

Never Let a Good Crisis go to Waste: Building a Better Home-Delivered Meals System



Photo by Eldercare Locator



Photo by Eldercare Locator



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EXECUTIVE SUMMARY

In April 2013, the Allegheny County Department of Human Services' Area Agency on Aging (AAA) learned that Lutheran Services Society, its largest provider of Home-Delivered Meals, was "getting out of the business." This meant that AAA had just weeks to solve the problem of how 800 frail and disabled adults would continue to get the meals they depended upon and that were critically important in preventing the health issues linked to poor nutrition in older adults, including depression, diabetes and high blood pressure.

AAA had something more in mind than simply responding to the crisis. It saw this as an opportunity to be strategic: to convert a fairly diffuse program into a true Home-Delivered Meals (HDM) system, one that lived up to its mission of helping homebound people remain independent and that prevented the need for nursing home care.

Such a redesign would take the combined commitment and resources of experienced providers of services to older adults. Six such providers stepped forward; over the course of 10 weeks, this group, in partnership with AAA, made key decisions that reshaped HDM and reduced the likelihood that the county would face such a crisis again. The group's decisions included dividing the county into four regions with four lead providers, each taking responsibility for making sure the program worked well in their area; reducing the number of delivery days (but not the number of meals); and instituting reassurance calls to seniors who need them, on days when meals are not delivered.

Together with their agency staff, the team members tackled the hard work of opening new kitchens and expanding existing ones, hiring and training drivers and other staff, and recruiting volunteers. Far from the least of their tasks was leasing specially-equipped vehicles that could keep food at the correct temperatures for the longer routes and optimizing those routes using new technology. That technology would also allow drivers to send an instant alert should they observe a change in a consumer's health or well-being, an important new feature.

The redesigned program that began operation on July 1, 2013, was successful in achieving all of its goals. Home-Delivered Meals are being delivered to every eligible senior in Allegheny County who wants them, even in the most severe weather.

INTRODUCTION

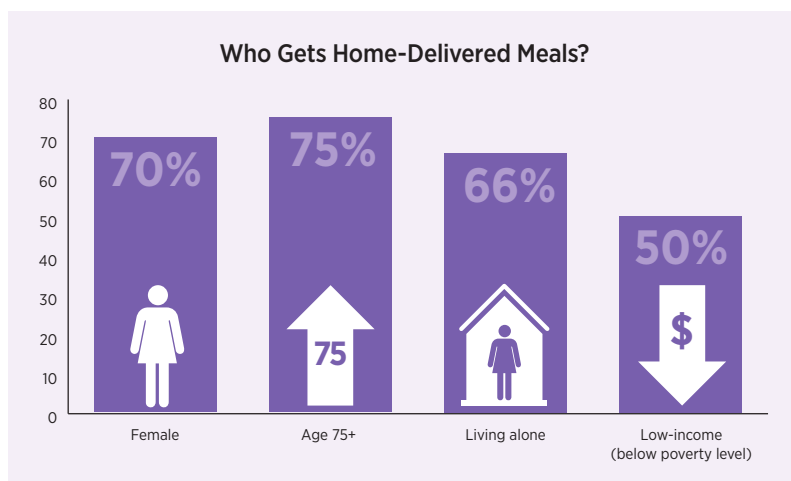
“In early April, AAA called us together. They said, ‘Here’s what’s happening — the agency that delivers meals to 800 frail seniors has decided to be out of that business within weeks.’ The room went silent.” — GINNY JUROFCIK, CEO, LIFESPAN

What happened next demonstrates what can happen when a crisis is viewed as an opportunity to improve a system’s efficiency and quality.

THE WAY IT WAS

In the world of food-delivery programs for vulnerable individuals, the most familiar program is probably Meals on Wheels — the lunch deliveries that volunteers across the country make and take to their neighbors. Most of the food for these lunches is prepared by volunteers in kitchens and delivered by volunteer drivers, sometimes every day, sometimes once a week, depending upon the local program. The older adults who get the meals delivered to them by Meals on Wheels must pay for the meal. In Allegheny County, Meals on Wheels is not coordinated or provided by the Department of Human Services’ Area Agency on Aging (AAA) but rather by nonprofits and faith-based groups. But AAA is responsible for the government-funded Home-Delivered Meals (HDM) program.

