District of Columbia Office on Aging
DCOA (BY0)

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 a Senior Services Network of more than 35 community-based education, government, and private organizations, which operates more than 40 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 collaborated with Legal Counsel for the Elderly to successfully advocate for the enactment of legislation to address abuses in the real property tax sales process that was resulting in the loss of their homes through foreclosure due to relatively small sums of unpaid real property taxes. Based on LCE’s analysis of the tax sale lists provided by OTR, the number of tax sales of properties coded as “senior” fell from 26 in 2013 to just 9 in 2014, a reduction of over 70%;

✓ Starting in October 2013, DCOA began efforts to streamline, update, and expand our transportation program. By consolidating services and acquiring a new fleet of 21 vehicles, DCOA increased the capacity to provide rides to medical related appointments, and expanded services to include rides of personal business related to public benefits, such as Social Security, housing assistance, and the Supplemental Nutrition Assistance Program;

✓ To improve our efforts to combat food insecurity, DCOA eliminated the home delivered meals wait list and further expanded this program to weekend services for non-frail customers. By the end of FY14, DCOA increased the number of home delivered meals by 129,122, or 31 percent when compared to FY13.
## OVERALL AGENCY PERFORMANCE

### TOTAL MEASURES AND INITIATIVES

<table>
<thead>
<tr>
<th>Measures</th>
<th>Number Fully Achieved</th>
<th>Number Partially Achieved</th>
<th>Number Not Achieved</th>
<th>Number Where Data Not Available</th>
</tr>
</thead>
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<tr>
<td>6</td>
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<table>
<thead>
<tr>
<th>Initiatives</th>
<th>Number Fully Achieved</th>
<th>Number Partially Achieved</th>
<th>Number Not Achieved</th>
<th>Number Where Data Not Available</th>
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<tr>
<td>12</td>
<td>6</td>
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</table>

### RATED MEASURES AND INITIATIVES

#### Rated Measures
- Fully Achieved: 60%
- Partially Achieved: 30%
- Not Achieved: 10%

#### Rated Initiatives
- Fully Achieved: 60%
- Partially Achieved: 30%
- Not Achieved: 10%

Note: Workload and Baseline Measurements are not included
### Performance Initiatives – Assessment Details

#### Performance Assessment Key:

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

#### Consumer Information, Assistance and Outreach Division

**Objective 1:** Provide robust outreach efforts and disseminate more information intended to bring about a greater awareness of senior services and better serve and attract the underserved population through the expansion and development of new services and campaigns.

**INITIATIVE 1.1:** Develop a comprehensive public awareness and earned media campaign that provides information and assistance to a broader audience including baby boomers, caregivers, the socially isolated and persons living with disabilities.

**Fully achieved** - The agency successfully expanded outreach efforts to media stakeholders to highlight key programs, initiatives, and events geared towards our target audiences. Media coverage included: a Washington Post front-page story on the trend toward moving older Americans out of nursing homes; three televised panel discussions on hunger, elder abuse, and active older adults; television and radio campaigns to educate residents about the District’s first-ever Alzheimer’s Disease State Plan; and television and radio PSA campaigns on falls prevention awareness and resources. Additionally, DCOA successfully built out web based outreach efforts. By the end of FY14, DCOA's weekly E*Blast consisted of more than 1,600 subscribers.

**INITIATIVE 1.2:** Expand the outreach of the Youth Build Public Charter School Senior Home Improvement Initiative.

**Not achieved** - Due to the discontinuation of the Youth Build program, aligned initiatives were not completed in FY2014.

**INITIATIVE 1.3:** Publish DCOA’s first-ever data annual report.

**Not achieved** - The agency experienced barriers to accumulating data due to the capabilities of our information technological system. DCOA is in the development stages of a new data system that is expected to go live in early 2015. DCOA will continue this initiative in FY15.

**INITIATIVE 1.4:** Develop a service delivery model providing services to seniors who reside in the DC Public Housing family unit.

