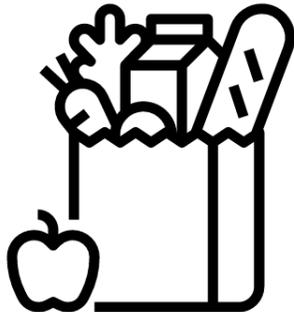


COVID-19 Community Based Food Assistance to Older Adults: Lessons Learned from the First Months of Operations



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Introduction

In March 2020, as the state of California issued stay at home orders in response to the Coronavirus crisis, the California Department of Aging (CDA) and the California Department of Social Services (CDSS) recognized the unprecedented need to address the food security implications for older adults sheltering in place. They formed a work group with representatives from a diverse set of community based organizations (CBOs) to identify how local CBOs could coordinate and get support for food delivery, both grocery and meal, especially for aging and at risk adults, and how the state departments could best and quickly support that critical work. The work group met weekly through May and then less frequently through July, surfacing policy and operational challenges, providing feedback to the California Governor's Office on Emergency Services (CalOES) as they rolled out related services, documenting and sharing a [repository](#) of resources that support operational approaches being implemented throughout the state, and developing estimates of the scale of need for services.

This document serves to highlight the key lessons that have been learned in the first several months of food assistance response for older adults during the COVID-19 crisis. The work group's consultant interviewed more than twenty representatives from Area Agencies on Aging (AAAs), Food Banks, Meals on Wheels providers, information and assistance providers, and the statewide associations representing those groups in order to understand what helped or hindered disaster food response for older adults. Lessons include topics related to:

- Policy flexibilities
- Operations
- Information & referral networks
- Program development and implementation
- Disaster funding streams
- Disaster planning and coordination
- Ongoing coordination of food assistance services

As Coronavirus cases continue to rise throughout the state, older adults and others at high risk will continue to need to shelter in place. These lessons can support state departments, AAAs, and CBOs to offer the best possible support to food insecure vulnerable populations.

Policy Flexibilities

Policy Flexibility Lesson 1: Flexibility in program administration requirements is critical in time of disaster to allow the operational capacity to address sudden increases in food insecurity.

During the first few months of the Coronavirus crisis, the most helpful and successful policy flexibilities were those that gave providers the operational flexibility to adjust program delivery in *locally relevant* ways while maximizing food access goals and protecting public health. The table below highlights policy flexibilities that were most helpful and those remaining restrictions that created barriers to service for the Older Americans Act (OAA) congregate (“C1”) and home delivered meals (“C2”) programs, the Emergency Food Assistance Program (TEFAP), the Commodity Supplemental Food Program (CSFP), and the Federal Emergency Management Agency (FEMA) funded services. For each policy, the table includes recommendations for what else would maximize CBO capacity to meet food assistance needs during the pandemic.

Helpful policy flexibilities		
Policy	Programs	Recommendations
1. Maximized funding flexibility for older adult programs gave AAAs what they needed to respond quickly and at scale.	OAA	CDA should provide continued guidance that provides as much clarity as possible on what funding flexibilities continue, for how long, for which populations, and tied to which triggers (e.g., national, state, local orders).
2. Allowing drive through, take out, frozen, and home delivered meals in place of traditional congregate meals. This policy was quick to implement, and allowed for maintenance of food access to existing participants as well as rapid scaling of services. Many participants really like the grab and go option, and requests to maintain that service beyond the COVID-19 crisis are likely.	OAA C1	CDA should request federal policy flexibility to maintain a version of grab a go for congregate meal programs as long as possible, perhaps paired with other socialization strategies, as an avenue to decrease food insecurity in the community.

<p>3. Waiving signature requirements and/or allowing staff or volunteers to sign (or X) on clients' behalf. This is useful from a public health and operational efficiency perspective:</p> <ul style="list-style-type: none"> - Eliminates the “icky pen” problem, keeping participants, staff, and volunteers safe from virus spread - Makes volunteers feel safer, which makes them more likely to <i>continue</i> to volunteer - Streamlines drive through distributions. 	<p>TEFAP, CSFP, OAA</p>	<p>CDA and CDSS should work with federal administrators to ensure that this signature waiver flexibility is allowed across all programs, and extended as long as is necessary to keep high risk populations safe from the virus.</p>
<p>4. Allowing telephonic interviews rather than face to face interviews for enrollment and recertification. (Flexibility has been allowed twice so far, for 90 days each.)</p>	<p>CSFP</p>	<p>CDSS should continue to request waivers for face to face interviews for as long as older adults remain at high risk. Consider options for using remote technologies already in use in other programs for checking identification and obtaining signatures as much as possible, or waiving altogether (rather than postponing) for the duration of the pandemic.</p>
<p>5. Allowing publicly funded transportation services to be used to coordinate and assist in regularly providing meal delivery service and essential care needs for homebound individuals, as long as the delivery service does not conflict with providing public transportation service or reduce service to public transportation passengers.</p>	<p>All food programs</p>	<p>CalOES, in partnership with CDSS, CDA, and CalTrans should ensure that all county emergency operation centers (EOCs), AAAs, and food bank networks are quickly informed about transportation flexibilities when they are allowed and the local transportation partners to whom they apply in their areas.</p>

Policy barriers

<i>Policy</i>	<i>Programs</i>	<i>Recommendations</i>
<p>6. Lack of clarity on the number of meals that could be provided per day led to some confusion and a more conservative initial response in some places than others.</p>	<p>OAA</p>	<p>CDA should provide prompt guidance with clarification that clients (C1 and C2) could receive up to 21 meals/week.</p>
<p>7. Lack of clarity on Older American Act</p>	<p>OAA</p>	<p>CDA should provide clarifying</p>

<p>requirements with respect to contracting, costs, and purchasing for third party contractors who participate in the food preparation, operation, food storage, and delivery created barriers leveraging untapped local resources for emergency scaling. In some cases, providers and AAAs felt the only option to guarantee compliance was to purchase new equipment (e.g refrigerated vans, freezers, refrigerators), and experienced commensurate supply chain delays.</p>		<p>guidance about what is allowable with respect to contracting, costs, and purchasing for third parties involved in OAA meals programs. Consider ways to make cross sector connections to support scaled operations (e.g. AAA network sharing of approved third party agreements).</p>
<p>8. Record keeping requirements were unclear for enrollments, service units, fiscal tracking. In some places, providers without clear guidance hired temporary staff to input data from piles of intake forms from COVID-19 OAA meal enrollees, only to be asked later by their AAA to remove the records from the database. AAAs worried whether they were tracking service units correctly, and how much detail was needed for tracking spending categories.</p>	<p>OAA</p>	<p>CDA should include clear expectations about record keeping along with emergency policy guidance.</p>
<p>9. Requirement to contact all CSFP participants to assess for proxy pick-up vs. delivery. In jurisdictions where an in-kind delivery service was available and ready to deploy the safest service delivery option from a public health perspective, attempting to contact thousands of participants seemed absurdly burdensome.</p>	<p>CSFP</p>	<p>The United States Department of Agriculture (USDA) should allow the local program administrator to identify and implement the simplest default operational solution that maximizes program access for clients while addressing the public health concerns (this may vary locally!).</p>
<p>10. Requirement to include cheese in CSFP boxes. Food banks had a simple solution to offer the option for participants to pick up cheese at their normal distribution location if they wanted to do so.</p> <ul style="list-style-type: none"> - Initial lack of flexibility on cheese distribution almost prevented the innovative partnership between food banks and Amazon. - In practice, only ~5% of clients chose to pick up their cheese. 	<p>CSFP</p>	<p>USDA should provide operational flexibility with respect to cheese distribution, as needed. For example:</p> <ul style="list-style-type: none"> - Waive cheese distribution if operationally necessary to protect public health - Allow replacement of cheese with other products - Allow distribution of cheese through other non-CSFP channels, etc.