HDM began in 1978, when the federal Administration on Aging established “Home-delivered Nutrition Services” as a way to help seniors stay in their homes and reduce the need for nursing home placements. The program is designed to provide meals to homebound individuals, 60 years of age and older, and allows for meals to be available to the individual’s spouse and others with disabilities who also live in the home.



The federal law required states to establish minimum nutritional standards for the meals; in Pennsylvania, those standards are high, requiring that each meal fulfill one-third of daily nutritional requirements. This means that Area Agencies on Aging have to carefully plan every meal in order to provide the necessary calories and vitamins while accommodating special dietary needs and ensuring that meals are healthy and varied.

In Allegheny County, AAA contracted the food preparation for HDM to three agencies, which cooked the food and delivered it in bulk to 27 kitchens run by nonprofit providers throughout the county. (Several of these nonprofit organizations also run Senior Centers and provide lunches, or “congregate meals,” for the older adults who visit there each day.) In each of those kitchens, volunteers and staff would gather each morning, five days a week, to transform the bulk food into individual portions that they then delivered by car to 10 or 20 homes. Over the course of a year, volunteers and staff delivered meals to 2,600 Allegheny County residents. The largest HDM provider, Lutheran Services Society (LSS), delivered to almost a third (800) of these seniors.

A shock — and a chance to improve

Then, in early April 2013, LSS notified AAA that, despite AAA’s willingness to entertain alternatives, it had finalized its decision to end its contract as an HDM provider. The best that AAA could negotiate was for LSS to agree to meet its obligation through the end of the fiscal year: June 30, 2013.

The issue was not as simple as merely identifying another provider to take over meal packaging and delivery. System capacity was a huge concern; the next-largest provider delivered just 250 meals, and in only one area of the county. It would be impossible for any single provider to simply increase the size of its program (e.g., securing additional kitchens at sites throughout the county, purchasing equipment like steam tables and sealers for food packaging, recruiting volunteers, hiring staff and leasing vehicles). Expansion at this level would require a much more systematic approach.

One thing was clear to AAA Administrator Mildred Morrison when she met to chart a plan with Joe Barker, then-Bureau Chief of Independent Services Bureau, and Marian Matik, Nutrition Manager: the solution would require the combined thinking and efforts of experienced AAA-contracted agencies.

These leaders agreed on something else, too: the situation represented an opportunity to completely redesign the HDM program and, in the process, address uneven geographic coverage and implement a consistent approach to monitoring the physical and behavioral health status of seniors through the use of technology and the regular contact between the senior and the individual delivering the meals.

TAKING ACTION

Ginny Jurofcik of LifeSpan remembers the email she got from AAA, asking her agency and other providers if they might be willing to expand their HDM program. “We thought, ‘Maybe we can get another kitchen or serve more people in whichever one or two communities they may be looking to add.’” So Jurofcik joined five other agencies at the initial planning meeting where AAA broke the news that it wasn’t one or two additional communities in need of HDM, but hundreds of older adults and people with disabilities who had been served by LSS.

When asked why her agency agreed to take on this herculean task, Ginny Jurofcik could not imagine not doing it. “These people would not have gotten their meals. There was no other feasible way to do this. If all of us at the table hadn’t done it, nobody could have.”

Barker, who facilitated the planning meetings for AAA, stressed to the providers that, while the immediate goal was delivering meals to every person on July 1st, the larger purpose was designing an efficient and sustainable system that did more than just deliver meals. The new program had to also establish a standard way of monitoring the frail seniors and quickly reporting changes in health, safety or well-being to relatives, caregivers, care managers or AAA.

Barker told the providers that everything was open to discussion. “Nothing was firmly etched in granite and no one said, ‘This is the pathway you must take,’” recalls Andrew Rind of the Northern Area Multi-Service Center (NAMS).

However, AAA did request one specific design element: that the program be divided into geographical regions, each with a lead provider. Several agencies within a region might actually deliver the meals, but one provider in each area would need to take responsibility for making sure the program was coordinated, that all of the homes were covered, and that the meals were delivered without fail. So Barker asked each of the providers this question: “Will you commit to serving as a *lead provider* for HDM?”

