

Community Action Committee of  
Cape Cod & Islands, Inc.  
(CACCI)

Community Assessment Report  
and Strategic Plan  
FY2022-2023



Community Action Committee of  
Cape Cod & Islands, Inc.

*Reviewed and Approved by the CACCI Board of Directors on June 23, 2021*

*Submitted to: Mark Duarte, Program Representative  
Massachusetts Department of Housing and Community Development on June 29, 2021*

*Submitted by: Kristina E. Dower, Executive Director*

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## 2. EXECUTIVE SUMMARY COMMUNITY ASSESSMENT REPORT

Community Action Committee of Cape Cod and the Islands (CACCI) stands committed to the goal of providing services to low-income individuals and families residing on Cape Cod, on the islands of Martha's Vineyard and Nantucket, and within our extended Child Care Network South Shore service area to assist its customers in creating stability and achieving economic security in support of its Mission and Vision Statements:

**Mission:** "Provide resources and skills to individuals and families in the region to attain and retain independence and economic self-sufficiency through personal growth, family stabilization, life skills and employment readiness."

**Vision:** "A community where people are self-sufficient."

A Community Needs Assessment Planning Committee oversaw and approved the design of the plan, all data gathering instruments, and reviewed the analysis and findings. The Committee was comprised of the Executive Director, Staff and Management members representing the programs/departments (Child Care Network, Immigration Resource Center, Safe Harbor, and Health Care Navigator Program), a Board Member Representative who served as a liaison to the Board, and two Partner Organization members (Cape Cod Literacy Council Executive Director and MassHire Cape & Islands Career Center's Director of Education and Special Programs). The Consultant, Lee M. Hamilton, and CACCI's Director of Client Self-Sufficiency who is a certified Results Oriented Management and Accountability (ROMA) Implementer, Caronanne Procaccini, co-facilitated the Planning Committee. The information gathered, and the analysis and findings were reviewed and accepted by the Board on December 22, 2020.

Both quantitative and qualitative data was used to create a community profile and discussion of major conditions affecting our community and its members, including identifying community strengths and gaps in services. Quantitative and qualitative data including studies, reports, community needs assessments, and newspaper articles were examined from local, county, state and national level to inform and enhance the analysis; this section covering CACCI's entire service area, is rich with U.S. Census and other data to define the population.

Internal data was gathered through surveys from Customers, Staff, Management and Board of Directors. In addition, SWOT Analyses to identify Internal Strengths and Weaknesses and External Opportunities and Threats were conducted with the Planning Committee and with the Board of Directors. CACCI's Customer Characteristics for those served in FY2019 (October 1, 2018 through September 30, 2019), is compared to the FY2020 data (October 1, 2019 through September 30, 2020).

External data was gathered through Surveys, Interviews and Focus Groups. Surveys were gathered from Low-Income Community Members; the Consultant and Planning Committee members, which included a Board member, interviewed Key Stakeholders within Barnstable County; and Focus Groups and Surveys were held on the islands of Martha's Vineyard (Dukes County) and Nantucket which included key community members.

The top five individual and family needs identified that relate to the community's causes and conditions of poverty are as follows:

- Access to Affordable, High Quality Childcare
- Health Care Insurance Coverage and Access to Services Including Substance Use and Food Insecurity;
- Immigration Services;
- Available and Affordable Housing;
- Employment and Training.

The Community Assessment Report relays both internal and external major findings and identifies community studies, which includes the needs of community members, the impact of COVID-19 on the community, and services available, including the most pertinent programs and funding sources to address the needs and specific programs and funding for COVID-19; this section also identifies continued gaps in services.

In identifying the needs of the community and its members, issues in inequity emerge throughout the document: minority groups, with exception of Asian-Americans were disproportionately represented in poverty statistics; Blacks were disproportionately represented in Confirmed Coronavirus Cases for Barnstable County; USCIS Policies (Public Charge Rule and Fees) disproportionately impact low-income immigrants, including fear of testing and treatment for COVID-19; Hot-Spot communities with higher uninsurance rates within CACCI's service area were identified; cost barriers to paying medical bills and deferring medical care due to costs, especially dental care treatment; and low-income households and those who lost employment related to the pandemic are at risk of eviction or foreclosure and food insecurity.

The information gathered and reported should not be considered inclusive of all data and services available across the Cape and Islands.

CACCI's Strategic Plan 2022-2023 will be submitted in July 2021 and will include addressing the top identified individual and family needs, including identified community needs and the internal needs identified. It will also include CACCI's plan on how the organization might strengthen and enhance existing programs and its networking throughout the region.

### **3. BOARD ACCEPTANCE**

Community Action Committee of Cape Cod & Islands, Inc., Board of Directors Accepts the Community Assessment Report – FY2019- 2020 via an electronic acceptance response on December 22, 2020.

David Willard, Chairman

Carlos Barbosa, Vice Chairman

Mary Pat Messmer, Clerk

Leslie Scheer, Treasurer

The CACCI Board of Directors will ratify their email acceptance vote at the January 2021 Board of Directors meeting.

#### **4. EXECUTIVE SUMMARY STRATEGIC PLAN- FY2022-2023**

As the Cape and Islands region begins to emerge from a COVID-19 Emergency Pandemic period and starts to transition into a Post COVID-19 Emergency Pandemic period, the goals as stated in this Strategic Plan will guide Community Action Committee of Cape Cod & Islands, Inc. (CACCI) over the next two years to meet identified needs of low-income individuals and families living on Cape Cod and the islands of Martha's Vineyard and Nantucket. The plan will guide the strategies to meet the Cape and Islands identified community needs, and to address the identified internal needs of our organization to have the capacity to support successful outcomes. CACCI's Strategic Plan also addresses the gaps and needs identified in the Community Assessment Report.