<p>11. Requirement that third party delivery partners see proof of ID before leaving the box. The requirement is unnecessary. People regularly receive packages and food deliveries at their homes without showing ID, and it is unclear why low income older adults should be treated otherwise in order to access food during a pandemic. The client's registered address, as provided by the program administrator, should be identification enough. This requirement also reduces program impact and threatens public health:</p> <ul style="list-style-type: none"> - Third party delivery partners find ID requirements operationally cumbersome, threatening those partnerships. - Some clients will not receive their monthly food box if they are not at home (out on a walk, say). - Increasing interaction between drivers and older adult recipients in order to show ID increases the risk of virus spread. 	<p>CSFP</p>	<p>USDA should treat food box delivery like any other delivery that someone might receive at home - assume that the client-provided address is accurate, and do not require additional verification.</p>
<p>12. Requirement to follow up for a face to face interview with people who conducted telephone interviews during the emergency. This is unnecessary and potentially dangerous.</p> <ul style="list-style-type: none"> - Across industries, people around the world are identifying numerous tasks that can be completed as effectively remotely as they can be done face to face. Surely private sector employees will not be re-doing all of that remote work again in person once the public health emergency lifts - why should program administrators clients in these programs be any different? Doing so would be a waste of time. - The public health risk to older adults continues to be as high as ever. The program should not require seniors to decide between ongoing food assistance and their personal safety. 	<p>CSFP</p>	<p>USDA should consider options for using remote technologies for checking identification and obtaining signatures as much as possible, or better yet waiving altogether (rather than postponing) for the duration of the pandemic.</p>
<p>13. Duplication of benefits FEMA guidance preventing the use of FEMA funding for food assistance to individuals who receive any other federally funded food assistance is overly restrictive, inequitable, and often creates an operational barrier to accessing FEMA funding at all. The application of this policy in CA did not</p>	<p>FEMA Public Assistance (FEMA PA), Great Plates</p>	<p>FEMA should communicate expectations for successful applications for reimbursement consistent with the FEMA Policy for Coronavirus (COVID-19) Pandemic: Food Purchase & Distribution of Food Eligible for Public Assistance,</p>

<p>reflect the fact that these programs are all designed to be supplemental in nature.</p> <p>For more on this topic, see the section below on FEMA Public Assistance.</p>		<p>FEMA Policy 104-010-03 and the Stafford Act. All of these policies emphasize that any food reimbursed by FEMA cannot duplicate funding available from another federal program. They do not say that someone who received food reimbursed by FEMA, such as provided by a food bank, cannot also receive other forms of supplemental food assistance.</p> <p>For meals programs, it would be reasonable for the FEMA administrator to consider services on a meals basis rather than a person basis (e.g. receiving lunch from the OAA doesn't duplicate receiving breakfast and dinner from Great Plates or grocery distribution).</p> <p>"Duplication" should only ever consider benefits a client actually receives during the crisis, not benefits for which they are theoretically eligible but cannot feasibly access due to program processing times and/or wait lists.</p>
<p>14. Pre-existing restrictions that have prevented the use of state capacity building grants for food bank warehouse expansion continued to cause frustration. During the disaster, food banks are being asked to handle dramatically increased volume of food. Warehouse expansion would make scaled operations much easier.</p>	<p>TEFAP</p>	<p>CDSS should seek policy flexibility to allow grantees to use capacity building grants for a broader range of capital expenses, including building expansion.</p>

Policy Flexibility Lesson 2: Across all programs, operational implementation of policy flexibilities would benefit from more predictability in the case of pandemic or other state of emergency.

Policy Flexibility Recommendations - Overarching: Across all food assistance programs, the following policy mechanisms would allow for significantly more predictability during disasters:

15. Federal food assistance program administrators should:
 - a. Build **advanced approvals** for policy flexibilities or various types during a state of emergency into program guidance or legislative language.
 - b. **Tie waivers to the declared public health emergency**, not to a specific number of days with repeated need to request extensions. Given the variable level or risk for different populations in different locations, waivers should reflect the most local public health assessment for the population being served.
16. To the degree that policy flexibilities are tied to public health orders, CalOES should work to **ensure that public health officers understand the food assistance program implications of wording of their orders** (e.g. clearly naming older adults as a continued at-risk population).

CBO Operational Lessons

Operational Successes

Operational Lesson 1: Many food programs were able to pivot to no-contact distributions for vulnerable clients without standing up large-scale home delivery operations by transitioning to drive-throughs, proxy pick up models, and bulk deliveries to residential sites.

Drive through distributions have been the simplest, most efficient solution for food box distributions in locations where clients are likely to have access vehicles (e.g. suburban and rural locations). Food banks that had previous experience running large scale food distributions following natural disasters (earthquakes, wildfires, etc.) were able to quickly set up these drive through programs, sometimes in partnership with local police or other public entities for traffic control. These models have also been successful for congregate meal programs in many places, with clients sometimes picking up multiple days worth of meals and sometimes a food box as well, depending on the level of coordination with local food bank programming.

Programs with a strong system for proxy pick up pre-pandemic tended to lean harder into this model rather than food box delivery rather than developing a large-scale home delivery program. Success of this approach may depend on commitments pre-disaster to ensuring that program participants have proxies named at enrollment and updated with some regularity.

Finally, delivery to residential locations that house a critical mass of clients (e.g. senior housing buildings, mobile home parks) was another way to reduce the need for home delivery. Residential services coordinators were often willing to manage delivery of boxes to apartment units. In some cases, food banks and meal programs used enrollment information (e.g. from CSFP or congregate meals) to identify residential clusters.