**Fully achieved** - DCOA partnered with the DC Housing Authority to successfully connect with our target population. DCOA conducted 21 community health and informational fairs at DC Public Housing, Housing Urban Development and mixed use facilities. During these events, DCOA was able to provide individuals with information about the agency and refer them to DCOA services.
INITIATIVE 1.5: Recruit new senior volunteers for senior programs.  
Partially achieved - DCOA successfully expanded volunteer training and opportunities for older adults. In FY14, DCOA provided 8 Senior Ambassador Classes and trained a total of 74 participants. Additionally, DCOA successfully expanded the gardening program at Senior Wellness Centers. Planting gardens are in 3 Senior Wellness Centers, and a pilot intergenerational community garden program started in 2 additional Senior Wellness Centers.

INITIATIVE 1.6: Educate District residents on identification and prevention of elder abuse.  
Fully achieved - DCOA experienced great success during the pilot of "Money Smart for Older Adults". In partnership with the DCOA Elder Abuse Prevention Committee (EAPC), we have provided more than 10 trainings and reached over 500 older adults. Additionally, DCOA produced a radio PSA campaign around elder abuse prevention and education.

OBJECTIVE 2: Develop active and vibrant neighborhoods to create new economic opportunity and support a high quality of life for the District’s seniors and persons with disabilities through the Mayor’s Sustainable DC Plan.

INITIATIVE 2.1: Increase the number of jobs available to District seniors and persons with disabilities.  
Partially achieved - DCOA experienced a decrease in providing clients with information, referral and assistance in the second and third quarters due to the unavoidable absence of key personnel, and this issue has now been resolved. The agency hired an additional specialist at the end of FY14 and strengthened collaboration with the Department of Employment Services for the continuity of providing training and assistance to District seniors looking for employment and training.

INITIATIVE 2.2: Explore the feasibility of local food and active transportation procurement  
Fully achieved - DCOA continues to explore ways to accomplish many goals and objectives set out by Sustainable DC. In FY14, we developed a pilot to expand opportunities to access local healthy foods by participating in a Community Supported Agriculture program. DCOA will continue to work with the local community to grow and diversify the local economy.

In-Home and Continuing Care/Community-Based Support

OBJECTIVE 1: Fulfill the Mayor’s One City Action Plan by diverting vulnerable residents from premature nursing home placement by providing aging and disability resources in every ward of the city.

INITIATIVE 1.1: Develop a system integration plan to ensure that consumers receiving services through Money Follows the Person, Hospital Discharge Planning, Nursing Home Transition, and Lifespan Respite Care programs are also provided long-term care (LTC) options counseling.  
Fully achieved - DCOA successfully integrated long-term care options counseling into the Hospital Discharge, Nursing Home Transition and Life Span Respite programs through cross training and procedure reforms.

