BARNSTABLE COUNTY DEPARTMENT OF HUMAN SERVICES

COVID-19 Pandemic Response to Older Adults on Cape Cod: An After-Action Report and Recommendations

September 21, 2022

Prepared for:

The Cape Cod Foundation (fiscal sponsor of Healthy Aging Cape Cod) funded by Point32Health Foundation (formerly Tufts Health Plan Foundation)

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"Emergency preparedness planning for and readiness of the County's older adult population to withstand an emergency of prolonged duration is critical to the health and well-being of this cohort and to the providers and support systems that serve their needs."

EXECUTIVE SUMMARY

This report describes efforts undertaken by the Barnstable County Department of Human Services (BCDHS) to gather information specific to our region's response to older adults (age 60+) and disabled persons during the first 24 months of the COVID-19 pandemic (March 2020 to March 2022). Utilizing the National Incident Management System (NIMS) event evaluation framework established by the Federal Emergency Management Agency (FEMA), this report captures and evaluates lessons learned and puts forward recommendations for consolidation and improvement our region's response to these two vulnerable populations.

The National Incident Management System (NIMS) is used as the standard for emergency management by all public agencies in the United States for both planned exercises and emergency events (https://www.ready.gov/incident-management). Thus, use here of the NIMS event evaluation framework (via FEMA-HSEEP) allows for future integration of this work into other post-event evaluation efforts that may be undertaken by other sectors of Cape Cod's pandemic response.

In 2017 the Barnstable County Department of Human Services (BCDHS), with its fiscal agent the Cape Cod Foundation and as part of the Healthy Aging Cape Cod initiative, received a grant from Point32Health Foundation (formerly the Tufts Health Plan Foundation) to complete comprehensive age- and dementia-friendly assessments for each of the 15 towns in Barnstable County and for the region. The grant period was 7/1/2018 to 6/30/2020. The COVID pandemic arrived in mid-March of 2020 just as the last town healthy aging assessment was completed and work was beginning on a regional age- and dementia-friendly assessment report.

Point32Health Foundation approved two no-cost extensions and allowed the final deliverable to be revised considering the significant disruption caused by the worldwide COVID-19 pandemic. The new deliverable is this pandemic response After-Action Report and Improvement Plan.

Beginning in March 2020 our region and its service organizations rose to the challenge of responding to the needs of our communities. There is much to be learned from this pandemic response experience that will inform our responses to similar community-wide emergent events in the future. Within the National Incident Management System there are established processes to review responses to emergency events; among practitioners these processes are called "hot washing". In June and July 2022, the Barnstable County Department of Human

Services led a series of hot wash forums and key stakeholder interviews to chronicle the region's pandemic response to older adults (60+) and persons with disabilities.

According to the UMASS Gerontology Institute[1], in 2020 there were approximately 215,500 total residents in Barnstable County, 91,800 of whom were over the age of 60 (42.6%). That number is projected to rise to nearly 103,900 by 2030, meaning that residents aged 60+ in Barnstable County will comprise 47.9% of the population within the next 8 years. As such, emergency preparedness planning for and readiness of the County's older adult population to withstand an emergency of prolonged duration is critical to the health and well-being of this cohort and to the providers and support systems that serve their needs.

Cape Cod experienced unique pandemic challenges due to the geography and spread of the region, the fluctuation of the population due to second homeowners and vacationers, and the evolution of the culture as immigrants bring greater diversity than ever before. This report captures the experiences, observations and information shared by those directly involved in serving the focus population of older adults during this time. In analyzing lessons learned, we hope to collectively improve future performance.

The primary needs of transportation, food access, access to medical care and prescriptions, the technology divide, and the cascading effects of social isolation were impacts felt regardless of financial status. Unmet needs were consistent across the socio-economic continuum of the older adult and disabled demographics.

Key issues presented themselves consistently throughout the process, both as successes to build on and challenges to improve upon. These focus areas are discussed as recommendations in Attachment A of this report (p. 21) and include:

- Transportation
- Technology
- Access to Healthcare and Homecare
- Isolation Reduction
- Emergency Planning
    - Education and Training
    - Municipal Planning
    - Unity of Effort/Regional Planning
    - Diversity Integration
- Communication, Management and Leadership
- Staffing/Budget
    - Recruitment/Retention
    - Housing

[1] Center for Social & Demographic Research, Gerontology Institute, John W. McCormack Graduate School of Policy & Global Studies, UMass Boston (https://www.umb.edu/demographyofaging)

- Wages

The Recommendations document the need to both work within existing systems and to implement new approaches that may strengthen future responses to emergent events.

ACKNOWLEDGEMENTS

We are grateful to the Cape Cod Foundation, fiscal sponsor of the Barnstable County Department of Human Services' (BCDHS) Healthy Aging Cape Cod (HACC) program and recipient of grant funding to continue regional age-friendly planning work begun in 2017 by BCDHS staff.

We acknowledge and thank Point32Health Foundation (formerly the Tufts Health Plan Foundation) for granting this funding in 2018 for a project meant to be completed in 2020. We are grateful for the no-cost extensions that allowed us to continue and complete this work after the significant disruptions to our grant timeline caused by the COVID-19 pandemic.

The BCDHS would like to thank John "KZ" Kondratowicz, Crisis Leadership Consultant, for his enthusiastic and thoughtful work on this project.

Data collection relied heavily upon the process of consulting with stakeholders across the region. We thank our highly collaborative community service partners (see Attachment B) not only for their participation and support throughout this process, but for exemplary service provision to the region during the worst of the COVID-19 pandemic, a commitment which continues to this day.

And finally, we acknowledge and thank the original collaboration of organizations and stakeholders who came together to create Healthy Aging Cape Cod in the effort to align existing services to better enable residents to age in place successfully. Their commitment and collaborative efforts laid the foundation for this project.

Within the National Incident Management System there are established processes to review responses to emergency events; among practitioners these processes are called "Hot Washing."

INTRODUCTION: An After-Action Report/Improvement Plan (AAR/IP)

The analytic portion of this report uses a template from the Federal Emergency Management Agency's (FEMA) Homeland Security Exercise and Evaluation Program (HSEEP) (https://preptoolkit.fema.gov/web/hseep-resources) to create an After-Action Report/Improvement Plan (AAR/IP).

An emergency-related AAR/IP is used to provide feedback to participating entities on their performance during an exercise and evaluation process. The AAR/IP summarizes events and analyzes performance of the tasks identified as important during the planning process. It also evaluates achievement of objectives and demonstration of the overall capabilities being validated. Attachment A, the Recommendations portion of this AAR/IP, includes suggestions for improvement.

To prepare the AAR/IP, the authors analyzed data collected from four "hot wash sessions" with the participants, follow-up debriefing meetings, key informant interviews, focus groups, and other sources (publicly available plans, policies, and procedures).

The following diagram illustrates the cyclical evaluation and improvement process for emergency events (both real events and exercises) into which this report fits.

Figure 1. Exercise and Evaluation Cycle for Planned and Emergency Events

Exercise Overview

Area of Focus	**Regional Response Specific to the Older Adult & Disabled Populations During The COVID-19 Pandemic In Barnstable County**
Dates	March 2020 – March 2022
Scope/Mission	This After-Action Report focuses on interviews and documentation provided by diverse public service partners and non-governmental organizations (NGOs) that supported older adults and persons with functional and access challenges, herein after referred to as 'vulnerable populations', during the pandemic. Four facilitator-led group hot wash sessions asked stakeholders to respond to a series of prepared questions. Additional key stakeholder meetings and discussions were held to follow-up on and to validate assumptions to provide final recommendations in this report. The sessions identified the issues faced by vulnerable populations during the pandemic within Barnstable County. Scheduled ninety-minute forums often exceeded the time due to robust conversation and participants' desire to provide valuable feedback. This report addresses lessons learned and provides recommendations to build on existing programs and take advantage of growth opportunities while acknowledging constrained resources (funding, staffing, housing, experience base, volunteer base, etc.).
Mission Area(s)	Mitigation, Preparedness, Response and Recovery (Phases of Emergency Management)
Objectives	Objectives of concentration: 1. Identify the shortfalls throughout the County (15 towns) that may have hindered or adversely affected program and service provision. 2. Capture feedback from subject matter experts to share with other government entities and non-governmental organizations (NGOs) to be best prepared if or when a pandemic or another emergent health event re-occurs/evolves that may pose similar challenges.

