



To: Monica Caserta Hutt, Commissioner Department of Disabilities, Aging and Independent Living
From: Janet Hunt, Executive Director
Date: April 1, 2020
Re: A report of the status of the services of the Area Agencies on Aging Related to COVID-19

Brief Overview

All five Area Agencies on Aging have made the transition from office to working remotely. All Helplines are open in all geographical areas of the state. All services continue. Staff at AAAs have needed to be very innovative in a very short amount of time during this pandemic. Teamwork is clearly evident. All agencies meet regularly with their staff through online platforms such as Zoom.

Early morning calls, three mornings a week with DAIL, AAAs and V4A staff have been extremely helpful as a check-in to receive state guideline updates about programs and services and to provide updates regarding service delivery successes and challenges.

Highlights related to the individuals we serve, and overall agency concerns include:

- Access to residences for meal delivery where there may have individuals who have been diagnosed with Coronavirus
- Continued safe delivery of meals by volunteer drivers
- Safe and adequate storage of meals and inventory
- Drop in the numbers of volunteers for meal delivery
- Social isolation, concern of possible depression
- Health and well-being of staff during stressful times, including those staff who are working at home and home-schooling their children
- Funding, including Choices for Care and timeliness of when AAAs will see funds

Age Well

Since March 1st:

- Over 140 –New Meals on Wheels clients that have enrolled in the last two weeks with potential of 100 more from the Heineberg Senior Center. As older Vermonters need to self-quarantine at home, our daily meal delivery is a key lifeline.
- Total number of Meals on Wheels clients DAILY (in the 4 counties) as of today is 1,025- up from 900

- 90 volunteers have asked to discontinue delivering meals until this epidemic is over. The average age of our volunteer is 70 so we completely understand as they are the most vulnerable population during this crisis serving the most vulnerable community.
- The good news is that we have recruited 107 wonderful community members who have stepped up and to volunteer immediately.

Burlington Specific Numbers Meals on Wheels: As of March 30th

Number of clients served Meals on Wheels

March 2019: 170

March 2020: 202

16 % increase

Number of Meals on Wheels served in Burlington only

March 2019: 6163

March 2020: 6799

10 % increase

Burlington Specific Numbers for Care and Service Coordination:

• Last year Care and Service coordinators served 441 clients in Burlington (these are clients who met with an Options Counselor and/or a Care and Service Coordinator

- The helpline served 538 Burlington residents
- We have seen more than a 10% increase in calls through the Helpline.
- A week ago, there were 434 calls and this past week 497 calls. We expect this number to increase.
- We encourage people over 60 to call the helpline for over-the-phone assistance with applying for 3 squares, they also can enroll in a virtual Medicare class while they're social distancing, and our counselors are available to answer their insurance questions. They can also have an options counseling session over the phone.

Options counseling could be to talk about long term care needs and to talk about either their present care needs or future planning. it's important that people know that we're still able to help with Choices for Care applications over the phone, and that DAIL is working with us and is still accepting these applications.

Forecasting Projections:

We have estimated a 40% increase in services needed over the next 6 months, which would result in an additional meal production, delivery and storage cost of \$638,554 during this time period.

Here is how we are adapting to continue to meet the needs of the 10,000+ seniors that we serve.

- Meals on Wheels volunteers are delivering extra meals to clients. To allow for social-distancing, volunteers call clients to let them know they are delivering their meal, then leave it outside their door and then walk a safe distance to make sure

that the client has received their meal. This is very important to ensure our clients are safe.

- Care & Service Teams are working with clients remotely with home visits when essential.
- Helpline and Health Insurance Counselors are working remotely, answering hundreds of questions each day and connecting people to resources.
- State Health Insurance Counselors are offering on-line classes at no cost to the community
- We have also offered on-line Insurance classes to Legislators who have expressed interest in learning more about Medicare.
- Age Well placed an order for 20k additional frozen meals which were delivered to a rented storage facility.
- We finalized an agreement that will allow the State, and the AAA's to link to Age Well's contract with Lindley/TRIO. As of Friday, the State placed a frozen food order for 40k frozen meals. The other two AAA's (NEKCOA and CVCOA) will also place orders, likely for 10-20k frozen meals respectively.

Supporting our efforts:

- Businesses have stepped up to support our efforts by sending teams
- Community Partners, Legislators, The United Way, Associations and Grassroots groups have all been sharing our information on services and our need for more volunteers.
- Local Police and Rescue Departments (including Burlington) have been sending teams of volunteers to deliver MOW
- We have quickly transformed our 'onboarding' process for our new Volunteers- using video training and additional volunteer support to process background checks.

