Disruption in the Human Services Industry
Will You Be Disrupted or Will You Be A Disruptor?

by Sylvia Landy

I felt compelled to write this article after a number of *My*25 subscribers—leading human services provider organizations supporting people in ICF, waiver, supported living and smart homes—proactively reached out to let us know how secure they feel as a result of their partnership with *My*25 in the midst of what's happening around us . . . upheaval to long-established institutions and industries reliant on public funds. Many conversations and shared insights ensued; the takeaway is below in an effort to be helpful.

It boils down to "disruption"—a concept and insinuator we forecast, respect, and use as motivation. I share information about today's disruption throughout the human services industry, outlining the vulnerability and why *My*25 partners feel confident as today's tsunami barrels in at record speed.

Regardless of the fact that change might have whole or partial rationale, seismic disruption wreaks havoc as it upends longstanding processes, business operations, workforce, hierarchy, and financials. We see this happening now, throughout a number of institutions and industries as we daily hear about Medicaid realignment, AI, tariffs, and much more. This kind of disruption sweeps with a broad brush, moving at a rapid, unfeeling clip. There is little or no time granted for excuses. The sentiment is largely, "You should have fixed it before it had to come to this."

On the other hand, there are disruptors that ooze "hero" because they interfere with the status quo via bold, proactive initiative. These disruptors are strategic, taking time to recognize problems at their core. Their solutions step outside the box—particularly when it comes to supplanting decades of same-old/same-old. Hero disruptors are confident when seismic disruption intrudes. They well understand that money from outside funders requires leadership's persistent, rapt attention and accountability. Outcomes, programmatic data, and return on investment (ROI) stats are at a hero disruptor's fingertips to demonstrate clear justification for continued existence and funding—sometimes even warranting an increase in monies as a result of implementing dynamic solutions.

Human services provider organizations throughout the U.S.—the agencies supporting people with IDD, behavioral and mental health challenges, autism, TBI, and Down syndrome; clients in recovery/rehabilitation; and the elderly—are at a crossroads. Laudable, charitable efforts matter. But return on investment (ROI)—specifically looking at the biggest dollars escalating at a rapid clip—is ruling the day…particularly in those areas where quality doesn't have to take a back seat as costs get cut. Workforce, food, and healthcare are flow-of-funds behemoths demanding accountability when it comes to human services organizations and their LTSS and HCBS settings.

Will you be disrupted or will you be a disruptor? We've often referred to it as fight or flight. And more than ever, the approach taken—action or inaction—looks like a choice agency leadership makes. By a lot of measures and writing on the funding and outcomes walls, choosing fight over flight and committing to proactive initiative and data-driven accountability are the way to go.

The Industry's Vulnerability…and Yours

The value-based drumbeat for LTSS and HCBS settings has been sounding for a while. We interface with human services provider organizations daily and most agree that "value-based" means correlating accountability and data-driven outcomes to funding. In other words: ROI. The case is made by some throughout the industry that while there is a lot of buzz and "we're health-centric all the way" shingles that have been put up as branding leverage, there hasn't been enough forward ***outcomes*** **and data** momentum regarding the most costly and morally responsible aspects of support: preventive health, disease management, medication usage/dosage, acute care, SDoH, engagement, education, food cost reduction, and SNAP maximization.

There appears to be an inability for a number of provider organizations—including the industry in general—to talk directly and specifically about Medicaid healthcare cost reduction and maximization of SNAP benefits (including overall food cost reduction)—**two of the most glaring metrics for legislators and funders today and two of the most manageable/controllable areas of a human services agency's day to day**.

There are clear signs that the expectation and broad landscape are going to change . . . quickly. Value derived from public funds and other forms of investment in human services organizations are being closely scrutinized and measured. The healthcare and food costs alone for this vital population of people with specialized needs are astronomical. These numbers stand out, so funders are easily able to zero in, circling in red to "cut." For years, the below bullet-pointed, expensive realities have perpetuated, squarely putting the human services industry in a vulnerable position—in the crosshairs of a seismic disruption threat.

You will see a common thread to the problem and the solution from our perspective—a viewpoint now increasingly shared by invested stakeholders, as well. We've demonstrated over and again, throughout thousands of LTSS and HCBS settings and tens of thousands of people with specialized needs, that the first pivotal domino is leadership's strategic attention and management of food/nutrition and its associated fundamentals as a holistic, integrated system. Then, the rest of the dominoes—among the most costly and morally responsible aspects of support—fall in favorable ROI progression. This is contrary to how food and nutrition have long been considered, prioritized, and managed by most human services organizations and their community-based settings. And that's the point.

