



DARS
VIRGINIA DEPARTMENT FOR AGING
AND REHABILITATIVE SERVICES
*Supporting Virginians' efforts
to secure independence and employment*



STATE PLAN FOR AGING SERVICES MEASURES AND OUTCOMES

July 25, 2022
10:00 a.m. – 2:00 p.m.

ACL Guidance

- On August 5, 2021, ACL issued [new guidance](#) for OAA state plans, which differs significantly from previous guidance.
- ACL also hosted [webinars](#) on the new guidance in the fall 2021.
- The ACL guidance has four key priorities:
 - COVID-19 recovery,
 - Advancing equity,
 - Expanding access to home and community-based services (HCBS), and
 - Building a caregiving infrastructure, which includes support for both paid and unpaid caregivers.



Goals, Objective and Strategies

- **Goals** are visionary statements that describe the strategic direction in which the state is moving.
- **Objectives** are the attainable, specific, and measurable steps the state will take to achieve its goals.
- **Strategies** outline how the state will achieve the goals and objectives.
- Virginia's goals will likely need to align with the ACL four priorities along with a fifth area—delivering OAA core programs.



Measurable Outcomes

- Outcomes document the measurable benefit older individuals should derive from the state plan goals, objectives and strategies.
 - **Short-term outcomes** typically include improvements in knowledge, awareness, or perceptions (such as increased knowledge about the benefits of exercise or increased awareness of residents' rights among staff at long-term care facilities).
 - **Intermediate outcomes** typically include changes in behaviors, policies or processes (such as eating a healthier diet or better coordination of services).
 - **Long term outcomes** should reflect the goals of the OAA and/or specific programs (such as individuals who receive OAA services being able to remain in the community longer).



Topic Areas: Outcomes

- States should have at least one goal, objective, strategy, and outcome measure for each key topic.
- States should describe their activities and include objectives and corresponding measures (data elements and sources) that will be used to demonstrate progress



Outputs v. Outcomes

- | | |
|---|---|
| <ul style="list-style-type: none"> • Outputs <ul style="list-style-type: none"> – Participants Served – Meals Provided – Activities – Work Products (e.g., Reports, White Papers, Issue Briefs, Forms, Surveys) • Usually reflected in raw totals or percentages | <ul style="list-style-type: none"> • Outcomes: <ul style="list-style-type: none"> – Learned New Information – Changed Behaviors – Changed Conditions • Often reflected in change (increase/decrease) • Can be systemic, organizational or individualized |
|---|---|



Example

- **Objective:** Prevent, detect, assess, intervene, and/or investigate elder abuse, neglect, and financial exploitation
- **Strategy:** Providing training and resources to staff to better prevent abuse/neglect/exploitation
- **Outcomes:**
 - **Short Term Outcome:** Increased staff knowledge/skills
 - **Intermediate Term Outcome:** Improved staff intervention
 - **Long Term Outcome:** Individuals experience fewer issues and improved well being



OAAPS: Mainly Outputs

- **Examples:**
 - Number of volunteers
 - Number of people served, incl. demographic information
 - Number of meals served
 - Expenditures
 - Service units



Virginia's Current State Plan: Mostly Outputs

- Number of NWD System referrals
- Number of AAA staff and professional caregivers who receive dementia training
- Number of older adults completing CDSME
- Consumer satisfaction with nutrition services
- Menu adherence to the current Dietary Guidelines for Americans
- SCSEP participant median earnings
- Number of monitoring visits conducted and reports issued
- Number of LTC complaints investigated and resolved
- Number of hours of respite care provided with OAA and state-funded programs



Examples from Other States: Outcomes

- Percent of most frail elders who remain at home or in the community instead of going into a nursing home
- Percent of clients surveyed who are satisfied with services received
- Percent of congregate nutrition clients identified as high nutrition risk receiving nutrition education
- Increase the number of participants enrolling in services
- Increase the number of communities engaged in age- and dementia-friendly work using data to inform need
- At least 75% of staff surveyed for each training report improved self-efficacy related to delivering person-centered options counseling and providing comprehensive information, referral, and assistance for available state and local programs and services
- Increase the number of SHIP and SMP volunteers by 5% each year
- Increased partnerships with underrepresented community groups and members across the Commonwealth



Examples from Other States: Activities as Outcomes

- Conduct and report on a consumer experience project within the aging network
- Implement online and virtual training for the ombudsman program
- At least one new and two enhanced initiatives focused on addressing behavioral health and social isolation by the end of the 4-year period
- Develop a template through which local area agencies can conduct future community needs assessments in their own areas to inform future Area Planning
- Full re-opening of congregate meal sites
- Achieve or maintain statewide timeliness in entering data into the tracking system by ACL established deadlines each year
- Each area agency will have its unique service equity plan that identifies objectives and creates timelines for addressing local needs



Challenges

- **Developing Outcomes:**
 - Conform to ACL State Plan Guidance
 - ACL data collection requirements are not necessarily aligned with or designed to document outcomes
 - Funding constraints, inflation, workforce issues
 - AAA-driven with some state-driven
- **Measuring Outcomes:**
 - Consideration of administrative burdens
 - Consideration of uniformity in data collection
 - Need for data to be entered timely, accurately, and completely



Potential Outcomes

- With Advanced Data or Report Analysis:
 - Population of older adults served by a AAA (or Virginia's AAAs) as documented in PeerPlace reflects the population of older adults within the AAA's PSA (or Virginia) as measured by ACS demographic data (e.g., race, ethnicity, gender, poverty)
 - Nutrition services are targeted to individuals with higher nutrition risk as indicated on Nutritional Screening Instrument (NSI)
 - Long-term access to nutrition services correspond with a lower nutritional risk on the NSI



Potential Outcomes

- With Additional Data Collection Effort:
 - Collect and report data on client satisfaction through a uniform process
 - NSI model of short questionnaires with Yes/No or Likert scale for specific services
 - Quality of life
 - Risk for poor health outcomes
 - Risk of institutionalization/hospitalization



Questions & Discussion

- Questions for DARS?
- Thoughts or Feedback?
- Ideas or Suggestions for
 - Outcomes?
 - Measures?



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