In alignment with the goal of the Community Action Partnership: CACCI strives to support efforts to “eradicate the causes and conditions of poverty” and “to foster equitable access as we understand that racial inequity rests at the intersection of multiple barriers that impede access to economic security for children, families and communities.”

In the process of updating the status of CACCI's core programs and to discuss ongoing and newly identified needs, the Executive Director and Program Managers met to formulate possible strategies to address identified needs. The recommended strategies were presented to the Board of Directors; the Board reviewed and approved the recommendations which are incorporated into the goals and objectives as stated in CACCI's Strategic Plan.

The goals strive to provide continued support to maintain and strengthen current programs, implement new programs, and identifies the need to secure funding to sustain existing programs and implement new programs. Goals also include the need to strengthen organizational capacity to better serve its existing customers and engage new customers. They include marketing its programs across the service sector while also continuing to strengthen community networks and collaborations to not only better serve its customer base but to also identify emerging community needs. CACCI will continue to assist low-income residents as they move toward their goal to become self-sufficiency.

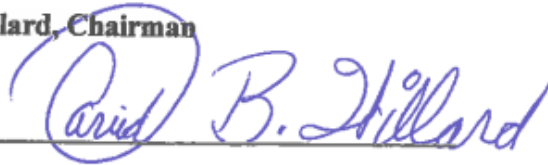
The Board of Directors accepted the Community Assessment Report - FY2019-2020 on December 22, 2020 and was submitted to the Department of Housing and Community Development (DHCD) on December 29, 2020; notice of DHCD approval was dated February 5, 2021. The Board approved the completed Community Assessment Report and Strategic Plan FY2022-2023 on June 23, 2021. This document will be submitted to DHCD for final approval.

**5. BOARD APPROVAL OF THE COMMUNITY ASSESSMENT REPORT  
AND STRATEGIC PLAN**

**BOARD APPROVAL  
OF THE COMMUNITY NEEDS ASSESSMENT & STRATEGIC PLAN - 2022-2023**

**Community Action Committee of Cape Cod & Islands, Inc., Board of Directors Approves  
the Community Needs Assessment & Strategic Plan - 2022-2023 on June 23, 2021.**

**David B. Willard, Chairman**

A handwritten signature in blue ink, reading "David B. Willard", is written over a horizontal line. The signature is stylized with a large, circular initial "D".

**June 23, 2021**



#### 4. AGENCY DESCRIPTION

Community Action Committee of Cape Cod & Islands (CACCI) is a nonprofit organization established in 1965 as part of the Economic Opportunity Act of 1964 to fight poverty by empowering the poor. CACCI provides a variety of services for low to moderate-income individuals and families to help them improve the quality of their lives and achieve self-sufficiency. The agency has evolved over the years to address a broad spectrum of needs for residents living in Barnstable, Dukes (Martha's Vineyard) and Nantucket Counties. CACCI receives federal and state funding and support from private foundations and donors. It continuously seeks new resources and creative ways to deliver services to meet community needs. The agency works with community partners to mobilize resources and to support economic and social opportunities. The organization operates under the principles and guidelines of Results Oriented Management and Accountability (ROMA): Assessment, Planning, Implementation, Achievement of Results, and Evaluation. Services are delivered using culturally and linguistically appropriate methods and evidence-based strategies.

In 2012 CACCI developed a partnership with Jobs Training and Employment Corporation (JTEC) and on June 30, 2015 they entered into an Executive Management Agreement. JTEC provides certain executive and administrative services and JTEC's President serves as CACCI's Executive Director. This affiliation serves to promote consolidation of management functions, improve access and integration of services, and promote cost savings and efficiency in space sharing. Each organization has its own Board of Directors, employees, corporate status, and finances. CACCI has a tripartite Board with equal representation from the public and private sectors, and the targeted low-income population. In September 2019 Cape Mediation became an affiliate of CACCI. This is a valuable resource for customers with landlord/tenant issues. CACCI provides services at its Hyannis office, which is housed in the Cape and Islands MassHIRE Career Center. Pre-COVID-19 CACCI would have out-posted throughout its service delivery areas in partnership with various organizations.

Current Programs include:

- **Client Self-Sufficiency Programs:** *Access to Health Insurance & Care; Immigration Resource Center; VITA (Volunteer Income Tax Assistance); Supplemental Nutrition Assistance (SNAP) Benefit Enrollment Assistance; COVID-19 Emergency Assistance Case Management Program; Holiday Programs; and Information and Referral.*
- **Child Care Network (CCN):** *Voucher Management; and Professional Development Training*
- **Safe Harbor Shelter:** *For women and their children who are homeless and have experienced domestic violence; Case Management and Housing Search; and Stabilization Services.*

## **5. MISSION STATEMENT**

### **Mission Statement**

*“Provide resources and skills to individuals and families on the Cape and Islands to attain and retain independence and economic stability and self-sufficiency, through personal growth, family stabilization, life skills and employment readiness.”*

Community Action Committee of Cape Cod & Island’s Mission Statement is in alignment with the original Economic Opportunity Act of 1964 and the Community Service Block Grant of 1981.

At the CACCI Board of Director’s meeting on October 23, 2019, the Strategic Planning Committee’s Board Member Representative, Kathy Quatromoni, facilitated a review of the organization’s Mission Statement: “Provide resources and skills to individuals and families in the region to attain and retain independence and economic self-sufficiency through personal growth, family stabilization, life skills and employment readiness” The Board voted to make minor changes as reflected in the above Mission Statement and added Transparency and Inclusion to the list of Values.

