2019-2022 District of Columbia
State Plan on Aging

Aging is Living!

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Washington, D.C. 2002
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THE DISTRICT OF COLUMBIA · OFFICE ON AGING

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GOVERNMENT OF THE
DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

Muriel Bowser
Mayor

Laura Newland
Executive Director
DC Office on Aging

VERIFICATION OF INTENT

The District of Columbia State Plan on Aging is hereby submitted for the District of Columbia for the period of October 1, 2018 through September 30, 2022. The plan includes all assurances and plans to be conducted by the District of Columbia Office on Aging (DCOA) under provisions of the Older Americans Act of 1965, as amended.

The State Agency named above has been given the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Act and is primarily responsible for the coordination of all state activities related to the purposes of the Act. For example, the development of comprehensive and coordinated community-based systems for the delivery of supportive services, including multipurpose senior centers and nutrition services, and to serve as the effective and visible advocate for the elderly in the State.

The Plan, accordingly, is hereby approved by the Mayor and constitutes authorization to proceed with activities under the Plan upon approval of the Assistance Secretary on Aging.

The State Plan on Aging is hereby submitted and has been developed in accordance with all federal statutory and regulatory requirements.

Laura Newland
Executive Director
District of Columbia Office on Aging

July 18, 2018
Date

I hereby approve this State Plan on Aging and submit it to the Assistant Secretary for Aging for approval.

Muriel Bowser
Mayor
Government of the District of Columbia

JUL 18 2018
Date

2019 – 2022 DC State Plan on Aging
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A Message from the Executive Director

Dear Community Members:

I'm pleased to present to you the 2019-2022 DC Plan on Aging for the period October 1, 2018–September 30, 2022. The DC State Plan on Aging is designed to guide service delivery and policy development throughout the city. It will form the basis for restructuring policies and serve as a benchmark to measure effectiveness and efficiency. DCOA, the Senior Service Network, and our community partners work together to address the diverse challenges facing the population we serve.

I'm proud of our city's commitment to seniors, adults with disabilities, and their caregivers. As an agency, we know how important it is that our residents are driving the conversation around what is needed to age well in this city. In developing this Plan, we spent a significant amount of time engaging with you out in the community—whether through our interactive State Plan workshops, at our quarterly town halls, budget presentations, or listening to your concerns at our public hearings. This Plan was created by you. You told us that you wanted to be more connected with the Agency, you wanted more choice in programs, and you wanted a positive customer experience each and every time you engage with us.

The 2019-2022 DC Plan on Aging proposes four new goals that DCOA will work to accomplish in the years to come. We're excited by the discussions we have had with older adults and stakeholders across the city, and the 1,000 comments received during the 16 town hall meetings held in all eight wards, and feedback received during the public comment period.

These goals, include:

Goal 1: Strengthen Programs, Service Coordination and Quality of Services.
Goal 2: Improve Access to Community Services and Supports in the District and Ensure the Agency is Driven by Customer Service Experience.
Goal 3: Promote Living Well in the District.
Goal 4: Empower the Workforce.

Washingtonians have agreed that these are the goals we must focus on in the years to come. We look forward to continuing our path to make Washington, DC the best place to age and live well, with your partnership and continued feedback.

Sincerely,

Laura Newland

Executive Summary

A. Overview of the State Plan on Aging

Under the requirements of the Older Americans Act of 1965, as amended in 2006, every four years the DC Office on Aging (DCOA) is required to submit a State Plan on Aging ("State Plan") to the U.S. Department of Health and Human Services, Administration for Community Living (ACL). The Fiscal Year 2019-2022 State Plan on Aging details the efforts of DCOA to meet the diverse needs of older adults (age 60 and older), adults with disabilities (age 18 and older), and their caregivers. The State Plan process gives DCOA the opportunity to review and evaluate its past performance and to identify new community-driven priorities as it continues to improve and meet the changing needs of the population. The State Plan serves as a strategic document for delivering services and supports to be provided through DCOA and covers four fiscal years (October 1, 2018 to September 30, 2022).

The development process for the State Plan was initiated in Fiscal Year 2018, following the guidelines and program instructions issued by the U.S. Administration for Community Living (ACL). ACL guidance helps DCOA in designing sustainable models of service, collecting data to assess critical needs, and ensuring oversight and accountability of the service delivery system. Please see Attachment I for the District of Columbia's efforts to improve the senior services delivery system.

B. District of Columbia Office on Aging (DCOA)

Mission Statement

The mission of the District of Columbia Office on Aging (DCOA) is to advocate, plan, implement, and monitor programs in health, education, and social services that promote longevity, independence, dignity, and choice for older District residents (age 60 and older), people with disabilities (ages 18 and older), and their caregivers.

Statutory Base

DCOA is designated by the Mayor as the State and Area Agency on Aging under D.C. Law 1-24; therefore, DCOA is responsible for the administration of programs under the Older Americans Act. This responsibility includes the coordination and development of the State Plan on Aging to receive federal funding under the Older Americans Act, as amended. D.C. Law 1-24, codified as amended at D.C. Official Code §§ 7-501.01 (2001) *et seq.*, states that the District of Columbia government "shall insure a full range of health, education, employment, and social services shall be available to the aged in the District of Columbia, and the planning and operation of such programs will be undertaken as a partnership of older citizens, families, community leaders, private agencies, and the District of Columbia government."

The law established the Office on Aging as the "single administrative unit, responsible to the Mayor, to administer the provisions of the Older Americans Act (P.L. 89-73, as amended), and other programs as shall be delegated to it by the Mayor or the Council of the District of Columbia, and to promote the welfare of the aged." DC Official Code § 7-503.01 (2001).

DC Law 1-24 as amended also established the Commission on Aging, a 15-person citizen's advisory group that advises the Executive Director of the Office on Aging, the Mayor, and the Council of the District of Columbia on the needs and concerns of older Washingtonians.

Services and Supports

DCOA administers the Older Americans Act (OAA) core services from Title III and Title VII—supportive services, nutrition, health promotion, caregiver support, and elder rights services—through the Senior Service Network (SSN) comprised of 22 community-based organizations and 40 programs.

Federal Grants Under OAA in FY2017	
Title III	$5,928,977.00
Title VII	$102,784.00
NSIP	$787,036.00
Total	**$6,818,797.00**

DCOA's services and supports are organized in the following three categories: 1) Customer Information, Assistance and Outreach, 2) Home- and Community-Based Supports, and 3) Nutrition Services. Please refer to Attachment C for a budget allocation narrative, Attachment F for a complete list of providers in the SSN, Attachment G for a complete list of programs and services, and Attachment K for an explanation of each category.

History and Service Utilization

DCOA was established by the Mayor in 1975 to plan, develop, and implement programs and services for residents age 60 and older. In 2009, DCOA expanded its scope to include services for people with disabilities between ages 18 and 59, with the addition of the Aging and Disability Resource Center (ADRC) to the agency.

DCOA serves as both the District's State Unit and Area Agency on Aging and is structured to carry out advocacy, leadership, management, programmatic, and fiscal responsibilities. The agency operates the ADRC, which provides a coordinated system of information and access for people seeking long-term services and supports. Additionally, the agency funds a Senior Service Network comprised of 22 community-based non-profit and private organizations that operate 40 programs. These programs provide services that are vital, life sustaining and life enhancing for the District's older adults (age 60 and older), adults with disabilities, and their caregivers. Critical to this network are Lead Agencies that offer a broad range of legal, nutrition, social and health services. The goal of these agencies is to enhance the quality of life for older adults and their families throughout all eight wards of the District of Columbia.

DCOA funds, through Title III, six Senior Wellness Centers (SWCs) across the city in Wards 1, 4,5,6,7 and 8. These Centers provide comprehensive programs that promote the health and wellness of DC seniors helping ensure they stay in the communities they know and love. Increasing access to wellness programs is a priority for the District. The Administration has invested $4 million in capital funds for internal renovations and refreshers at all SWCs and three group-homes, and $1.5M in capital funds to expand the Model Cities & Congress Heights SWCs to allow for more participation by seniors. DCOA is also funding a Satellite Wellness Pilot Program in Wards 2 & 3 where no brick and mortar SWCs exist.

DCOA's annual budget is more than $47.9 million, which is comprised of approximately 79 percent District funds and 21 percent federal funds. The agency has 73 full-time employees who provide direct services and monitor and support DCOA funded programs and services in the community.