3. Identify existing capabilities for acceptable service provision during public health emergencies to the focus population and explore opportunities to enhance them.
4. Strengthen partnerships, synergy and team dynamics to share practices and build a stronger and more standardized stakeholder response. Refrain from "re-inventing the wheel" and enhance collaboration among existing programs/initiatives to support necessary services. Maximize the likelihood of provision of effective programs and services to vulnerable populations.

Threats Vulnerabilities & Hazards

Report addresses all threats, vulnerabilities and hazards associated with the COVID-19 pandemic and other public health challenges posed within Barnstable County, with a specific focus on older adults, caregivers, people who are disabled experiencing: isolation, socio-economic burdens, housing instability and inadequate/lack of health care.

History & Scenario

The **COVID-19 pandemic**, also known as the **coronavirus pandemic**, is a global pandemic of corona virus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The novel virus was first identified from an outbreak in Wuhan, China in December 2019. Attempts to contain it there failed, allowing the virus to spread worldwide.

The World Health Organization (WHO) declared a Public Health Emergency of International Concern on 30 January 2020 and a pandemic on 11 March 2020. By 30 June 2022, the pandemic had caused more than 546 million cases and 6.33 million confirmed deaths, making it one of the deadliest in history.

On July 15, 2022 the U.S. Health and Human Services Secretary Xavier Becerra renewed the national COVID-19 public health emergency declaration. According to the U.S. Centers for Disease Control and Prevention (CDC), the BA5 COVID variant, a highly transmissible strain, was causing a wave of new infections at that time.

Covid-19 vaccines have been approved and widely distributed in various countries since December 2020. The pandemic triggered severe social and economic disruption around the world, including the largest global recession since the Great Depression of the 1930s. Widespread supply shortages, including food shortages, were caused by supply chain disruption. The resultant near-global lockdowns saw an unprecedented pollution decrease. Education institutions and public

	areas were partially or fully closed in many jurisdictions, and many events were cancelled or postponed. Misinformation circulated through social media and mass media, and political tensions intensified. The pandemic raised issues of racial and geographic discrimination, health equity, and the balance between public health imperatives and individual rights. During the history reviewed above, stakeholders on Cape Cod attempted to meet the needs of those individuals and demographics within the County that required additional assistance and services to maintain minimal health and well-being. The challenges associated with the pandemic led the Barnstable County Department of Human Services to discuss the known aspects of the county's vulnerabilities with this study's stakeholders.
Sponsor	Barnstable County Department of Human Services
Participating Organizations	See Attachment B
Points of Contact	1. Mandi Speakman, Barnstable County Department of Human Services, Deputy Director/Senior Project Manager (mandi.speakman@barnstablecounty.org) 2. Vaira Harik, Barnstable County, Assistant County Administrator (vharik@barnstablecounty.org) 3. John Kondratowicz, Crisis Leadership Consultant, Independent Contractor (jkbskz@comcast.net)

HOT WASH SESSIONS 1 to 4 (held June 9, 2022 - June 17, 2022)

Participants in the four sessions were provided a series of questions (see questions that follow) prior to the virtual Microsoft Teams meetings to enable stakeholders to review and capture additional information from their staffs and colleagues. All stakeholders were provided the same questions, except for Session 1 which focused on Police/Fire/Public Works/Emergency Managers/other responders. Questions 13 and 14 were formally discussed in Session 1, however through natural discussions with the three other groups, we were able to address similar issues with all stakeholders. These questions fostered further discussion that led to detail that would not otherwise have been captured during sessions 2-4.

Throughout the assessment, practices utilized by the participants (see Attachment B) were discussed as they navigated the pandemic's challenges. Many of these practices have now been adopted for daily use and others had already been recognized as promising practices. Their willingness to participate is further testament to the dedication of the outstanding public servants and volunteers who serve our communities.

Throughout the report the term "Mission Creep" is used and is defined as "the gradual broadening of activities from the original objectives of a mission or organization."

Hot Wash Sessions Questions

1. Among the older adults (age 60+) you/your organization served during the pandemic what were the greatest needs you observed?
2. Did you notice differences in needs based upon the socio-economic status of older adults? Did you notice common needs regardless of socio-economic status?
3. Did the pandemic cause the number of long term clients using your services to decline? Have they stayed away?
4. Have you seen an increase in new clients since March 2020? If yes, how "sticky" are the new people? Are they still with you?
5. Did pandemic need(s) overburden your resources? In what way? Do you find those needs to be ongoing? If yes, are your resources still overburdened?
6. Throughout the pandemic what groups of people consumed most of your workday/workforce resources? Do you think this/these group/groups is/are the most vulnerable demographic within your town/service area?
7. What other populations do you think need additional emergency planning?
8. What was the biggest help to your town/organization in responding to the pandemic?

9. Who outside of your town/department/organization were your best Points of Contact through the pandemic (e.g., Food Bank, MEMA, MACC, Barnstable County staff)?
10. Are there any new or pre-existing regional or multi-town (multi-agency) efforts that we should know about?
11. What lessons have you learned that will help you during the next large and long-term emergency event?
12. Playing Monday morning quarterback, what will you do differently during the next large and long-term emergency event?
13. *What was the greatest barrier your faced in conducting your work?
14. *During the pandemic what were your top three to five concerns associated with your work and service provision? Rank order with “1” being the most important (what kept you up at night?) and “5” being the lesser of importance.

*Utilized only during Session 1

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OBJECTIVES: OBSERVATION, ANALYSIS & RECOMMENDATIONS

The following sections provide an assessment of the performance related to each objective and associated core capabilities, highlighting strengths and areas for improvement.

1. OBJECTIVE 1

Identify the shortfalls throughout the county (15 towns) that may have hindered or adversely affected program support during the pandemic and concentrate efforts to enhance capabilities.

1.1 Observation

Many of the towns and organizations learned on-the-fly and adapted to support those in need. The pandemic created new challenges, burdens and responsibilities for service providers and municipalities, exacerbated by lack or loss of staff and by complicated demographics. New partnerships formed with the state and within the county provided some relief as the challenges of mission creep and strained resources were shared.

Common challenges were identified throughout the sessions and interviews, as follows:

1. **Technology**: Updated pandemic information was largely online. Similarly, the prerequisites for testing, vaccination and medical appointments and other support were internet access and knowhow. Many in the focus population, older adults, were challenged by the following:

    - Lack of experience operating computers
    - Lack of access to computers
    - Lack of support to assist with access
    - Lack of staff to provide education and support for the growing need for access

2. **Primary Healthcare:** The lack of availability of, access to and fear of Covid-19 exposure in visiting primary care physicians was an issue. Preventive medicine for non-pandemic related issues, the ability to obtain needed medications and the ability to attain referrals for specialized medical care suffered. The technology issue noted above proved to be an obstacle to telehealth options. Transportation was a related complication for in-person appointments and medication pick up.

3. **Homecare Support**: Homecare support services were sparse through most of the pandemic for varied reasons. Formal (paid) providers were balancing the needs of their

patients while protecting their staffs. In a time of limited information about Covid-19, providers sought to ensure the safety of patients and to limit exposure of staff to the virus. Many support services re-evaluated their commitments and had to re-prioritize work plans. Regionally, homecare providers were inadequately staffed prior to the pandemic and had to contend with further pandemic-induced staffing reductions as workers became sick, withdrew from the workplace to become caregivers and/or homeschoolers, feared for their own health due to high-risk status, or a combination of the above.

