

**RECOVERY HOUSING BEST PRACTICES** 

# HOW TO MANAGE FOOD COSTS

IN A RURAL RECOVERY HOME

Food costs can represent a significant portion of a Recovery House's (RH) operating budget. Managing these expenses has become especially challenging due to upward fluctuations in grocery prices and increases in vendor delivery fees. The inability to effectively respond to escalating food costs is even more pronounced in RHs with staffing patterns that don't allow for dedicated personnel who can cost compare, develop food vendor relationships, and adjust menus based on inventory and donations.

It is essential for RH residents to repair damage to their bodies and brains that has resulted from inadequate nutrition. Eating a balanced diet not only improves overall health but directly contributes to increased levels of neurotransmitters which can help stabilize moods, decrease depression and agitation, and even lessen the likelihood of relapse. Consequently, RHs may be placed in a position where they feel like while they cannot afford to provide quality foods for residents, they also can't ignore the importance of nutrition in recovery.

In response to Recovery Houses that are struggling to manage grocery costs, the Fletcher Group is pleased to provide information on meal planning and budget management, supplemental food resources, and innovative means of offsetting costs. By combining these resources RHs can become better positioned to costeffectively meet the nutritional needs of their residents. A large rural recovery home with over 100 residents recently reported that the cost of groceries is one of its highest monthly expenses, surpassed only by personnel costs and utilities.



# **MEAL PLANNING & BUDGETING**



Planning meals for a Recovery House requires that the nutritional needs of the residents are met and that food expenditures fit into the RH's budget limitations. General tips for planning nutritious meals are provided below but expanded information is available from sources including <u>USDA Dietary Patterns</u> | Food and Nutrition Service; <u>Extension | National Institute of Food and Agriculture (usda.gov)</u>, and <u>Food Service Guidelines | Nutrition | CDC</u>.

Other Recovery Houses and similar residential programs may be excellent sources with whom to collaborate on developing meal plans as they may have existing plans that they would be willing to share. This is even more desirable if the plans have been reviewed by a dietitian (which should be considered a best practice whether you are replicating existing menus or creating your own).

The Fletcher Group (FGI) has worked with many Recovery Houses since the organization's inception as a Rural Center of Excellence. Using its robust network of RHs, FGI can help connect established houses to serve as mentors to RHs that are either just getting started or that want to strengthen their operations (including managing food costs). The Fletcher Group's contact information is:

The Fletcher Group 601 Meyers Baker Road, Suite 238 London, Kentucky 40471 (606) 657-4662/www.fletchergroup.org

### MEAL PLANNING TIPS

**Understand dietary needs**: Residents may have dietary preferences or requirements associated with religion, culture, or medical conditions. Some may have allergies or be vegetarians or vegans.

**Collaborate with professionals:** Work with nutritionists, dietitians, and medical staff to develop menus that align with recovery plans.

**Provide balanced and nutrient-rich meals:** Lean proteins, whole grains, healthy fats, fruits, and vegetables help stabilize blood sugar levels, reduce cravings, and support overall health.

**Plan a regular meal schedule:** Consistent mealtimes support recovery by regulating energy levels and promoting routines and a sense of "gathering".

**Practice portion control:** Be aware of portion control to prevent overeating (or undereating).

**Limit sugar and processed foods:** Processed and sugary foods can negatively affect energy, mood, and general health. Read how to identify sugar in food in this article <u>Finding the Hidden Sugar in the Foods</u> <u>You Eat | Johns Hopkins Medicine</u>.

**Provide healthy snacks between meals:** Snacks can prevent hunger and stabilize blood sugar levels. Examples of healthy snacks are nuts, yogurt, fruit, vegetables, and hummus. Avoid chips and candy.

**Hydration:** Water is essential for physical and mental well-being. If there are concerns about a RH's water quality, a report can be requested from the water company, or a home test can be conducted to detect impurities.



### Involve Residents in Planning

Being involved with the RH's meal program will help residents learn about nutrition, prepare them for planning their own meals, and create a sense of ownership in the daily life of the RH. Residents should be provided with opportunities to offer feedback about meals along with suggestions for changes or improvements.

# SAMPLE MEAL PLANNING

To reduce the burden of meal planning, a long-term treatment center where a Fletcher Group staffer was previously employed developed a process in the 1990's where it utilized a month-long rotation of meals that was repeated throughout the year.

This process was achieved by using a three-ring binder with numbered tabs (1 - 31) corresponding to the days of the month. Each daily tab, which was encased in page protectors so that the notebook would stay clean when being used as a cookbook in the kitchen, contained the following information:

A menu for each meal to be served that day (breakfast was kept simple with multi-grain cereal and fruit rotated with eggs, toast, and fruit; lunch was usually a combination of soups, sandwiches, or salads). Dinner was considered the main meal of the day as it was when most of the residents were home and could benefit from interaction and "family-style" dining.