Four of the six agencies agreed: LifeSpan, Hill House, Eastern Area Adult Services and NAMS. The other two agencies, Catholic Youth Association and Plum Senior Center, agreed to participate in the planning and to package and deliver the meals. (The Jewish Association on Aging had already agreed to continue to provide and deliver kosher meals.)

It quickly became clear that this team would need to meet often in order to keep the system redesign process on track. They met at least once every week and spoke by telephone on most days, almost always with a standard, rolling agenda that covered the status of staffing and training, kitchen and other capital needs, and fund development. Some of the meetings involved visits to each other’s HDM sites to share best practices in meal delivery. Jurofcik hosted one such visit, which Andrew Rind said “allowed us to look at LifeSpan’s process — from A to Z, how to efficiently provide HDMs.”

How many days?

By talking with other providers in Allegheny County and across the country, the group learned that many HDM and Meals on Wheels programs were delivering food three or fewer days per week. For example, the local Jewish Association on Aging, which had been delivering multiple meals on a reduced schedule, reported that its consumers were satisfied with this arrangement. Providers in other cities described how reducing the number of delivery days (but not meals) was how they were able to continue to operate when revenues had not kept pace with costs. Furthermore, they consistently reported that their concerns that seniors would have difficulty adjusting to this type of schedule had proven unfounded.

Given the expanded scope of the new system, as well as costs that continue to increase for everything from food to fuel, the planning team members were realistic about the fact that it would not be possible to continue to provide five-day-per-week delivery to every eligible senior in the county. So they voted to provide the same number of meals on a three-day-per-week delivery schedule (two days of meals on Mondays and Wednesdays, one for that day and one for the next day).¹ All were committed to providing education about this change to seniors, families, the network of aging agencies and the public.

¹ With funding from AAA, four agencies continue to provide meals five days/week to an average of 285 consumers.

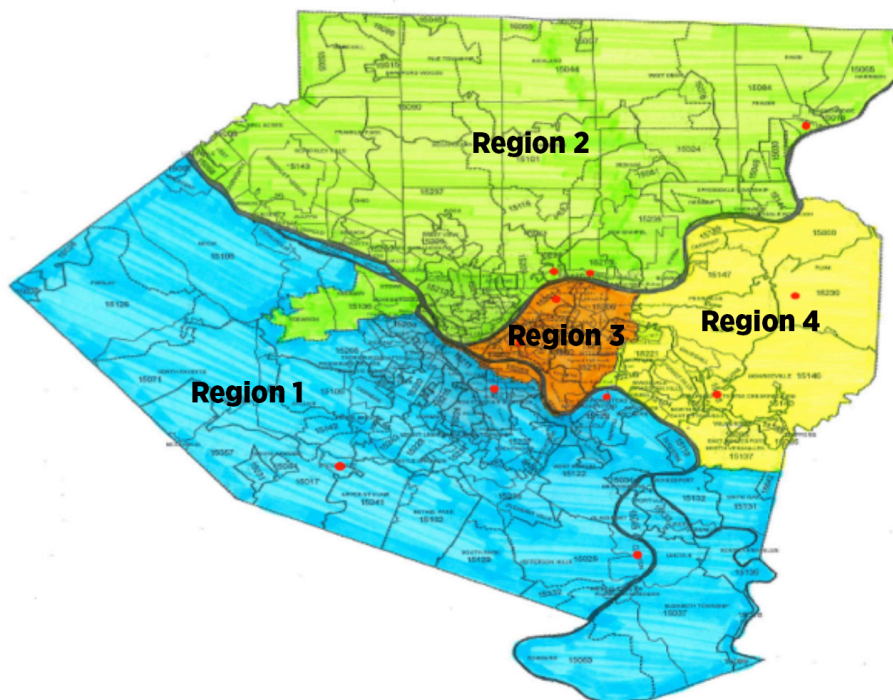
Constructing the regions and routes

The first step in defining geographic regions was to look at where consumers lived and where their residences clustered by obtaining the full list of consumers and matching them with ZIP codes. The providers then looked for natural clusters and breaks in geographic areas to determine the routes that made the most sense and the hubs where food preparation sites should be located. Solving this logistical puzzle “was a big piece of the initial work, trying to figure out the routes and how they could be located to maximize coverage,” said Rind. The four regions are shown below.