In FY2017, DCOA provided information, referral, and assistance to 20,217 residents. Of those, 16,535 were residents, age 60 and over. The most utilized services were options counseling, Medicaid enrollment assistance, home-delivered meals, community dining sites, and transportation to medical appointments, senior wellness centers, and social and recreational activities, as shown on the table below:

Measure	Number of Residents in FY2017*
Number of residents served by DCOA's Medicaid Enrollment Staff	2,651
Number of residents receiving case management through Lead Agencies	2,128
Number of residents receiving options counseling	4,653
Number of residents transitioned from an institutional setting to the Community	65
Number of residents receiving homemaker services.	402
Number of residents receiving home adaptations	595
Number of residents receiving home-delivered meals.	3,218
Number of residents attending community dining sites.	5,215
Number of residents attending Senior Wellness Centers.	2,881
Number of residents provided transportation to medical appointments	1,195
Number of residents provided transportation to social and recreational activities.	1,462

Note: These numbers are not additive as residents may have received more than one service.

The FY2019 – FY2022 District of Columbia State Plan on Aging's Goals

The goals, objectives and strategies referenced in the DC State Plan on Aging represent both federal expectations as well as state priorities. The State Plan outlines the following goals that will direct the DC Office on Aging in its efforts to serve the target population between Fiscal Years 2019-2022:

Goal 1: **Strengthen Programs, Service Coordination and Quality of Services.**

Goal 2: **Improve Access to Community Services and Supports in the District and Ensure the Agency is Driven by Customer Service Experience.**

Goal 3: **Promote Living Well in the District.**

Goal 4: **Empower the Workforce.**

District of Columbia State Plan on Aging Narrative

The development of the 2019-2022 State Plan relied heavily on feedback and participation from the community. DCOA held 16 community workshops, where DCOA leadership engaged participants in interactive, small-group exercises to collect the community's thoughts, opinions, and feelings on what the agency's goals, objectives, and strategies should be over the next four years. A total of 1,000 individual comments, representing all eight wards of the city were collected in this process. The views and opinions of residents presented at public hearings, agency advisory committees, the DC Commission on Aging (a mayoral appointed citizen's advisory group), senior advocacy groups, and during a one-month public comment period are also reflected in the State Plan. Please see Attachment D for a complete analysis of all comments received during the state plan development process.

Federal and State Coordination

DCOA's State Plan goals and objectives were informed by the strategic goals established by ACL's Strategic Plan. ACL's goals include:

1. Advocating to ensure the interests of people with disabilities, older adults, and their families are reflected in the design and implementation of public policies and programs.
2. Protecting and enhancing the rights of, and preventing the abuse, neglect, and exploitation of, older adults and people with disabilities.
3. Working with older adults and people with disabilities as they fully engage and participate in their communities, make informed decisions, and exercise self-determination and control about their independence, well-being, and health.
4. Enabling people with disabilities and older adults to live in the community through the availability of, and access to, high-quality long-term services and supports, including supports for families and caregivers.
5. Implementing management and workforce practices that support the integrity and efficient operations of programs serving people with disabilities and older adults and ensure stewardship of taxpayers' dollars.

Additionally, DCOA followed guidance from ACL (AoA-PI-14-01) on the focus areas for the State Plan, which are:

Focus Area A: Older Americans Act (OAA) Core Programs

- Strengthen or expand Title III and VII services.
- Increase the business acumen of aging network partners.
- Work towards the integration of health care and social services systems.
- Integrate core services with ACL discretionary grants.

Focus Areas B: Administration on Community Living (ACL)/AoA Discretionary Grants

- Develop measurable objectives that include integration of the grants within OAA core programs.
- Describe how the state will take advantage of Affordable Care Act (ACA) opportunities such as Money Follows the Person Program, Community-Based Care Transition Program, etc.

Focus Area C: Participant-Directed/Person-Centered Planning

- Describe states efforts to make fundamental changes in state policies and programs that support consumer control and choice, including OAA Titles III, VI and VII programs and services.
- Describe states efforts to support participant directed/person-centered planning for older adults and their caregivers across the spectrum of LTC services.

Focus Area D: Elder Justice

- Describe the activities to prevent, detect, assess, intervene, and/or investigate elder abuse, neglect and financial exploitation.
- Describe planned efforts (measurable objectives) to support and enhance multi-disciplinary response to elder abuse involving Adult Protective Services (APS), Long-Term Care Ombudsman (LTCOP), legal assistance programs, law enforcement, health care, financial institutions and other partners statewide.

Results of Objectives from Previous FY2017 – FY2018 State Plan on Aging

The District of Columbia FY2017 – FY2018 State Plan on Aging focused on strengthening core program operations across services and activities, promoting awareness and access to long-term care services and supports offered in the District, promoting aging in place efforts, and improving the customer service experience for all residents. Of the 66 strategies mapped out across 12 objectives, DCOA fully completed or partially accomplished 95 percent of all strategies.

Highlights include:

- Worked with LTCOP to update laws and policies in accordance with Administration for Community Living's new rules to ensure quality services by the LTCOP and alignment with federal mandates.
- Successfully ensured that grantees in the Senior Service Network are organizing focus groups and community town halls with District older adults to evaluate consumers' needs and demands.
- Conducted public outreach campaigns to receive feedback and educate District residents of consumer cost-sharing opportunities at DCOA.
- Worked with transportation providers in the District to identify opportunities to streamline existing services and create new services.
- Continued to build and strengthen the No Wrong Door (NWD) Leadership Council within District government, and ensured participation in all NWD focus areas by attending and contributing at all monthly meetings: Leadership Council, Person-Centered Practices Workgroup, Stakeholder Engagement Workgroup, IT Integration Workgroup, Marketing and Outreach Workgroups.
- Continued to develop sustainability model for Alzheimer's Disease Initiative programs to include cross training of DCOA's Senior Service Network and frontline community members by receiving a new $650,000 federal grant, and continued local funding of $500,000.
- Fully implemented improvements to the Intake & Referral (I&R) process at DCOA, including expanding the intake responsibilities of the team to include Medicaid Waiver enrollment.

- Successfully assessed and aligned the capacity of transportation providers to support the transportation needs of people with disabilities and ensured transportation provider service is Medicaid-reimbursable.
- Successfully participated in each of the ten Age-Friendly DC domains helping secure the World Health's Organization designation of Washington, DC as an Age-Friendly City.

Local Demographics

In FY2016, DCOA commissioned a needs assessment to better understand the needs of older adults in the District (Please see Attachment H). The study was done by the Center for Aging, Health and Humanities at the George Washington University, and served as a tool in establishing the baseline for identifying community-driven priorities. Because of the Needs Assessment, DCOA learned that 1) more than half of all District seniors surveyed live alone making isolation a critical issue in the District; 2) that seniors want to know more about city resources and DCOA services; and 3) 77 percent of District seniors were concerned about preventing falls and other accidents in the home. DCOA has committed to ensuring that investments made in senior programs go toward combatting isolation, promoting wellness, supporting community living, and creating more opportunities for residents to provide feedback.

In 2011, the Baby Boomer generation, those born from 1946 to 1964, began to turn 65. Advances in the District's long-term care and health care services, like other jurisdictions across the nation, are expected to contribute to the continued increase in the number of older adults in Washington, DC.

The older adult population is expected to continue growing in the District and across the United States. By 2030, all surviving baby boomers in the U.S. will be 66 to 84 years old and are predicted to represent 20 percent (one in five) of the total population at that time.[1] In October 2017, the US Census Bureau released the most recent American Community Survey (ACS) 1-Year Survey Estimate allowing DCOA to use the most recent data on older adults as of 2016. These data profiles have the most frequently requested social, economic, housing, and demographic data. Several key demographic trends share DCOA's goals and priorities for services to older adults (please see Attachment J for a comprehensive demographic breakdown of the population 60 years and older from 2010 to 2016):

- **The number of older Washingtonians is increasing.** The District of Columbia has an estimated total population of 681,170 residents. The older adult population (age 60 and older) in the District is 113,644 (16.5% percent of total population). This represents an increase of 12.75% older adults 60 years and older since 2010 or 12,855 seniors. The District's senior population is projected to continue to grow to 17.4% by 2030.

- **Individuals between the ages of 65 to 74 years have the highest growth share in the District between 2010 and 2016.** This cohort is expected to grow in number, citywide.