Informal (unpaid) homecare support historically provided by family, friends and neighbors was observed to sharply decrease as well, for many of the same reasons cited by paid providers. Lockdown requirements further limited long-distance caregivers from travelling to provide care.

4. **Transportation/access to vehicles:** Access to free/low-cost public transportation traditionally provided by Councils on Aging disappeared as most municipalities suspended those services and transitioned to programs/services which could be provided only by virtual or remote means.

   Further, it was reported that fear over virus exposure inhibited use of public transportation, even though its provision continued without interruption by the Cape Cod Regional Transit Authority. This perceived loss of access was compounded by a lack of access or ability to drive private vehicles.

   Lack of access to transportation created other challenges for sustainability and healthy living such as access to food, medications, healthcare and socialization.

1.2 Analysis

Lack of staffing (both paid and volunteer) and staff not trained for emergent needs were issues consistently heard during the sessions and key informant interviews. Commonly identified obstacles included:

a. Lack of funding that impacted hiring or programmatic support.
b. Hiring and spending freezes due to the pandemic.
c. Funding that had to be shifted to meet other needs.
d. Loss of staffing due to pandemic illness or fear of exposure.
e. Loss of staffing due to personnel's need to provide caregiving for ill family and/or to homeschool children.
f. Limited staffing due to shift to remote work.

Towns and service agencies faced staffing challenges due to complex, interdependent human resource, and funding issues. Established partnerships with other organizations helped to bridge some gaps. The Cape Cod Medical Reserve Corps (MRC); the Brewster, Orleans, Chatham, Harwich Community Emergency Response Team (BOCH CERT); the funneling of volunteers to support the Elder Services of Cape Cod & Islands home-delivered meal program are examples of entities successfully collaborating with Towns and other service providers to meet needs.

Unmet needs were consistent across the socio-economic continuum of the older adult and disabled demographics. The primary needs of transportation, food access, medical care and medicine access, the technology divide and the cascading effects of social isolation were impacts felt regardless of financial status.

1. *Technology:* Prior to the pandemic assistance with access to or utilization of technology was already a known issue, typically handled by family, friends, services from the Councils on Aging (COAs) and other adult education programs. The Covid-19 pandemic revealed the great extent to which technology assistance or analog alternatives are required for the older demographic. This need required additional layers of support and squeezed the resources of COAs and other support agencies.

2. *Primary Healthcare:* The pandemic created a surge in demand for healthcare professionals at all levels. The demographic reality of a large percentage of the population over age 65 coupled with a large influx of second homeowners becoming full time residents resulted in a large numbers of older adults needing healthcare and supportive services in a time of constrained staffing and access.

   As focus shifted to the emergent Covid-19 pandemic response, healthcare professionals quickly pivoted to tele-medicine and virtual appointments to reduce exposure to Covid-19 for staff and non-emergency patients, to ease staff workload, and to provide safe access for patients. While successful for many patients, the knowledge and equipment required to successfully utilize these virtual services was a barrier for many older adults, regardless of socio-economic status. The supports historically in place to support technology needs (adult education classes, family caregivers, social support agencies) were unavailable. Demand levels remained high as frenzied pleas for testing, and eventually vaccination came up against the obstacle of limited availability.

3. *Homecare Support:* Participants and interviewees were clear that “homecare” encompasses both formal (paid) and informal (unpaid) support and services. Demand for homecare services in the Barnstable County region already exceeded availability prior to the onset of the pandemic. Covid-19 exacerbated this dynamic as formal homecare

workers left the field for reasons that included safety of self and loved ones, and/or the need to homeschool children. Consumers themselves put homecare services on hiatus out of fear of exposure in their own homes. Informal caregivers made up of friends, families and neighbors became unavailable for the same reasons.

Once testing and vaccination became available and clinics were established, the need for homecare support reached a new level of importance. Community Health Centers' partnerships with local Councils on Aging, Fire Departments, Health Departments, and other municipal departments paid huge dividends in providing services to homebound patients and facilitated opportunities for “health and well-being” status checks.

Special Assistance Lists are maintained by many towns. Typically a partnership among COAs, Fire and Police Departments, these lists are maintained to identify vulnerable and at-risk residents who may require additional assistance during emergency events. In addition to providing a guide for conducting health and well-being checks, these lists helped identity those who required in-home testing and vaccination.

4. *Transportation/access to vehicles:* As noted above with regard to homecare support, transportation in our unique geographic region was a challenge prior to the pandemic. This need, exacerbated by Covid-19 conditions, contributed to threats to safety and to quality of life.

   The Cape Cod Regional Transit Authority pivoted immediately to provide service to essential workers. The CCRTA worked to stay abreast of and meet acute needs ant its collaboration with municipalities and other providers was vital. Examples of successes included implementing modifications to vehicles for driver and passenger safety, providing drivers and vehicles for the Barnstable County Cape Cod Cooperative Extension food access program and zero lapse in service for medical appointments. Though elected officials helped to secure resources to enhance safety and provide reassurance to public transportation users, the CCRTA reports there was a significant drop in ridership at the onset of the pandemic. While ridership has increased it still is at only 85-90% of 2019 numbers. The CCRTA notes an ongoing reluctance to use public transportation.

   Municipal, social service, and faith-based organizations created ad hoc service systems to meet essential needs. These included partnering with small, local vendors (grocery stores and pharmacies) to develop online and phone order systems to be picked and packed by store personnel, then picked up and delivered to the most vulnerable and at-risk residents via contactless delivery by paid staff and volunteers.

1.3 Recommendations (see Attachment A)

- Homecare Support
- Primary Healthcare
- Technology
- Transportation

2. OBJECTIVE 2

Capture feedback from subject matter experts to share with other government entities and non-governmental organizations (NGOs) to be best prepared if or when a pandemic or another emergent health event re-occurs/evolves that may pose similar challenges.

2.1 Observation

Some stakeholders reported having already informally conducted after-action evaluations and captured lessons learned. Appreciation was expressed that the Human Services Department conducted this regional assessment to capture and disseminate findings. Stakeholders felt this will enable their organizations to validate their more informal observations and conclusions, giving them enhanced support for enhancing programs and services.

2.2 Analysis

To reduce the region's need to Respond, greater efforts can be focused on solid Preparedness (2 of the 4 phases of Emergency Management). These collective efforts can enhance the region's ability to protect the health of the population through the administration of critical interventions in response to a public health emergency. Evidence-informed practices suggest re-evaluation of policies and protocols and exercising them in accordance with FEMA's Homeland Security Exercise and Evaluation Program (HSEEP). Validation of policy and protocol effectiveness can be tested and drilled through a series of educational seminars and exercises (https://www.fema.gov/emergency-managers/national-preparedness/exercises/tools).

2.3 Recommendations (see Attachment A)

- Communication
- Education, Training, and Tabletop Exercises (TTX)

- Emergency Planning
- Leadership/Management

3. OBJECTIVE 3

Identify existing capabilities for service provision during public health emergencies to the focus population and explore opportunities to enhance them.

3.1 Observation

Many municipal and non-profit service providers utilized grants and non-monetary supports from local, state, and federal resources to enhance their responses. Session participants and interviewees showed flexibility, creativity and perseverance in adapting services and overcoming obstacles associated with the pandemic.

3.2 Analysis

Most capabilities required enhancement, and some were identified as more difficult to augment than others (budgets, staffing, housing, training, enhancing awareness of programs and services). Some capabilities are unique to the entire county, and some are even more specific to sub-regions of the county.