Implementing a combination of these strategies - drive-through distributions, maximized proxy pickups, and bulk distributions to residential clusters - is a reasonable approach to providing no-contact food for high risk clients while preventing the need to roll back mass delivery models later. Those clients that cannot access services through any of these models can then often be provided delivery by a volunteer crew that is more manageable to maintain.

Operational Lesson 2: Few CBOs scaled home delivery programs without operational support from either (a) existing partnerships with public agencies and/or CBO collaboratives, or (b) private sector pro-bono services.

Existing CBO collaboratives allowed for operational efficiencies built on pre-established trust and shared missions. Older American Act CBO meals provider collaboratives sometimes divided the operational work of scaling according to their relative strengths (e.g. managing the packaging of individual meals, volunteer recruitment, dietician-approved emergency meal menus). One AAA described tapping into a pre-existing collaborative of senior service providers that included both OAA contractors as well as many others. Pre-existing food bank relationships with senior services providers provided the backbone to many grocery delivery or no-contact pick up operations.

Key local public sector relationships included connections to human resources via Workforce Investment Boards and EOC connections to Disaster Services Workers. The easiest and most successful transportation partnerships occurred when counties worked quickly with their regional transportation planning agencies and consolidated transportation service agencies (CTSAs) to leverage vehicles and staff previously used for senior transportation for food delivery work. CalOES efforts to connect food banks with the National Guard, Team Rubicon, and other human resources support proved invaluable to scaling food assistance operations.

Operational Lesson 3: Pro-bono support from the private sector filled several important gaps for scaling home delivery operations.

Specifically, Amazon's deliveries of CSFP and other food boxes were critical in several counties, especially because of the volume of deliveries they were able to manage. Pro bono routing

software licenses made operations much more efficient in the places where organizations accessed them early on. The [TakeCare](#) intake app, developed by BitWise in the first weeks of the shutdown, facilitated rapid scaling of intake for home delivery in several Central Valley counties. Funding investments from BitWise also allowed for a local workforce development organization to subsidize employment opportunities to deliver the food.

Operational Challenges

Operational Lesson 4: Recruiting reliable ongoing volunteers to maintain no contact and delivery operations is difficult.

Regardless of the distribution model (drive through, delivery, etc.), additional volunteer support is needed during the pandemic. Maintaining higher levels of volunteer commitment over many months is likely to be a challenge for CBOs. Volunteers are often needed in different places each day, and sometimes multiple places at the same time on the same day. Many younger volunteers that emerged to support home delivery programs have gone back to work, leaving some programs now struggling. The work can be physically demanding, and volunteer recruitment needs to stress those requirements. Support from the National Guard, Team Rubicon, and California Conservation Corps were invaluable to food banks in this regard, and VISTA partnerships brokered by CalVolunteers hold promise moving forward. Operationally, the state's early volunteer recruitment efforts were slightly clunky for local CBOs - lists of interested volunteers were provided, but required follow up from the CBO rather than pointing interested volunteers to their existing volunteer enrollment mechanisms (e.g. website).

Operational Lesson 5: Last mile delivery partnerships with private partners were not always as successful as everyone hoped they might be.

Private partners were typically looking to see how their existing services could be most *simply* redeployed to provide the deliveries that were the "best fit," not how those services might be leveraged to fill gaps in service for the most vulnerable clients. Private partners did not seem to look for mechanisms that might incentivize drivers to handle deliveries that would fill a gap (e.g. with a bonus payment to the driver, for example). The federated nature of referral systems and food assistance service delivery in California exacerbates this issue - while DoorDash was able to partner with the United Way to offer last mile delivery through many 211 systems, the roll-out was still county by county and was contingent on local interest and capacity to implement.

"Literally it was a full time job for one person to manage the relationship with Amazon."

- Food Bank Director

The scale of deliveries that food banks needed was too much for most last mile delivery partners to handle. Private partners had very specific business requirements that sometimes made it operationally difficult for food banks to handle. For example, printing delivery labels for Amazon had to be done each day in real time, food banks had to email the list of deliveries each day in a very specific way, and deliveries were only deployed in areas where there was an existing Amazon Flex driver fleet. For DoorDash, the restriction to a 10 mile delivery radius didn't work for several food banks serving more geographically dispersed areas. These requirements were exacerbated by the lack of policy flexibility, most notably for the CSFP program, nearly sinking the Amazon partnership several times. Moving forward, it is unclear whether private last-mile delivery partnership will be allowable for CSFP, as the US Department of Agriculture has expressed unwillingness to continue the waiver that allows it past June.

Operational Recommendations:

1. CDSS, CDA, CalOES, and CBO statewide associations should continue to share and promote the [Promising Practices](#) resource across county, AAA, and CBO networks to enhance peer to peer learning on no contact and delivery operations topics.
2. In counties where few home delivery options have taken root, CalOES should work with CalTrans, CDA, and CDSS to promote engagement with regional transportation planning agencies and consolidated transportation service agencies to investigate potential ongoing support for food delivery operations.
3. Seek out additional options for connecting private sector support with workforce development resources, either through WIBs or local workforce focused CBOs to fulfill human resource needs with paid employment.
4. Encourage private sector last mile delivery initiatives to pair those services with investments in administrative support (e.g. company staff, financial investments to hire temporary workers) to manage their requirements.
5. CalVolunteers will need to ensure that the upcoming VISTA team focused on longer term volunteer recruitment be aware of and consider the operational lessons learned to date.

Emergency Program Development

Locally, and at the state level, governments and CBOs scrambled to stand up emergency food program models that would meet the needs of older adults sheltering in place. There are a number of common lessons from that work. The Great Plates Delivered Program is described in [Appendix A](#) - it's difficult roll-out was the most significant source of these lessons.

Emergency Program Development Lesson 1: Communication and messaging matters, a lot.

The governor's initial high profile descriptions of the Great Plates Delivered program left older adults disappointed when the program either didn't materialize in their communities, or when it didn't work the way they expected. Communications regarding new programs need to be well timed, and set accurate expectations. Specifically, they should:

1. Wait to announce until program details are clear and clients can actually enroll.
2. Emphasize that emergency delivery models are temporary, and that it is unclear how long they will last. Locally, service providers have done this largely via fliers and robocalls.
3. Make clear the ways that clients can prepare for the day when emergency service is no longer available

Emergency Program Development Lesson 2: Emergency program design worked best when it included a diverse group of experienced service delivery providers from the start.

In Tulare county, for example, the local non-profit senior meals providers advised in the early stages of program development for local food assistance mechanisms for Project Room Key. Their experience delivering similar services to a much larger older adult population was invaluable to the county as they developed the emergency model. This type of input is relevant for operational models, cost structures, equity considerations, and communications planning.

Emergency Program Development Lesson 3: When emergency programs roll out high profile community-wide announcements, they have a notable impact on information and referral hotlines. Those hotlines need program information ahead of time, as well as adequate staffing to handle call spikes.

