goals and objectives and finished the year strong. The customer satisfaction rating is 80% based on 600 surveys distributed to an unduplicated rider.

**INITIATIVE 4.3: Document Performance Goals & Outcome Measures of In-Home Care and.**
**Partially Achieved.** DCOA has collected survey data from some of our Home Care grantees, but all do not submit this information. We are in the process of improving our data collection process and this initiative is ongoing.

**OBJECTIVE 5. To improve financial sustainability of services to seniors and persons with disabilities.**
**INITIATIVE 5.1: To implement a cost sharing policy to improve and expand program operations, including an enhanced participant contribution policy to enable grantees to increase the number of services available to seniors in need.**
**Partially achieved.** DCOA has had several conversations with its federal funding partner (Administration on Community Living) to find out where and how much wiggle room does DCOA have to implement cost sharing policies. Some services are pretty clear cut, while others are not so much so. Due to the federal funding we receive, we must be careful with proceeding with cost sharing mechanisms, but as our local budget outgrows our federal funding in some programs, we see potential areas of flexibility and would like more time to flesh this out before implementing such policies that may or may not be acceptable to the Federal government.

**INITIATIVE 5.2: Aggressively search and respond to new funding opportunities from all types of funding sources.**
**Fully achieved.** The DCOA applied and was awarded two new grants in FY2013.

**INITIATIVE 5.3: Revamp DCOA’s program and grants system.**
**Partially achieved.** Revamping the entire system is both complex and time consuming. We have to research reimbursement rates and policy, look at best practices, and make a decision that coincides with the District’s unique situation as a State agency and Area agency.

**INITIATIVE 5.4: Create a new DCOA data dashboard.**
**Fully achieved.** DCOA has developed a robust data dashboard for internal management and external reporting.

**OBJECTIVE 6: To foster relationships with local employers, in an effort to increase employment opportunities for seniors.**
**INITIATIVE 6.1: Establish an Older Employment Advisory Council.**
**Fully achieved.** DCOA has established a network of employment specialists and professionals to provide new and complement opportunities to consumers.

**INITIATIVE 6.2: Collaborate with employers to facilitate employment assistance workshops and**
job fairs

Fully achieved. DCOA has hosted and participated in numerous employment assistance workshops and job fairs.

OBJECTIVE 7: To develop and implement a comprehensive “One Stop Shop” Human Resources Division that provides an integrated human resource products and services perspective.

INITIATIVE 7.1: Develop Human Resources Division

Partially achieved. The Human Resources Division role is partially achieved because its goal is ongoing. For FY 13 HR processed over 22 talent acquisition packets putting the right people in the right jobs performing the appropriate core functions to make the business succeed. We’ve broadened our talent search as we are moving rapidly into new subject matter expertise to tell our success story.

HR is working with the managers to assist in developing and strengthening their ability to coach, mentor and guide employee behavior to drive positive business results.

HR provided a strategic alignment model to the managers so they could begin to develop a high level overall strategic model for the agency to move forward new direction; Cross functional and multi-dimensional managing.
## Key Performance Indicators – Details

**Performance Assessment Key:**
- 🟢 Fully Achieved
- 🟠 Partially achieved
- 🔴 Not achieved
- 🔵 Data not reported
- 💡 Workload Measure

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<thead>
<tr>
<th>KPI</th>
<th>Measure Name</th>
<th>FY 2012 YE Actual</th>
<th>FY 2013 YE Target</th>
<th>FY 2013 YE Revised Target</th>
<th>FY 2013 YE Actual</th>
<th>FY 2013 YE Rating</th>
<th>Budget Program</th>
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<tbody>
<tr>
<td>2.1</td>
<td>Number of persons attending DCOA/ADRC outreach events</td>
<td>19,071</td>
<td>39,000</td>
<td>29,375</td>
<td>75.32%</td>
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<td>COMMUNITY BASED SUPPORT PROGRAM</td>
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<td>2.2</td>
<td>Number of Seniors receiving: health promotion, nutrition education, counseling at centers and network sites</td>
<td>7,086</td>
<td>10,395</td>
<td>21,727</td>
<td>209.01%</td>
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<td>COMMUNITY BASED SUPPORT PROGRAM</td>
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<td>2.3</td>
<td>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)</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
<td>100%</td>
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<td>2.4</td>
<td>Number of elderly and disabled customers served for all services by DCOA/ADRC</td>
<td>16,371</td>
<td>10,900</td>
<td>34,669</td>
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<td>Number of new customers served by ADRC age 18-59</td>
<td>324</td>
<td>750</td>
<td>1,206</td>
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<td>2.6</td>
<td>Average time (days) to close ADRC cases</td>
<td>14</td>
<td>14</td>
<td>14</td>
<td>14</td>
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<td>AGENCY MANAGEMENT SERVICES</td>
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<td>2.7</td>
<td>Number of Senior Villages</td>
<td>10</td>
<td>10</td>
<td>43</td>
<td>43</td>
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<td>2.8</td>
<td>Number of life support transportation customers provided assistance</td>
<td>1,910</td>
<td>2,100</td>
<td>4,261</td>
<td>4,261</td>
<td>202.90%</td>
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<td>4.1</td>
<td>Number of persons transitioning into the community (i.e. Hospital Discharge Planning and Nursing Home)</td>
<td>NA</td>
<td>128</td>
<td>125</td>
<td>125</td>
<td>97.66%</td>
<td>INHOME &amp; CONTINUING CARE PROGRAM</td>
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<td>4.2</td>
<td>Number of consumers receiving Options Counseling</td>
<td>58</td>
<td>350</td>
<td>800</td>
<td>800</td>
<td>228.57%</td>
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<td>4.3</td>
<td>Number of family caregivers receiving flex-spending funds</td>
<td>NA</td>
<td>30</td>
<td>137</td>
<td>137</td>
<td>456.67%</td>
<td>INHOME &amp; CONTINUING CARE PROGRAM</td>
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<td>4.4</td>
<td>Number of DCOA Ambassadors</td>
<td>0</td>
<td>200</td>
<td>208</td>
<td>208</td>
<td>104%</td>
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<td>5.1</td>
<td>Value of competitive grants awarded to DCOA</td>
<td>0</td>
<td>$6,829,000</td>
<td>$202,443</td>
<td>$202,443</td>
<td>2.96%</td>
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<td>6.1</td>
<td>Percentage of seniors seeking employment that receive job training or placements</td>
<td>100%</td>
<td>55</td>
<td>26.50%</td>
<td>48.18%</td>
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<td>6.2</td>
<td># of seniors and disabled adults provided transition support</td>
<td>28</td>
<td>Target Not Required</td>
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<td>6.3</td>
<td># of caregivers receiving flex-spending funds to assist with the cost of respite care</td>
<td>104</td>
<td>Target Not Required</td>
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<td># of meals served</td>
<td>672,188</td>
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<td># of consumers attending Seniors Wellness Centers</td>
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<td>6.6</td>
<td># of seniors seeking employment assistance</td>
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<td>6.7</td>
<td># of seniors seeking training assistance</td>
<td>53</td>
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<td>6.8</td>
<td># of consumers receiving information, referral, and assistance services</td>
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<td># of consumers receiving Options Counseling services</td>
<td>217</td>
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