1. *Budget/Staffing*: Budget and staffing constraints were communally reported, some including spending and hiring freezes. Funding had to be reallocated to meet prioritized needs. Some towns diverted operating budgets to purchase Covid-19 test kits, with an adverse effect on other programs. Also commonly reported were inadequate staffing levels due to already-existing workforce shortages, early retirements, or departures from the workplace for personal reasons including need to homeschool children and fear for personal health and safety. The combined challenges presented by budget and staffing changes colliding with the needs and expectations of the public resulted in the beginning of mission creep and organizational stress in many cases. Ongoing pandemic conditions, workforce shortages and the seasonal uptick in demand continue to strain resources, overburden budgets and personnel. Mission creep is reported to be ongoing, as is increased staff burnout and turnover.

2. *Recruitment and Retention:* Attracting and retaining experienced and highly qualified staff was a major challenge before the pandemic and has been exacerbated since. Some towns and organizations noted the need to have revise position descriptions in the effort to fill vacancies.

3. *Programs:* A significant number of programs and services targeting the older adults have been compromised, put on hiatus due the Covid-19 public health crisis, and/or cancelled permanently due to the absence of funding and/or volunteers to staff those programs. Caregiver respite and increased isolation were identified as key concerns associated with these closures.

4. *Housing:* Housing shortages on Cape Cod are region-wide and reflect the geography, the persistent demand for second homes and for seasonal accommodations exacerbated by the need to house the workforce to serve this non-resident population. Housing challenges across the region feed the workforce shortages.

   As a popular location for repeat vacationers and established second homeowners, the area experienced a fast turnover in these populations to full time residents (further limiting housing inventory). In addition to exacerbating the existing housing crisis, this influx of new residents placed additional and ongoing demand for services reportedly felt by providers including but not limited to COAs, Elder Services of Cape Cod & the Islands (ESCCI), SHINE (Serving the Health Insurance Needs of Everyone on Medicare) and municipal health, fire, and police departments. Regardless of age, it was reported that COAs became the de-facto social service and referral departments sought out by the public.

5. *Diversity:* Many towns and organizations report an increase in cultural diversity within their communities. As reported by the Cape Cod for All, Community Impact Project (https://capecodchildrensplace.com/wp-content/uploads/CAPECODFORALL-MulticulturalReport.pdf) there are an estimated 17,093 foreign born people living on Cape Cod. This corresponds to 8% of the total population. Forty-Four percent (44%) of foreigner-born persons on Cape Cod are not US Citizens. That means they have an American Resident Visa, another kind of American Visa or no Visa. The Cape Cod for All organization's research reports that Wôpanâak, English, Portuguese, Spanish, Russian, Italian, German, Bengali and Gujarati are being spoken on Cape Cod. In addition, Polish, Bulgarian, Slovak, Jamaican Patois, Chinese and Haitian Creole are being spoken.

   This diversity brings with it the same needs as the remaining population, coupled with the need for expanded communication capabilities: translators and cultural ambassadors to facilitate access to many services including medical care, Covid-19 testing, and vaccination, schools and benefit programs remain vital. Learning the cultures, gaining access to diverse communities, earning trust, and providing useful service (both in crisis and during normal times) are major expansions from most municipal and social service organizational directives and established missions, another

example of ongoing mission creep. In light of these demographic realities a re-evaluation of past service practices is necessary.

The authors note that while issues surrounding the LGBTQ populations were not brought up by participants in group sessions or interviews, and the U.S. Census has never measured how many LGBTQ+ people live in the country (as reported by SAGE-Services and Advocacy for GLBTQ+ Elders at https://www.sageusa.org/resource-category/lgbtq-aging/), the region has an older adult and caregiving population which includes LGBTQ+ persons. Peer support, educational, social and caregiver support programs inclusive of and geared to the older adult LGBTQ population are active on Cape Cod as found on these websites: PFLAG Cape Cod (https://www.pflagcapecod.org/resources-for-lgbtq-people--families.html), Cape Cod LGBT 55 Plus (https://www.meetup.com/cape-cod-lgbt-55-plus/) and Cape Cod Pride (https://www.capecodpride.org/).

Recommendations (see Attachment A)

- Diversity
- Housing
- Isolation Reduction
- Staffing and Budgeting
- Recruitment and Retention

4. OBJECTIVE 4

Strengthen partnerships, synergy and team dynamics to share practices and build a stronger and more standardized stakeholder response. Refrain from re-inventing the wheel and enhance collaboration among existing programs/initiatives to support necessary services. Maximize the likelihood of provision of effective programs and services to vulnerable populations.

4.1 Observation

Participants reported they felt their towns and organizations performed well overall through the pandemic, although there are still areas that could be strengthened to enhance efficiency and service capabilities for all. Specifically mentioned were workforce and staffing support; adequate budgeting; duplication of services and programs; transportation and fuel costs. The goal of supporting the focus population could be better met through increased partnering and better leveraging of the potential synergy of providers throughout the region.

4.2 Analysis

There were significant partnerships created and enhanced in response to ever-shifting pandemic conditions and the need to continue to serve the focus population. Maintaining and "keeping those relationship muscles warm" will serve to enhance the efficiency and quality of service provision.

4.3 Recommendations (see Attachment A)

- Unity of Effort in Regional Planning

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ATTACHMENT A: RECOMMENDATIONS

(LISTED ALPHABETICALLY)

1. **COMMUNICATION:** Communication was brought up as a consistent issue that arises as a challenge with any event. Proactive planning, internal and external networking, diversity, and redundancy in means of communication can help mitigate this challenge.

    a. *Internally:* Effective communication to and among employees, volunteers and leadership at every level is needed for solid decision making and efficient operations. In any organization, and during an emergent event, there are multiple layers of operations all requiring communications for execution. Leadership requires informational briefings to update proper chain of command and oversight. Employees and volunteers require information, instruction, and guidance from leadership on how to execute their work.

    According to participant feedback, the importance of regular and open lines of communication between all organizational levels cannot be overstated. Contributors to this discussion whose work is front line service provision emphasized that having regular communication with leadership allowed them to be effective and to feel supported, reducing frustration and burnout. Conversely, a group that felt there was little or no communication flow from leadership nor an avenue to have their input heard reported frustration, poor morale, and obstacles to already-challenging pandemic service provision.

    Creating protocols and routines that institutionalize the regular exchange of information and ideas among all levels of an organization during normal operations will lay the foundation for this same exchange during emergent events.

    b. *Externally:* Communicating information to the public and officials requires accuracy and controlling the media messaging is essential.

        i. PIO (Public Information Officer): A PIO that controls the internal and external messaging, responds to media requests, and works directly with the MACC (Multi-Agency Coordination Center-Barnstable County Unified Command Post) or EOCs (Emergency Operations Center) is essential. Some participants indicated that messaging was being produced by several departments within towns or organizations, resulting in inconsistent or outdated information.

The Federal Emergency Management Agency (FEMA) states that before, during, and after an incident, coordinated and timely communication to the public is critical. Effective communication can save lives and property and can promote credibility and public trust. (https://www.fema.gov/sites/default/files/documents/fema_nims-basic-guidance-public-information-officers_12-2020.pdf)

1. Regionalization of PIO teams and active assembly throughout the county to form a team is essential during all hazard events. These members can also work with the State PIO to coordinate proper messaging and used if additional resources are needed. PIOs are assigned in the Incident Command System to the MACC and EOCs (https://www.fema.gov/pdf/emergency/nims/NIMS_AppendixB.pdf).
2. Training for PIO's is offered by several sources including FEMA, MEMA and various private entities. Barnstable County Emergency Management is researching training courses for identified PIOs.

ii. Alert and Warning Systems: Municipalities may have systems in place for timely updates to community members, sometimes called "Reverse 911". There are different vendors that offer computerized emergency telephone notification system capable of calling large volumes of people with emergency notifications and instructions. **Obtaining, implementing, maintaining and regular testing of such systems is necessary**.