## **6. VISION STATEMENT**

### **Vision Statement**

*“A community where people are self-sufficient.”*

In order to achieve the above Vision Statement, CACCI’s primary purpose is to affect the movement of its low-income customers toward stability and economic security by providing services to low-income members of the community to assist them to maintain or move toward becoming self-sufficient. Its affiliation with JTEC provides CACCI’s customers with resources to strengthen their opportunities for economic stability.

CACCI emulates The National Community Action Network Theory of Change whose long-term goals are:

- Individuals and families with low incomes are stable and achieve economic security.
- Communities where people with low incomes live are healthy and offer economic stability.
- People with low incomes are engaged and active in building opportunities in communities.

In working toward implementing its Mission and Vision Statements, the following Values reflect the approach CACCI staff apply in serving their customers:

**Values**

- Respect
- Trust
- Commitment
- Dignity
- Compassion
- Dedication
- Professionalism
- Transparency
- Inclusion

## 7. COMMUNITY PROFILE

### ***7.1. Listing of Communities Community Action Committee of Cape Cod & Islands Serves, Including Designated CSBG Service Areas (Barnstable, Dukes and Nantucket Counties) and Undesignated Areas***

While Barnstable, Dukes and Nantucket Counties are Community Action Committee of Cape Cod & Islands (CACCI) designated services areas, others who seek services from outside of this region are not refused assistance. In addition to serving the three designated Counties, the Child Care Network program's contract also covers 14 South Shore towns listed below.

**Barnstable County** consists of 15 towns and is generally broken down in the following three regions:

- **The Upper Cape:** Bourne, Falmouth, Mashpee and Sandwich. Mashpee is also the home of the Mashpee Wampanoag Tribe, one of two federally recognized Native American Tribes in Massachusetts.
- **The Mid Cape:** Barnstable, Yarmouth and Dennis. In 1994, the U.S. Department of Housing and Urban Development (HUD) created the Hyannis/West Yarmouth Metropolitan Statistical Area due to the relatively high population density. As a result, the towns of Barnstable and Yarmouth are designated Community Development Block Grant (CDBG) entitlement areas.
- **The Lower/Outer Cape:** Brewster, Harwich, Chatham, Orleans, Eastham, Wellfleet, Truro and Provincetown (the towns of Eastham, Wellfleet, Truro and Provincetown are often referred to as the Outer Cape).

**Dukes County (Martha's Vineyard)** is an island accessible by boat or plane and is comprised of the towns of Aquinnah, Chilmark, Edgartown (includes the small island of Chappaquiddick), Gosnold (includes the island of Cuttyhunk), Oak Bluffs, Tisbury, and West Tisbury. The island is also the home of the Wampanoag Tribe of Gay Head (Aquinnah), one of two federally recognized Native American Tribes in Massachusetts.

**Nantucket County** is an island and a town only accessible by boat or plane.

**Southeastern Region – The CACCI Child Care Network program** – is contracted by the State Early Education and Care Program to provide services to an additional 14 towns as follows: Carver, Duxbury, Halifax, Hanover, Hanson, Kingston, Marshfield, Norwell, Pembroke, Plymouth, Plympton, Rockland, Scituate and Wareham.

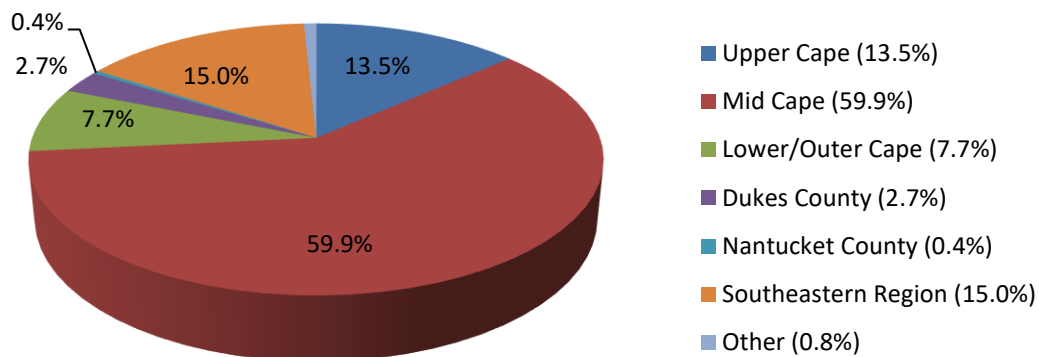
## 7.2. Community Action Committee of Cape Cod & Islands (CACCI) Customer Characteristics

The following Customer Characteristics are based on CACCI's FY2019 data covering October 1, 2018 through September 30, 2019: 4,250 households were served consisting of 9,363 individuals during this period. When relative, this data will be compared to the FY2016 Customer Characteristics data reported in CACCI's 2018-2020 CARSP.

**Customer Served by Region:** The following Figure 7.1 shows a breakdown on where customers resided when they received CACCI services. The data for Barnstable County totals 81.1% and is broken down in the chart for the three regions. It should not be surprising, given the density of the population and the proximity of CACCI's main operation's office in Hyannis that the majority of customers resided in the Mid-Cape area. The number of customers served remains low for Dukes County at 2.7% and for Nantucket County at less than 1% (at .04) and we continue to work with Board of Director representation from each of the Islands.