“It became obvious we had to do this, but we knew we had to first educate seniors about it.”

— Eunice Boyd,
Director of Hill House Association/Senior Services

Home-Delivered Meals Geographic Regions



For the four lead agencies, this meant a dramatic increase in the number of HDMs they would either deliver or oversee through subcontractors. For example, LifeSpan doubled the number of men and women it was responsible for serving, added two additional sites, and re-evaluated capacity at its existing sites. The stories were similar for the other three lead agencies.

On the ground, the redesign meant finding new kitchens; contracting for the additional space; buying steam tables, food sealers and refrigerators for the new kitchens; and arranging for the Allegheny County Health Department to certify that the kitchens were ready to operate. It meant evaluating whether current kitchens could be expanded and bringing in electricians to increase capacity for the now-larger refrigerators. It meant recruiting volunteers to help package the food, hiring new drivers and staff to deliver the meals, and adjusting the hours of current staff (longer days on the three days per week, with routes that covered a much larger area). And it meant training staff in the full purpose of the program, as described here by Eunice Boyd, Director of Hill House Association/Senior Services:

“We encourage drivers to take the time to talk with the seniors, to listen and observe. This is an opportunity to check on the well-being of a homebound older adult. A person may want to talk about her grandchildren or family in general. We allow time for this to happen. The driver may be her only visitor for the day and the senior looks forward to the visit. The driver has to be observant, able to recognize a physical or cognitive change in a person or to notice that something is out of the norm. We rely on the driver to immediately report changes in a senior’s behavior or if nobody answers the door. The HDM coordinator will follow up by contacting the emergency contact person, and, depending on the situation, follow procedures to locate the senior, even if that requires contacting 9-1-1 or the building manager to gain entry into the house. The HDM coordinator will contact others as appropriate, such as AAA or the care manager.”

To get ready for July 1st, the planning team relied on their agency staff, who often worked well past traditional work hours, including until late at night and at home. Summer was approaching, but “there was no such thing as a vacation,” remembers Boyd.

Technology: greater efficiency, better prevention

While they worked to shape the new program with AAA, each of the lead providers also took on specialized duties. For Andrew Rind, this included identifying technology to optimize the delivery routes. He also found a technology-based solution to integrate meal delivery with billing and laid the groundwork for a new way of monitoring the health conditions of people in the HDM program.

Before the redesign, HDM providers had generated printed maps of each route and handed them to the drivers. Rind had been looking for a software program that could map the most efficient routes, relay directions to drivers’ smart phones, link delivery information with kitchen production orders, and give drivers the tools they needed to call the older adults or, if nobody

answered the door, their key contacts. He found such software and realized it could also provide a quicker and more reliable way for drivers to notify their agency when they notice a change in a consumer's condition. While they are not clinicians, drivers receive training about when and how to alert care managers, caregivers, an ambulance or the police. With the new technology, drivers can be sure that their reports are being received and acted upon as quickly as possible.

The HDM program acquired this technology and has been integrating it throughout the system. Beyond the obvious benefits of route mapping and the care alert system, the new technology

Even though the system will not be fully implemented until late 2014, it already has resulted in referrals to additional services that are helping consumers remain safely at home. With the capabilities provided by the new technology, drivers are able to communicate their concerns about consumers in a consistent and reliable way, agencies are able to monitor the frequency and severity of reports — at both the individual and regional levels — to identify the need for additional services, and the combined data can be analyzed to identify practice and policy implications related to prevention and early intervention.

is linking information about services provided with the state's reporting system and the agencies' billing databases. Now, every time a driver hits "delivered" on the smartphone, a billable service is registered and sent to a database from which providers can run their billing reports. If the driver enters "not delivered," a notice will automatically be sent to agency staff for follow-up.

"If a driver comes to your home with your meals 60 times in five months and does little extra things for you, like bringing the paper in or taking your garbage to the curb, you become friends," said Barker. "They get to know you and a relationship develops. They can also observe your condition and let their agency know if something isn't quite right. This was part of the old plan, but it was more of a 'think you should' expectation of agencies. Now, the agencies are expected

to do an analysis of seniors' condition and talk with the caregiver. They also ask seniors if they'd like us to make a 'reassurance call' on days we don't deliver."