1. Town meeting notifications or similar events can be used as drills for testing these systems.
2. Participation in these systems if voluntary, requiring ongoing promotion and outreach efforts to residents. This can be scheduled into town communication plans and may include utilizing local community and government cable stations, social media (Town Hall, Police and Fire departments), promotion by COAs through newsletters, and regular reminders at Select Board and Board of Health meetings.
3. Technology assistance by town staff to assist with the registration has been successful.

iii. Multi-Lingual Material: Increased need for this was reported by many of the towns and organizations with the growing shift in the diversity in demographics. This was critical to sharing of rapidly changing COVID-19 information, testing and vaccination access. Recognition, prioritization, and

funding of this need requires advocacy and likely collaboration with school districts for maximum efficiency.

2. **DIVERSITY:** The integration of diversity, equity, and inclusion (DEI) values to meet the needs of a population growing in diversity takes intent, patience, and humility. Ensuring the inclusion of people from marginalized and underserved populations in emergency planning while integrating racial and gender equity as part of organizational ongoing mission and core values is needed for many organizations to institutionalize this culture change.

   Session and interview participants reported that continuous efforts to liaise with the different cultures and populations within the region have gained traction through relationship building with faith-based and other community-based organizations. Dedicated funding and staff time prioritized for training are needed to advance these efforts.

3. **EDUCATION, TRAINING AND TABLETOP EXERCISES (TTX):**

   a. Tabletop Exercises (TTX) are discussion-based sessions where team members meet in an informal, classroom setting to discuss their roles during an emergency and their responses to a particular emergency. A facilitator guides participants through a discussion of one or more scenarios. The duration of a tabletop exercise depends on the audience, the topic being exercised and the exercise objectives. Many tabletop exercises can be conducted in a few hours, so they are cost-effective tools to validate plans and capabilities. A TTX focused on pandemic lessons learned and preparation for the next event would enable all participants to determine their vulnerabilities, learn other's capabilities, stay connected to current partners and meet new players.

      i. Massachusetts Maritime Academy's (MMA) Emergency Management program is a local resource that can be tapped to develop seminars and TTX. As part of Emergency Management student's capstone projects, undergraduate students can provide subject matter expertise and can help relieve financial or staffing strains. Capstone courses are part of the undergraduate programs' Semester 8 curriculum and operate on a regular basis. For more information or to nominate a project, contact MMA Emergency Management Staff Rachel Fleck at rfleck@maritime.edu.

   b. Providing advanced training opportunities for the workforce (paid and volunteer) will benefit both organizations and individuals. Highly trained individuals are sought in all areas. Training the current workforce can enhance capabilities in today's work climate challenges.

i. Ready Seniors: Increasingly, frail older adults with complex health issues live alone in the community, far from their relatives and caregivers. An older adult may depend upon community service providers for basic necessities and psychosocial support prior to a disastrous event. However, the need for these critical services increases when services are disrupted, or the senior is impacted during a major disaster. FEMA Region 2 and the Administration for Community Living (ACL) partnered to address this disparity through "Individual and Community Preparedness Resources" workshops aimed at preparing Area Agencies on Aging (AAAs) and other organizations that provide critical support services to older adults in their communities.

   - Recording link to 3/23/21 session: https://fema.connectsolutions.com/pswav78k5k0i/
   - Recording link to 8/25/21 session: https://fema.connectsolutions.com/pv28z8z3e8aw/
   - Recordings for the August 2022 session will be posted when available at https://www.fema.gov/about/organization/region-2#individual-community

ii. CERT (Community Emergency Response Team): This program educates volunteers about disaster preparedness for the hazards that may impact their area and trains them in basic disaster response skills, such as fire safety, light search and rescue, team organization, and disaster medical operations. CERT offers a consistent, nationwide approach to volunteer training and organization that professional responders can rely on during disaster situations, allowing them to focus on more complex tasks. Learn more about the local BOCH CERT (serving Brewster, Orleans, Chatham and Harwich) at https://boch-cert.com/. Access more information and training materials at https://www.ready.gov/cert.

c. Incident Command System (ICS) training will teach individuals to work within a formal emergency response structure during emergent events.

   Participants from organizations who stood up an Emergency Operations Center (EOC) and utilized the ICS system found it beneficial. Further, those who were active in their emergency planning and response operations felt communication was better, decisions made because of their input better served the focus population and felt there was better leadership overall. The majority of employees elected officials, and volunteers have not had an introduction to or any formal training in ICS.

Understanding of the concepts of ICS would benefit most organizations. ICS training is available through FEMA & MEMA, both virtually and in person.

i. The following is a list of online, self-paced IC/ICS/NIMS Courses offered through FEMA. The website will track individuals training records and course enrollments through FEMA ID.

FEMA Online Courses: https://training.fema.gov/is/crslist.aspx

- 2200: Basic Emergency Operations Center Functions
- *100: Introduction to the Incident Command System
- *200: ICS for Single Resources and Initial Action Incidents
- *700: National Incident Management System-An Introduction

*These courses are pre-requisites for ICS 300 classroom course

ii. The following is a list of ICS Course offered through MEMA/FEMA/USCG and contractors. These courses are conducted in a group setting either virtual classroom or physically in a class.

MEMA Offered ICS Training Courses:
https://mematraining.chs.state.ma.us/TRS/trainingCalendar.do

- ICS 300 – Intermediate Incident Command System
- ICS 402 – Incident Command System Overview for Executives/Senior Officials (recommended for Town Officials to include Select Boards other elected officials)
- Introduction to WebEOC for local officials (recommended for EOC members)

4. **EMERGENCY PLANNING:**

a. Each organization may have their own policies and procedures. It is recommended to thoroughly review these documents and update accordingly to include pandemic response information. One resource is FEMA's "Developing and Maintaining Emergency Operations Plans-Comprehensive Preparedness Guide (CPG) 101" (https://www.fema.gov/sites/default/files/2020-05/CPG_101_V2_30NOV2010_FINAL_508.pdf)

b. A strong network of human and social service agencies exists in the region. It is recommended to increase mutual understanding of capabilities and responsibilities among Barnstable County municipal government, the towns, and NGOs. This is vital considering constrained resources and the desire to develop the capability to be self-sustaining during emergency events.

   The Barnstable County Regional Emergency Planning Committee (BCREPC) is a coalition of law enforcement, fire service, health care, public health, public works, EMS, military, and numerous other affiliated agencies as outlined by the Massachusetts State Emergency Response Committee (SERC). It represents the towns in Barnstable County, and the town of Nantucket in Nantucket County.

   The BCREPC meets monthly to provide updates, presentations on current disaster management topics and to hold an open discussion on a variety of emergency pre-planning subjects relevant to Cape Cod and Nantucket. The purpose is to harness the power of planning, cooperation, and interoperability to assist Cape Cod communities to mitigate the threat from any hazard which may require the response of multiple jurisdictions.
   (https://www.capecod.gov/department/regional-emergency-planning-committee/)

a. **HOMECARE SUPPORT:** Laying a foundation for resilience in homecare provision during emergency events is essential. Create sustainability in formal, paid caregiving includes, in part by addressing the housing crisis in the region while providing livable-wage salaries.

b. Informal, unpaid caregivers are most able to care for themselves and loved ones when training and education is done in advance, not during a crisis. Understanding what it takes to successfully age in place with a high quality of life, creating a plan that includes financial, housing, and emergency response strategies while taking advantage of safety net programs and services could position both caregivers and care recipients to be most successful. Increasing awareness and participation in the programs and services in this area already being offered by Councils on Aging and Elder Services of Cape Cod & the Islands is one low-barrier solution.

c. Building on the strategies that successfully served people during the pandemic will take conscious effort and discipline to “keep the relationship muscles warm”. Town nurses, public health workers, health care agents, fire departments, and volunteers built on drills and emergency exercises from the past. Through collaborative efforts and excellent communication, testing, vaccinations, food, and prescription deliveries were provided in the face of historic challenges. Creative socialization opportunities eventually joined that list, all paying huge dividends to the public. These efforts can continue to serve the region well if acknowledged and prioritized.

d. Take advantage of the opportunity to liaise with the Barnstable County Multi-Agency Coordination Center (MACC) (https://www.capecod.gov/department/regional-emergency-planning-committee/hazmat-reporting/all-hazards-incident-management-team/) and municipal Emergency Operations Centers (EOCs). When implemented, this dynamic was successful as a force multiplier.

e. Maintain lists of vulnerable and at-risk residents. Special Assistance Lists are sound practice and most successful when maintained collaboratively. Interdepartmental and cross sector partnerships create ongoing and constructive communication. These lists can be used in emergencies to conduct health and well-being checks. Promoting this service and/or proactively seeking out membership on such a list is part of an aging in place plan. Siloed lists create inefficient responses. If the town/organization has formalized an EOC, that list could aid EOC staff in emergency response.