The worst case scenario occurred with the Great Plates Delivered program - calls to home delivered meals programs, Aging I&R programs, and 211s spiked following the governor's announcement. Wait times on for callers increased, but for naught, as staff responding to calls did not have details to share with callers.

Emergency Program Development Recommendations

When embarking on rapid response disaster program development, CalOES and local EOCs should:

1. Include experienced public departments and CBOs in the early planning of new state programs, even if only for rapid feedback on key features.
2. Provide clear communications about emergency programs that sets expectations about eligibility, length of temporary service, and geographic availability.
3. Inform and coordinate with information and referral service organizations about new

programs before program announcements. Include those organizations in public relations planning in order to ensure capacity to handle resulting inquiries.

Information & Referral Networks

Information and Referral Networks Lesson 1: Local operations of information and assistance lines, as well as that of food assistance programming organizations, also makes it difficult to push out a rapid statewide approach to updating and distributing food assistance information.

In California's federated county-based system, it can be difficult to get a statewide view of all needed relevant local emergency response referral information. In times of emergency, the data you need often is brand new, it does not exist prior to the event, such as evacuation routes, emergency shelters, or in this case, new senior meal operations or drive-through food distributions.

If that data were aggregated, it would be possible to set up a statewide text-based framework to connect families and individuals to local resources, using a statewide texting campaign, in combination with voice response to callers to 211s, Aging I&R programs and others. In Florida, for example, such an effort was successful for sharing school-based food assistance during COVID-19, because the state had a pre-existing statewide dataset on school meal programs it could quickly repurpose. Families seeking food could text the keyword "FLKIDSMEAL" to the shortcode 211-211 (operated by United Way), enter their ZIP code and then receive information about the school meals programs nearest to them. Unfortunately, early hopes by the United Way of California to do the same were dashed by operational realities, especially the lack of a consolidated food distribution dataset statewide.¹

Furthermore, it was unclear whether the existing 211 data systems, which each own their own data, would be able to systematically export referral data for statewide use to enable an interactive text campaign. This led to the potential need, in some counties, for providers to update information twice - a bridge too far in the midst of disaster response. Pre-pandemic planning with regard to mechanisms for rapidly collecting food distribution information could help adequately anticipate these issues.

¹ The same statewide text platform was successfully used to connect users to both state and local public health information about COVID-19. Users could text "COVID" to 211-211, enter their ZIP code and then receive state-level public health information and, if their county also had published information, they would also get a message with that local information.

Information and Referral Networks Lesson 2: Insufficient coordination and/or lack of agreement about which entity should be the primary referral source (211s, Aging Information and Assistance Lines, and Food Bank hotlines) could sometimes make it difficult to ensure that people seeking information would easily access up-to-date details in some counties.

The calls come whether good planning has been done or not, filling voicemail boxes and creating call back-ups. Thus, decisions on primary referral sources in disaster response need to be determined locally before a disaster. The strengths, priorities, and even availability of various information and referral mechanisms vary tremendously from county to county, making a statewide mandate impractical. However, a statewide approach that funnels all calls to a single type of provider can work, as long as that provider is prepared to pass those calls along to another provider if needed. Coordination within counties and statewide requires project management support. Another option might be to use a texting platform to have a statewide outreach campaign, using a keyword, and then direct the consumer to a designated lead for their specific county. Success of this type of model depends on having the data in place.

Primary information and referral sources may need to be topic and population responsive - for example, some locations chose to funnel all *food* requests through a certain channel, or all requests from *older adults* through a certain channel. Both categories need to be considered and addressed, and all systems benefit from simple “cheat sheets” for directing the most common inquiries.

Information and Referral Networks Recommendations:

1. CalOES, in partnership with other key state departments, should create a state level work group that includes a diverse set of information and referral providers (e.g. 211s, Aging Information Lines, ADRCs, etc.), county representatives, and CBO providers to identify a more coordinated disaster information and referral strategy that includes:
 - a. **data system enhancements needs and related training protocols** that would allow for easier exports and/or real-time provider updates for use by 211 (and other information and assistance providers) in times of disaster;
 - b. templates that form the basis for **pre-disaster agreements about call routing** (e.g. how 211s will interact with AAA and other hotlines in a disaster, and how calls should route from state hotlines); and
 - c. **surge capacity projections** based on various disaster scenarios.

Disaster Funding Lessons

FEMA Public Assistance

Disaster Funding Lesson 1: FEMA Public Assistance (FEMA PA) funding was nearly impossible to access, seemingly by design. Specifically, overly conservative interpretation of duplication of benefits policy, operational challenges of implementing individual-level documentation, and overarching fears of a potential failure for FEMA to provide reimbursement all conspire to prevent many localities from fully leveraging its support.

The FEMA Public Assistance program guidance made it incredibly difficult for most jurisdictions to access the funds. The vast majority of food banks will not see any FEMA PA reimbursement, despite scaling to address dramatically increased demand and, in some cases, implementing entirely new delivery operations to guarantee food assistance to clients at high risk of contracting the virus. This is not a new problem - many food banks reported similar failures to tap FEMA reimbursement for work they did to respond to recent wildfires.

The problem centers around the question of “duplication of benefits.” FEMA PA reimbursements are contingent upon demonstrating that program participants do not receive other federal food assistance (e.g. CalFresh, home delivered meals, WIC, etc.), despite the fact that all federal food assistance programs under consideration are supplemental in nature and almost never provide more than the equivalent of one to two meals per day. The worst case scenario is that a low income household ends up with a small reserve of food in the pantry or freezer akin to those reserves that higher income households have chosen to acquire to feel secure in these uncertain times. Taking this into consideration, it seems that the anxiety federal administrators feel around “duplication of benefits” is inefficient and unnecessary.

There are three primary issues that interact with the FEMA PA requirements to create barriers to even attempting to claim reimbursement: vague guidance on eligible populations, data collection realities at food banks that do not align with FEMA expectations, and the looming risk that FEMA will not ever reimburse.

Issue 1: The guidance is vague with respect to eligible populations. Some counties and food banks remain, at the time of this writing, confused about allowable populations for FEMA PA reimbursement. There was no question that shelter in place orders generated unprecedented unemployment rates and commensurate food insecurity as people waited for unemployment

benefits and CalFresh to come through. Without universally reliable delivery services, existing CalFresh clients were often unable to use those benefits safely. Guidance was unclear on whether assistance to these populations was eligible for reimbursement, and how it should be documented if they were. It was also unclear whether all older adults were considered “at risk,” or only those with certain underlying health conditions or a positive COVID-19 test. Adding further confusion was the additional eligibility restrictions that were included in the Great Plates Delivered FEMA program, which led at least one county to insist that FEMA PA populations must be similarly limited.

