



DHS News

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COVID-19 and AAA: A Q&A with Matt Beall, Rainna Bernesser, Carolyn Galvin and Brendan Hanley

Matt Beall is admin officer & in-home services provider manager and Rainna Bernesser, Carolyn Galvin and Brendan Hanley are division chiefs in the Area Agency on Aging (AAA).

What was the most challenging issue your office faced when responding to COVID-19?

The advent of the coronavirus created so many simultaneous and unique challenges for the Area Agency on Aging that it is difficult to identify a single one as the most significant. However, an overarching theme that manifested in several different ways across our program areas was that of staff, both in office and field capacities, having to pivot very quickly into new work arrangements with new or modified responsibilities to ensure that service delivery to all of our older adults remained at full capacity.

Some examples of this theme include our senior centers being forced to close in mid-March due to the public health concern and immediately transitioning from providing congregate meals to constructing and implementing grab-and-go meal service in its place. Likewise, our home-delivered meals providers had to innovate, not only to be mindful of social distancing when dropping off meals, but also to make systemic adjustments necessary to successfully absorb a large influx of new referrals. In-home service providers had to implement new COVID-19 safety trainings and equip direct care staff with essential PPE to ensure the safety of their vulnerable older adults while also preventing any interruptions in needed services.

On the intake side of the AAA, both our SeniorLine call center and Older Adult Protective Services call center had to fully transition into remote status inside of two weeks' time. This type of transition had never before been attempted for either call center and involved significant planning and the leveraging of new technology. Additionally, while call center staff were each transitioned into work-from-home settings, the call centers themselves had to remain in operation.

Our field staff, ombudsmen, assessors, protective services investigators, monitors, coaches and other care management staff all faced abrupt changes to their daily work.

In many cases, these individuals had to figure out how to complete intensive work normally conducted in a face-to-face setting via telephone and laptop. Critical healthcare interventions and needs assessments had to be conducted over the phone, utilizing electronic personal health records and other documents. Visits to nursing facilities and personal care homes became restricted, and so staff had to work with administrators and facility staff to maintain contact with residents, many of whom do not have personal cell phones. Monitoring staff had to develop an entirely new approach to completing essential activities via remote processes rather than on-site visits.

What lessons did your office learn from its COVID-19 response?

At the operational level, we learned that in almost every area our capacity for flexibility is much deeper than previously assumed. This was revealed in our meal providers modifying their meal packaging system to address social distancing concerns and create efficiencies that would allow for the absorption of an influx of new referrals.

It was also revealed in our senior centers thinking outside of the box to find ways to deliver food and other services in an environment fraught with challenges. It was revealed in our in-home service providers developing contact-free processes to deliver supplies, setup emergency systems and complete home repairs.

We also learned that our staff can adapt to new situations and find ways to leverage technology to continue to provide services in times of crisis, from assessment to care transitions, ombudsman to protective services, domiciliary care to Senior Companion Program and so on. Alongside this adaptability, however, we also learned the importance of providing mental health check-ins in times of frequent change and increased isolation, not only for our participants but also for each other as colleagues.

Throughout our ongoing response to the pandemic we have also been able to identify gaps in services where we need to continue to think even more innovatively moving forward: gaps around meeting social isolation needs of older adults; gaps around older adult access to grocery shopping (traditional methods and online grocery order, pick-up and delivery services); gaps around the digital divide for older adults and how we increase access and use of technology for tele-health (medical and mental health), social support and activities, etc.

In some areas we learned that working remotely can be an effective model with the right technology and processes in place. In many areas we've learned that replacing dependence of paper processes to electronic ones is extraordinarily beneficial. We've learned the importance of developing an effective and realistic plan for public health emergencies moving forward.

How will the lessons you learned help your office to better serve Allegheny County residents in the future?

The lessons we have learned from the coronavirus pandemic will help us better serve Allegheny County residents in several ways. Our senior centers, home-delivered meals and in-home services providers have all established new systems and processes to manage service delivery in a public health crisis that will remain available for future use as needed, alongside the confidence and experience that comes with having previously navigated a situation of this kind.

In some ways, the lessons learned and innovations employed to manage this pandemic may very well present a sea change in terms of how the AAA best serves older adults in this community. In some areas, we've seen a shift away from reliance on paper processes and towards electronic ones that will not only protect against service interruptions in times of crisis, but also allow us to serve our older adults more quickly on a day-to-day basis.

In many areas, we've also seen staff work hard to maintain contact with their participants and deliver services in new ways that will still prove viable long after the pandemic has been resolved. This includes the use of websites, online apps, telephone and even video chat services. We have also seen a renewed focus on the critical importance of ensuring we find ways to effectively reach our older adults who are isolated or living in remote areas, as the challenges they face have unique factors unexperienced by our more social older adults.

In terms of AAA structure and operations, learning that many of our program areas can work with equal effectiveness from remote settings as in-office ones while also building the infrastructures needed to operate in remote settings has given us a broader platform from which to accomplish our work. Moving forward, both our SeniorLine and Older Adult Protective Services call centers, for example, will be able to utilize remote staff as needed, which will not only provide more flexibility but also increase coverage and backup capacities.

What aspect of your office's response makes you most proud?

The success of the AAA and the aging network is a product of the diverse, talented and dedicated staff that carry our mission forward, and that has never been made clearer than this year. During the pandemic, virtually every one of our program areas needed to rapidly develop and implement new processes, devise previously unimagined innovations, and adapt to new technologies and workflows all while under the stress of a public health crisis that posed a significant threat to the older adult community. At every level, from leadership to the front line, our network and staff stepped up to show their creativity and resiliency in keeping our services operational in the face of adversity.

In terms of program operations, we could highlight at least one item from every single one of our program areas as an achievement worthy of being most proud. From the aforementioned feats accomplished by our senior centers, home-delivered meals, and in-home services providers to the transitioning of our SeniorLine and Older Adult Protective Services call centers into remote status to the myriad of new processes and innovations implemented throughout our other program areas, the list is simply too long to capture here. This is why, when all is said and done, the aspect of the AAA's response to the coronavirus pandemic that makes us most proud is the fortitude of our staff to continue their work regardless of the circumstances. Their dedication and compassion for our community of older adults is second to none.