



Health & Human Services Committee Home Delivered Meals

Department of Family Services

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October 4, 2022



BOARD MATTER - September 13, 2022

Staff was directed to:

- Develop a plan for meeting the socialization elements of Meals on Wheels (MOW) which were set aside during the pandemic while ensuring nutritional needs are met,
- The plan developed by staff should identify necessary resources to ensure success,
- This plan should maximize the involvement of volunteers, both those who have participated in the past and who may be recruited anew, and
- The plan should be constructed in consultation with potential partners in the volunteer community and Volunteer Fairfax.

MOW – IT'S MORE THAN JUST A MEAL

Provides More Than Just Food and Nutrition:

1. Helps alleviate social isolation of program participants
2. Allows for wellness checks and connections to case managers
3. Offers nutrition education
4. Improves the likelihood that participants are able to age in place
5. Mitigates the need for meal preparation
6. Helps program participants mitigate rising food costs

HOME DELIVERED MEALS - BACKGROUND

Pre-Pandemic:

Prior to the COVID-19 pandemic the Home Delivered Meals (HDM) Program operated under a model which relied heavily on volunteers to deliver meals.

1. Volunteers delivered meals three times weekly
2. 48 routes across county managed by volunteers and staff weekly
3. Staff supported volunteer recruitment, routing, case management, and filled gaps in delivery when needed.

Current Status:

During the pandemic to encourage social isolation and limit physical contact (volunteers and participants) with this vulnerable population program administration changed.

1. Vendor delivered meals once weekly
2. Vendor contract amended to include training, participant wellness checks, routine communication with assigned case manager
 - Additional cost was absorbed by Older Americans Act funds
3. Staff were redirected to support increase participant assessments & ongoing case management, as well as caregiver supports.

KEY DRIVERS FOR CHANGE

There were significant lessons learned during the pandemic which highlighted the need for change, including:

1. Public health guidance on social distancing,
2. Ensuring continuity of delivery during standard operations and declared emergencies, and
3. Ensuring that as participant referrals increased that there would be no need to implement a waitlist.

LANDSCAPE REVIEW

- The value of supports to alleviate social isolation are clearly articulated by advocates in the Meals on Wheels area:
 - ✓ Meals on Wheels America
 - ✓ VA Department of Aging and Rehabilitative Services
 - ✓ US Aging – National Advocates for Aging
 - ✓ Past Meals on Wheels Volunteers
- No findings that blends volunteer and vendor delivery model
- Current participants report high praise for current model, however, an increase in supports can be beneficial

PILOTING A HYBRID DELIVERY MODEL TO IMPROVE SOCIAL CONNECTIONS

Plan a pilot program where residents receive two meal deliveries per week; one by the vendor, one by volunteers:

- Focus on nutrition and nutrition education as mandated services
- Reduces the risk of social isolation
- Support volunteer engagement
- Continues quality case management and participant engagement by staff
- Predictable delivery times for program participants to allow them to remain flexible with other activities

HYBRID PILOT REQUIRED COMPONENTS

- Two areas of the county representing 15-20% of program participants to receive meal delivery twice weekly
- Vendor - delivered meals once weekly
 - Work with the vendor on changes to meal delivery and packaging
 - Assess additional costs required due to the change in scope of services
 - Work with NCS to identify space to stage volunteer pick-up locations
- Volunteer – delivered meals once weekly (on a different day than vendor delivered meals)
 - Develop an active volunteer base
- Three-month planning period with staff and partners
- Establish timeline for pilot implementation
- Assess and request additional FTE needed to support this change in scope of service – current estimate is 1.5 FTE for volunteer engagement and coordination of new service delivery model

QUESTIONS AND DISCUSSION