Issue 2: Most CBO food programs do not collect detailed information about program participants’ usage of other food assistance programs. This type of data collection is burdensome for the staff and volunteers who run programs, and creates stigma that can reduce program access. While self attestation is theoretically allowable, it may be necessary to obtain a more concrete guarantee that reimbursement will not be held up due to the choice to self-attest rather than data matching with government databases, a practice that many CBOs will not abide by. One food bank commented that, given the maximum not-to-exceed amount for the MOU currently in place with their county as compared to the total scale of their emergency operations, a more limited data collection effort (e.g. one or two months) may be enough to satisfy FEMA documentation.

Issue 3: Many local governments and food banks cannot afford to take the risk that FEMA will not reimburse. FEMA specifically advises local governments “not to proceed” with a procurement that is contingent on a guarantee that FEMA is going to cost share.² This alone was enough to prevent most jurisdictions from putting a memorandum of agreement in place. Ultimately, when decisions to proceed hinge on capacity for risk-taking by the local government and partner food bank, FEMA reimbursements will only flow to those jurisdictions with the public and non-profit financial cushion to withstand a reimbursement failure, exacerbating other structural inequities in tax base and fundraising capacity. Unfortunately, service providers in lower income communities will be the least able to deliver emergency services quickly and sort out reimbursements later, despite the fact that they may have significant vulnerable populations.

² From Procurement Standards for Local Governments Under FEMA Public Assistance Awards: <https://www.caloes.ca.gov/RecoverySite/Documents/Procurement%20Standards%20for%20Local%20Government%20under%20FEMA%20Public%20Assistance.pdf>

Families First and CARES Act - Older Americans Act Program Funding Enhancements

Disaster Funding Lesson 2: Families First and the Coronavirus Aid, Relief, and Economic Security (CARES) Act funding successfully provided rapid response support for Older Americans Act Meals programs, but minor improvements in communications about estimated allocations might maximize even more the ground-level deployment of services.

AAAs were relieved to have the flexibility to redistribute funding between programs as needed, adjust meal counts, and the like. Families First and CARES funding for meals programs has been handled, in many cases, as quickly as could be expected - multiple AAAs and meals providers commented that they'd never seen the state turn around funding allocations so fast, and meals programs were able to respond incredibly fast as a result. However AAAs and CBOs noted several challenges:

- Written confirmation of approximate CARES Act allocations for AAAs were slower to arrive than would have been helpful.
- The natural lag before CBO providers have a check in hand left some providers unable to make critical purchases without bridge loans.
- Some counties have opted for slower mechanisms to disperse CARES funds via RFP processes. This has prevented some providers from scaling efforts as much as they might otherwise have done during the height of the shelter in place orders due to uncertainty about funding streams.

CARES Act Coronavirus Relief Fund

Disaster Funding Lesson 3: The CARES Act Coronavirus Relief Fund has the potential to provide significant local support to food distribution operations for older adults, but staggered county-level allocations and uncertainty around true flexibility for uses has sometimes prevented counties from committing to using it to support those services in the short term.

The CARES Act also included the Coronavirus Relief Fund (CRF), which provided significant funds for a state, tribal, and local governments address “necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019” incurred between March 1 and December 30, 2020. The fund is large in California (\$15.3 billion, including \$7.1 billion for local and tribal governments), and is flexible in its use. The guidance explicitly allows

for coverage of “expenses for food delivery to residents, including, for example, senior citizens and other vulnerable populations, to enable compliance with COVID-19 public health precautions.” Several challenges have emerged, however:

- Counties are receiving their allocations on a staggered basis, as smaller jurisdictions have had to wait for funds initially allocated to the state to pass through while larger counties received direct allocations from the Treasury Department. Counties waiting for state-allocated funds are left uncertain as to final allocation amounts and potentially unable to guarantee payments to food assistance providers.
- Some counties receiving funds passed through by the state have been tentative to allocate the funds quickly, citing concerns that the state might layer on restrictions beyond those named in federal guidance. This has led, in some places, to an unwillingness to allocate funds quickly, leaving local CBOs unsure whether they can afford to continue food delivery services.

Interaction and allocation of government disaster funding streams

Disaster Funding Lesson 4: Local governments and CBOs struggle to understand how emergency funding streams interact and how to deploy them successfully.

In some places, this has resulted in funding paralysis, leaving local CBOs unable to deploy disaster-focused funds (e.g. FEMA PA, CARES Act CRF, etc.) at all during the height of the crisis. For example, FEMA PA was (at first) only authorized through June 10th required the spending of other federal funding first (e.g. CARES CRF). Some counties had not received CARES CRF by June 10th, so they were left unsure what to do. For CBOs that received multiple disaster funding streams, the myriad deadlines, regulations, and restrictions were dizzying and difficult to track. Various agencies and organizations provided support on different aspects of the funding (e.g. CalOES, Department of Finance (DOF), CDSS, California State Association of Counties (CSAC), and National Association of Counties (NACo)), but it is unclear which entity might be best suited to provide a truly birds-eye view across all funding sources.

Community Level Funds - Private Fundraising

Disaster Funding Lesson 5: Privately raised COVID-19 relief funds are critical for offering flexible support.

Many jurisdictions and individual organizations created privately fundraised COVID-19 Relief Funds. In San Francisco, this fund allowed for rapid scaling while they figured out the public

financing options. Other jurisdictions have focused these types of funds on supporting nonprofit payrolls for organizations that have revenues interrupted during shelter in place; food assistance CBOs expressed frustration at these decisions when funds could have supported employment to execute scaled operations at nonprofits that were actively responding to the crisis.

One food bank described local nervousness about dipping too deeply into the funds they had raised for COVID-19 response, wary that the economic impact of the crisis is likely to cause future fundraising challenges for which they need to be prepared.

Disaster Funding Recommendations - FEMA Public Assistance:

1. **FEMA administrators should provide clear interpretation of the “duplication of benefits” policy** with respect to emergency food procurement and distribution, taking into consideration the supplemental nature of each food assistance program. FEMA Policy 104-010-03 and the Stafford Act emphasize that any food reimbursed by FEMA cannot duplicate funding available from another federal program; they do not say that someone who received food reimbursed by FEMA cannot also receive other forms of supplemental food assistance.
2. At the state level, CalOES should **develop rough templates for public health officer statement language, local CBO/EOC MOUs, program model examples, and simple approaches for demonstrating local need** that would lay the groundwork for counties to put MOUs in place quickly for emergency food distribution. CalOES could convene a cross section of food banks, AAA’s, county representatives, and FEMA to develop a menu of simple models that could be **pre-approved** as fulfill “duplication of benefits” requirements. In order to address pandemic food distributions, these methods would need to work efficiently in drive-through as well as home delivery models.
3. Food assistance CBOs may want to share **emergency protocols for basic data collection** (surplus demand calculation protocols, online registration forms, paper enrollment forms, core questions to include for self-attestation, etc.) that have been operationally successful during mass food assistance response. Better FEMA PA guidance should make these mechanisms moot, but back-burner systems that make it simple for clients, not requiring them to fill in surveys of enrollment information over and over again, could prove useful. Deploying those systems at key distributions following a disaster declaration may be the best hope for future FEMA reimbursement.