INITIATIVE 1.2: Improve communication between hospitals, community-based organizations, patients and their families.
| Partially achieved - DCOA has worked to increase knowledge and understanding of procedures and services. DCOA has strengthened relationships with community-based partners and sister agencies by establishing regular working groups, cross training of staff, improved educational materials, and town hall style meetings. |
| INITIATIVE 1.3: Establish a sustainability plan for lifespan respite care.  
**Fully achieved** - DCOA successfully worked with community partners to develop and implement the Lifespan Respite Flex Spending Account System for caregivers. |
| INITIATIVE 1.4: Develop the District’s first Alzheimer’s Disease State Plan.  
**Fully achieved** - DCOA successfully developed and published the District of Columbia Alzheimer’s Disease State Plan. DCOA worked with a coalition of stakeholders to identify and coordinate city resources to ensure individuals with ADRD and their caregivers receive the support they need and reduce the burden that often accompanies ADRD. The State Plan outlines 33 short-, mid-, and long-term measurable goals within four major categories: Research and Data, Quality of Care, Public Outreach and Awareness, and Training and Workforce Development. Many findings and goals were included in the Alzheimer’s Disease Initiative grant awarded to DCOA by the Administration for Community Living that will begin in FY15. |
| OBJECTIVE 2: Enhance and maintain community living for seniors and people living with disabilities through the implementation of DCOA’s 5-year strategic plan.  
INITIATIVE 2.1: Increase public awareness and accessibility of food and nutrition programs to combat food insecurity among seniors.  
**Fully achieved** - DCOA successfully executed a comprehensive outreach strategy that increased the visibility, participation, and locations for Commodity Supplemental Food Program (CSFP) and Senior Farmers’ Market Nutrition Program (SFMNP). |
| INITIATIVE 2.2: Overhaul DCOA’s WEHTS Transportation System.  
**Fully achieved** - Starting in October 2013, DCOA began efforts to streamline, update, and expand our transportation program. By consolidating services through Seabury Connector and acquiring a new fleet of 21 vehicles, DCOA increased the capacity to provide rides to medical related appointments, and expanded services to include rides of personal business related to public benefits, such as Social Security, housing assistance, and the Supplemental Nutrition Assistance Program. |
| INITIATIVE 2.3: Expand the Senior Wellness Centers program model to increase the flexibility, adaptability, and utilization.  
**Fully achieved** - In January 2014, the agency published a white paper that outlined needs for modernizing senior wellness centers. This research has set the foundation to expand utilization and capability as the older adult population continues to grow. DCOA has successfully expanded health promotion programs and services at senior wellness centers in order to raise awareness and promote healthier habits among older adults. DCOA introduced salad bars into six senior wellness centers to offer more fresh fruits and vegetables and more choice. Additionally, DCOA has begun What-a-Waste, a pilot program with the National Foundation to End Senior Hunger, to measure, reduce, and reuse the food waste from the congregate meals sites. Furthermore, DCOA successfully increased capacity and improved efficiency of home-delivered meal services. |
by increasing provision of non-frail Mom's Meals to provide a meal each day of the week, not just weekdays.

**INITIATIVE 2.4: Expand customer service to include assistance with real property sales tax survey to curb current cases of elder abuse, neglect, and financial exploitation in the District.**
*Fully achieved* - DCOA successfully modified ADRC initial intake procedures and forms to ask the status of real property sales tax in order to provide assistance to seniors who may not otherwise seek assistance until exploitation has occurred. Additionally, DCOA partnered with Legal Counsel for the Elderly to proactively educate older adults about property tax regulations and services.

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**Agency Management**

**OBJECTIVE 1.1: Transform the District of Columbia to an Age-Friendly City, an inclusive and accessible urban environment that encourages active and healthy aging for all residents, particularly seniors.**

**INITIATIVE 1.1: Sustain existing senior villages and promote the development of new senior villages in underserved neighborhoods.**
*Partially achieved* - DCOA provided technical assistance in establishing a new senior village serving neighbors east of Rock Creek Park in Ward 4. This new senior village (East Rock Creek Village) has been formally established, is recruiting participants, and is expected to begin providing services in later this year. DCOA did not receive additional funding in FY14, as hoped, to assist in the creation of additional senior villages. However, we continue to work with the two senior villages awarded development grants at the end of FY13 on improving sustainability. Working with the entire senior village network and community stakeholders, DCOA is developing a technical assistance program for new and emerging senior villages in FY15.

**INITIATIVE 1.2: Support efforts to achieve additional housing options that enable older adults to stay in their chosen neighborhood.**
*Partially achieved* - DCOA is working with the federal government and community partners, such as the Veterans Community Resource and Referral Center, to increase access to affordable housing. DCOA does not have the ability to control the number of housing units on the market.

**INITIATIVE 1.3: Legislative and public policy advocacy on aging and disability issues.**
*Fully achieved* - DCOA successfully advocated for legislation and other public policy initiatives that promote aging in place. DCOA drafted a "Community Living Policy" to promote community living for seniors and persons with disabilities; submitted a Customers Code of Conduct to be promulgated through regulations to be incorporated into the DC code of municipal regulations; and successfully advocated for the enactment of legislation to address abuses in the real property tax sales process.