- **The senior population 60+ increased in seven of the eight wards**. DC had a total of 9.3% growth overall from 2010 to 2014 with more seniors living in Wards 3, 4, and 5.

[1] "Global Age-friendly Cities: A Guide." World Health Organization (2007).

- **More than half of seniors live alone (56.7%).** This makes programs and services to combat social isolation critically important.

Ward Composition & Growth Among Adults Aged 60 Years +

Ward	1	2	3	4	5	6	7	8	Total
2000	7,727	8,346	13,454	16,906	15,021	10,579	13,059	6,788	**91,800**
2010	8,091	9,914	16,146	16,049	15,530	11,095	13,183	8,504	**98,512**
2014 (est.)	9,441	11,058	17,581	16,771	15,204	13,848	14,200	9,589	**107,692**
% of age group	9%	10%	16%	16%	14%	13%	13%	9%	--
% Change 2010-2014 (est.)	17%	12%	9%	4%	-2%	25%	8%	13%	**9.3%**

Source: U.S. Census Bureau (2015).

DCOA's FY2019 – FY2022 Strategic Direction

The State Plan is consistent with Mayor Muriel Bowser's Age-Friendly DC initiative—a coordinated, comprehensive and collective-action effort with the goal of ensuring all DC residents are active, connected, healthy, engaged, and happy in their environment. This movement is designed to address two significant demographic trends: urbanization and aging. The District is proud to be recognized in FY2017 as a top city with age-friendly policies by the World Health Organization (WHO) and AARP. In FY2019 – FY2022, DCOA and Age-Friendly DC is making strides in three key pillars and fourteen respective domains.

Pillar 1: Built Environment: Accessibility, Mobility, Walkability
- Domain 1 – Outdoor Spaces and Buildings
- Domain 2 – Transportation
- Domain 3 – Housing

Pillar 2: Attitudes About Growing Older
- Domain 4 – Social Participation
- Domain 5 – Respect and Social Inclusion
- Domain 6 – Civic Participation and Employment
- Domain 7 – Communication and Information

Pillar 3: Lifetime Health and Security
- Domain 8 – Community Support and Health Services
- Domain 9 – Emergency Preparedness and Resilience
- Domain 10 – Abuse, Neglect and Fraud
- Domain 11 – Financial Security
- Domain 12 – Lifelong Learning
- Domain 13 – Public Safety
- Domain 14 – Caregiving

Additionally, the District's goal is to operate a coordinated, District-wide, No Wrong Door (NWD) system that will support all DC residents in need of long-term services and supports (LTSS), regardless of where

they enter the system. In October 2014, DC received a grant from ACL to develop a three-year plan to transform current LTSS programs and processes in the District. The objectives are to design a NWD system that is: (1) Person and family-centered—connecting people with LTSS based upon what is important to, and for, them and their families; (2) Culturally and linguistically competent—being responsive to cultural preferences, needs, and the diverse languages spoken by District residents; (3) Respectful and provides excellent customer service; (4) Inclusive and integrated—supporting people to live at home, with the services they prefer and need to be independent and fully included in all aspects of their community life; (5) Community-based—linking people with LTSS through a coordinated and comprehensive network of public and private supports.

DCOA and the Senior Service Network are working towards policies that promote living well and empower older adults, adults with disabilities, and caregivers to make informed decisions and remain independent in their neighborhoods and communities for as long as possible.

The goals, objectives and strategies referenced in the DC State Plan on Aging represent both federal expectations as well as state priorities. The State Plan outlines the following goals that will direct the DC Office on Aging in its efforts to serve the target population between Fiscal Years 2019-2022:

Goal 1: **Strengthen Programs, Service Coordination and Quality of Services.**

Goal 2: **Improve Access to Community Services and Supports in the District and Ensure the Agency is Driven by Customer Service Experience.**

Goal 3: **Promote Living Well in the District.**

Goal 4: **Empower the Workforce.**

DCOA's core value is to constantly look for opportunities to be better than the day prior. These goals focus on areas where DCOA can continuously make improvements and cultivate a culture of innovation, where the agency is continuously responsive to the changing needs and desires of the community. Below, DCOA offers more information on how the agency has made progress over the last two years, and ways the agency can continue to improve and address challenges to make Washington, DC a better place to age.

Current Challenges Facing Older Adults and District Efforts

Unpaid Caregiver Support

More than 43.5 million people in the U.S. provide care for a chronically ill, disabled or older family member or friend during any given year. The number of those who provide unpaid care for an adult 50 years of age or older has reached 34.2 million.[2] Such caregiving is an important component of care for individuals with chronic conditions and the elderly. Family caregivers, or family of choice (a spouse, partner, family member, friend, or neighbor) are unpaid individuals involved in assisting others with activities of daily living (bathing, dressing, eating, toileting, etc.) and/or medical tasks. About 15.7 million people care for someone suffering from some form of dementia, including Alzheimer's.

According to AARP – DC Chapter, there are more than 75,000 District residents[3] caring for older parents, spouses, or other loved ones, helping them to live independently in their own homes. DCOA provides funding to community organizations that administer services to family caregivers with direct home care aide assistance and caregiver education and support. Through DCOA-funded services, the agency supports unpaid primary caregivers of seniors who have limited functioning due to a physical or mental condition. Families may receive help making important decisions about present and future situations, create and apply a plan of support, and recharge by participating in social activities or through respite and case management opportunities.

In 2016, the District implemented a new law to support unpaid caregivers. The CARE (Caregiver Advise, Record, Enable) Act helps family caregivers when their loved ones go into the hospital, and as they transition home. The CARE Act requires hospitals in the District of Columbia to: 1) Provide loved ones the opportunity to designate a caregiver; 2) notify residents when their loved one is to be discharged back home; and 3) instruct residents on the medical tasks that they will need to perform at home—such as medication management, injections, wound care, and transfers. Additionally, doctors and nurses can ensure caregivers have the right skills to deliver care effectively. And most importantly, the community can support caregivers in their neighborhoods with time, attention and empathy. As a complementary law, the District moved forward in 2017 to guarantee workers in DC up to eight weeks of paid family leave for the birth or adoption of a child, which takes effect in July 2020. This law also allows for up to six weeks of paid time off to look after an ill relative and up to two weeks for a personal medical emergency or sick leave.

Caregivers are the backbones to our communities and often the silent heroes, providing care for others above their own needs to engage in self-care. Therefore, to promote living well in the District, DCOA is focusing on more care for the caregiver in this State Plan. Because this requires a collaborative effort from public and private organizations, non-profits, residents, and experts, in FY2018, as part of the Mayor's Age-Friendly DC initiative, DCOA is co-chairing a new domain: Caregiving. As part of this city-wide effort, the District government is convening residents, providers, national and state experts to identify the comprehensive needs of caregivers in the District of Columbia and to recommend solutions that can address those needs.

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[2] National Alliance for Caregiving and AARP. 2015 Report Caregiving in the U.S. Please see: https://www.aarp.org/content/dam/aarp/ppi/2015/caregiving-in-the-united-states-2015-report-revised.pdf.

[3] Please see: https://states.aarp.org/support-family-caregivers-strength/

Additionally, By FY2019, DCOA and the Department of Parks and Recreation will begin planning a state-of-the-art caregiver complex with a $35 million capital investment towards rebuilding a therapeutic recreation site in Ward 7. Construction will begin in FY2020 with a planned opening in FY2022. This new complex will provide therapeutic, respite, and support services all under one roof for unpaid and family caregivers in the District.

DCOA will also create more events and opportunities for unpaid and family caregivers to learn, engage, socialize, and build networks of support, through activities such as an Annual Caregiving Conference and other social activities.

Falls Prevention

According to the DCOA 2016 Senior Needs Assessment, a top concern among older adults in the District is the fear of falling. Across the nation, falls among older adults are the leading cause for both fatal and nonfatal injuries and may lead to severe physical and cognitive health problems that result in extended stays in hospitals and long-term care facilities. An older adult's hospital stay after a fall could last up to 15 days; and in the case of hip fractures, the most common fall-related injury, stays may extend to 20 days. Studies indicate that individuals 75 years and older who fall are four to five times more likely to be admitted to a long-term care facility for more than a year.

