

# Town of Harwich COUNCIL ON AGING BOARD MEETING

WEDNESDAY June 2, 2021 10:00AM

Remote Participation Only

Council on Aging Board of Directors Wednesday, June 2, 2021 10:00 AM

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#### I. Call to Order

Pursuant to Governor Baker's March 12, 2020 Order Suspending Certain Provisions of the Open Meeting Law, G.L. c. 30A, §18, and the Governor's March 15, 2020 Order imposing strict limitations on the number of people that may gather in one place, this meeting of the Harwich Council on Aging Board of Directors is being conducted via remote participation. No in-person attendance of members of the public will be permitted, but every effort will be made to ensure that the public can adequately access the proceedings as provided for in the Order.

- II. Approval of Minutes
  - A. Approval of Minutes from the May 5, 2021 COA Board of Directors Meetings \*\* (VOTE REQUIRED)
- III. Public Comment
- IV. Chair's Comments (R. Waystack)
  - A. Check in with Members
  - B. Elder Services Program June 15, 2021
- V. Director's Report (E. Mitchell)\*\*
  - A. COVID-19 Vaccine Current Information
  - B. Overview of current operations
  - C. Scaling up of onsite operations
  - D. Staffing Updates
  - E. New CCRTA Leased Vehicle
  - F. COA Volunteer needs, recruitment, and training
- VI. Old Business
  - A. Discussion and possible vote to appoint new liaison to Elder Services of Cape Cod and the Islands Board of Directors
- VII. New Business
  - A. Update from Elder Services Board Liaison (*J. Lepore*)
- VIII. Member Comments

## IX. Adjournment

\*\*Supporting information available at the Harwich Council on Aging

REMINDER:	Next HCOA Board Meeting – July 7, 2021 at 10 AM	
Authorized Posting O	Posted by:  Town Clerk	
Emily Mitchell Signature	Date: May 26, 2021	

## Meeting Minutes – DRAFT Harwich Council on Aging Board of Directors Wednesday, May 5, 2021, 10 AM Remote Participation Only

## **Meeting Attendance:**

Board Members: Vice Chair Carol Thayer, Angelina Raneo Chilaka, Joanne Lepore, Ralph Smith, James Mangan, Justin White

COA Staff: Director Emily Mitchell

#### I. Call to Order

The meeting was called to order by Vice Chair Carol Thayer at 10:07 AM.

## II. Approval of Minutes

Angelina Chilaka made a motion to approve the minutes from the April 7, 2021 COA Board of Directors meeting. The motion was seconded Ralph Smith. Unanimous vote to approve by members present.

#### III. Public Comment: None

### IV. Chair's Comments (C. Thayer):

Vice Chair Carol Thayer checked in with all members. Carol also mentioned the quality of the most recent edition of the COA newsletter and praised the information contained within.

Emily mentioned that Chairman Richard Waystack is planning a program with a regional task force on June 15, 2021. He will be able to speak to the program details at the next meeting.

## V. Director's Report (E. Mitchell)\*\*

A. COVID-19 Vaccine – COA Role and Current Information.

Over 95% of Harwich residents age 75+ are fully vaccinated, between 80-90% of residents age 65+ are fully vaccinated. Emily reported that this has been a tremendous level of progress since the beginning of Phase 2 in the state's vaccine rollout plan which was announced January 27, 2021.

For people still looking for vaccines, a few updates: Barnstable County has joined the state's preregistration system; the County will no longer announce clinics in advance for clinic-specific registration. Emily reported that people have been contacted relatively quickly after completing the preregistration. Vaccine appointments have become markedly more available across the board, particularly at local retail pharmacies — often with same day appointments.

The COA helped coordinate a second round of homebound vaccinations for 8 residents. The process was impacted by the pause on the Johnson and Johnson vaccine – in place, residents in this round were given Moderna. Second doses are scheduled for May 20. The COA is still

taking names for people in need of homebound vaccination, but the COA is not receiving many calls at this time. This service was again provided in partnership with Outer Cape Health Services, Harwich EMS, and Harwich Health Department.

Cape Cod Healthcare/Cape Cod Community College site – the COA assisted approximately 300 residents to secure appointments through this priority list. Demand for this service has also dropped dramatically. CCH has transitioned to a standard registration model using a website or dedicated phone line, rather than the priority list model.