A recipe (sized to the number of people eating the meal) for each dish appearing on the menu. Sometimes extra food was prepared if it could be incorporated into future meals. For example, taco meat for taco salad or nachos; vegetables for soup; and fresh fruit for smoothies.

A list of ingredients for that day's meals (which was later transferred to a bi-weekly shopping list).

As the tabbed sections corresponded with the days of the month, there was consistency in planning and the expectations for meals were predictable.

The only variations to the menus were for occasional holidays (Thanksgiving, for example) and when perishable food donations were received that had to be worked into the menus before they spoiled.

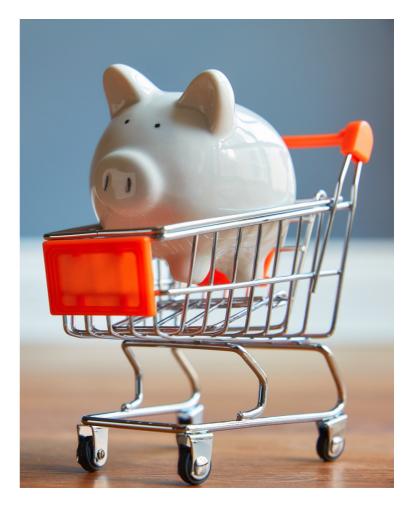


### Help from the Fletcher Group

The Fletcher Group can assist you in learning more about meal planning processes that best fit the needs of your organization and the people it serves. You can request our assistance by visiting <u>https://www.fletchergroup.org/contact/</u>.

# BUDGETING

- Consider using a grocery vendor that delivers food. This will save time on shopping and transporting groceries and provides opportunities for cost comparison, bulk purchases, and customer loyalty incentives.
- Look for other savings and deals. Review local grocery stores' weekly "loss leaders" (sales), visit bakery outlet and salvage food stores, and purchase from farmers' markets (many accept SNAP benefits).
- Frozen and canned fruits and vegetables are often more cost effective than fresh produce. And they are just as nutritious.
- Incorporating some meatless meals into RH menus will lower food costs. Pasta with marinara sauce, veggie pizza, and beans and rice are examples. Using less meat is another cost saver. Instead of meatloaf or burgers serve tacos, pasta with meat sauce, or other meals that use smaller amounts meat.
- Minimize waste by properly storing food, repurposing leftovers, and employing an inventory system to avoid expiration of foods and duplicated purchases.
- Keep records of your meal plans, expenses, and adjustments. Regularly review your budgeting process to identify areas where nutritionally equivalent, but less expensive, substitutions can be made.



Food Resources and Supplemental Strategies

Recovery Houses and/or their individual residents may be eligible for some of the nutrition programs and strategies presented on the following pages. All of these programs may not be available in every location and eligibility requirements can vary from state to state.

The programs and resources outlined include SNAP (Supplemental Nutrition Assistance Program), Feed America, Gleaning, and Community Gardens. Some of the programs are for special populations. Among these are Commodity Supplemental Food Program, The Senior Farmer's Market Nutrition Program, The Emergency Food Assistance Program, WIC (Women, Infants, and Children), Backpack Program, National School Lunch Program, and Summer Food Service Programs.

### Supplemental Nutrition Assistance Program (SNAP)

This USDA program was formerly referred to as "food stamps". SNAP is based on income eligibility and provides food benefits to low-income families.

RHs apply to their state SNAP administrative agency (find your agency here: <u>SNAP State Directory of</u> <u>Resources | Food and Nutrition Service (usda.gov)</u>, and then to the USDA, to be recognized as a Food Service Provider for the purpose of serving SNAP recipients in a residential SUD recovery program.

The process for a RH to be recognized as a Food Service Provider varies in each state. In some states, approved RHs are required to appoint a staff member to serve as their SNAP Benefits Coordinator and Authorized Representative (AR) for the residents. The Benefits Coordinator is responsible for applying for SNAP benefits on behalf of the RH residents.

The SNAP Benefits Coordinator reports changes, participates in redeterminations, and receives notices from the SNAP office. When the residents' SNAP Electronic Benefit Transfer (EBT) cards arrive, the Benefits Coordinator will transfer the funds into the RHs bank account. The funds are used to pay for groceries used for communal dining and sack meals for residents who will be away during mealtimes.

Smaller RHs may not have adequate staff resources to take on the responsibilities of the SNAP Benefits Coordinator. This will not preclude eligible residents for applying on their own for individual benefits (SNAP State Directory of Resources | Food and Nutrition Service (usda.gov). They may even be able to submit their applications online.