In FY2016, Mayor Bowser established the Safe at Home Program (SAH). The Mayor directed DCOA and the Department of Housing and Community Development (DHCD) to develop and implement a new home adaptation program to promote aging-in-place for older adults (age 60 years and older) and adults with disabilities by providing in-home accessibility adaptations to reduce the risk of falls and reduce barriers that limit mobility. Program participants work with an Occupational Therapist (OT) to identify potential fall risks and mobility barriers in their home, and then work with a general contractor to complete the recommended adaptations.

The Safe at Home Program is making the homes and communities of older residents and adults with disabilities safer, and in FY2017, exterior security cameras were added to the program for qualifying residents. Since the Administration launched this program in 2016, DCOA has served more than 1,200 District residents installing safety adaptions such as grab bars, safety railings, stair lifts, and bath tub cut outs. DCOA was the recipient of the 2017 National Association of Area Agencies on Aging (n4a) Innovations Award in the Home & Community-Based Services category for the Safe at Home Program. The n4a is a membership association representing America's national network of 622 Area Agencies on Aging.

In FY2019, the Mayor is making a $4.5 million additional investment into the Safe at Home Program. With this increased investment, DCOA anticipates installing in-home safety adaptions in the homes of up to 700 additional seniors, and up to 500 security cameras.

Based on feedback from seniors, DCOA has made changes to the SAH Program to ensure concerns are addressed and process improvements are made. For example, DCOA heard complaints about unreturned calls and long waiting times. To resolve this issue, DCOA created one access point for all SAH calls and referrals by moving information and screening in-house. DCOA started handling all calls in-house, allowing for better customer service, greater tracking, and control.

DCOA also heard from the community that there was a need to provide more opportunity for residents who are just above the income threshold to access this program. As part of this State Plan, DCOA is focused on improving access to community services and supports in the District and ensuring the agency is driven by customer service experience. In FY2019, DCOA will be adding a cost-sharing component to accommodate residents who make up to 100 percent of the Area Median Income (AMI), enabling more residents to benefit from the Safe at Home program.

Reduce Social Isolation for Underserved Populations

Social Isolation has proven negative impacts on physical and mental health, particularly for older adults. Studies indicate that feelings of loneliness are linked to quicker cognitive decline. Additionally, research suggests that long-term illnesses and issues of mobility are associated with social isolation. According to DCOA's 2016 Needs Assessment, 54.5 percent of older adults in the District live alone. LGBTQ older adults are twice as likely to live alone and face isolation.

According to a recent report from DC Health (formerly the DC Department of Health),[4] which provides a snapshot of the health and well-being of the lesbian, gay, bisexual and transgender (LGBTQ) community in the District of Columbia, 10.7 percent of District of Columbia adults identified as either lesbian, gay, bisexual or transgender. The District is estimated to have the largest percentage of LGBTQ residents in the nation as a proportion of the population. In fact, of the 10.7 percent LGBTQ population, 12.8 percent are ages 55-64 and 10.4 percent are ages 65 and over, according to the report. This report also found that LGBTQ adults were more likely than their non-LGBTQ counterparts to be diagnosed with a depressive disorder.

AARP recently completed a comprehensive survey about the LGBTQ aging experience.[5] LGBTQ adults fear discrimination in health care and are worried about coming out in long-term care facilities. The AARP report indicates that Black and Latino LGBTQ individuals are more likely to have these concerns. Three out of four adults age 45 and older who are lesbian, gay, bisexual or transgender say they are concerned about having enough support from family and friends as they age. Many seniors worry about how they will be treated in long-term care facilities and want specific LGBTQ services. Eighty-eight percent of older LGBTQ people want LGBTQ-trained care providers.[6] Several studies have also pointed to the lack of education health professionals receive regarding the unique health care needs of the LGBTQ patient population.

In 2017, to address these concerns, the District of Columbia is one of the first jurisdictions in the nation to legislatively mandate LGBTQ cultural competency training for all health care providers. This applies to social workers, nurses, physicians, psychiatrists, psychologists, and other health care providers licensed under DC Health regulations to practice a health occupation in the District. Health care providers are required to have two credits of instruction on cultural competency or specialized clinical training focusing on patients who identify as lesbian, gay, bisexual, transgender, gender nonconforming, queer, or questioning their sexual orientation or gender identity and expression.

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[4] Please see: https://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/LGBT%20Health%20Report.pdf.

[5] Please see: https://www.aarp.org/content/dam/aarp/research/surveys_statistics/life-leisure/2018/maintaining-dignity-lgbt.doi.10.26419%252Fres.00217.001.pdf.

[6] Houghton, Angela. Maintaining Dignity: Understanding and Responding to the Challenges Facing Older LGBT Americans. Washington, DC: AARP Research, March 2018. https://doi.org/10.26419/res.00217.001.

DCOA also heard from the community through town halls that the agency needed to do more to meet the needs of older LGBTQ residents. In FY2018, to address this concern, the agency organized an Advisory Committee made up of older LGBTQ residents, service providers, and advocates to develop recommendations to DCOA on how to improve and expand services. Thanks to this collective effort, the District will be one of a few jurisdictions nationwide providing LGBTQ-specific programming beyond a community dining site. Starting in 2018 and continuing in 2019, DCOA is 1) launching a citywide meal and entertainment social program for older LGBTQ adults; 2) creating peer-led support groups throughout the city; 3) sponsoring citywide LGBTQ senior events; and 4) developing a community-driven curriculum on cultural competency throughout our network, starting with DCOA staff and Senior Service Network (SSN) social workers in 2018.

And so, as part of DCOA's State Plan goal to improve access to community services and supports in the District and ensure the agency is driven by customer service experience, the agency is committing to improving outreach to underserved populations through social engagement specifically targeted to LGBTQ older adults, non-English speaking populations and older men. Efforts will include continued engagement with the LGBTQ advisory committee to address the priorities and needs of LGBTQ seniors, implementation of the advisory committee's recommendations, strengthened partnerships with sister government agencies, and working with community outreach partners to encourage translation of outreach materials into multiple languages, large print and braille.

Coordinate Transportation Options

To maintain independence, older adults and people with disabilities need high-quality transportation options. A survey by the American Public Transportation Association determined that 82 percent of respondents 65 years of age or older are very concerned about becoming "stranded" and unable to travel short distances when they can no longer drive.

In FY2015, DCOA launched the ConnectorCard Program, which offers a DCOA-subsidized debit card that is loaded with up to $100 per month, and requires that each participant make contributions based on his/her income. The ConnectorCard provides older adults with greater choice and flexibility by opening access to a broader range of transportation options without needing a reservation 24 hours or more in advance.

In FY2017, DCOA committed to eliminating service overlap by creating a strong partnership with the Department of Health Care Finance (DHCF), DC's state Medicaid agency, and worked with grantees that provide case management and transportation services to identify Medicaid-enrolled clients and began the process for grantees to become Medicaid-approved providers. DHCF worked closely with DCOA and grantees as they became Medicaid providers. This allowed the District to eliminate duplication and use local dollars more effectively.

In FY2018, DCOA has made investments that are improving and enriching the lives of our older residents, adults with disabilities, and caregivers by investing $459,000 to provide transportation to Senior Wellness Centers and adult day health centers for residents most at risk of isolation. This funding commitment is continuing in FY2019 to ensure that more and more of our older adults can access and participate in the activities that keep them healthy, happy, engaged, and vibrant.

District of Columbia older adults expressed to DCOA that they want transportation that is flexible, provides choice, and is easy to access. DCOA is committed to ensuring that the city has the type and

quality transportation options seniors need. This will be a focus for the agency in FY2019 – FY2022. The Administration has set itself on this path by investing an additional $2 million in Transport DC Program, which provides an alternative transportation service for Metro Access customers.

As part of DCOA's State Plan, the agency is focused on strengthening programs, service coordination and quality of services, by ensuring every senior and adult with disability is able to be matched with the transportation option that best meets their needs. Efforts will include developing a robust network of information on transportation options and having an in-house expert on transportation services to serve as a knowledgeable and reliable resource to DCOA's IR&A unit, the Senior Service Network, sister government agencies, and District residents. In addition. DCOA will implement a person-centered transportation counseling model that can be replicated throughout the network and design and implement, in partnership with DCOA-funded transportation service providers, standard quality measures to track quality of services and customer experience.