Central Vermont Council on Aging

Changes to process and practice: CVCOA staff are all working remotely. Case Managers are contacting all clients via phone or email and are connecting to CFC and Moderate Needs clients at a minimum weekly. We are taking referrals for new clients, but contacts are made via phone. The Helpline is being answered remotely by 2 staff members with additional work being referred or handled over the phone. Our SHIP coordinator takes calls remotely and is working on putting out Medicare information on our website and setting up webinars for future Medicare classes. Our Caregiver coordinator does support over the phone and is planning a "virtual" caregiver tea this Friday, plus exploring setting up Powerful Tools for Caregivers via webinar. She is also exploring a "buddy system" so that caregivers could call each other for support. All nutrition programs are doing only take out and MOWs. We are working on getting extra frozen meals. Volunteers are focused on grocery and food delivery. RSVP emphasis is recruiting MOWs drivers. So far, they've brought in 24 new volunteers across our service area. We are connected/participating with four mutual aid/command response and community groups in our service area in order to coordinate services. Wellness volunteers are all checking in with participants at home and sharing resources so that they can do exercises at home. We are in close contact with transportation providers, who are providing rides to critical care and when possible, grocery stores. CVCOA has

purchased 40 grocery store gift cards through our CART funds and are getting them out to clients in need. We are looking at additional grants to be able to do more of that.

Areas of concern: Storage space for frozen meals. PCA health and future services. Staff mental and physical health. Burnout at meal sites/health issues of meal provider staff and volunteers. Caregiver stress/burn out. Capacity of health care including mental health.

Areas of need: Access to food and groceries is paramount and increasing as this goes on longer. Figuring out ways to prevent social isolation, giving people structure and “reason to get up in the morning.” Financial security for those “on the edge.”

How is CVCOA addressing the changes: CVCOA is exploring storage space for frozen meals but hasn’t yet been successful in finding a space. We are checking in with staff regularly via Team, Zoom, emails. We remain closely connected to meal providers with daily contact. Staff are learning new technologies with both success and frustration.

Challenges: see above.

Other things to consider: Extra funding from the federal government is helpful but takes time to figure out how to access it. Choices for Care billing will likely decrease, stressing out our budget. It is likely that even when the crisis abates, cleaning up the aftermath will take a lot of time and extra funding.

Northeast Kingdom Council on Aging

NEKCOA has transitioned staff to remote work as of March 20th.

We put considerable effort to staff phones so that those calling will have a live person to talk to or a very quick return phone call within hours. We have seen a surge in calls to the helpline for home delivered meals, grocery assistance, and medication pick-ups. There is also an uptick of calls from family members concerned about their loved ones. We have reassigned staff to work coordinating both the surge of those offering to volunteer to assist as well as matching them with volunteers once the screening process is completed. Forty people have volunteered thus far. We are also seeing an increase of those seeking assistance that we are able to match with volunteers and 18 people have received support thru this effort. We have tightened up the process and are now more widely working with communicating to the public the ability to respond to needs.

We are active on two emergency response networks in the NEK coordinating efforts between community partners, towns, and the public to meet needs and respond to changes as they occur daily. Reaching the most vulnerable we have all staff doing weekly (and many times more often) reassurance and wellness check calls to clients who under programs for nursing home level clients (choices for care) being cared for in the community as well as others who are in need of support.

The anxiety and loneliness of isolation are even more prevalent, and we are keeping in touch to support clients by staff and volunteer efforts. The mental health impact is being felt by elders in our community and we're reaching out to support as best we can.

The meals program has seen a significant increase in those seeking home delivered meals. Seventy people have already been enrolled thru this effort. Meal sites are working to keep up with demand and we are working with local sources to increase meal production. The volunteer driver network is comprised of primarily older Vermonters who are at risk and as a result we have put out the call for additional drivers to meet the demands and respond to drivers choosing to self-quarantine for their own personal safety.

We delivered to each driver a safety bag with necessary supplies to ensure their ability to be safe including hand sanitizer, masks, gloves, paper towels.

We received a donation from Passumpsic Bank and NVRH to set up 100 emergency food bags that will go out to meal sites this week for additional support to those sheltering in place.