## B. COA Staffing Updates

The COA has been in the process of hiring a per diem Town Chef to provide back up to full time Town Chef Linda St. Pierre. One finalist will be meeting with the Town Administrator and then presented to the Board of Selectmen for notification next week (week of 5/10/21). The COA has had to cancel lunches a few times during Linda's absence; Emily reported that she is happy and thankful to onboard a per diem Chef to provide Linda with time off without impacting meal services.

Emily has been working on a staffing reorganization since September 2020 as a result of the vacancy in the Program Specialist 1 position. The Program Specialist 1 position was made vacant with Julie Witas was promoted to Social Services Coordinator following the resignation of the prior Coordinator in April 2020. Emily has proposed to reorganize departmental staffing to leave the Program Specialist 1 position vacant and instead fill a Program Specialist 2. She had been discussing this change with the Town Administrator since September 2020. Program Specialist 1 and Program Specialist 2 are job titles that already exist within the Town and both fall within the Harwich Employee Association (HEA). In conversations with the Town Administrator in the Fall, the concerns were related to budgeting and to the impact on active union negotiations.

When going through the budget process for FY 22, Emily did include funding for the higher level Program Specialist 2 position, with feedback from the Finance Director and in compliance with the directive from Administration to submit a level funded budget. In March 2021, HEA negotiations were finalized. With the town budget process approaching its final form in the lead up to town meeting and with finalized negotiations, Emily followed up with Administration to resume discussions about the proposed reorganization.

Emily met with the Assistant Town Administrator in April and was informed that the Town administrator would not be supporting the reorganization at this time. The Assistant Town Administrator had conveyed to Emily that the Town Administrator was prioritizing reorganizations in other departments and would not reconsider this for six to seven more months. The Assistant Town Administrator gave Emily the option to hire temporary administrative help or to hire the existing Program Specialist 1 position.

Emily reported that she is not sure which option she will pursue. Emily articulated that there is a very significant different between what a Program Specialist 1 and a Program Specialist 2 can offer to the department and to the community and that it is a significant loss not to be able to proceed with the reorganization. Importantly, a Program Specialist 2 allows for more intentional and responsive community engagement, solicitation of feedback, incorporation of

evidence based programming, volunteer recruitment and training, and quality publicity. Emily mentioned that these are areas where the Harwich COA is falling behind other area COAs.

Carol shared that she had read the supporting materials in the packet including the statement of departmental needs, memo from Emily to the Town Administrator requesting the reorganization, and the two job descriptions and felt they were a good idea and was sorry the Town Administrator put it on hold. She mentioned that filling the Program Specialist 1 position may hurt in the long run with the forward movement of the department and that hiring temporary administrative help may be better to bridge the gap. Joanne agreed with Carol's statements.

Emily responded that she was thinking along the same lines. Having professional help with staff members who have professional aging services backgrounds is what will best move the department forward. She raised the concern that there is no guarantee that the Town Administrator will reconsider or support the reorganization in six or seven months.

## C. Overview of current and anticipated COA operations

No major substantive changes to onsite operations – continuing 1:1 onsite services. Van capacity remains at 2 passengers/trip. Continuing community-based services in full swing. Lunch capacity remains at 70 people/week and there is space to add new participants every day of the week (currently serving 65-67 people/day).

The COA is considering scaling up onsite operations in light of state-level reopening guidance and public health trends. The COA does not have the staff or resources to scale up onsite services without scaling down community based services which many people are still relying on. The lunch program would be most impacted. The COA plans to put out a survey to lunch participants to assess need and the impact of scaling back. The resumption of onsite programs includes consideration of safety, liability, and capacity concerns. This also provides an opportunity to evaluate prior programs to see if they are still providing value and meeting community wants and needs, rather than just continuing them as status quo. Emily still anticipates the resumption of some expanded onsite programs in July.

Remote programming through COAST (Councils on Aging Serving Together) has remained successful – there are 25 programs planned for May and June, many have had great attendance. Emily mentioned she hopes this collaborative will continue even as onsite programming expands, as it has benefitted the Cape communities and removed many town specific barriers to program access.

For all onsite programs, the COA is still asking the full scope of COVID screening questions for all participants, regardless of the indivdiual's vaccine status. These questions are sometimes more restrictive than current CDC guidance for people who are fully vaccinated. The COA is doing so to ensure equitable access to services for people regardless of vaccination status and because there is no mechanism for staff to ask about or confirm vaccine status.