6. **HOUSING:** Lack of accessible and affordable housing was acknowledged universally in the sessions and interviews as a crisis affecting both the focus population and the workforce that serves them. Discussing comprehensive and regional solutions was beyond the scope of this After-Action review. While covid-related federal funding has been received which will provide some near-term relief, systemic and long-term planning and implementation will be necessary to address Barnstable County's housing crisis.

   In addition to advocacy on a local, municipal level for things like changes in zoning laws to allow for higher density housing, public participation in the Barnstable County HOME American Rescue Plan Program's Community Engagement Plan can help community leverage this funding.

   The American Rescue Plan Act of 2021 (ARPA) made funds available for housing, services, and shelter to individuals experiencing homelessness or at risk of homelessness and other vulnerable populations. The U.S. Department of Housing and Urban Development (HUD) is allocating these funds by formula to participating jurisdictions in the HOME Investment Partnerships Program (HOME Program), including the Barnstable County HOME Consortium (BCHC). This one-time funding is specifically for implementing a new HOME-ARP Program.

   In September 2021, HUD awarded the Barnstable County HOME Consortium (BCHC) $1,556,508 in HOME-ARP funds. The BCHC includes all 15 towns of Barnstable County and administered by Barnstable County as the lead entity. All HOME-ARP funds must be spent by September 30, 2030. Visit the HOME-ARP Program project webpage at https://www.capecod.gov/departments/human-services/initiatives/housing-homelessness/home-arp/.

7. **ISOLATION REDUCTION:** Prior to the Covid-19 pandemic, the National Institutes of Health have linked social isolation and loneliness to higher risk of a variety of physical and mental conditions: high blood pressure, heart disease, obesity, a weakened immune system, anxiety, depression, cognitive decline, Alzheimer's disease, and even death (https://www.nia.nih.gov/news/social-isolation-loneliness-older-people-pose-health-risks). Pandemic-imposed isolation exacerbated these risks.

   Several of the sessions discussed innovative programs that were initiated, developed and/or adapted during the pandemic. Programs that reduce isolation, allow service providers to communicate with constituents and monitor their needs, and are replicable are reported to have been most valuable. "Coffee Talk" and current-event programs that moved from in-person to virtual as public health conditions shifted allowed for consistency of provision. Hybrid programs allowed for greater access. In-person congregate meals and entertainment programs moved to outdoor and drive through events that can be held year-round in highly varied public health conditions.

8. **LEADERSHIP/MANAGEMENT:** A common theme discussed by participants and interviewees was a perceived lack of involvement or direction from leadership. Some felt that staff and departments were left to their own devices to navigate pandemic challenges. Acknowledging that there are different leadership and management styles, and that the pandemic may have posed different challenges for these groups, management and leadership level personnel add value to the team to ensure that proper resources are made available and through their networks can advocate for their community and organizational needs.

   a. Emergency Operations Center (EOC): Utilization of ICS and development of an EOCs will enable a unified process with formalized decision making to address challenges that towns and organizations must work through during such events. Knowledge of the ICS process and development of the EOC/ICS team can assist to address many of the concerns and challenges towns and organizations face. The EOC (as a unified team) prioritizes and works to identify solutions to those issues. The leadership of towns and organizations are not only a lynchpin to good government, but they are also servant leaders to the community and their staffs.

   b. Leadership and Management Training: Town Administration and Elected Officials unfamiliar with ICS would benefit from the ICS 402 Course, which is an overview and discussion intended for senior leadership. The course is normally half a day, and an in-person classroom environment is most ideal for discussion and freedom from outside distractions. Barnstable County has also arranged this course

virtually in the past through MEMA for Town Officials. See FEMA and MEMA training resources in "ATTACHMENT D: REFERENCES".

9. **PRIMARY HEALTHCARE:** As noted above, access to primary care physicians during the pandemic was identified as a challenge for all demographics and tied into transportation, homecare, and technology needs. Recommendations detailed in these areas are all applicable for improvement in access to primary healthcare during emergency events.

10. **TECHNOLOGY:** Among caregivers, people with disabilities, and the sub-generations that make up the 60+ population there are a variety of needs, desires and socio-economic factors to consider.

    a. *In-person and Analog Options* - Participant feedback consistently acknowledged the benefits of virtual programs and services while acknowledging that a portion of the population requires or prefers in-person and hard copy options. Hybrid offerings are seen as providing greater equity of access and are preferable.

    b. *Training and Education* - Affordable and accessible technology training for those who desire it is seen as having immediate and long-lasting impacts on quality of life for the focus population.

    c. *Device Access* – Free, affordable, and appealing hardware for the focus population is necessary to complete the benefits of training and education. Computers, tablets, and mobile phones offer a range of functionality and important communication and social connection options. Proactively expanding free and affordable access to hardware to those that want it supports communication and service provision during emergency events.

Maintaining hybrid program and service options, offering ongoing technology education, and pursuing options to make devices free or affordable requires staffing and resourcing by municipalities, service providers and funders. Further, prioritizing these recommendations by said entities will require support by elected officials and the voting public as the typical providers of such services (COAs, Libraries and Community Centers) are sometimes considered non-essential services and often the first to experience budget reductions when budget reductions occur.

11. **TRANSPORTATION:** As with the Technology recommendations above, elected officials, voting residents and thought leaders can support low-cost and community-based transportation options by prioritizing the resourcing of these options. Organizations such as the Cape Cod Transit Authority and Councils on Aging have staff and drivers who pivoted to maintain safe service and are trained to serve the focus population.

Partnering with and/or supporting the operations of evidence informed village "neighbors helping neighbors" service organizations such as Neighborhood Falmouth (https://www.neighborhoodfalmouth.org/), Bay to Sound Neighbors (https://www.baytosoundneighbors.org/) and Nauset Neighbors (https://www.nausetneighbors.org/) are an “out of the box” option for many municipalities. Supporting their volunteer recruitment and human services funding requests can help preserve low-cost transportation access locally.

12. **RECRUITMENT and RETENTION:** A recent Pew Research Center survey found that low pay, a lack of opportunities for advancement, and feeling disrespected at work are the top reasons why Americans quit their jobs last year. The survey also found that those who quit and are now employed elsewhere are more likely than not to say their current job has better pay, more opportunities for advancement and more work-life balance and flexibility.