- Human services has morphed into health services based on the poor health of people supported. Approximately 70% of individuals in congregate-living settings—waivers, ICFs, supported living, and smart homes—are *unnecessarily* outside a normal BMI with two to three times the mainstream incidence of associated chronic conditions such as diabetes and heart complications. A vast majority of this poor health is largely due to eating the wrong foods in the wrong amounts and not as a result of the disability or pharmacological complications.

- Without a holistic, integrated system, the dynamics and needs are simply too nuanced and demanding in LTSS/HCBS settings for even the most earnest and capable of dietitians (of which there are many) on their own—the industry's longstanding nutrition go-to. Mere healthy recipes and menus from nutritionists, Google, and food services vendors have similarly fallen short due to the lack of an integrated system. Today's subpar health data confirms the overarching ineffectiveness of current "solutions." (We consider "the dynamics and needs" that "a holistic, integrated system" successfully (simultaneously) addresses in LTSS/HCBS settings as: tracked & trended data, nutrition, person-centered choice, grocery spend & activity, SNAP maximization, bolstering (foolproofing) inexperienced & high turnover staff, frequent census changes, interactivity, education, engagement, and reward.)

- There has never been an effective resource—one that high turnover staff can easily implement or is automated—dedicated to food cost reduction and SNAP maximization regarding menu planning and grocery purchases in LTSS/HCBS settings. (Shopping at big box retailers or via food services vendors in large ingredient quantities is not the cost-cutting accelerator, despite what might smack of intuitive sense.) Some provider CEOs have noted, "In the busyness of our days, we just tolerate increased food expense." All in all, a tremendous amount of money is being left on the table.

- "Back door shrinkage" of food can be immense in some organizations, being chalked up to, "It's always been the case, we just add a number to cover it in the budget."

- "Person-centered" and challenges surrounding staff turnover/inexperience have been used as excuses to not assume responsibility for better nutrition or "responsible choice." Historically, there largely hasn't been a solution on a broad basis that marries choice—personalization/customization—and the right foods in the right amounts . . . within budget and along time-saving lines.

- Short-term, inexperienced staff are routinely tasked with making decisions regarding the long-term health of people supported as they decide which foods residents eat each day; this is "DSP choice" directing menu planning in many organizations. Sometimes, staff is even allowed to be the lone decision maker, with free rein to boot out or "massage" nutritional intervention at mealtime.

- Real time, on-demand data regarding staff activities and resident outcomes as far as nutrition, healthy eating scores, person-centered choice, grocery experience/spend, and engagement tracking and trending has been non-existent in LTSS and HCBS settings.

- Robust, interactive technology—including AI—regarding nutrition, menu planning, grocery shopping and associated education, engagement and reward is largely absent in congregate-living settings.

- Agency leadership admits to not engaging on a routine basis in long-term, strategic planning regarding nutrition, food, preventive health, and streamlining/foolproofing staff efforts surrounding mealtime, grocery shopping, and associated areas of responsibility. There's been scant stepping outside the status quo box in these regards. Food and preventive health are often pushed down in the organization to team members who either don't have the authorization to hold staff accountable or who aren't on board—nor worried about negative consequences—as far as changing up the status quo.

- O*utcomes* measurement by licensors, surveyors, accreditors and risk assessors has often not drilled down far enough regarding nutrition and preventive health for people supported in LTSS and HCBS settings. Again, today's subpar health data is confirmation. Providers have additionally shared that, "Association groups and county boards, while overall supportive in many regards, haven't provided much insight into food and preventive health-related resources and the associated ROI funders will be asking about given the extreme costs associated with both."

- Food as Medicine has been minimized or flat out ignored throughout much of the human services industry despite food/nutrition's pivotal position regarding outcomes achievement across a wide expanse of impact. There is growing sentiment that food in an LTSS/HCBS setting should be managed similarly to how prescription medications are carefully and strategically addressed (understanding that "responsible choice" must be in the mix).

Cement "Secure" as a Hero Disruptor

We've shared the above information throughout the years. We used to suggest that it's important to consider our fight over flight stance to stay ahead of the curve. But now, the rubber is meeting the road—human services organizations are at the fork.