**INITIATIVE 1.4: Place priority on mandated reporting of elder abuse.**
*Partially achieved* - DCOA continues to educate employees and professionals in the Senior Service Network on the requirements of the D.C. mandatory reporting statute.
### Key Performance Indicators – Details

**Performance Assessment Key:**
- [ ] Fully Achieved
- [ ] Partially achieved
- [x] Not achieved
- [ ] Data not reported
- [ ] Workload Measure

<table>
<thead>
<tr>
<th>KPI</th>
<th>Measure Name</th>
<th>FY 2013 YE Actual</th>
<th>FY 2014 YE Target</th>
<th>FY 2014 YE Revised Target</th>
<th>FY 2014 YE Actual</th>
<th>FY2014 YE Rating</th>
<th>Budget Program</th>
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<tr>
<td>2.1</td>
<td>Newly Registered Smart 911 DCOA Customers</td>
<td>Not Applicable</td>
<td>1,000</td>
<td>603</td>
<td>60.30%&lt;sup&gt;1&lt;/sup&gt;</td>
<td>CONSUMER INFO., ASSISTANCE &amp; OUTREACH</td>
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<tr>
<td>2.2</td>
<td>Number of people receiving jobs with pay rate above minimum wage</td>
<td>Not Applicable</td>
<td>80</td>
<td>68</td>
<td>85%&lt;sup&gt;2&lt;/sup&gt;</td>
<td>COMMUNITY BASED SUPPORT PROGRAM</td>
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<tr>
<td>4.1</td>
<td>Number of people transitioned from nursing homes back to the community with the appropriate home and community-based supports and services</td>
<td>49</td>
<td>80</td>
<td>34</td>
<td>42.50%&lt;sup&gt;3&lt;/sup&gt;</td>
<td>INHOME &amp; CONTINUING CARE PROGRAM</td>
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<tr>
<td>4.2</td>
<td>Number of people who have remained or transitioned in the community as a result of the long-term care options counseling services</td>
<td>800</td>
<td>680</td>
<td>962</td>
<td>141.47%</td>
<td>CONSUMER INFO., ASSISTANCE &amp; OUTREACH</td>
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<td>4.3</td>
<td>Number of people discharged from the hospital to home preventing nursing home placement</td>
<td>86</td>
<td>60</td>
<td>152</td>
<td>253.33%</td>
<td>INHOME &amp; CONTINUING CARE PROGRAM</td>
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<tr>
<td>KPI</td>
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<td>FY 2013 YE Actual</td>
<td>FY 2014 YE Target</td>
<td>FY 2014 YE Revised Target</td>
<td>FY 2014 YE Actual</td>
<td>FY2014 YE Rating</td>
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</tr>
<tr>
<td>4.4</td>
<td>Number of customers (ages 18-59) served by ADRC</td>
<td>1,296</td>
<td>389</td>
<td>5422</td>
<td>1,393.83%</td>
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<td>CONSUMER INFO., ASSISTANCE &amp; OUTREACH</td>
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<tr>
<td>4.5</td>
<td>Percentage of customers satisfied with WEHTS transportation service</td>
<td>Not Applicable</td>
<td>50%</td>
<td>80%</td>
<td>160%</td>
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<td>COMMUNITY BASED SUPPORT PROGRAM</td>
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<td>4.6</td>
<td>Percent of persons at Senior Wellness Centers reporting an increase in awareness and practice of healthy habits</td>
<td>90%</td>
<td>90%</td>
<td>86.5%</td>
<td>96.11%</td>
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<td>COMMUNITY BASED SUPPORT PROGRAM</td>
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<tr>
<td>5.1</td>
<td>Number of new affordable housing units for seniors</td>
<td>Not Applicable</td>
<td>1</td>
<td>0</td>
<td>Baseline Measure</td>
<td></td>
<td>COMMUNITY BASED SUPPORT PROGRAM</td>
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<tr>
<td>5.2</td>
<td>Number of new senior villages</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>33.33%</td>
<td></td>
<td>COMMUNITY BASED SUPPORT PROGRAM</td>
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<tr>
<td>5.3</td>
<td>Number of proposed legislative and policy initiatives on aging issues</td>
<td>Not Applicable</td>
<td>3</td>
<td>3</td>
<td>100%</td>
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<td>COMMUNITY BASED SUPPORT PROGRAM</td>