    The COVID-19 pandemic prompted nearly unprecedented churn in the U.S. labor market. Widespread job losses in the early months of the pandemic gave way to tight labor markets in 2021, driven in part by what has come to be known as the Great Resignation. The nation’s “quit rate” reached a 20-year high last November. https://www.pewresearch.org/fact-tank/2022/03/09/majority-of-workers-who-quit-a-job-in-2021-cite-low-pay-no-opportunities-for-advancement-feeling-disrespected/

    As reported in the sessions and interviews the loss of volunteers, the loss of consistent staffing, and the cost of recruitment and training have left organizations burdened with having to do more with less. Participants said that the factors most likely to aid in retention will also boost recruitment efforts when these benefits are clearly communicated and leveraged during the hiring process.

    a. Compensate appropriately. When asked about reported success in recruitment and retention of quality employees, one participant President/CEO of a local organization stated, “money matters”. While the pay scale needs to be balanced with long term sustainability, a competitive and livable wage is a practical strategy.

    b. Reinforce employee value to the team and acknowledge the importance of their efforts on a regular basis.

    c. Provide opportunities to enhance the performance of the workforce with educational initiatives and professional development. Train and cross-train to retain. Low-cost initiatives within the workday are possible. As an example, the brown bag lunch meetings conducted by one local municipality for department heads is an appealing and replicable tool that can be utilized to provide training and capture and retain employee interest.

    d. Empower employees. Most people want to work to their potential and perform an

important role. Everyone on the team wants to feel they are valued and are a trusted agent. The participants in the sessions and interviews indicated an overwhelming level of commitment and professionalism in their roles as public servants.

e. Create and sustain a healthy and productive work culture. While some of these efforts are reported to have varying degrees of success, leaders interviewed agreed that the largest group of employees in the middle (found between the clock punchers and highly dedicated staff) respond positively and move toward dedication when they feel helpful and impactful. When organizational successes are lifted up and accomplishments are celebrated, it can support a team spirit and help staff acknowledge that their combined efforts achieved something greater than if they worked individually.

13. **STAFFING and BUDGETING**: Continued strain on municipal and organizational budgets and staffing levels require constant re-evaluation and prioritization. Traditionally "non-growth" organizations, municipalities, and non-profit organizations may rely heavily on grant funding which requires staff or volunteer resources for research, writing and management.

    a. American Rescue Plan Act (ARPA): this funding may provide relief for some programs (https://www.capecod.gov/barnstable-county-federal-american-rescue-plan-act-arpa/). In March 2021, ARPA was passed by Congress and signed into law by President Biden. This legislation allocated $41.3 million in federal grant funds to Barnstable County to expend between 2021 – 2026 on COVID-19 recovery efforts and regional investments in key areas. All 15 towns have also received federal ARPA funds.

       These funds have specific expenditure categories that are set by the federal government. Several of the categories will allow our county and towns to address some of the urgent priorities needing investment on Cape Cod. The eligible use areas for Barnstable County's allotment of ARPA funds, as approved by the Barnstable County Commissioners on November 10, 2021, are listed in order of priority as follows:

       i. Invest in water, sewer, and/or broadband.

       ii. Fund public health system costs associated with the COVID response, and other costs and related capital investments necessary to strengthen the public health system of the County and its towns.

       iii. Fund services for disproportionately impacted communities.

       iv. Fund projects targeting the negative economic impacts of the COVID

pandemic on households, small businesses, non-profits, impacted industries, and disproportionately impacted communities.

v. Fund proposals to replace lost public sector revenue.

vi. Provide premium pay to employees providing essential work during COVID-19.

b. Increase Human Services and Public Health Staff: As noted in the Executive Summary, nearly half of Barnstable County residents are aged 60+. These numbers do not account for the seasonal visitor and homeowners who also present themselves for service in the region. Increasing staff resources to meet service demands can be a fiscally responsible decision. An increase in the provision of proactive support services can reduce the amount of more costly reactive, response services needed.

As an example, the U.S. Administration for Community Living's (ACL) Expanding the Public Health Workforce Program aims to increase the number of professionals within the human service and aging network to address the unique needs of older adults and people with disabilities. Grant funding is one option for more quickly adding new positions, giving municipalities and organizations time to plan for sustainability while allowing them to grow their services more quickly. While there are many grant funding avenues, the ACL is an organization whose mission focuses on the older adult and disabled populations: “maximize the independence, well-being, and health of older adults, people with disabilities across the lifespan, and their families and caregivers”. For updated information on open grant opportunities, visit https://acl.gov/grants/open-opportunities.

14. **UNITY OF EFFORT IN REGIONAL PLANNING:** Unity of Effort is a philosophy that encourages leaders to work together to find common ground and act in the best interest of those responding to the incident, the public, and the resources that are threatened. This approach focuses on the alignment of overall objectives, where various agencies and people find common ground then focus their ‘effort’ in this direction.

a. Multi-Agency Coordination Center (MACC): The Barnstable County All-Hazards Incident Management Team operates the Barnstable MACC, a National Incident Management System standard entity. The MACC is designed to provide local Emergency Operations Centers (EOCs) with resources and information during major countywide or regional incidents. The MACC captures, consolidates, and coordinates local requirements and communicates and coordinates with regional,

state, federal, utility, and non-governmental resources to deliver requested resources back to the local EOCs.

Municipalities, NGOs and other organizations could apply to apply for membership to incorporate a liaison in the MACC (https://www.capecod.gov/department/regional-emergency-planning-committee/hazmat-reporting/all-hazards-incident-management-team/). This membership and participation in the MACC would support the development of Common Operating Picture (COP) including monitoring operations and services required. Wider membership in the MACC would enable the MACC to have a larger regional presence and enhanced communications, potentially providing more services and supports where needed throughout the county.

b. Incident Command System (ICS): According to Ready.gov (https://www.ready.gov/incident-management) ICS is used by public agencies to manage emergencies. ICS can be used by businesses to work together with public agencies during emergencies. Private sector businesses should be familiar with the fundamental concepts of incident command and should coordinate planning with local public emergencies services. The use of ICS within a business depends upon the size and complexity of the business. Functions and roles may be assigned to multiple individuals, or a few persons may be assigned multiple responsibilities.

   The ICS structure is meant to expand and contract as the scope of the incident requires. For small-scale incidents, only the incident commander may be assigned. Command of an incident would likely transfer to the senior on-scene officer of the responding public agency when emergency services arrive on the scene. Command transfers back to the business when the public agency departs.

   The above can maximize resources in budget and staffing constrained environments.

   ICS has been tested in almost 50 years of emergency and non-emergency applications by all levels of government and in the private sector and helps to ensure:

   - A clearly defined chain of command due to its modular format.
   - The use of common terminology, allowing diverse incident management and support entities to work together.
   - The safety of responders, residents, workers, and others.
   - The achievement of response objectives.
   - The efficient use of resources.

The MACC utilizes the ICS structure and develops an Incident Action Plan (IAP) for all events. Regional and cross-sector participation in the MACC could result in increasingly effective and efficient IAPs developed during operational periods.

Within the structure of the MACC, members meeting the ICS requirements could also gain access to the WebEOC, which is a professional web-based crisis information system to provide real-time situational awareness and information management across multiple agencies and levels of government. Utilizing a secure web-based platform, WebEOC allows public health and healthcare entities within the Commonwealth to communicate and share information at a local, regional, or statewide level.