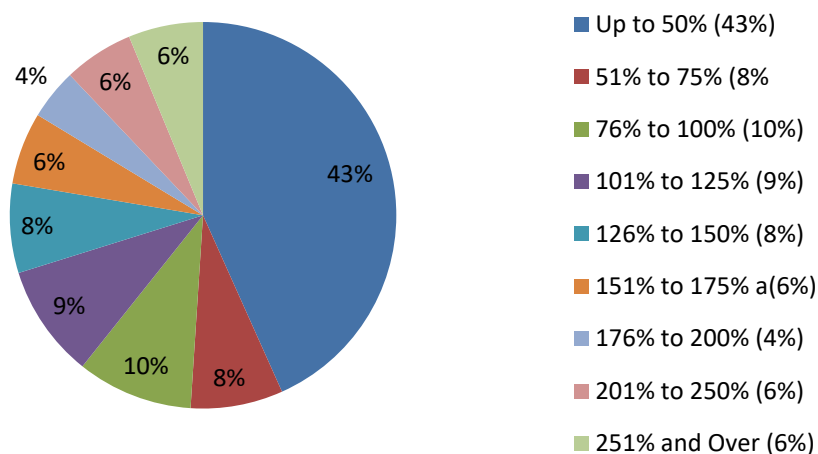
The data for the *Southeastern Region* includes not only the 14 towns served by Child Care Network, listed under 7.1 above but also an additional 12 towns and cities CACCI provided services to as follows: Attleboro, Bridgewater, Brockton, E. Bridgewater, Hanover, Hanson, Holbrook, Mattapoisett, Middleborough, Norton, Rochester, and Stoughton. The category "Other" includes a small number of customers that came from different regions across the state.

**Figure 7.1**  
**Customers Served by Region**



**Customer Household Income:** Data shows that the majority of those seeking CACCI services were at or below the poverty level (61%) with 70% at or below 125% of the poverty level at the time they received services. When comparing the FY2019 data to the FY2016 show a decrease of persons in poverty at or below 125% of the poverty level (61% and 70% respectively). A comparison of persons at or below 200% of the poverty level show very little difference between the FY2019 data at 88% compared to FY2016 at 90%.

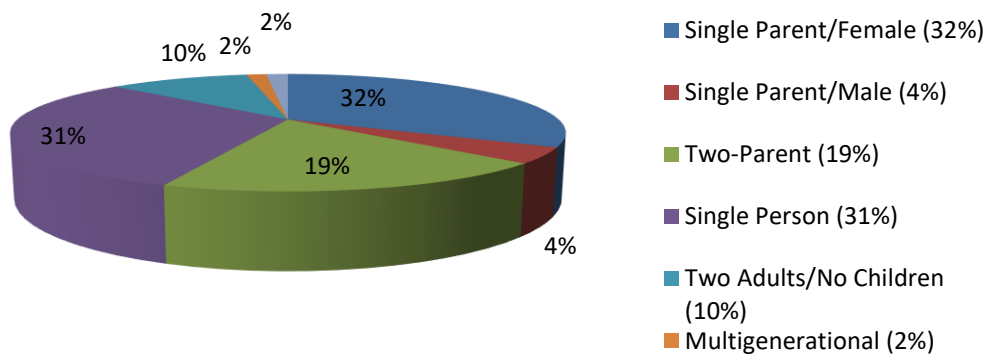
**Figure 7.2**  
**Customer Household Income**  
**(% of HHS Poverty Guideline)**



**Customer Household Type** (Figure 7.3) When comparing the FY2019 data to the FY2016 data interesting changes emerged which, not surprising, show that while the single parent-headed household category decreased other categories increased as noted: Single parent-headed household - FY2019 at 36%<sup>1</sup> in comparison to 56% for FY2016; Two parent households - FY2019 at 19% in comparison to 14% for FY2016; Single person households - FY2019 at 31% in comparison to 23% for FY2016; Households with two adults and no children - FY2019 at 10% in comparison to 5% for 2016. Multigenerational households representing 2% was a new category in the FY2019 data.

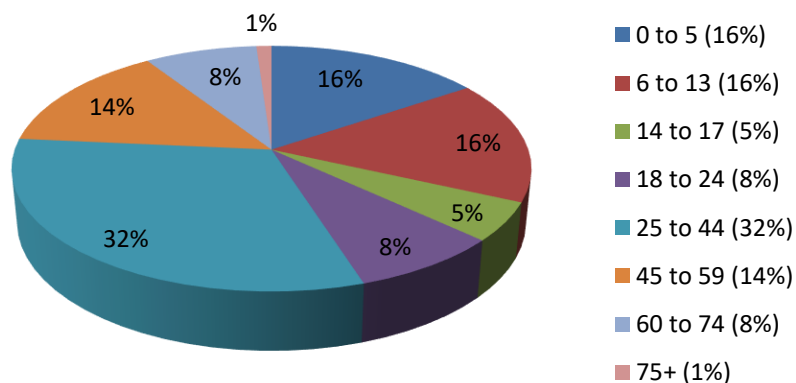
<sup>1</sup> The vast majority of single-parent households were female-headed at 32% versus 4% for male-headed households.

