
A Joint Venture of The Food Justice Network – Cultivate Charlottesville and The Equity Center – University of Virginia

NOVEMBER 2020

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Executive Summary

Background
The Food Justice Network (FJN) at Cultivate Cville and The Equity Center at the University of Virginia (UVA) conducted a program evaluation on the COVID-19 Wraparound Services Program in Charlottesville, Virginia. The evaluation aims to:
1. Inform decision making aimed at improvement of the program by evaluating current practices
2. Inform decision making aimed at selection, continuation, or termination by identifying the monetary value of the program
3. Advocate for the continuation of the program by means of justifying expenditure and demonstrating achievements
4. Contribute to the broader evidence base in order to inform future policy and practice by others outside the organization.

Methodology
Data included both internal and external documents and databases. These were along with other pertinent information. Five Key Evaluation Questions were decided upon by evaluation team. These questions will provide focus and structure for the evaluation process. The questions are as follows:
1. Were the inputs for the COVID19 Wraparound Program sufficient and timely?
2. Were the features of the COVID19 Wraparound Program worth the time and money spent to plan and implement the program?
3. Was the program effective in providing for the immediate needs of patients who tested positive for COVID19, and reached out for wraparound support?
4. Did the rate of testing in target communities increase as a result of the program?
5. Has the rate of events where wraparound support is offered increased as a result of the program?
Highlights of Findings and Conclusion by Key Evaluation Question

1. Were the inputs for the COVID19 Wraparound Program sufficient and timely?

The evaluation team was able to determine that the inputs for the wraparound program were sufficient and timely. Participants in the program had their needs met as at 100% with the exception of financial assistance. At the beginning of program implementation The Equity Center at UVA was meeting 100% of requested need for assistance. As more cases came in, this number was reduced to a standard rate of $500 and finally to $250. Financial assistance was also the area in which people had to wait the longest to have their needs met. This was especially true when working through as the transition started to occur. During the transition phase of the program the team was able to help COVID-19 positive families to tap into existing financial assistance programs in both Charlottesville City and Albemarle County, eliminating the need for funding through The Equity Center. All requests for boxed food, hot meals, medicine for existing medical needs, and other needs were met in a timely manner.

2. Were the features of the COVID19 Wraparound Program worth the time and money spent to plan and implement the program?

The evaluation team sought to measure the amount of time and money spent to implement the program in order to quantify the program’s worth. It was determined that the time and money spent to plan and implement the program was well beneath the potential community costs. According to data from Fair Health (2020) a three-day COVID-19 hospital stay costs $73,300 or $38,221 for those who are able to stay at a hospital in-network with insurance. These figures were used in comparison with the per person costs gleaned from the overall program budget.
3. Was the program effective in providing for the immediate needs of patients who tested positive for COVID19, and reached out for wraparound support?

   The data shows that cases consistently had 100% of their needs met in the early stages of the program. Financial needs were not met as quickly, or at 100% of requested need as the program began to transition from the Equity Center (UVA) to the Blue Ridge Health District as they have a longer process for obtaining support.

   It is important to note that eventually all cases requesting financial assistance had this need met, but not at 100%. The funding sources in both Charlottesville City and Albemarle County have different limitations and guidelines for meeting financial need.

4. Did the rate of testing in target communities increase as a result of the program?

   In order to see if the rate of testing in focus communities increased above and beyond that of the rest of the state the number of testing events and persons tested were examined. In May there were two testing events in focus communities and in August this number increased exponentially to 15, this is above and beyond the 10 events that one would have looked to see if the events followed the same pattern as the rest of the state.

5. Has the rate of events where wraparound support is offered increased as a result of the program?

   In order to gather evidence for this question the number of testing dates where wraparound services were offered was examined. The data looked at the months of May, June, July, and August. Dates for September were not included as the total number of dates could not be determined in time for this report. While May and June had two testing dates, July increased significantly to six, and August saw an even greater increase with a total of 15 distinct testing dates.
Conclusions and Recommendations

1. Were the inputs for the COVID19 Wraparound Program sufficient and timely?

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2. Were the features of the COVID19 Wraparound Program worth the time and money spent to plan and implement the program?

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Recommendations

Recommendations for the program

1. Bridge Financial Assistance Gaps
   
   • In order to provide sufficient and timely resource dispatch to positive cases, addressing the financial gaps should be of interest to the program team. There were reports and findings from the evaluation that finances were a cause of inconsistency in the dispatch sufficiency and timeliness. Due to the limitation of funds and inefficiencies in the distribution of funds. One recommendation is to consider seeking phone support with the intake process to wrap around services and extended support for completing the financial assistance application. Further tracking of financial dispersion timelines is recommended to ensure that finances are acquired in a timely manner. This tracking should also be used to ensure that the financial assistance tasks do not exceed the capacity of assigned staff.

   • Additionally, stakeholders involved in refining the wrap around program are recommended to find a more consistent financial assistance approach that can deliver sufficient funds in a timely manner with transparency about limitations in the intake call to positive cases. If the patient is aware of the resources available, as well as the limitations, there will be a clearer understanding of what will be delivered upon.
Recommendations 2-3

2. Address Future Resource Partner Capacity
   • To provide for the immediate needs of patients who test positive for COVID-19 and reach out for support, stakeholders are recommended to understand the status of each Wrap Around partners’ ability to scale up and maximum number of cases’ worth of resources per week and/or in total. Each partner has reported their abilities to support wrap around services, but plans continue to be in flux.
   • The second recommendation is to support the onboarding of another restaurant to provide prepared meals for the wrap around program for stability and expansion purposes. Our goal is to onboard a Black or Brown owned restaurant in order to best serve COVID wrap around cases who are Black and Brown, such as by ensuring that the program provides culturally appropriate food options and that the program funding is spent equitably.

3. Establish and Secure Dedicated Program Staff Roles
   • The Wrap Around Services program is a demanding responsibility, with time sensitive tasks that impact the effectiveness of services provided to each case. At each stage, from case intake to resource dispatch, a prioritization of the program’s operational tasks is required by the program coordinators.
   • In order to operate the program at full capacity with a steady caseload, it would run most effectively with dedicated staff time for each of the two key processes - intake and resource activation. Considerations should be focused on geographical limits, compensation, language access.