Disaster Funding Recommendations - Other Disaster Funding:

4. State agencies allocating disaster funding (e.g. CDA, CDSS) should provide letters as soon as possible with estimates of funding, even if these reflect expected minimum amounts, to allow local organizations to secure bridge financing, if needed.
5. CDA should provide clarity about whether it is necessary for AAAs to conduct an RFP for emergency funding or not in order to prevent unnecessary delays in service provision.
6. The state should provide technical assistance resources for local jurisdictions regarding the interaction of funds, including concrete examples of how to deploy them while engaging existing programs, supply chains, and expertise. A truly overarching perspective on this topic may need to come from the Department of Finance or perhaps CalOES, in partnership with key departments and state associations like CSAC and C4A.
7. Private funds to support CBOs should consider mechanisms to fund the temporary placement of furloughed CBO employees at those scaling up essential services. For example, furloughed CBO employees might support intake, assessment, or operational needs at a home delivered meal provider or food bank.

Disaster Planning and Coordination Between CBOs, AAAs, and EOC Structures

Disaster Planning and Coordination Lesson 1: State level coordination between CalOES, CalVolunteers, and food banks allowed for rapid and flexible deployment of resources. Coordination with AAAs was not as strong, and could have supported those food delivery operations.

The National Guard, Team Rubicon, and California Conservation Corps were life-savers for food banks responding to increased demand amid shifting operational requirements. State leadership via CalOES and CalVolunteers on this front, along with their direct coordination and planning with state association representatives as well as local players, supported local food bank organizations to fulfill resource needs quickly. Similar coordination did not occur at the same level with AAAs, however.

Disaster Planning and Coordination Lesson 2: The mechanisms that connect Emergency Operations Centers (EOCs) to food assistance focused CBOs are often weak and informal. CBOs rarely have a “seat at the table,” nor do they have in-depth knowledge of county-level plans and how their organization might best fit in.

Emergency Operation Centers are county-led entities, relying on county department staffing for planning and implementation. In most, but not all counties in California, the Area Agency on Aging is part of county government, creating a natural connection between the EOC and the AAA, which has been especially fortunate during this disaster that disproportionately impacts older adults.; these relationships often enabled AAAs to leverage county vehicle fleets, procurement infrastructure, and other resources quickly through the EOC structures. Because of the direct impact of COVID-19 on the older adult population, some AAAs have found that the crisis has increased the visibility and understanding of their work in the county structure.

“I would think that more communication and coordination is better. They’ve not ever asked us to be a part of that.”

-Food Bank Executive Director

However, direct service CBOs that are not *specialized* in disaster response (e.g. food banks, non-county based AAAs, or general purpose information and referral service providers) do not necessarily have strong relationships with county disaster response actors. Counties may also prioritize coordination with their direct contractors; food banks do not necessarily have that type of local government funding, and government players may even have misconceptions or over-simplified understanding of their programmatic models as a result. As a result, local CBOs, and even non-profit based AAAs, only occasionally reported being “at the table” for real-time food response operations planning despite being the frontline of response. Several such organizations shared that they had never been invited to participate in public disaster planning work, or that they were included in EOC meetings only through an intermediary. In some instances, this omission can leave the EOCs in a weaker operational position in terms of food assistance response, as well as potentially leaving out valuable input about ways to ensure that all disaster response work is appropriate to the unique needs of older adults and people with disabilities.

“Supposedly they do all this emergency planning for earthquakes. I have no idea what those plans are.”

-CBO senior meal provider

One exception to this was in places where those relationships had already been forged pre-pandemic, often as the result of a recent disaster (e.g. wildfires, debris flow, PG&E shutoffs). 211 providers have a “seat at the table” with some county EOCs, but not all.

Volunteer Organizations Active in Disaster (VOADs), Community Organizations Active in Disaster (COADs), or Community Care Coalitions (CCCs) are often the primary mechanism for coordinating between the EOCs and CBOs, but the strength of those groups is variable and dependent on local leadership, as well as funding for facilitation and planning. In some instances, healthcare coalitions also play this role. While EOCs may depend on those groups to be a conduit to local CBO infrastructure in disaster, lack of investment in their capacity can result in weak coordination and disjointed response when disaster hits.

The Standardized Emergency Management Systems guidelines for connecting EOCs to CBOs are fairly vague. They highlight the potential value of CBOs, but don't spell out what good collaboration or coordination could or should look like in practice.

Disaster Planning and Coordination Lesson 3: Successful coordination of CBOs and public emergency response systems requires a targeted investment in leadership, facilitation, and pre-planning across a broad spectrum of community players that was not present in many local jurisdictions.

Simplistic contractual requirements for disaster plans aren't enough to achieve readiness, by any stretch. Without investments in disaster planning leadership, ongoing coordination, and a commitment to maintaining fresh relationships across *all* types of major players, response in the moment of disaster necessarily feels somewhat scattered. Assumptions abound, including the assumption that surely another government or private funder is footing the bill for emergency food response or information and referral services. CBOs, information and referral entities, and government players must be included to ensure a comprehensive plan that takes into consideration the needs of various at-risk populations.³ This type of pre-disaster planning work builds the relationships and protocols that

Case study: Santa Barbara

In recent years, the Santa Barbara Food Bank took a leadership role in the local VOAD. They led the development of a Multi-Agency Disaster Feeding Plan that included the full range of governmental agencies, non-governmental organizations (NGOs) and community-based organizations (CBOs), and the private sector. That plan was developed using the National Multi-Agency Feeding Support Template and references Multi-Agency Disaster Feeding Plans in Imperial and San Diego counties as helpful models. As a result of the development of the plan, the food bank even hired a disaster services specialist to manage the plan and be the liaison with the EOC.

³ This [Capacity-Building Toolkit for including Aging & Disability Networks in Emergency Planning](#) developed by the U.S. Department of Health and Human Services and the Office of the Assistant Secretary for Preparedness and Response provides many great examples of how collaborations might take into account the needs of older adults and people with disabilities during a disaster.

will be necessary for quick coordination in a disaster. In many places, those relationships were lacking between food banks, AAAs, city government officials, and meal providers.⁴ Health system representatives are also valuable partners - such as public health departments, hospital systems, community health foundations, and community clinics. One food bank with strong connections to local health systems described the value of those partnerships for program coordination and PPE acquisition.⁵

Robust, coordinated pre-disaster planning work can also provide the opportunity to hammer out operational details that will prove necessary at each organization. For example, creating operational plans at key organizations for scaling services dramatically, identifying ways to best set expectations with staff at onboarding and on an ongoing basis of their role they will play a disaster response role (e.g. that they will be considered essential workers), and plans for onboarding new staff in a disaster or shifting tasks to remote work.