ATTACHMENT B: EXERCISE PARTICIPANTS

PARTICIPATING ORGANIZATIONS (*Listed Alphabetically*)
HOT WASH SESSIONS
BOCH CERT: Brewster, Orleans, Chatham & Harwich Community Emergency Response Team (Coordinator)
Cape Cod Cooperative Extension (Nutrition and Food Safety; Food Access)
Cape Cod Healthcare Foundation (Community Benefits)
Cape Cod Hunger Network (Bourne Friends Food Pantry; Cape Cod Council of Churches; Falmouth Service Center; Family Pantry of Cape Cod
Cape Cod Regional Transit Authority (Administrator; Mobility Manager; Operations Manager)
Community Health Centers (Duffy)
Council on Aging Directors (Bourne, Chatham, Dennis, Falmouth, Harwich, Orleans, Provincetown, Sandwich, Yarmouth)
Council on Aging Outreach Coordinators (Bourne, Chatham, Sandwich)
Department of Public Works (Yarmouth)
Fire Departments (Chatham, Cotuit, Orleans)
Health Departments (Bourne, Chatham, Harwich, Wellfleet)
Home Healthcare (Relief Home Health Services, VNA of Cape Cod)
Human Services Department (Mashpee)
Medical Reserve Corps (Regional Director)
Police Department Social Worker (Dennis)
SHINE-Serving the Health Insurance Needs of Everyone (Regional Staff; Volunteer Counselors)

Town Nurse (Harwich)
Women, Infants, and Children Program (Cape Cod WIC) (Community Coordinator)
KEY INFORMANT INTERVIEWS
Barnstable County Health & Environment (Assistant County Administrator; Director; Deputy Director; Public Health Nurse)
Cape Cod Foundation (Program Officer)
Community Leadership Group-Multi-Cultural Program initiative (Food Access Coordinator)
ESCCI-Elder Services of Cape Cod & the Islands (Chief Executive Officer; Clinical Director; Director of Community Services; Nutrition Program Manager)
Housing Assistance Corporation (Chief Operating Officer; Outreach Specialist)
Homeless Prevention Council (Program Director; Senior Case Manager)
MEMA – Massachusetts Emergency Management Agency (Local Coordinator)
St. Joseph's House Shelter-Catholic Social Services (House Manager)
Town of Barnstable (Director of Community Services; Adult Community Center Director; Adult Community Center Assistant Director)
Town of Sandwich (Town Manager; Assistant Town Manager; Senior and Community Services Director)

ATTACHMENT C: ACRONYMS

QUICK REFERENCE (*Listed Alphabetically*)
AAR/IP – After Action Report / Improvement Plan
ARPA – American Rescue Plan Act
BC – Barnstable County
BCREPC – Barnstable County Regional Emergency Management Planning Committee
BCHC - Barnstable County HOME Consortium
BOCH – Brewster/Orleans/Chatham/Harwich
CCRTA – Cape Cod Regional Transit Authority
CERT – Community Emergency Response Team
COA – Council on Aging
COP - Common Operating Picture
EMS – Emergency Medical Services
EOC – Emergency Operations Center
ESCCI – Elder Services of Cape Cod and Islands
ESF – Emergency Support Functions
FD – Fire Department
FEMA – Federal Emergency Management Agency
HSEEP – Homeland Security Exercise and Evaluation Program
HUD - U.S. Department of Housing and Urban Development
IAP – Incident Action Plan
ICP – Incident Command Post
ICS – Incident Command System
IMT – Incident Management Team
IT – Informational Technology
LGBTQ - Lesbian, Gay, Bisexual, Transvestite, Queer
MACC – Multi-Agency Coordination Center (Barnstable County Unified Command Post)
MEMA – Massachusetts Emergency Management Agency
MMA – Massachusetts Maritime Academy
MRC – Medical Reserve Corps
NGO – Non-Governmental Organization

NIMS – National Incident Management System
PCP – Primary Care Physician
PD – Police Department
PFLAG - In 2014, the organization officially changed its name from "Parents, Families, and Friends of Lesbians and Gays" to, simply, PFLAG
PIO – Public Information Officer
SERC – State Emergency Management Response Committee
SHINE - Serving the Health Insurance Needs of Everyone (on Medicare)
SME – Subject Matter Expert
TTX – Tabletop Exercise
UC – Unified Command
UCP – Unified Command Post
USCG – United States Coast Guard
WHO – World Health Organization

ATTACHMENT D: REFERENCES

AS CITED IN THE REPORT AND ATTACHMENTS (***Listed Alphabetically***)
Administration for Community Living (ACL) "Expanding the Public Health Workforce Program" https://acl.gov/grants/open-opportunities
Barnstable County Department of Human Services https://www.capecod.gov/departments/human-services/
Barnstable County Federal American Rescue Plan Act (ARPA) https://www.capecod.gov/barnstable-county-federal-american-rescue-plan-act-arpa/
Barnstable County HOME American Rescue Plan Program (HOME ARP) https://www.capecod.gov/departments/human-services/initiatives/housing-homelessness/home-arp/
Barnstable County Multi-Agency Coordination Center (MACC) https://www.capecod.gov/department/regional-emergency-planning-committee/hazmat-reporting/all-hazards-incident-management-team/
Barnstable County Regional Emergency Planning Committee (BCREPC) https://www.capecod.gov/department/regional-emergency-planning-committee/
Cape Cod Commission www.capecodcommission.org
Cape Cod for All https://capecodchildrensplace.com/wp-content/uploads/CAPECODFORALL-MulticulturalReport.pdf
Cape Cod LGBT 55 Plus https://www.meetup.com/cape-cod-lgbt-55-plus/
Cape Cod Pride https://www.capecodpride.org/

Center for Social & Demographic Research, Gerontology Institute, John W. McCormack Graduate School of Policy & Global Studies, UMass Boston https://www.umb.edu/demographyofaging
Community Emergency Response Team (CERT) • **BOCH CERT (Brewster, Orleans, Chatham and Harwich)** https://boch-cert.com/ • **CERT Basic Training** https://www.ready.gov/cert
Department of Homeland Security Exercise and Evaluation Program (HSEEP) www.fema.gov
Federal Emergency Management Agency (FEMA) www.fema.gov
FEMA "Developing and Maintaining Emergency Operations Plans-Comprehensive Preparedness Guide (CPG) 101" (https://www.fema.gov/sites/default/files/2020-05/CPG_101_V2_30NOV2010_FINAL_508.pdf)
FEMA Exercise and Preparedness Tools https://www.fema.gov/emergency-managers/national-preparedness/exercises/tools
FEMA ICS Online Courses https://training.fema.gov/is/crslist.aspx
FEMA Region 2 and the Administration for Community Living (ACL) "Individual and Community Preparedness Resources" workshops: • **Recording link to 3/23/21 session:** https://fema.connectsolutions.com/pswav78k5k0i/ • **Recording link to 8/25/21 session:** https://fema.connectsolutions.com/pv28z8z3e8aw/ • **Recordings for the August 2022 session will be posted when available at** https://www.fema.gov/about/organization/region-2#individual-community
ICS Organizational Structure and Elements https://www.fema.gov/pdf/emergency/nims/NIMS_AppendixB.pdf
Incident Management https://www.ready.gov/incident-management

Massachusetts Emergency Management Agency (MEMA) ICS Training Courses https://mematraining.chs.state.ma.us/TRS/trainingCalendar.do
Massachusetts Maritime Academy Emergency Management Staff Rachel Fleck rfleck@maritime.edu
Merriam-Webster Dictionary: "Mission Creep" https://www.merriam-webster.com/dictionary/mission%20creep
New York Times: July 18, 2022, "Covid Rises Across U.S. Amid Muted Warning and Murky Data" https://www.nytimes.com/2022/07/18/us/covid-us-outlook.html
Pew Research Center https://www.pewresearch.org/fact-tank/2022/03/09/majority-of-workers-who-quit-a-job-in-2021-cite-low-pay-no-opportunities-for-advancement-feeling-disrespected/
PFLAG Cape Cod https://www.pflagcapecod.org/resources-for-lgbtq-people--families.html
Ready.Gov https://www.ready.gov/exercises
SAGE-Services & Advocacy for GLBTQ+ Elders https://www.sageusa.org/resource-category/lgbtq-aging/
Village "Neighbors Helping Neighbors" Organizations • **Bay to Sound Neighbors** (https://www.baytosoundneighbors.org/) • **Nauset Neighbors** (https://www.nausetneighbors.org/) • **Neighborhood Falmouth** (https://www.neighborhoodfalmouth.org/)