#### SNAP Work Requirements

SNAP General Work Requirements include registering for work, participating in <u>SNAP Employment and Training</u> or workfare if assigned by the state SNAP agency, taking a suitable job if offered, and not voluntarily quitting a job or reducing work hours below 30 a week without a good reason.

The USDA exempts individuals from SNAP work requirement if they are "participating regularly in an alcohol or drug treatment program". States have flexibility to define the types of programs that fit within this exemption, however, generally residents of RHs are exempt from SNAP work requirements.

Contact your state SNAP administrative agency for more information about eligibility and exemptions.

### Feeding America

Each year, Feeding America serves millions of people through a network of food banks, food pantries, and community-based organizations that are located in every county of the nation. Feeding America offers multiple programs – some of which may be available to your Recovery House (click here to access an online search <u>Our Programs | Feeding America</u>).

In addition to walk-in food pantries, Feeding America offers mobile, and drive through food pantries in some locations. RH residents may qualify for direct assistance from food pantries while the overall RH may also obtain bulk foods at deeply discounted rates from food banks that collect and distribute food to organizations (such as RHs) that feed needy people.

RHs can locate the food bank that serves their area by clicking here <u>https://www.feedingamerica.org/find-your-local-foodbank</u>. Many food banks serve large geographical areas. While some of them may provide delivery services, others will require that RHs come to the food bank to obtain products.

### Gleaning

Gleaning involves collecting excess fresh foods from farms, gardens, farmers markets, grocery stores and distributors, restaurants, or other sources that have surplus foods that can be used to feed those in need.

Potential food donors should be notified of the Bill Emerson Good Samaritan Act. This 1996 legislation removes all liability if donors take necessary precautions to ensure the food's safety. If a donation is given by someone who understood that it was safe, but the food later posed a health hazard, the donor will not be held responsible.

Donors should also be notified that their food donations may be tax exempt if given to charitable organizations. The recipient organization will weigh the donations and provide donors with a receipt for tax purposes.

To learn more about gleaning, review this USDA toolkit: <u>usda\_gleaning\_toolkit.pdf</u>

Here's a sample letter to recruit gleaning participation:

Dear (farmer, grocery/restaurant owner, etc.),

I am writing on behalf of XYZ Recovery House. We are respectfully seeking donations of excess food that can be used to lower our grocery bill. Can you please help us by donating food that you can't use but that we can? We only ask that the items be within use-by date and not be spoiled. We can arrange for our volunteers to pick up donations if that is more convenient for you.

All donations will be weighed, and a tax donation form will be provided to the donor. Donors who believe they are donating safe food are protected by a federal Good Samaritan law.

Thank you for considering our request. I will be in 7 touch soon to explore whether we can work together to support Recovery in our community.

#### Community Gardens

Sharing similarities with gleaning is the practice of partnering with an organization (such as a church or civic group) that will plant a community garden to benefit your RH. Residents of the RH may be interested in assisting with tending and harvesting tasks. The RH's nonprofit status will likely position it to secure donated plants and garden supplies that can offset the cost of the garden's sponsoring organization.

Alternatively, the RH may be able to plant its own garden either onsite if space allows or in a community garden plot. Not only can a garden benefit RH residents because of the fresh foods that will be grown, and which could reduce food budgets, working in a garden also contributes to improved health, reduced stress, and increased self-reliance.

Assistance in planning a garden can be secured from County Extension Offices, Garden Clubs, and knowledgeable volunteers. This HUD Publication provides detailed information on Creating a Successful Community Garden for Residents: <u>Community\_Garden-Free-Chapter-4.2.pdf (hubspot.net)</u>. Much of its content is adaptable to Recovery Houses.



#### Programs for Special Populations

**Commodity Supplemental Food Program (CSFP)** (also referred to as the Senior Food Box Program) is a Federally funded program with the goal of improving the health of low-income individuals aged 60 or older. This is accomplished by supplementing their diets with a monthly package of nutritious foods from the USDA's commodity food list including fruits, vegetables, grains, proteins, and dairy. This program doesn't provide enough food for a complete and well-rounded diet. However, it can serve as a helpful supplement to other food assistance programs. An individual Senior Food Box is estimated to contain about \$50 worth of food—largely staples such as pasta, canned fruits and vegetables, milk, and cereal. RH residents can find their state's CSFP contact information here: <u>ENS Contacts | Food and Nutrition Service (usda.gov)</u>.