Equipment and vehicles

The way agencies had been delivering meals (in volunteers' cars or trucks with the food in insulated storage bags) wasn't going to work on longer routes. Bags couldn't keep food at safe temperatures and, given the many miles involved, drivers weren't going to be able to return to the kitchens to replenish the food, so Jurofcik took on the responsibility of searching for appropriate equipment and vehicles.

She found a company that sold trucks with separate hot and cold compartments powered by the vehicle's engine. The minimum time frame for ordering these trucks was 12 weeks. "But we didn't have that time. So I went to the company and said, "We'll probably have eight weeks. And we need 12 vehicles."² Because AAA and the United Way provided start-up funding, and because the company was willing to expedite the order, all of the vehicles were in place and ready to go on June 30th.

² Of these vehicles, eight went to LifeSpan for its now much longer routes. No longer needing the smaller cars it had been using to deliver meals, LifeSpan donated seven of them to other HDM providers for use on narrower Pittsburgh streets and shorter routes.

Answering the Call

Assistance from the following sources made possible the timely and successful implementation of the new system:

- United Way of Allegheny County, which 1) provided a grant for the software, equipment and staff, and 2) recruited new volunteers
- LifeSpan, which donated vehicles to other agencies that needed them
- AAA, which reallocated funds to cover some of the transition costs
- In September, when Eastern Area Adult Services sent The Pittsburgh Foundation a request for help on behalf of the whole team, the Foundation responded with a grant that allowed the providers to complete the transition to a better system.

Trucks and cars were just part of the capital need. The planning team made a list of all of the equipment required for expanding current sites and acquiring new ones. Linda Doman, executive director of Eastern Area Adult Services, along with Jurofcik and her staff at LifeSpan, found suppliers, solicited bids and ordered the equipment.

Educating seniors

Eunice Boyd is convinced that it's impossible to communicate too much with seniors. That is why she and the other providers started early to let seniors know about the changes. "You have seniors who cannot see or read, so we had to make sure that the drivers and HDM coordinators were saying to them in person, 'This is what's going to happen.'" Consistency was also important. AAA and all of the providers agreed to send the same written information about the changes to every senior in the program. "People read the same information and got the same message," said Boyd.

Even so, people were bound to be confused, perhaps uncertain if they were getting one meal or two, or unsure if they would have a holiday meal. The providers worked hard to make sure that consumers knew where they could get answers. "We have telephone numbers on our vehicles, and we give everyone monthly calendars with the meals on one side and our name and telephone number on the other," said Boyd. "When we send out weather boxes (extra meals delivered in anticipation of a storm or other emergency), we include our contact information. In between, we distribute educational tips from the Pennsylvania Department of Aging. Plus they get a welcome packet when they first start and it has their driver's name in it, and we give them magnets with AAA's number on it."

At the same time, the Allegheny County Department of Human Services was issuing press releases to educate the broader public about the coming change.

By June 30th, consumers had learned about the changes, staff were on board, kitchens were ready, technology was in place and vehicles had been delivered. AAA and the HDM providers were as ready as they could be for the first day of the new program.

JULY 1, 2013

On the first day of the new HDM program, despite the challenges of starting the new system, every scheduled meal was delivered. Initially, routes took longer than anticipated because drivers were not yet familiar with the new routes, address lists were not always accurate, and a few consumers had not notified AAA or the provider agency of a change in status. According to Marian Matik, however, only one stop was missed because of start-up issues, and the meal was delivered later that day.

Home Delivered Meals — No Matter What

On July 10, 2013, Bridgeville was hit with severe flooding, and LifeSpan's drivers had to try four times to deliver meals before they were able to make their way around the flooding to reach the homes on their routes.

Similarly, during an ice storm in December 2013, as kitchens for other programs had to close, all HDM meals were delivered.

There might be times when it is safest for providers to deliver a shelf-stable or frozen meal a day in advance of a projected storm. But even in the most extreme circumstances, the new system ensures that no HDM consumer will be left without the meals they depend upon.

"The first couple of days, our drivers were out until 10 o'clock at night, trying to find the routes, going to unnecessary homes," said Jurofcik. But within days, most drivers were finishing their route by 3:00 p.m.