**Figure 7.3**  
**Customer Household Type**

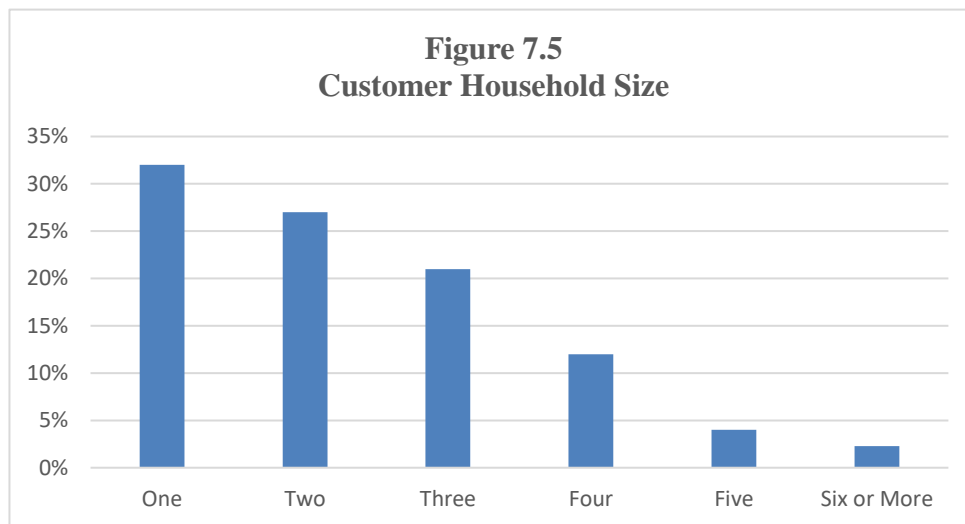


**Customer Characteristics by Age:** When comparing the FY2019 utilized for this report to the FY2016 data there are some slight changes regarding some of the age categories of those who received services. For example: in FY2019 Children ages 17 and under decreased to 37% in comparison to 42% for FY2016; in FY2019, the age category of 24-44 year olds increased to 40% from 31% for FY2016. The remaining age categories of 45-59, 60-74, and 75 plus show very little differences between FY2019 and FY2016.

**Figure 7.4**  
**Customer Characteristics by Age**

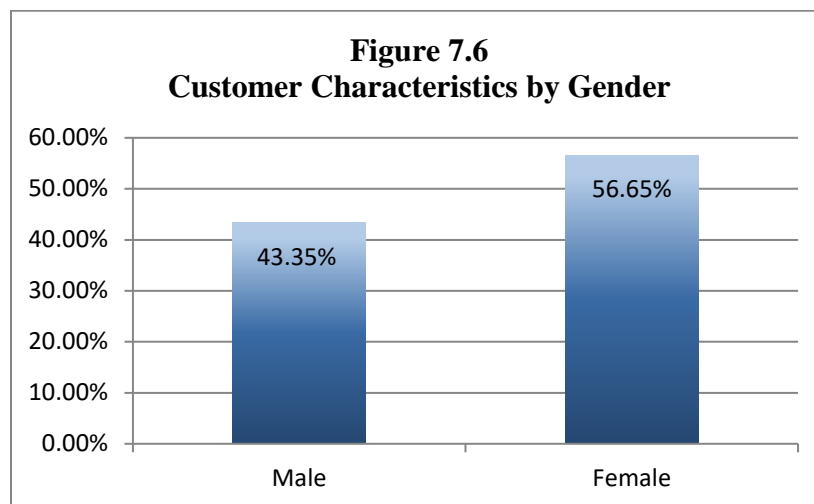


**Customer Household Size:** The data for Household Size (Figure 7.5) show that the largest percent was one person household at 32% followed by two to four person households for a total of 61% ,with the small remainder of households with five or more persons at 7%.

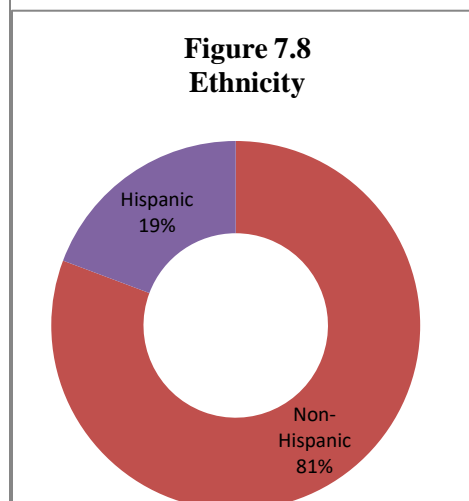
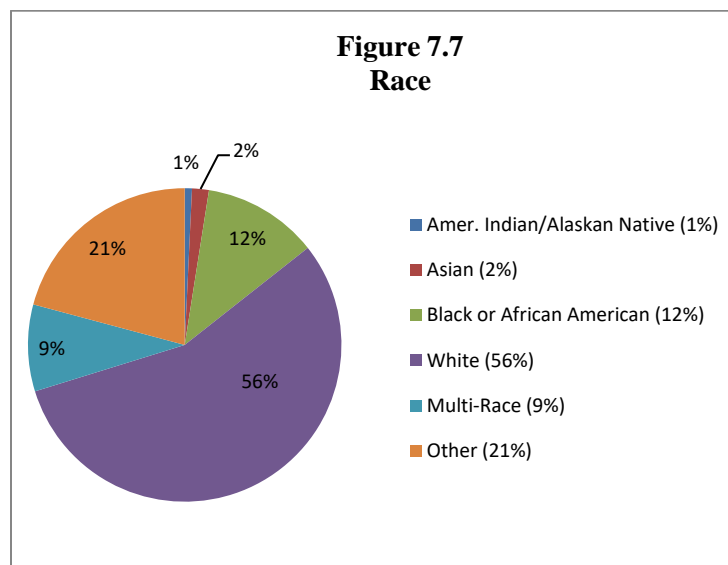




**Customer Characteristics by Gender:** The data show that the majority of those receiving services are females at 57% (this includes adults and children and shows virtually little difference when comparing these data to the FY2016 data (females @ 58%).