#### D. New CCRTA Leased Vehicle

The COA has received the new leased vehicle from CCRTA as of March 2021. It was presented to Town Administration and to Town Counsel for review. Counsel did propose some language changes so those will be sent back to CCRTA for their review. The vehicle cannot be operated until the agreement is signed.

#### E. COA Volunteer needs, recruitment, and training

Since the last COA Board meeting, the COA has onboarded two new reception volunteers – one new person and one person who volunteer pre-COVID and is coming back on board. The COA would like to onboard one more lunch driver, with a 60-90 minute commitment a couple days per week.

Carol asked if there have been any complaints about transportation. Emily responded that the reduced per-trip van capacity has allowed for more individualized transportation services. There have been no complaints. Emily is unsure how that may be impacted by a transition back to a more defined transportation schedule as capacity increases.

#### VI. Old Business

A. Discussion and possible vote to appoint new liaison to the Elder Services of Cape Cod and the Islands Board of Directors

Joanne reported that the Director of Elder Services asked Joanne to stay on through the annual board meeting in May, after initially planning to step down in April. Joanne consented to stay on for the additional month.

Carol asked if anyone was interested in stepping up to fill that position. No one volunteered at that time.

#### VII. New Business

A. Update from Elder Services Board Liaison (*J. Lepore*)

Joanne reported that Elder Services has been very happy with the new Meals on Wheels vendor.

For home services, Elder Services is planning to resume expanded in home/in person services, rather than remotely.

New grant opportunities have been announced with applications due in July.

Elder Services is continuing to assist with vaccine access for their members.

#### VIII. Member Comments

Joanne expressed that she is very upset by the decision of the Town Administrator relative to the staffing reorganization. She said she felt he has let the Council on Aging and staff down.

Carol agreed that she is disappointed in the decision and that Emily has made a strong, comprehensive, and well thought out argument for the reorganization, especially when the funding was available.

## IX. Adjournment

Joanne Lepore made the motion to adjourn at 10:38 AM. Motion was seconded by James Mangan. Unanimous roll call vote by members present to adjourn.

Next Meeting: Wednesday, June 2, 2021, 10 AM by remote participation only.

		Proportion	Individuals	Individuals	Proportion	Fully	Fully	Proportion Partially	Partially	Partially	Proportion
		of town	with at least	with at least of town	of town	vaccinated	vaccinated	of town fully vaccinated	vaccinated	vaccinated	of town
county town Age Group		Population population	one dose	one dose	individuals	individuals	individuals	vaccinated individuals	individuals	individuals	partially
5 Barnstabl Harwich 12-15 Years	ears 457	4%	34	7%	%0	*	#	*	34	7%	2%
7 Barnstabl Harwich 16-19 Years	ears 426	3%	254	%09	%E	145	34%	2%	109	79%	7%
3 Barnstabl Harwich 20-29 Years	ears 1,055	8%	109	21%	7%	404	38%	2%	197	19%	13%
3 Barnstabl Harwich 30-49 Years	ears 2,146	17%	1,597	74%	18%	1,215	21%	16%	382	18%	26%
3 Barnstabl Harwich 50-64 Years	ears 3,012	24%	2,429	81%	27%	2,020	%19	27%	409	14%	28%
i Barnstabli Harwich 65-74 Years	ears 2,551	20%	2,263	%68	%57	2,087	82%	28%	176	2%	12%
2 Barnstabl Harwich 75+ Years	ars 1,833	15%	1,837	%56<	%07	1,669	91%	22%	168	%6	11%
3 Barnstable Harwich Total	12,589	100%	9,015	72%	%001	*	*	*	1,475	12%	100%
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## Overview of COA COVID Operations and Programming - May 2021 Update

Since the onset of COVID-19, the COA has developed or modified the following programs to respond to the needs and interests of Harwich seniors, family, and caregivers. We have prioritized this set of core services which are designed to meet essential needs. These services have evolved and expanded since they were first implemented in March 2020. We will continue to expand upon these services - and continue to work towards introducing new services and programs - in the weeks and months to come.