Disaster Planning and Coordination Lesson 4: The role of broad-based food assistance in disaster response remains in a bit of a grey area, and some EOCs did not establish a feeding unit or feeding task force right away.

There is little doubt that shelter in place requirements for older adults, paired with mass unemployment, generated a food access and food security crisis as a direct impact of the public health disaster. However, some EOCs do not necessarily consider that scale of food assistance response to be the purview of disaster response, and they did not always pull in staff with program experience related to food assistance. While providing food to individuals who are required to self-quarantine due to a positive COVID-19 test may fit clearly into “pandemic response” food assistance, supporting operations for food delivery to older adults sheltered in place or displaced workers was sometimes considered in scope or not.

Disaster Planning and Coordination Lesson 5: Pre-existing disaster-focused agreements to support a variety of operational needs, including the potential need for scaled service delivery, were lacking in most places. This left service delivery organizations scrambling to secure agreements at the same time they were redesigning services.

⁴ For other populations, the key players are different, of course. For example, some food banks described rapid efforts to put relationships and protocols in place with school districts in order to coordinate district and non-profit food assistance support to families during the COVID-19 crisis.

⁵ One example: CommonSpirit Health Hospitals have a Director of Service Area, Director of Population Health, and a Director of Community Health. In Shasta County, these directors were well connected with the nonprofit safety net programs that were critical to response, as well as local statistics and communications planning.

Disaster Planning Recommendations - Providing leadership on coordinated disaster food assistance response:

1. Establish a Food and Nutrition Initiative as part of CalOES⁶ to recognize the critical role that food assistance nearly always plays during disaster response. It's structure should reflect the need for close coordination with the myriad of non-profit organizations and the elaborate enterprise network that supplies the food system during disaster. The scope of work for this group should be clearly articulated to include, at a minimum:
 - a. Supply chain: Ensure that both food and operational materials are available to meet demand safely.
 - b. Human resources: ensure that food assistance operations have the staffing (paid and volunteer) needed to deliver services.
 - c. Equity: Ensure that planning around mass care feeding operations carefully considers the needs of vulnerable populations (e.g. older adults and people with disabilities), and includes in that planning the organizations that understand that landscape.
2. The state should fund local food assistance focused disaster planning work that incentivizes the building and maintaining of cross-sector and cross-organizations relationships, potentially using the Multi-Agency Feeding Support model. Conducting a COVID-19 debrief might be a useful place to start, and the Listos California campaign may be a useful mechanism for deploying such an effort.⁷
3. CDA guidance and technical assistance could strengthen and/or clarify expectations for coordinated disaster planning between AAAs, their meals contractors, and the other key partners that will be relevant in a disaster (e.g. EOCs, food banks, 211, etc.).

Disaster Planning Recommendations - Development of Pre-Disaster Agreements:

4. Examples of emergency agreements that would have been helpful, and which local CBOs, AAAs, and county EOCs may want to pursue for the future with support from CalOES, include:

⁶ This could be in partnership with CDSS Disaster Services, CalFresh, CalVolunteers, CDA, etc.

⁷ In 2019, Governor Newsom and state lawmakers invested \$50 million to establish the California for All Emergency Preparedness Campaign, now called Listos California. The Listos California campaign — a joint initiative between California Volunteers (CalVolunteers) and the CalOES — aims to boost disaster preparedness among diverse and vulnerable Californians by connecting them to culturally and linguistically competent support through a grassroots, people-centered approach. CalOES awarded \$20 million of this funding to [community-based organizations in 24 counties](#) across the state to provide emergency preparedness education and to support communities as they develop uniquely tailored disaster preparedness approaches through peer-to-peer networks to support those they represent in emergency situations and establish trusted lines of communication. The state should use and expand the Listos California network to further innovation and investments in specifically targeted strategies to assist our communities in accessing necessary information, resources, and interventions around food assistance.

- a. Availability of public sites (e.g. parking lots, bathrooms at various sites) for food distribution purposes, even when those sites are closed for their traditional purposes.
- b. Emergency back up agreements, pre-qualified vendors, or emergency contracting protocols for scaled meal preparation operations (e.g. kitchens, alternate CBOs to address meal scaling needs). Could include template agreements for restaurants that are interested in producing emergency meals for delivery, including nutritional and meal pattern requirements, low sodium, low spice, etc.
- c. MOUs for initial provision of emergency food operations that are easy to amend and scale as need grows and/or funding becomes available (e.g. agreements to provide a certain number of food boxes at a not-to-exceed rate).
- d. Data sharing agreements that support coordination of services for at-risk populations across programs during times of disaster.

Disaster Planning Recommendations - Strengthening Connections Between EOCs and CBOs

5. CalOES should provide guidance to encourage the strengthening of formal connections between EOCs and CBOs, such as:
 - a. Examples of successful structures for meaningful coordination of EOC and CBO plans, ways to ensure that plans complement each other, and ways to conduct ongoing training or testing of protocols/plans with CBO partners.
 - b. Templates of protocols for CBO requests for key resources such as personal protective equipment, disaster services workers or other volunteer resources, disinfectant supplies, county vehicles/drivers, and other resources.

Ongoing Coordination of Food Assistance Services

Ongoing Coordination of Food Assistance Services Lesson 1: The pandemic has revealed an underlying need for food assistance among older adults that is larger than many policymakers may have previously realized.

The pandemic has revealed that the scale of need for ongoing food assistance is dizzying. [Estimates](#) calculated for this work group found that nearly 1.7 million older Californians had incomes below the Elder Index, making

“...I think it’s the city’s responsibility through the EOC [...] to get a really clear picture about what the current services are, who’s being served. And let’s focus on feeding who’s being service and where your gaps. And that’s never been done. So all these agencies are currently [...] just putting food out into the community and nobody has a proper picture of who is being served.”

them likely to need food assistance of some type. Demand for home delivered meals has doubled in many AAAs during the pandemic, not counting those participating in Great Plates Delivered. Demand for food bank services is similarly staggering, and not letting up any time soon. The need to continue no contact distribution and/or delivery operations is likely to extend into 2021 in order to protect the health and well being of this vulnerable population.

Ongoing Coordination of Food Assistance Services Lesson 2: Siloing, lack of coordination, and few data sharing agreements between food assistance programs creates significant inefficiency for providers and participants during normal times. It is exacerbated during a disaster, and prevents programs from providing a more person-centered response.