Before touching on *My*25, we respectfully advise considering what we share above. If it's not *My*25 to help you move forward securely given today's climate, that's ok. We will applaud your efforts from the sidelines if your action plan takes you down a beneficial, accountable path. Positive change is good no matter from which corner it comes. But we hope you choose fight over flight . . . being a hero disruptor to make changes that align with expectations that can't—and rightfully shouldn't—be ignored.

*My*25 is a hero disruptor—this includes being a cost disruptor. We knowledgeably speak the bottom-line, accountable language that officials, funders and legislators need to hear from human services providers receiving hundreds of billions of public dollars annually. We understand that processes, data and outcomes must be at the forefront of any meaningful initiative within the industry. Despite longstanding resistance to change and some arrows in our backs as pioneers often get—but with the support of some of the nation's most pivotal partners, bold provider leaders, and our inherent belief that the industry would require a strategic solution to its number one, expensive problem—we've invested and innovated aggressively.

*My*25 addresses each one of the above bullet points head on with a seamless, cost-effective (often dropping positive cash flow to the provider's bottom line) solution geared to a majority of people supported, not just the 5% most unwell as many risk assessment initiatives only address. Leadership, staff, people supported and associated stakeholders are armed with the tools, information, and resources needed for implementation on a daily basis as well as for oversight, documentation, planning, and leverageable opportunity purposes. We put ROI proof at the fingertips of *My*25 subscribers in the form of tracked and trended, ready-to-share data that we are continually evolving in lockstep with technology advancement, such as AI.

As a result, we speak confidently and boldly—backed by substantial outcomes—regarding the most costly and morally responsible aspects of support in LTSS and HCBS settings. *My*25 singularly cracks the Food as Medicine code for people with specialized needs in community-based settings via a holistic, integrated system. The rest of the dominoes always fall in favorable progression.

We help human services provider organizations become hero disruptors every single day.

Brief Background

Mainstay is the name of our company and *My*25 is our core brand. We drive improved clinical health, social health (SDoH), engagement, operational efficiency, data capture/analysis, and key cost reductions—simultaneously—for human services provider organizations.

Our foundational guidelines and framework were established in partnership with the USDA and via collaboration with professionals from Northwestern University's Feinberg School of Medicine. With personalization as our constant underpinning, we subscribe to the Dietary Guidelines for Americans, the USDA's Healthy Eating Index, moderation versus deprivation, rebalancing the plate, and that super nutrient: fiber. *My*25's proprietary software is in the driver's seat to optimize customization and spot-on management of diverse nuances and leverageable data. As noted above, we are rapt adopters of technology evolution, such as AI, to aid provider organizations and the industry overall in a variety of ways.

Mainstay's co-founders, Jim Vail and Sylvia Landy, are both Northwestern University Kellogg School of Management MBAs with highly successful careers in both the healthcare and human services industries. Having sold their first start-up as a nationwide entity to a Fortune 500 healthcare leader, they understand scale and how to drive quality metrics. The broader *My*25 team is comprised of nutrition, preventive health, disease management, culinary, education, engagement, technology, human services, and business professionals and partners. Fiber nerds…every one of us.

*My*25's expansive family of digital resources and additional supports provide product options to address diverse

populations, needs, challenges, and budgets. In all instances, we deliver a holistic, integrated approach to food…tailored and personalized for people with specialized needs and their associated network of support. Our Food as Medicine track record is impressive, underscoring success after success; click **here**.

We are staunchly committed to being a hero and cost disruptor, with all dominoes falling in favorable progression. We have the utmost respect for human services provider organizations and the vital population of people with specialized needs throughout the nation. We understand the many challenges and unique dynamics in LTSS/HCBS settings. Our high regard for, and deep knowledge of, the industry are the reasons we are intent on being a partner…a change agent for good—for "great," actually. Hopefully you can tell that we love what we do.

Of Interest

Savings are standing out to funders. A number of studies conclude that by implementing an effective Food as Medicine (FaM) program, a 15% to 20% reduction in healthcare costs (inpatient hospital admissions, ER visits, prescription medication) registers. In our own experiences throughout many years—across the U.S.—and via *My*25's FaM, our subscribers share that similar cost reductions occur regarding medical care expense in LTSS and HCBS settings. Further, *My*25's FaM impacts a majority of individuals with specialized needs—not just the 5% most unwell as is all-too often the singular, limiting goal—making *My*25 a definitive population health solution for people with specialized needs.