Given the change in delivery frequency, providers had been concerned that some people might eat two days' worth of meals in one day. This did happen, but with only a handful of individuals. Jurofcik said that they coached drivers and runners to tell seniors at each delivery, "This meal is for today. Here's the one for tomorrow." In the first few weeks, some consumers would call the HDM provider on a non-delivery day to say, "Where's my food? My driver didn't come today." The provider would explain that deliveries were on Mondays, Wednesdays and Fridays, and then an extra meal would be delivered. Within a few weeks, consumers were used to the new schedule, according to Jurofcik.

³ AAA's consumer satisfaction survey of HDM and congregate meals at the Senior Centers is conducted every two years. The next survey will be released later in 2014.

Boyd agrees that the system is working and believes that the vast majority of consumers are satisfied.³ "You can tell satisfaction is high when you get little notes. One woman sent us a note thanking us for sending a holiday meal. She said that was the first Thanksgiving dinner she'd had since 2000. Another woman said, 'This is the best thing. I haven't eaten food this good in a long time.'"

CONCLUSION

When Joe Barker convened the planning meeting back in April 2013, he said to the team, "Redesigning a system should take a minimum of 10 months. We have 10 weeks."

There is little question that what that group pulled off was remarkable — not just in finding a way of filling the HDM gap, but in constructing a better system.

This new system is better because it is more patently a prevention program. Every individual in the program is assured of having a trained staff person visiting three times each week and, soon, every one of those staff people will be able to immediately convey change-in-condition notices that trigger an intervention before a health condition worsens.

The system also enhances seniors' independence. Making full use of those "60 visits in five months," the agencies can connect consumers to other available services, such as personal care services, light housekeeping or care management, that allow them to remain at home. As Matik put it, "The meals can be the interface for families to connect with the broader set of AAA services."

The system now covers the entire county, not just the areas where a particular provider happened to deliver, and there is no confusion about who is responsible for each geographic area. That means that if one of the kitchens in Hill House's region should ever have to close, Hill House would make sure it found another site. With four experienced and responsible lead providers, the county's exposure to a crisis like the one it experienced in April 2013 is greatly diminished.

“It was a strong, innovative collaboration that came together in a short time period. It’s led to a better program, serving more people.”

— Julie DeSeyn,
Director of Community Impact, United Way of Allegheny County

This HDM program may also be unique. “I don’t think there is a system in the country that is collaborating this way — across a Home-Delivered Meals system, with smartphones, with such an emphasis on prevention,” said Rind. “[The system redesign will result in] higher-quality outcomes and a more housing-stable consumer, and avoid the health decline that comes when a person is in a higher-care setting, like a hospital or nursing home.”

Mildred Morrison sees the redesign as a good example of what can happen when government and nonprofit organizations are entrepreneurial. “Rather than placing a Band Aid on a broken system, we took the chance to craft something much better for seniors. Now the Home-Delivered Meals program can absorb the shock of changes that the former system could not. That, alone, was worth the work. But the system is actually better. Seniors, their families and all of us in Allegheny County can now depend on HDM for nutritious meals, a check on frail seniors’ health and wellness, and an expression of care for some of our most vulnerable neighbors.”



KEY ELEMENTS OF SUCCESS

AAA staff and HDM providers attributed the success of the process — and outcomes — to the following:

- A high level of **trust and collaboration** existed among the team members.
- Members of the team were agency leaders with **clear decision-making** authority.
- Team members committed to a **significant time commitment**.
- Team members shared a **common goal**: to do what is in the best interest of seniors.
- The team **focused on a clear outcome**: seniors would receive their meals on July 1st.
- Organized chaos was acceptable, as long as the process continued to **move forward**.
- **Critical decisions were made early on**; then participants organized into sub-groups to figure out the details.
- Because the team didn’t expect things to go perfectly, it was possible to deal with issues as they arose in a **flexible**, non-threatening way.
- **All options were on the table** and decisions were based on best practices.
- The entire current system was **deconstructed and analyzed** in order to develop a new system designed to achieve the stated goals.
- When people on the front lines said something wouldn’t work, their **opinions were taken seriously**.
- All of us had the **willingness to step up** and do what’s in the best interest of seniors.