Abuse, Neglect and Financial Exploitation

The US Department of Justice and US Department of Health and Human Services indicate that the exploitation and abuse of vulnerable adults affects approximately five million Americans each year. However, incidents are widely unreported due to fear, embarrassment, protection of family perpetrating crimes, and denial. In fact, studies suggest that only 1 in 14 cases of elder abuse are reported or come to the attention of authorities.[7] In the absence of a large-scale, national tracking system, studies of prevalence and incidence of abuse, neglect, and exploitation of older Americans conducted over the past few years by independent investigators have been critical in helping to understand the magnitude of this problem.

In Fiscal Year 2017, the District of Columbia Adult Protective Services (APS) received 1,705 referrals and investigated 1,061 cases. APS is a crisis–centered and investigation-based program that receives referrals for alleged abuse, neglect, self-neglect and exploitation 24 hours a day, seven days a week.

In Fiscal Year 2016, key leaders within DCOA's Aging and Disability Resource Center (ADRC) and DC's Department of Human Services' Adult Protective Services (APS) collaborated to improve communication between agencies and with stakeholders. Starting as a monthly meeting for discussions about complex cases, the DC agency collaboration grew into a comprehensive forum for cross-trainings to ensure a clear understanding of the respective responsibilities of ADRC and APS; creating inter-agency policies and procedures; and developing DCOA/APS trainings and outreach materials for DCOA's grantees, other DC agencies, and the public. This continues to grow in 2018, as both DCOA and DHS programs continue to evolve under the No Wrong Door system.

DCOA implements several strategies and coordinates with community and government partners to increase public awareness and education on elder abuse and financial exploitation. Some of these include:

DCOA's Elder Abuse Prevention Committee (EAPC): DCOA manages a $23,000 grant through the U.S. Department of Health and Human Services in collaboration and support of EAPC. This Committee is comprised of representatives from DCOA, the Department of Human Services Adult Protective Services (APS), the Federal government, community-based agencies, as well as advocates and seniors. The

[7] Richard J Bonnie and Robert B Wallace, "Elder Mistreatment." *National Academies Press (US)* (2003).

Committee meets monthly to develop and implement public information campaigns, educational forums, and other activities focused on educating the public and raising awareness to identify and prevent elder abuse, neglect or exploitation in the District of Columbia. Activities include:

- World Elder Abuse Awareness Day: Each June, EAPC partners with the District's Collaborative Training and Response to Older Victims (DC TROV) on an annual campaign to educate the public on how to identify, address, and prevent elder abuse. DC government agencies and DCOA's Senior Service Network are asked to promote the day on their organizations' websites, and participate in social media engagement throughout the day.

- Money Smart for Older Adults: Launched in FY2014 through a partnership with the federal Consumer Financial Protection Bureau, Money Smarts for Older Adults is a training program that helps seniors avoid financial exploitation and abuse and learn where to go for help. In FY2015 and FY2016, DCOA conducted the training in each ward and trained more than 1,520 seniors and advocates District-wide. In FY2017, DCOA reached and trained 949 seniors and advocates through 33 workshops.

- Financial Fraud Prevention Presentations: EAPC continues to make financial fraud prevention presentations and distribute financial education materials to seniors and vulnerable adults in all eight Wards. In FY2017 to date, they've reached 4,817 residents through 58 senior-specific outreach events.

- Annual Elder Abuse Prevention Conference: EAPC hosts the annual conference, bringing national leaders and experts together to train professionals that work with vulnerable adults in the District to identify, report, and prevent elder abuse.

In addition to EAPC's efforts, DCOA also coordinates public service announcements through the radio, hosts workshops, trains Ambassadors on elder abuse and prevention, and disseminates information during government and community events.

The agency also works closely with DHS's Adult Protective Services Division and the Department of Insurances and Banking (DISB) to ensure that older residents can avoid financial exploitation. DHS/APS does approximately 25-30 presentations in the community each year about elder abuse at senior wellness centers, senior villages, senior residences, and older adult programs. Additionally, DHS recently produced a Senior Safe Brochure with DISB to help educate seniors and the community on the risks of financial exploitation.

In 2017, Mayor Muriel Bowser introduced new legislation to protect District seniors and vulnerable adults from financial exploitation and abuse. The *Protection of Seniors and Vulnerable Adults from Financial Exploitation Act of 2017* establishes a mandatory reporting requirement of suspected financial exploitation for insurance companies, securities firms, and banks. The Act also allows financial firms to temporarily delay payments related to suspicious transactions. In addition, the *Vulnerable Population and Employer Protection Amendment Act of 2017* gives the Mayor authority to suspend or restrict the license,

registration, or certification, of a person who engages in the financial exploitation of a patient, client, or employer. This would enable DC government to move swiftly and decisively to disrupt those who prey on older adults. This legislation will be an aggressive step forward in making sure we have the tools necessary to protect DC residents as they age.

Issues of elder abuse and financial exploitation continue to be a concern among older Washingtonians. And so, as part of DCOA's State Plan to strengthen programs, service coordination, and quality of services, the agency is committing to ensuring District residents have the information, tools and resources necessary to prevent elder abuse and prevention through increased community engagement and education on elder rights, abuse, neglect, and exploitation.

In addition, DCOA will provide legal assistance supports through Legal Counsel for the Elderly to better reach the target population of seniors/people with disabilities most at risk. Other efforts include implementing new strategies and coordinate with the appropriate community and government partners to increase public awareness and education on elder abuse, including financial exploitation and conducting quarterly community ambassador training to train residents on identifying signs of elder and financial abuse and appropriate community services.

To ensure older adults are protected and that prevention and investigation of elder abuse and exploitation is a priority in the upcoming years, the District will be investing $234,163 in FY2019 to create a team at the Office of the Attorney General (OAG) to investigate and prosecute elder abuse and financial exploitation of seniors and other vulnerable adults.

Alzheimer's disease and related dementias

Alzheimer's disease (AD), a progressive, degenerative disease of the brain and the most common dementia, is a difficult disease to manage—for the individual, the family and for governmental and non-governmental agencies and service providers mandated to help alleviate the resulting burdens. According to the Alzheimer's Association, in 2014 approximately 9,200 individuals in the District 65 years and older live with Alzheimer's.[8] People who reach the age of 85 without incidence of dementia have a twenty-fold greater short-term risk for developing dementia than those who reach the age of 65 without dementia. Alzheimer's disease was ranked the 8th leading cause of death in the District of Columbia in 2011.

In 2014, DCOA was awarded a competitive grant by the Administration for Community Living (ACL) to further develop a dementia-capable system of long-term services and supports (LTSS). DCOA's Alzheimer's Disease Initiative was successful in reaching its goal to increase access to home and community-based services and supports for individuals with Alzheimer's Disease and Related Dementias (ADRD) throughout the lifespan of the grant, which ended in FY2018. Through the Initiative, DCOA launched five pilot programs: 1) A "Cluster Care" model of service for individuals living in high-density residential communities and living alone with ADRD (ended because there was no population to suit this program); 2) Money Management/Rep Payee Program provides money management training and representative payee support to people experiencing ADRD and has enrolled 10 individuals; 3) Sibley's Club Memory program, a stigma-free social club for people with early-stage Alzheimer's disease, mild cognitive impairment or other forms of dementia and their spouses, partners and caregivers; 4) Saturday Respite programs were developed and established in Wards 7 and 8; and 5) The Behavioral Symptom Management training program was approved to provide professional Continuing Education Credits

[8] "2014 Alzheimer's Disease Facts and Figures." Alzheimer's & Dementia 10.2 (2014). Alzheimer's Association.

(CEUs) by the DC Board of Nursing Assistive Personnel to Personal Care Aides and the National Association of Social Work (NASW) for Licensed Social Workers and presented trainings to 180 professionals and family caregivers.

After year one of the grant, DCOA worked with ACL to replace the Cluster Care program with a pilot Dementia Navigator Program. Dementia Navigators provided dementia training for family caregivers, cross training for the senior service network and community partners utilizing DCOA's Behavior Symptom Management Training Program, outreach and awareness, and direct service planning and referral as needed.

In 2017, DCOA was awarded a new 3-year Alzheimer's Disease Supportive Services Program (ADSSP) grant from the federal government, which, combined with a recurring $500,000 annual investment from DCOA in local funds, will allow the agency to ensure more residents with ADRD can live longer and safer in the communities their own homes and communities.