The pandemic notwithstanding, food assistance services for older adults are **siloed**. Enrollment in OAA meals, CSFP boxes, food pantry distributions (senior-only or non-senior programs where older adults attend), and CalFresh are completely independent. Even in normal times, given the supplemental nature of each program, food insecure older adults are left to navigate a maze of enrollment systems and eligibility requirements to get their food assistance needs met. This is even more challenging during shelter in place.

Furthermore, AAAs, CBO meal providers, Food Banks, and CalFresh programs often **do not always understand the nature and scale of each other's operations**. For the many food banks that do not hold county contracts, county players are especially in the dark with respect to their services. Even when food banks do contract to provide a senior-focused program, the county or AAA may not know much about the other programs that food banks operate which often also serve older adults. Not all AAAs take into consideration food assistance services beyond the meals programs that they fund, and collaborations to include free groceries along with home delivered meals or congregate meals have been difficult to make work with a few exceptions.

In the moment of disaster response, these fragmented services systems are especially notable with respect to **siloed data systems**. In some places, AAAs do not have a centralized database, which prevents individual meals providers from knowing whether clients are getting service elsewhere. In other places, the centralized database is cumbersome (program staff would need to look up one client at a time), and there didn't seem to be an easy way for the AAA to run reports to see whether more coordinated deliveries might be helpful. Beyond the AAA networks, there is no incentive or mechanism for diverse food assistance programs (e.g. meals programs, food bank programs) to consolidate enrollment data, nor is it clear how to do so without (a) requiring significant changes in data collection protocols and (b) jeopardizing the anonymity and privacy protections are central to the success of some programs' operations.

Nevertheless, the result of siloed data is that CBO providers can't tell whether people are getting service elsewhere. Nor is there information (or at least CBOs don't necessarily know it if there is) on which clients are most vulnerable, which would allow for better triage.⁸

Ongoing Coordination of Food Assistance Recommendations:

1. State and federal funding for food assistance programming will need to scale to address the unprecedented demand and higher operating costs related to the pandemic. Long term disaster relief funding (e.g. funding to support the higher operating costs of no contact services) along with ongoing increases in nutrition program funding at the federal and state level are urgently needed to better meet basic human service needs. Many adults with disabilities are facing food access challenges similar to older adults during the pandemic, and funding allocations to address their needs during the disaster and beyond are thin, at best.
2. CDA should identify goals and strategies in the Master Plan on Aging to maximize coordination across the broad set of food assistance programs that serve older adults, not just those funded through the Older Americans Act. Systemic approaches to food security will require leadership, not just collaboration, and funding to support planning and implementation work.
3. CDA should review local Needs Assessments and Area Plans to ensure that they take into consideration the broader ecosystem of food assistance services, and provide technical assistance and peer to peer learning opportunities for those that do not. This may include recommendations for engagement with local coalitions that address food insecurity more broadly (e.g., local food security focused task forces or food council), as well as efforts to analyze service usage across multiple program databases.
4. Renewed state funding for the Brown Bag Program, which was an effective and highly leveraged program that resulted in collaborations between AAA's and Food Banks, could serve to rekindle formal connections between those entities throughout the state.

⁸ Some counties have protocols in place to give program enrollees the opportunity to add their name to a disaster check-in list, or to run queries on public service databases to identify the most at-risk populations (e.g. In-Home Supportive Services clients who live alone and have certain disability profiles). These may be promising models, but it would make sense to review how effectively they were leveraged in this crisis before scaling more broadly.

Resource Links

[Food Bank of Santa Barbara County Multi-Agency Emergency Feeding Plan](#)

[National Multi-Agency Feeding Support Template](#)

[Capacity Building Toolkit for Aging and Disability Networks](#)

Appendix A: Case Study: Great Plates Delivered

The Great Plates Delivered Program was the first of its kind FEMA-funded program to purchase restaurant meals to be delivered to older adults sheltering in place during the COVID-19 crisis. There was general agreement that the program concept was an innovative mechanism to support an ailing restaurant industry while helping a vulnerable population. In many places, the program brought together players that had not historically worked closely together, including EOCs, AAAs, CBO meal providers, and restaurants. Unfortunately, the program design resulted in very spotty implementation and deeply inequitable service outcomes for vulnerable older adults while also creating administrative burden on adjacent service systems. Specific challenges that AAAs, food banks, and meal providers described include:

Lack of engagement with program experts during initial program design

The initial program development discussions at the state level did not include engagement with experienced providers of similar services (e.g. Meals on Wheels providers, AAAs), many of whom were caught scrambling to provide feedback on the program design after it was announced. Their many years of experience could have influenced communications planning, cost structure details, eligibility guidelines, interaction with other food assistance programs, and transition planning for post-FEMA programming.

Failure to implement in many jurisdictions

The short timeline between the release of program guidance and implementation made it difficult for some cities and counties to figure out the best strategies for local implementation and funding. Ultimately, many jurisdictions opted against rolling out the program. This resulted in less economic stimulus to local restaurants, which was the primary goal of the program. One challenge was that the per meal pricing set dramatically higher than typical rates for CBO-provided home delivered meals. Even with the state and FEMA picking up the lion's share of the cost, the program proved cost prohibitive, especially given worries about FEMA reimbursement delays. The perception in some places was that meal rates could not be capped to regional costs of doing business.

Roll-out announcements created unrealistic expectations among potential clients and restaurateurs. Lack of detailed information at the time of those announcements left existing service providers flat footed.

Initial public descriptions of the program left older adults disappointed when the program either didn't materialize in their communities, or when it didn't work the way they expected. In a time when older adults and restaurant owners were experiencing a lot of fear and anxiety, it was especially important for the state to avoid overpromising and/or creating confusion and uncertainty about a potential lifeline. The same was true for restaurant operators. Dramatically more restaurants applied than could ever be chosen, and many restaurants set hopes on participation in communities where the program never even happened.

Program announcements from the state seemed to always come at the last minute, and without coordination or detail for the local service providers who would need to respond to questions. The governor's initial announcement generated a flood for calls to 211s, aging lines, and home delivered meals providers, but there was no concrete information to share. The most recent program extension was announced the day before the program was expected to end, with no transition plan for participants and leaving restaurants unsure about how much food to order.

Inequitable eligibility guidelines

Interpretation of FEMA's "duplication of benefits" restrictions generated eligibility criteria that guaranteed a distressingly inequitable allocation of meals to older adults sheltering in place. Any older adult with an income below 200% of the federal poverty level was excluded, regardless of their usage of other public food programs. Local administrators had to find ways to quickly assess *ineligibility* rather than providing services to the populations most in need.

Lack of transition planning

There is no plan to address the reality that people will need these meals beyond the timeline during which FEMA funding will support the program. Traditional home delivered meals providers and AAAs anticipate that many program participants may request to transition to Older Americans Act funded services, creating another surge in demand for which funding will be necessary to absorb.