Senior Solutions

Changes to process and practice:

1. Meals being left outside for recipients, delivery person knocks on door, returns to car and watches for client to get meal.
2. Congregate sites are closed, some sites are still doing "drive through", some have transitioned people to MOW. Appropriate intakes are being done.
3. Delivery routes have gotten longer, adjustments have been made adding volunteers to keep routes at a length that allow meals to stay up to temp.
4. One of our sites that usually does their own intakes has asked the Helpline to help, due to volume.
5. Weekly support phone calls for sites

Areas of concern:

1. No PPE's, sanitizer, available for sites, volunteers & staff
2. One site concerned about keeping their towels/rags and aprons clean because the linen service they use is closed. For now, volunteers are washing items, but there was concern about them being sanitary enough.
3. Are sites doing everything they can to keep kitchens and prep areas clean?
4. EBT cards – need a protocol that allows for them to be used over the phone, as many stores are requiring ordering and payment over the phone. Can they be used over the phone? Can they be used by volunteers going to a store to pick up food for a person that can't go out?

Areas of need: PPE's Sanitizer

How you are addressing the changes: Sites seem to be dealing with most challenges locally (except PPE's) additional volunteers have been helpful

Challenges: Understanding funding and sharing that with sites.

Southwestern VT Council on Aging

SVCOA transitioned to working remotely on March 24th. The helpline phones are being monitored and we are trying our best to have calls answered in person. All staff have direct lines and those numbers have been made available. Our staff have shown remarkable diligence in connecting with our clients and community members.

Changes to Practices:

Home delivered meals, community meals and case management services have shown to have the most changes. Case managers are now making more frequent check in's with clients. Trying to assess the health, wellbeing and overall needs of clients over the phone can be challenging. Home delivered meal intakes have seen a measurable increase over the last week or two and we have worked with our meal providers to be sure that the demand can be met. Most of the new intakes wanted meals out of fear of leaving their home, not that they were unable to make-prepare meals. Obviously with the flexibility in eligibility we could sign those individuals up. SVCOA is very appreciative of this flexibility. We are looking at ways to meet the need, and an example is the new volunteer grocery program that we have instituted.

Challenges:

Many case management staff are reporting challenges in services for clients around homemaking tasks for MNG clients. The VNA and Bayada are not staffing any assistance for these folks except essential shopping for those with no other ability, we are in deep conversations with them over staffing essential meal prep and laundry for clients that absolutely need this support. We have also had clients who are not responding to our outreach due to the blocked numbers and it is taking longer to connect with them about potentially needed services.

Technology challenges have also been on the forefront. We have added expenses in providing needed technology to staff so that they can work remotely. Although technology can be useful in supporting clients, either through Skype or other facetime programs, this can be a challenge for older individuals to use, as well as the ruralness of state. Not all clients have access to internet.

Areas of Concern:

Our CFC revenue will impact our bottom line and understand that not all agencies may feel this impact. SVCOA suspects that we will see decreases in funding for the following reasons:

1. The check-ins are more frequent but shorter in length, we are not including travel time.

2. Service plans have been extended 3 months (maybe longer) so CM are not doing lengthy ILA's for recertifications for clients whose SP would have expired with-in the 3 months.
3. Home visits allow an opportunity to assess the situation and note additional items or needs for a client which then is followed up on. The assessment process over the phone is very different and many clients are struggling to hear clearly what is being asked of them and are not noting other concerns as they are focused on the task at hand.
4. All new CFC clients will still need to apply for LTCM and there is a high likelihood based on previous cases that without us being able to do home visits to assist with finding some of the documentation these cases may be denied and thus we won't be able to bill for the time.
5. We have staffing issues related directly to COVID-19, specifically the childcare issue. This is decreasing the amount of time that staff have available to work with clients.
6. All in all, we are continuing to service our clients to the best of our ability but are already seeing situations where other providers are not able to provide a needed service that is impacting the core list of items CM's have been asked to monitor.

Another area of concern is the ability to safely deliver meals to housing sites and/or hotels. We hope that a volunteer protocol can be in place soon that will protect everyone

How we are addressing changes:

SVCOA has been in contact with multiple emergency management commissions. We continue to have conversations with regional agencies, including the Rutland COVID-19 Community Response Forum, which is made up of several community service agencies and RRMC, as well as participating in emergency planning meetings every 2 weeks with the Bennington Community Collaborative and SVMC. We continue to update staff daily, trying to keep them "in the loop" of the everchanging landscape. We continue to monitor and assess the situation at hand and have come to an understanding that things can change very rapidly.

Another great example around changes to programs and process is around our Volunteer grocery program that was recently added in response to COVID -19. SVCOA was trying to be creative around this demand for meals, and hence created the volunteer grocery service. The protocol has been shared with DAIL staff member, Mary Woodruff.