As part of DCOA's State Plan goal of promoting living well in the District, the agency is committed to ensuring District residents with ADRD have the resources they need to live well. DCOA will focus on ensuring streamlined access to, and person-centered decision support for, long-term service and supports and collaborating with the Department of Health Care Finance (DHCF) on the implementation of the Program for All-Inclusive Care for the Elderly (PACE), all-inclusive program funded by both Medicare and Medicaid that helps people meet their health care needs in the community instead of going to a nursing home or other care facility. In addition, DCOA will work with NWD sister agencies on the development of a shared Resource Database that contains accurate information which is easy for District residents, professionals, and agency staff to access and continue local investments in ADRD supportive services to ensure more residents with ADRDs can live longer and safer in their communities.

More Affordable Housing

Since 1999, there have been over 2,000 public and private subsidized units reserved for older adults in DC. The city now has 50 subsidized apartment developments totaling over 7,000 units. Many older adults are aging in place in these facilities and will require in-home support services. According to the DC Department of Housing and Community Development's (DHCD) Five Year Consolidated Action Plan for fiscal years 2011-2015, the goal for special needs housing for elderly, disabled and homeless was 895 units. In addition, over half of elderly homeowners live in homes over 30 years old. Most do not have handicapped features or amenities, and are "house rich, but cash poor." In 2012, the DC Fiscal Policy Institute found that nearly 30 percent of District homeowners, 60 years and older, spend more than half of their income on housing, which is known as a "severe housing cost burden."[9] Results of the 2016 State Plan Community Survey (see Attachment D) support the importance of affordable housing in the senior community. One in three survey respondents identified housing as the number one priority for aging in the community; and when asked "What services and/or supports do you believe are missing in the community that would allow District seniors to age in place?" affordable housing was the most common answer, with 15.6 percent of respondents answering with housing.

To help address the affordable housing crisis in the city, the District is has committed to creating and preserving more affordable housing units, including senior apartments, with $100 million invested in the

[9] Reed, Jenny. "Disappearing Act: Affordable Housing in DC Is Vanishing Amid Sharply Rising Housing Costs." (n.d.): n. pag. DC Fiscal Policy Institute, 7 May 2012. Web.

Housing Production Trust Fund and $10 million in the Housing Preservation Fund. In FY2019, the District will be building new homes with a new $26 million investment for 50 new permanent supportive housing units for senior women.

DCOA is uniquely positioned to serve as the entry point for all older adults, people with disabilities, and caregivers in the District to connect them to the programs and services, such as housing resources. Therefore, DCOA is focused on improving access to community services and supports by increasing public awareness of the agency as the primary resource for older adults and people with disabilities in the District. Efforts will include increasing DCOA's External Affairs and Communications Unit presence in the community to conduct regular outreach events focused on information dissemination and creating and implementing an agency rebranding strategy to broadly increase visibility of the agency as the primary resource for older adults, adults with disabilities, and their caregivers.

Nutrition and Access to Food

Older adult hunger is an important issue affecting 15.8 percent of older adults or 10.2 million older adults nationally. Older adults are more likely to face hunger if they are low-income, a racial or ethnic minority, living in the South or Southwest United States, a younger senior (ages 60-69), divorced or separated, a grandparent raising a grandchild, or person with disabilities. This is especially significant as older adults who face hunger are significantly more likely to have diabetes, depression, high blood pressure, congestive heart failure, or a heart attack, and more likely to report fair or poor general health, gum disease, asthma, and at least one activity of daily living (ADL) limitation. In the District, one in five older adults reported that they faced the threat of hunger in 2014.[10]

In FY2015, DCOA established the Nutrition Task Force to bring together stakeholders to address issues related to older adult nutrition and hunger. The Task Force used meal program participation data to develop and implement policy reforms and system changes to decrease food waste, improve systems of tracking, and meet customer needs. DCOA will continue to work with food and nutrition experts and partners to ensure nutrition programs reach older adults in greatest need. This includes discussing innovative strategies to improve the current programing to reach working seniors and baby boomers.

DCOA provides community dining and home-delivered meals to seniors in the District. In addition, nutrition counseling and education programs are provided to promote better health and well-being. We do this by providing current and culturally sensitive nutrition, physical fitness, or health information and instruction to participants and caregivers in a group or individual setting, supervised by a dietitian or other health professional. The yearly investment in meals and nutrition for older adults is $10.6 million.

In FY2017, DCOA increased meal access for priority clients in Wards 7 & 8. The Wards 7 & 8 pilot provided a combination of prepared food and groceries to DCOA residents that were deemed to be the highest priority based on need and risk. During the pilot, which took place between July-September, DCOA delivered three meals a day to seniors' homes. DCOA enrolled 75 clients from the current home-delivered meal programs in wards 7 and 8 that were ranked either 1 or 2 on the DCOA Priority Scale (1 is the highest priority). Prior to the program, 78% of the participants stated that they worried about having enough to eat. After the pilot, just 13% said they worried about having enough to eat. Prior to the program,

[10] Dr. James P. Ziliak and Dr. Craig G. Gundersen. "State of Senior Hunger in America 2014: An Annual Report." (2016): n. pag. National Foundation to End Senior Hunger.

39% of the participants stated that they rated their health as "fair" or "poor." After the pilot, just 25% of the participants stated that they rated their health as "fair" and none rated their health as "poor."

To combat food access and food insecurity among older adults, DCOA is launching a pilot program this summer with Hungry Harvest to bring fresh produce to District seniors. The DCOA Hungry Harvest Pilot Program is available to 120 District seniors in Wards 5, 6, 7, and 8, on a first-come, first-serve basis. From Wednesday, May 9, 2018-Wednesday, September 26, 2018, participants will receive a delivery to their home every other week of rescued fresh fruits and vegetables from Hungry Harvest. Participants must be a D.C. resident of ward 5, 6, 7, or 8, age 60 years or older, and be enrolled in either the Supplemental Nutrition Assistance Program (SNAP) or Grocery Plus/Commodity Supplemental Food Program (CSFP).

In addition, DCOA provides cases of nutrition supplements monthly to DC seniors 60+ who have a doctor's prescription and after an initial assessment by lead agency nutritionists. Nutrition supplement are for DC residents 60 years and over that have a doctor's prescription renewed annually who 1) self-report recent unintentional weight loss or the nutritionist determines to be frail or underweight or 2) have a medical or physiological condition that interferes with consistent, adequate nutritional intake. In FY2018 (through April 2018), DCOA's grantees have delivered 1,914 cases of nutrition supplement to 256 unduplicated clients. There are currently 78 clients on the supplements waitlist. In FY2018, is clearing the waitlist to ensure more seniors can access nutrition supplements.

In longer-term planning, DCOA will investing in a new senior-driven project that is focused on sustainability and holistic health. The Mayor has allocated $11.4 million new capital investment in FYs 2022/2023 towards a new citywide site, located in Ward 8, centered on eating well and living better. District older adults will opportunity to have our older residents drive the programming at the site. The project will begin in 2022 with anticipated completion in 2023. Based on community feedback, DCOA aims to include a commercial kitchen, classrooms, rooftop and indoor hydroponic gardens, and programming created by and for seniors. DCOA is committed to working with a grantee who will ensure that 100 percent of the frontline staff and 50 percent of operations staff for the new site will be District residents, age 60 and older. This will provide an opportunity for employment for older adults, including LGBTQ seniors.

DCOA's State Plan goal of promoting living well in the District will include efforts to improve coordination of food and nutrition programs for older adults in the District to best meet their nutritional needs. This will include exploring public-private partnerships to develop innovative new approaches to address the nutritional needs of older adults through grocery delivery for high-priority clients, and increasing food access and educate older adults on food sustainability and nutrition through a new senior-driven program focused on holistic health and nutrition.

Better Integrated Health and Long-Term Care Services

In FY2015, DCOA's Aging and Disability Resource Center successfully expanded the Community Transition Team that assists older adults and people with disabilities in their transition from long-term care settings back to the community. The program provides significant post-discharge case management services up to one year after the date of discharge to ensure sustained independence and quality of life. In November 2014, staff for the District's Money Follows the Person Demonstration (formerly housed at the Department of Health Care Finance) merged with the DCOA Nursing Home Transition Program to create

one unified entity: The Community Transition Team. The unification of these two teams ensures more effective and streamlined management which has contributed to a higher number of transitions, improved utilization of housing vouchers in comparison to previous years, and improved inter-agency collaboration between DCOA and DHCF.