**The Senior Farmers' Market Nutrition Program (SFMNP)** helps eligible older adults purchase fresh, locally grown produce and other foods from farmers markets, roadside stands, and community supported agriculture programs (CSAs). The SFMNP is intended to supplement SNAP or other food assistance programs, allowing seniors to stock up on a balanced selection of groceries. Currently all states except for Idaho, Wyoming, South Dakota, and Colorado participate at some level in the SFMNP. Contact information for the remaining states can be found here: <u>https://www.fns.usda.gov/sfmnp/program-contacts/</u>

**The Emergency Food Assistance Program (TEFAP)** is a Federally funded program that provides supplemental food to low-income households. The amount of TEFAP commodities received in a region is based on its percentage of low-income households and the area's unemployment rate. Households whose total monthly income are less than 130% of the poverty level, the same scale used to determine eligibility for SNAP, may receive a monthly package of commodity foods. Learn more about how to apply for TEFAP here: <u>The Emergency Food Assistance Program Contacts | Food and Nutrition Service (usda.gov)</u>.

Note: CSFP participants are automatically eligible for the TEFAP program and may receive both forms of assistance one (1) time per month. Likewise, participants can also benefit from the SFMNP while receiving assistance from CSFP and TEFAP.

**Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)** provides supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age 5 who are found to be at nutritional risk (anemia, underweight, maternal age, history of pregnancy complications, or poor pregnancy outcomes). To be eligible on the basis of income, applicants' gross income (i.e., before taxes are withheld) must fall at or below 185 percent of the U.S. Poverty Income Guidelines.

State contact information for the WIC program can be located here: <u>WIC Program Contacts | Food and</u> <u>Nutrition Service (usda.gov)</u>.

### Programs for Special Populations (continued)

**Backpack Programs** offer families free groceries for weekends and school breaks. Food backpacks include healthy, easy-to-prepare food for kid-friendly meals. Food banks partner with schools, Boys and Girls Clubs, and community centers to distribute backpacks to children.

The Feeding America network hosts over 10,000 Backpack Programs across the United States. Find a weekend backpack program by asking your school district or local food bank (<u>https://www.feedingamerica.org/find-your-local-foodbank</u>). Even if a food bank looks far away, they work with schools and youth programs closer to your RH.

**National School Lunch Program (NSLP)** is a federally assisted meal program operating in public and nonprofit private schools and residential childcare institutions. It provides nutritionally balanced, low-cost or no-cost lunches to children each school day.

Children may be determined "categorically eligible" for free meals through participation in certain Federal Assistance Programs, such as the Supplemental Nutrition Assistance Program, or based on their status as a homeless, migrant, runaway, or foster child. Children enrolled in a federally funded Head Start Program, or a comparable State-funded pre-kindergarten program, are also categorically eligible for free meals.

Children from families with incomes at or below 130 percent of the Federal poverty level are eligible for free meals. Those with incomes between 130 and 185 percent of the Federal poverty level are eligible for reduced price meals. The Community Eligibility Provision may allow the entire student body to receive free lunch.

**Summer Food Service Programs** are free meals for kids and teens up to 18. Meals are available to children and teens when school is out in June, July, and August. Children and teens can just show up during the scheduled meal hours and receive a free meal. No paperwork is required. Some summer programs also provide breakfast.

Here are ways to find free meal sites: (1) Text the word FOOD to 304-304 and you will get a message with nearby locations. (2) Call the USDA Hotline at 1-866-348-6479; and (3) Ask your local food bank.



### CASE EXAMPLE OF A SUCCESSFUL RECOVERY HOUSE MEAL PROGRAM

The Liberty Place Recovery Center for Women, a large recovery house in rural Madison County, Kentucky, has blended several of the supplemental programs and strategies described in this article to lower its grocery expenditures while providing healthy and desirable meals for its residents.

Liberty Place serves as the SNAP Authorized Representative for its residents. It is recognized by the Kentucky Department for Behavioral Health, Developmental, and Intellectual Disabilities as a community-based organization providing substance use recovery services. In FY22/23, Liberty Place received \$127,945 in SNAP benefits. This represented 93% of the RH's total food budget (\$138,131).

Liberty Place is a member agency of God's Pantry Food Bank (affiliated with Feeding America) where it accesses low/no cost food. This includes commodities (TEFAP) and other foods that are gleaned from various sources (such as local grocery stores and restaurants).

Many of Liberty Place's residents have dependent children with whom they will reunite upon completion of the recovery program. Because of this Liberty Place makes them aware of programs (such as WIC, Free School Lunches, and Backpack programs) that may assist them once family reunification takes place.

All residents are referred to programs for which they may qualify while residing in the house and upon exit. An example is referring residents who are older than 60 to various senior nutrition programs.



Liberty Place residents plant and tend a small garden each year. Although not significantly impacting the RH's grocery budget (due to the number of residents), the concept of home gardening may be beneficial to the women when they live on their own. Nurturing the garden also builds camaraderie and bolsters recovery by instilling a sense of hope and renewal.

This publication is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$17.1 million with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.