## **Community Lunch Distribution**

- All meals are cold, nutritionally balanced, and safe to be packed and transported
- Implemented distribution of hot meals (served cold with reheating directions) once/week.
- Delivered by a combination of staff and volunteers
- Capacity: 70 meals/day. We currently have space in the program to onboard new participants.
- Currently serving 90 unique individuals (possible because many recipients do not receive meals all 5 days/week)
- Policy for recipients who repeatedly are not home during scheduled deliveries: after third time not home, with no call to cancel, will be temporarily suspended from service. Emergency situations exempted

## **Transportation**

- Strict safety, sanitation, and capacity protocols remain in place
- Current capacity: 2 riders/trip
- Locations: grocery stores, pharmacies, bank, Post Office, essential medical appointments Volunteer Medical Driver program remains suspended
- Strict screening for passengers pre-screening questions re recent travel, symptoms, participation in gatherings with people outside the household before booking ride.

## **Grocery/Pharmacy Support**

- Transportation to grocery stores/pharmacies
- Arranging for volunteers to pick up groceries and/or medications (under certain circumstances) and delivering them, contact free, to seniors
- Placing, picking up, and delivering orders from the Family Pantry
- Brown Bag program has continued unabated (with a transition to increased staff, rather than volunteer, support in packing and distributing groceries)

#### **Programming**

- At home programming still distributing Activity Kits and Home Exercise Kits
- Remote programming opportunities via Zoom
  - o Regional effort of Cape COAs through COAST (Councils on Aging Serving Together) began in January and has been enormously successful. Programs have

had upwards of 70 participants. Harwich residents have participated in every program that has been part of this collaborative thus far.

• Community Storytelling Project – Booklets will be ready for distribution by end of June. Planning event for July/August.

## **Mask Distribution**

• Free washable masks (1/person) available for Harwich seniors (60+), caregivers to seniors, or family members living with seniors

#### **Onsite Services**

- Continued 1:1 appointments with COA staff, for DME donation/distribution
- Continued 1:1 professional services: Elder Law Attorney appointments, podiatry care, Wellness/Blood Pressure Clinic with Town Nurse, Mobile Dental Hygiene Clinic
- Screening Questions we continue to ask a series of COVID screening questions for all participants using onsite services.

#### **Outreach Services**

- Expanded Caleb Chase Fund program
- Assistance with other benefits applications

## Scaling Up Onsite Operations – June 2021

The COA is working on plans to scale up onsite operations beyond 1:1 appointments in light of positive public health trends and expanded reopening at the state level. We are working through a variety of factors in planning and are prioritizing the health and safety of staff, volunteers, and patrons at every stage. Some factors under consideration:

- Health and safety
- Legal and liability issues e.g. asking program participants to disclose vaccination status, ensuring equal access to resources regardless of vaccination status, liability if someone were to contract COVID as a result of participating in COA programming.
- Scheduling coordinating use of shared Community Center space, particularly as we enter a busy season town-wide (Recreation summer camps, beach and transfer sticker sales, expanded use of space by community groups).
- Staff time/resources we do not have the ability to run full scale community-based and
  onsite services simultaneously. Current community-based services are designed to meet
  some of the highest needs. We want to cautiously scale those programs back in response
  to decreased needs or by providing assistance to help people secure other resources to
  meet those needs.
- Any resumption of onsite programming is, by necessity, much more labor intensive coordinating screening, distancing, compliance with safety protocols, ensuring appropriate sanitation, etc. Requires more effort in both planning and implementation.
- Program evaluation time to evaluate the benefits of prior programs and to consider whether they are still serving a need/demand.

#### **Tentative Plans**

- Community Center and other Town buildings plan to resume pre-COVID operations (late June/early July) e.g. return to prior hours of operation, resume full building/room capacity, eliminate activity-specific restrictions, masks not required.
- COA still planning to scale up programs slowly
  - o Begin with small groups where physical distancing can be maintained
  - o Begin with lower risk activities (e.g. longer delay for fitness programs that lead to increased respiration, groups with shared equipment, congregate meals, etc.)
  - o Allow time for sanitization between groups
  - o Recommend continued mask use
- Continue lunch program
  - o FEMA funding anticipated to remain in effect through the summer
  - o Many people still relying on this to meet essential nutrition needs
- Transportation masks will remain mandatory, consistent with CDC guidance for public transportation. Slowly scale up capacity over the summer, while making effort to maintain scheduling flexibility.