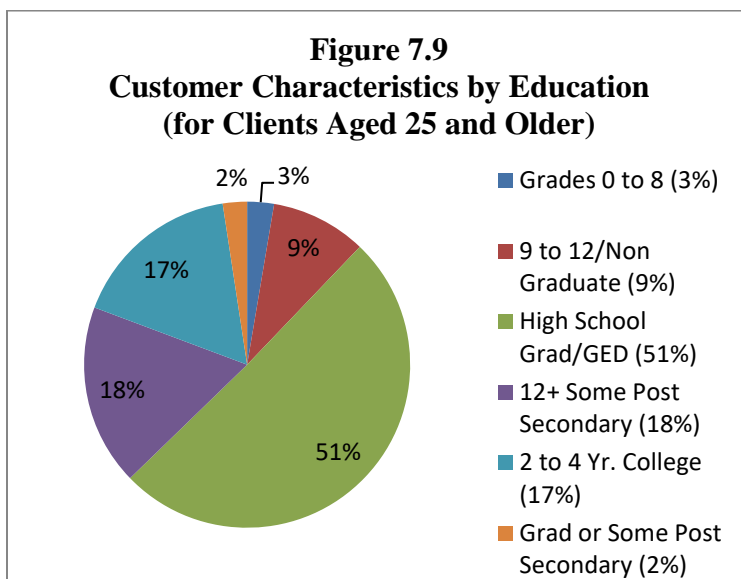


**Customer Characteristics by Race and Ethnicity:** The Figures below show that regarding Race, the majority of those receiving services identified as White Non-Hispanic. When comparing these data to the FY2016 data this shows that the White Non-Hispanic category decreased to 58% from 68%; while the racial minority categories, including Multi-Race, increased to 42% from 32%. The population who self-identified as Hispanic, Latino, or Spanish Origins increased to 19% from 11%.<sup>2</sup>

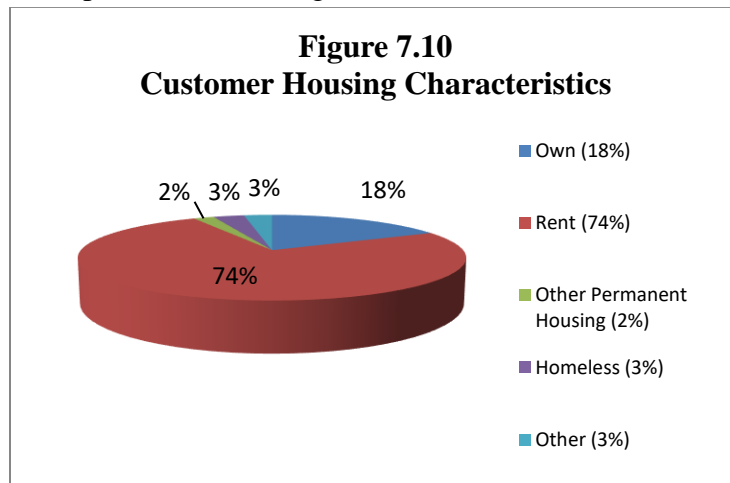


<sup>2</sup> Out of 9,363 possible responses for Race there were 1,184 unknown/ not reported cases; for Ethnicity there were 812 unknown/ not reported cases.

**Customer Educational Attainment** (Figure 7.9). The data shows that for customers ages 25 and older, 12% had less than a high school education and 51% had a GED or had graduated high school, 18% had some education and/or training beyond high school, 17% had two to four years of college, and 2% had some post-secondary education. When comparing the FY2019 data to the FY2016, there were some light improvements in the following: the number of High school graduates increased (FY2019 at 51% compared to FY2016 at 49%); and those with less than a high school education decreased (FY2019 at 12% compared to FY2016 at 14%).



**Customer Housing Characteristics:** While only 3% customers reported being homeless when they received services, an additional 3% reported *Other* which often signifies doubled up or living in a motel (Figure 7.10). The vast majority of customers rented their housing at 74% and an additional 2% percent lived in other permanent housing, while 18% owned their own home.



### **7.3. A Brief Summary of CACCI Customer Characteristics Covering FY2020 (October 1, 2019-September 30, 2020 and Comparison to FY2019**

The following outlines the FY2020 CACCI Customer Characteristics data covering October 1, 2019 through September 30, 2020 and compares this to the FY2019 Customer Characteristics data. In FY2020, 3,698 households were served consisting of 8,758 individuals. The FY2020 numbers are slightly lower in comparison to the FY2019 data in which CACCI served 4,250 households and 9,363 individuals. An explanation for the decrease is related to a drop in numbers in the spring, when, due to the Governor's orders, CACCI closed its doors and adjusted to serving its customers via telephone. Once those needing our services adjusted to how we were operating, numbers began to steadily increase throughout the summer and into the fall.

- **Poverty Level:** The FY20 data overall show that 53% of the individuals served were at a 100% or less of the poverty level, compared to 61% for FY19; for FY20, 61% were at 125% or less compared to 70% for FY19; for FY20, 82% were at 200% or less compared to 88% for FY19.
- **Customer Household Type:** For FY20, 28% were single person households, compared to 31% for FY19; while single parent households remained constant at 36%, there was a slight increase in two parent households (21% for FY20 versus 19% for FY19).
- **Age:** For FY20, 39% of the children were ages up to 17, a slight increase from 37% for FY19; for FY20 and FY19, 31% of the population were ages 25-44; for FY20 14% were ages 45-59 and 15% for FY19; or FY20 and FY19, 8% were ages 60-74; and for FY20 and FY19, 1% were ages 75 and older.
- **Household Size:** When comparing the FY20 and FY19, single parent households remained the largest category (at 36%% for both FY20 and FY19), followed one person households (28% for F20 and 31% for FY19).
- **Race and Ethnicity:** The percent of those who identified themselves as Hispanic, Latino, or of Spanish origin (18% for FY20 and 19% for FY19) and those who identified themselves as White remained fairly constant (52% for FY20 and 56% for FY19). However, there were significant changes in the following categories; those identifying as multi-racial increased to 27% for FY20 from 9% for FY19 while those identifying as Other decreased to 5% in FY20 from 21% for FY19.
- **Housing:** For both fiscal years, renters continued to be the most frequent response (74% for FY20 and 75% for FY19) followed by homeowners (19% for FY20 and 18% for FY19).
- **Education (for individuals 25+):** the FY20 and FY19 data are fairly consistent (non HS grads, 11% for FY20, 12% for FY19; HS/GED at 51% for both fiscal years; some post-secondary educ 19% for FY20, 18% for FY19; and college grad at 19% for both fiscal years).
- **Work Status (for individuals 18+):** In comparing the FY20 and FY19 data, there is very little difference between the following categories: Employed Full or Part-Time (64%/63%; Unemployed Short or Long-Term (7%) and Unemployed -Not in labor force (24%/26%).