ADRC has developed new case assignment procedures, offered new trainings, and conducted weekly team meetings to help with team building and professional development. Efforts have been successful. The Money Follows the Person (MFP) Demonstration exceeded the Center for Medicare and Medicaid's (CMS) 2015 calendar year benchmark (35 total transitions), by successfully assisting 37 older adults and people with disabilities to transition from institutional settings back into the community through the MFP Demonstration (51 total community transitions). This was the first time in the history of the Demonstration that the CMS benchmark has been met and exceeded by the District. Subsequent years showed continued improvement, transitioning a total of 41 MFP clients in CY 2016 (55 total community transitions), and 37 MFP clients in CY 2017 (60 total community transitions).

ADRC worked closely with DHCF to create an Adult Day Health Program (ADHP) enrollment process so DC residents receiving State Plan Medicaid who request, and are eligible for ADHP services, can enroll in a timely manner. DCOA and DHCF meet weekly to discuss process improvements and data collection; and DCOA attends monthly ADHP provider meetings to ensure that DCOA is communicating well with the directors of the agencies that provide ADHP services.

The District created an Olmstead Working Group to make recommendations for revisions to the Olmstead Plan for 2016, and into the future. The Olmstead Working Group was developed with the advice and recommendations of the District' Office of Disability Rights (ODR) and other agencies serving people with disabilities. The group is comprised of representatives from District Government agencies and community stakeholders, including people with disabilities and advocates for people with disabilities. The District has successfully instituted a 2017 – 2020 comprehensive plan to serve qualified individuals with disabilities in accordance with the Supreme Court's holding in Olmstead. This plan establishes goals of the District to help ensure that community-based treatment is provided to people with disabilities, when such treatment is appropriate. The District is engaged in a multi-year effort to design and implement a seamless process for accessing Long Term Services and Supports. The new system embraces the principles of No Wrong Door and will ensure that individuals receive accurate information regardless of where they enter the system.

DC's No Wrong Door (NWD) Initiative, also called DC Support Link, is a network of government and community organizations focused on enhancing the front door experience for District residents in need of Long Term Services and Supports (LTSS) and their families. In October 2015, D.C. received a three-year implementation grant from ACL to reframe the front door to Long-Term Services and Supports (LTSS) by building relationships and resources that are person/family-centered, linguistically and culturally competent, and that link people to government and community-based supports, regardless of where they enter the system.

Over the past four years, DC's health and human service agencies have partnered to improve the coordination of our individual agencies' LTSS resources for people needing either public or private resources, professionals seeking assistance on behalf of their clients, and individuals planning for their future long-term care needs. To accomplish its vision and mission, D.C.'s No Wrong Door system is working to improve the ability of cross-agency frontline staff to provide person and family-centered

counseling (D.C. has trained more than 700 D.C. government staff and providers in the No Wrong Door Person Centered Thinking Curriculum); be responsive to the cultural preferences, needs, and the diverse languages spoken by people in the District (D.C. was 1 of 10 states awarded to participate in National Community of Practice on Cultural and Linguistic Competency); and offer excellent customer service.

Key components of the implementation plan include development of a person-centered approach and training; public outreach; partnership on cultural and linguistic competency standards and training; efforts to streamline the intake and eligibility process for public programs; and the participation and buy-in of District leadership and administration.

The primary agencies involved in the NWD initiative are the Department on Disability Services, the DC Office on Aging, the Department of Behavioral Health, the Department of Human Services, and the Department of Health Care Finance.

In response to customer concerns about enrolling in the District's EPD Waiver, DCOA's Medicaid Enrollment Team significantly reduced enrollment times for the EPD Waiver across all partnering agencies. In partnership with the Department of Health Care Finance, DCOA's Medicaid Enrollment Team was awarded the 2017 16th Annual Cafritz Award for Team Innovation for collaborative efforts made to improve enrollment processes for the EPD Waiver Program.

As part of the State Plan process, DCOA will be working to ensure DC maintains its efforts to support participant directed/person-centered planning for older adults and their caregivers across the spectrum of LTC services.

Goals, Objectives, Strategies, and Performance Measures

The State Plan's goal, objectives, strategies and performance measures were developed using guidelines issued by the US Administration for Community Living (ACL), in collaboration with community stakeholders through data, previous year surveys, public meetings, and the evaluation of strategic priorities outlined by Mayor Muriel Bowser. In each goal and objective, strategies focus on quality management measures by working with community stakeholders and District Government agencies to ensure efficient and effective delivery of Older Americans Act (OAA) core services—supportive services, nutrition, health promotion, caregiver support, and elder rights services.

Goal 1: Strengthen Programs, Service Coordination and Quality of Services	
Objective 1: Ensure every senior and adult with a disability is able to be matched with the transportation options that best meet their needs.	
Strategy	**Description**
G1:O1:S1	Work to develop a robust network of information on transportation options in the District that seniors and persons with disabilities can access.
G1:O1:S2	Allocate staff resources internally to secure an in-house expert on transportation services who can serve as a knowledgeable and reliable resource to DCOA Information and Referral Assistance Staff, senior service network grantees, other government agencies, and District residents.
G1:O1:S3	Implement a person-centered transportation counseling model that can be replicated and based on partnerships with public and private transportation providers.
G1:O1:S4	Design and implement, in partnership with DCOA-funded transportation service providers, standard quality measures to track quality of services and customer experience.
Objective 2: Build and/or expand programming that is accessible to the target population, and driven by the community and customer satisfaction, and use these as factors to drive quality of services.	
G1:O2:S1	Use success achieved from high-impact programs and replicate it to others to ensure consistent quality across the SSN and/or future program design.
G1:O2:S2	Increase interagency collaborations and work with all government agencies with programs that serve older adults and adults with disabilities to improve the customer service experience across the District.
G1:O2:S3	Work with SWCs to create standardized framework for annual participatory budget sessions to create more transparency in SWC budgets and provide more choice for participants.
G1:O2:S4	Work with SSN to regularly evaluate customer satisfaction and foster an environment of collaborative problem-solving to develop network-wide best practices.
Objective 3: Ensure that all DCOA services in the District are flexible, provide choice, and are easy to access.	
G1:O3:S1	Assess all DCOA programs and services and their operations to ensure appropriate access and flexibility.
G1:O3:S2	Regularly review client needs against program policies and seek opportunities for adapting policies on an ongoing basis to ensure programs remain flexible to the needs of the community.

Objective 4: Collaborate with appropriate agencies and entities to educate public on elder rights, abuse, neglect, and exploitation through outreach, education and advocacy.	
G1:O4:S1	Continue to fund and improve legal assistance supports through Legal Counsel for the Elderly to better reach the target population of seniors/people with disabilities most at risk.
G1:O4:S2	Implement new strategies and coordinate with the appropriate community and government partners to increase public awareness and education on elder abuse, including financial exploitation.
G1:O4:S3	Conduct quarterly community ambassador training to train residents on identifying signs of elder and financial abuse and appropriate community services.
Objective 5: Improve coordination of food and nutrition programs for older adults in the District to best meet their nutritional needs.	
G1:O5:S1	Explore public-private partnerships to develop innovative new approaches to address the nutritional needs of older adults through grocery delivery for high-priority clients.
G1:O5:S2	Increase food access and educate older adults on food sustainability and nutrition through a new senior-driven program focused on holistic health and nutrition.
G1:O5:S3	Work with the DC Age-Friendly Initiative to create stronger interagency and private sector coordination to address issues related to food, nutrition and senior hunger, while promoting public awareness of current programs.
Goal 1: Outcomes and Performance Measures	
Measure	**Description**
G1:M1 *(Corresponds to **G1:O5:S1**)*	Number of seniors participating in a grocery delivery program.
G1:M2 *(Corresponds to G1:O1:S1)*	Percent of seniors surveyed receiving transportation options-counseling.
G1:M3 *(Corresponds to G1:O2:S1)*	Number of programs and/or services identified suitable for replication across the city based on quality and impact.

Goal 2: Improve Access to Community Services and Supports in the District and Ensure the Agency is Driven by Customer Service Experience.	
Objective 1: Improve outreach to underserved populations through social engagement specifically targeted to LGBTQ older adults, non-English speaking populations, and older men.	
Strategy	**Description**
G2:O1:S1	Continue with the engagement and collaboration from older residents, providers, advocates, and others through an expanded DCOA LGBTQ Advisory Committee to address the priorities and needs of LGBTQ seniors.
G2:O1:S2	Implement recommendations from the LGTBQ Advisory Committee by creating a citywide LGBTQ programming, with specific activities (entertainment, learning opportunities, and socialization around a meal) and a peer-led support groups.
G2:O1:S3	Partner with sister government agencies, the community, and providers to combat social isolation in the District of Columbia among older adults and people with disabilities.