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<tr>
<td>N/A</td>
<td>Number of seniors provided transportation to and from medical, dialysis, and chemotherapy appointments</td>
<td>2,674</td>
<td>Not Applicable</td>
<td>2,010</td>
<td>Workload Measure Not Rated</td>
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<td>AGENCY MANAGEMENT</td>
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<td>N/A</td>
<td>Number of caregivers receiving flex-spending funds to assist with the cost of respite care</td>
<td>137</td>
<td>Not Applicable</td>
<td>110</td>
<td>Workload Measure Not Rated</td>
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<td>KPI</td>
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<tr>
<td>N/A</td>
<td>Number of homebound and congregate meals served</td>
<td>675,652</td>
<td>Not Applicable</td>
<td>877,139</td>
<td>Workload Measure Not Rated</td>
<td>AGENCY MANAGEMENT</td>
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<tr>
<td>N/A</td>
<td>Number of consumers attending Senior Wellness Centers</td>
<td>2,764</td>
<td>Not Applicable</td>
<td>2,961</td>
<td>Workload Measure Not Rated</td>
<td>AGENCY MANAGEMENT</td>
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<td>N/A</td>
<td>Number of seniors receiving employment and training assistance</td>
<td>1,120</td>
<td>Not Applicable</td>
<td>484</td>
<td>Workload Measure Not Rated</td>
<td>AGENCY MANAGEMENT</td>
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<td>N/A</td>
<td>Number of consumers receiving information, referral and assistance through the ADRC</td>
<td>7,046</td>
<td>Not Applicable</td>
<td>15,140</td>
<td>Workload Measure Not Rated</td>
<td>AGENCY MANAGEMENT</td>
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1 The Smart911 initiative is a web based safety profile that is generated using an email address and information about each of the subscribers, their household and the medical information that subscribers choose to add. Although the service is free, many older adults are reluctant or unable to set-up a profile because of technology barriers, such as limited to no access to internet or individual does not have an email address. Additionally, the Smart 911 system requires customers to renew information every six months by email. This results in a high rate of older adults dropping out of the service.

2 DCOA experienced a decrease in providing clients with information, referral and assistance in the second and third quarters due to the unavoidable absence of key personnel, and this issue has now been resolved. The agency hired an additional specialist at the end of FY14 and strengthened collaboration with the Department of Employment Services for the continuity of providing training and assistance to District seniors looking for employment and training.

3 DCOA experienced a drop in the second quarter because the Nursing Home Transition team was instructed by the Office of the Attorney General to hold off on further transitions while the plaintiffs and the court determined next steps in pending litigation.

4 DCOA is working with the federal government and community partners, such as the Veterans Community Resource and Referral Center, to increase access to affordable housing. DCOA does not have the ability to control the number of housing units on the market.

5 DCOA provided technical assistance in establishing a new senior village serving neighbors east of Rock Creek Park in Ward 4. This new senior village (East Rock Creek Village) has been formally established, is recruiting participants, and is expected to begin providing services in later this year. DCOA did not receive additional funding in FY14, as hoped, to assist in the creation of additional senior villages. However, we continue to work with the two senior villages awarded development grants at the end of FY13 on improving sustainability. Working with the entire senior village network and community stakeholders, DCOA is developing a technical assistance program for new and emerging senior villages in FY15.