#### ***7.4. Introduction of COVID-19 Information and relevance to CACCI Delivery of Services and Impact on the Community***

General information: Governor Baker declared a State of Emergency in the Commonwealth of Massachusetts in his COVID-19 Order No. 13, dated March 23, 2020 with the mandated shutdown of a number of organizations and services with the exception of essential workers as identified by Governor Baker which included the following: health care, public health and human services; law enforcement, public safety, and first responders; food and agriculture; energy including electricity industry, petroleum workers, natural and propane gas workers, and steam workers; water and wastewater; transportation and logistics; public works; communication and information technology; other community-based essential functions and government operations; critical manufacturing; hazardous materials; financial services, chemical workers; and defense industrial base (see the COVID-19 Order No. 13 Appendix A for more detail).

On March 24, 2020, Dukes County Commissioner Tristan Israel Chair declared a State of Emergency; and on March 9, the Town of Nantucket activated its Incident response Team to address COVID-19 and declared a State of Emergency on March 18, 2020.

In order to provide ongoing services to its clients, CACCI implemented the following:

##### ***CACCI's COVID-19 Operations Statement***

As of March 2020 - continues as of mid-November 2020.

CACCI's current COVID-19 building policy: No walk-ins; building is closed to the public.

Customers are advised to call for services. Reception staff are in-office 8-4 Monday thru Friday to triage calls, receive any documents from customers (locked drop-box outside of front door), and to hand out any documents or information to be picked up by customers. Staff can speak to someone briefly outside front door when necessary; masks are on at all times inside and out front. Customers are asked to wear masks when approaching the front of the building.

Staff who are providing service delivery are working in-office two days a week and remotely three days a week from 8-4 Monday thru Friday. They are mainly using phone calls to assist customers; they are also scheduling phone appointments. Staff are also using email and texting. When working remotely, staff have full-service capabilities using laptops with Visual Private Network (VPN) connections and printers that also have scanning capacity. They also use Google Voice.

Plans are being made to open services to the public in office on a limited basis by appointment only with social distancing and health safety protocols; date still to be determined. Opening up the building back up to the public is dependent on COVID-19 guidelines.

***CACCI received the following federal and local funding related to COVID-19***

- Federal Paycheck Projection Program (PPP) funds as forgivable loans.
- Federal CARES Act funding allocated two separate awards through DHCD: in the amount of \$66,842; a second award was in the amount of \$534,500.
- Eastern Bank Charitable Foundation provided CACCI with three donations to support the following programs: The Immigration Resource Center (\$25,000); Safe Harbor (\$10,000); and Child Care Network (\$10,000). Franklin Square House Foundation provided CACCI with a \$5,000 donation for Safe Harbor.

***The Cape Cod Foundation's (CCF) Strategic Emergency Response Fund (SERF)***

In March 2020 the CCF allocated \$100,000 in discretionary funds to seed this Fund and as of September 26, 2020, \$1.52 million in committed funds were raised from the Massachusetts COVID-19 Relief Fund, foundations and corporate partners, and individual donors. To date \$1.17 million has been distributed “to support the continued operation of local nonprofit organizations as they address the impact of COVID-19 on the health, economy, and vitality of Cape Cod during and after this challenging time.”<sup>3</sup> A list of 44 grant recipients are listed and while most are Barnstable County based there are a few nonprofits that provide services Cape and Islands wide. They have also contributed minimal funds to support the work of the Cape Cod and Islands Major Crisis Relief Fund, a program of the Cape Cod Times Needy Fund; and the Cape and Islands United Way COVID-19 Community Response Fund

This year, the Foundation did not release their usual discretionary grants, but instead concentrated on distributing SERF to address current needs and challenges primarily in relationship to the impact of COVID-19 and as identified by nonprofit leaders and community conversations.

***Cape Cod and Islands Major Crisis Relief Fund (MCRF)***

To date \$1.2 million has been raised with a goal of \$1.5 million; the Cape Cod Times Needy Fund program has been in existence for many years, and the Times formed MCRF in 2016 to provide funding following man-made as well as weather-related disasters to address basic immediate and ongoing needs unmet by other forms of public and private disaster aid. Of late, a strong emphasis has been placed on addressing the needs of individuals and families on Cape Cod and the Islands who need financial assistance for basic services due to the coronavirus. Thus, this funding source address household needs as opposed to the Foundation's SERF which provides funds to organizations that service individuals and households. Assistance can consist of financial aid for food, housing, transportation, medical and mental health services, child care, and other services. They can also provide equipment, counseling, and assistance with insurance.

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<sup>3</sup> See the Cape Cod Foundation Press Release (undated) as well as a list of grant recipients at <https://www.capecodfoundation.org/community-response-to-covid-19/>

Like similar programs they do not provide direct funds to individuals but instead disperse funds directly to the agency in the person's name. The Cape Cod Times has a history of printing lists of donors to the Needy Fund, with a few stories of those in need and now covers donors and stories related to MCRF.