G2:O1:S4	Work with community outreach collaborating partners, including private and government sister agencies, to connect them to the appropriate resources to have materials provided to older adults translated into multiple languages, large print, and braille for outreach events.
Objective 2: Strengthen network of trusted community volunteers (DCOA Ambassadors) to engage with isolated and underserved communities and connect older adults, people with disabilities, and caregivers to programs and services.	
Strategy	**Description**
G2:O2:S1	Develop a comprehensive curriculum for DCOA Ambassadors, providing more community-based training sessions on programs and services available through District government.
G2:O2:S2	Incentivize Ambassadors through merit programs and certificates based on completed training courses and volunteer opportunities.
G2:O2:S3	Develop a strategic Ambassador Outreach Plan to maintain engagement with the Ambassador Network throughout the year to include special events, telephone conference calls, listservs, and newsletters.
Objective 3: Increase public awareness of the agency as the primary resource for older adults and people with disabilities in the District.	
Strategy	**Description**
G2:O3:S1	Increase DCOA's External Affairs and Communications Unit presence in the community to conduct regular outreach events focused on information dissemination.
G2:O3:S2	Create and implement an agency rebranding strategy to broadly increase visibility of the agency as the primary resource for older adults, adults with disabilities, and their caregivers.
G2:O3:S3	Host citywide events for LGBTQ seniors and other groups at risk of isolation.
Objective 4: Create more opportunities for older adults and people with disabilities, who may not qualify for services due to income eligibility, to access services and programs.	
G2:O4:S1	Create cost-sharing options for seniors, people with disabilities, and their caregivers for the Safe at Home Program.
G2:O4:S2	Evaluate the feasibility of DCOA programs and services to expand to include cost-sharing based on operational capability.
G2:O4:S3	Strengthen DCOA's ability to connect individuals to appropriate services that are best suited to their circumstance.
Objective 5: Ensure the agency adapts new programs and services based on direct input from the community as a highly-value agency approach.	
G2:O5:S1	Establish internal agency opportunities to integrate community input into the agency's service delivery.
G2:O5:S2	Conduct public meetings and convene advisory committees on agency ideas for new programs and services to ensure the community's input.
G2:O5:S3	Explore a standardized universal membership application process for seniors attending multiple Senior Wellness Centers (SWCs).
Goal 2: Outcomes and Performance Measures	
Measure	**Description**
G2:M1 *(Corresponds to G2:O1:S3)*	Number of LGBTQ-focused programming events.

G2:M2 *(Corresponds to G2:O1:S2)*	Number of older adults participating in LGBTQ programming.
G2:M3 *(Corresponds to G2:O3:S1)*	Number of outreach events completed and people engaged.
G2: M4 *(Corresponds to G2:O4:S1)*	Number of new Safe at Home clients receiving services under cost-sharing options.
G2: M5 *(Corresponds to G2:O5:S1)*	Percentage of seniors reporting better or improved customer service experience.

Goal 3: Promote Living Well in the District	
Objective 1: Promote holistic wellness that includes social connectivity, physical and mental well-being, life-long learning and community supports to ensure all District older adults and people with disabilities live well.	
Strategy	**Description**
G3:O1:S1	Coordinate more opportunities for older adults and people with disabilities to participate in activities across the city by partnering with other government agencies, the SSN, and the community to identify convenient locations for senior wellness programs beyond brick-and-mortar SWCs.
G3:O1:S2	Strengthen relationships with sister agencies and work to increase opportunities for engagement with older adults, adults with disabilities and caregivers.
G3:O1:S3	Work with sister government agencies and the Office of the Mayor to promote a positive and inclusive image of aging in DC.
Objective 2: Empower older adults, people with disabilities, and their caregivers to make person-centered and informed decisions about their health and well-being, including long-term supports and services options.	
Strategy	**Description**
G3:O2:S1	Ensure streamlined access to, and person-centered decision support for, long-term service and supports.
G3:O2:S2	Collaborate with the Department of Health Care Finance (DHCF) on the implementation of the Program for All-Inclusive Care for the Elderly (PACE), all-inclusive program funded by both Medicare and Medicaid that helps people meet their health care needs in the community instead of going to a nursing home or other care facility.
G3:O2:S3	Work with NWD sister agencies on the development of a shared Resource Database that contains accurate information which is easy for District residents, professionals, and agency staff to access.
G3:O2:S4	Continue local investments in ADRD supportive services to ensure more residents with ADRDs can live longer and safer in their communities.
Objective 3: Enable more community support for seniors and people with disabilities by supporting unpaid family caregivers in the District.	

Strategy	Description
G3:O3:S1	Increase caregiver support through the development of a caregiver complex that will provide therapeutic, respite, and support services under one roof for unpaid and family caregivers in the District.
G3:O3:S2	Expand caregiver support resources by participating in the Caregivers Working Group through Age-Friendly DC and creating new partnerships with national and local caregiving organizations.
G3:O3:S3	Create more events and opportunities for unpaid and family caregivers to learn, engage, socialize, and build networks of support, such as Caregiving Conferences and increased social activities.
Objective 4: Create more intergenerational opportunities for older adults.	
G3:O4:S1	Partner with the SSN and sister agencies to increase intergenerational programming for seniors as well as with schools and community organizations to develop activities for older adults to share their life experiences.
Goal 3: Outcomes and Performance Measures	
Measure	**Description**
G3:M1 ***(Corresponds to G3:O2:S4)***	Number of residents receiving ADRD services and supports.
G3:M2 ***(Corresponds to G3:O3:S1)***	Build new state-of-the art Caregiver Complex for unpaid family caregivers.
G3:M3 ***(Corresponds to G3:O1:S1)***	Number of District older adults participating in fitness programming.
G3:M4 *(Corresponds to G3:O4:S1*	Number of intergenerational activities and/or events provided to older adults.

Goal 4: Empower the Workforce

Objective 1: Cultivate a strong and knowledgeable workforce of direct-support and professionals that provides high-quality customer service.

Strategy	Description
G4:O1:S1	Maintain a network of highly trained Information and Referral Assistance staff who are knowledgeable and capable of providing timely, accurate and quality information and assistance to older adults and their caregivers on programs and services.
G4:O1:S2	Provide cultural competency training and technical assistance to agency and SSN staff and their contractors to create safer and more affirming spaces across the aging network for all older adults, people with disabilities, and caregivers.

Objective 2: Promote and incorporate management practices within the agency and across the senior service network that encourages innovation, quality, and a spirit of entrepreneurship.

Strategy	Description
G4:O2:S1	Provide opportunities for staff to propose innovative ideas on how to improve senior services in the District and cultivate a collaborative, problem-solving environment for all

	staff by encouraging great ideas and acknowledging creative solutions through recognition opportunities.
G4:O2:S2	Require all agency staff to complete professional development training on customer service and ensure that high quality customer service is included in each staff member's performance plan, regardless of the individual's role at the agency (both frontline and operational staff).
G4:O2:S3	Explore the feasibility of partnering with human resource experts to create a training curriculum on best customer service practices for older adults and adults with disabilities, to be shared with all agencies providing senior programs and services.

Objective 3: Ensure that customer service provided by the workforce is culturally and linguistically competent and that it is effectively and efficiently meeting the needs of older adults in the District.

Strategy	Description
G4:O3:S1	Ensure frontline staff trainings create inclusive and welcoming environments for all, including LGBTQ seniors.
G4:O3:S2	Build a knowledgeable workforce that knows how to engage with seniors and people with disabilities.
G4:O3:S3	Create opportunities for more effective engagement between seniors and government employees, including professional trainings to ensure interaction among seniors and program staff.

Goal 4: Outcomes and Performance Measures

Measure	Description
G4:M1 *(Corresponds to G4:O2:S2)*	Number of staff trained in customer service.
G4:M2 *(Corresponds to G4:O1:S2)*	Number of SSN and agency staff specifically trained in cultural competency.
G4:M3 *(Corresponds to G4:O3:S2)*	Number of community outreach hours annually by agency staff.