***The Cape and Islands United Way - COVID-19 Community Response Fund***

This fund distributed close to \$100,000 to more than 20 local nonprofits (list of organizations funded was not available). Their Board of Directors approved shifting the emphasis of the annual Community Impact Grants to address financial stability and housing in response to COVID-19.

***Dukes County – Permanent Endowment for Martha's Vineyard Emergency Response Fund***

This fund was established with a \$25,000 seed grant from the Endowment and has received over \$300,000 to date including from individual donors and foundation; In June they became partners with the Massachusetts COVID-19 Relief Fund. As of August 21, 2020, this fund awarded \$267,434 in grants to Island nonprofits and regional service providers including \$85,010 to the established Emergency Rental Relief fund in collaboration with the Dukes County Regional Housing Authority.

***Nantucket Fund for Emergency Relief – a COVID-19 Response Fund***

Established by the Community Foundation to award grants on a rolling basis to nonprofits addressing the most pressing needs during and after this public health crisis.<sup>4</sup>

- Phase I: 20 grants were awarded to critical human service organizations actively responding to the pandemic and to organizations which were forced to close but needed support to open when allowed.
- Phase II: 10 grants were awarded to nonprofit organizations which provide vital community services to help them reopen to the public (including funding disinfecting programs and PPE equipment); and to organizations continuing to provide relief and support to individuals and households experiencing economic hardship due to COVID-19.
- Phase III: Grants will be awarded in October to island nonprofits impacted by COVID-19 with the primary focus on island organizations which address the Island's most critical needs and initiatives

The above consists of Cape and Islands County wide programs specifically developed to address needs related to the impact of COVID-19 and therefore should not be considered conclusive of the existing programs across the region designed to assist individuals and families in need. For more information on existing programs across the region, see Section 9.

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<sup>4</sup> Information available at: <https://cfnan.org/receive/nantucket-fund-for-emergency-relief/>  
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**7.5. Current Quantitative and Qualitative Data Specific to Poverty and Its Prevalence Related to Gender, Age, And Race/Ethnicity for CACCI's Entire Service Area.**

***Unless otherwise noted, the U.S. Census data derives from the MASSCAP CARSP Core Data Set compiled by SMC Partners, LLC***

The following tables comparing population changes from 2010 to 2018 show that for all three counties in the CSBG designated service area, population decreased for Barnstable County which most likely represents an out-migration of younger individuals and families, while both Dukes and Nantucket Counties both experienced a population increase. Nantucket County had the largest increase in population and both Dukes and Nantucket Counties showed higher population growth in comparison to the State and U.S. The data for the 14 towns contracted by Child Care Network experienced an increase in population ranging from a low of 1.9 percent for Carver to a high of 7.3 percent for Kingston.

Table 7.1 CSBG Designated Service Area, Massachusetts and US <i>Population Change - 2010-2018</i>					
	Barnstable	Dukes	Nantucket	MA	U.S.
2010	217,483	16,155	10,069	6,477,096	303,965,272
2018	213,690	17,313	11,101	6,830,193	322,903,030
% Change	-2%	7.2%	10.3%	5.5%	6.2%

(U.S. Census Bureau, Table DP05 Core Data Set)

Table 7.2 CACCI Child Care Network Program – 14 Contracted Towns <i>Population Change - 2010-2018</i>			
	2010	2018	% Change
Carver	11,447	11,661	1.9
Duxbury	14,897	15,703	5.4
Halifax	7,508	7,824	4.2
Hanover	13,743	14,397	4.8
Hanson	10,094	10,668	5.7
Kingston	12,470	13,381	7.3
Marshfield	24,969	25,754	3.1
Norwell	10,370	10,987	5.9
Pembroke	17,660	18,304	3.6
Plymouth	55,606	59,331	6.7
Plympton	2,777	2,945	6.0
Rockland	17,511	17,909	2.3
Scituate	18,075	18,591	2.9
Wareham	21,536	22,574	4.8

(U.S. Census Bureau, Town Level Core Data Set, Table DP05, 2018)

A comparison of the data (see Table 7.3 below) for the three Counties with regard to age show the following: Barnstable County has the highest median age at 55.5, followed by Dukes County (48); For Barnstable County, this certainly reflects an aging population also related to the out-migration of younger families coupled with the population decrease as noted in Table 7.2 above. Both Dukes and Nantucket Counties had higher median ages in comparison to the State while the percentage of the population ages 65 and older was higher and percentage of population under 5 years of age was lower for Dukes County in comparison to the State and the U.S. the opposite was true for Nantucket.

Table 7.3 CSBG Designated Service Area, Massachusetts & US <i>Median Age and Percentage of Population Ages 65 and Older &amp; Under 5 Years of Age</i>			
	<i>Estimated Median Age</i>	<i>Percentage of Population Ages 65 and Older</i>	<i>Percentage of Population under 5 Years</i>
Barnstable	55.5	29.1	3.2
Dukes	48	22.2	3.8
Nantucket	40.1	14.3	6.3
MA	39.4	16.7	5.6
U.S.	37.9	15.3	6.1

(U.S. Census Bureau, Table DP05 Core Data Set, 2018)

An article written by Daniel Geesen<sup>5</sup> in discussing Falmouth Hospital's decision to close its maternity ward based on the drop in local childbirth, compares 2000 data to 2018 and concludes that "Over the last two decades, the proportion of individuals over-55 as a part of our Barnstable County population has risen by 42%." His Cape Cod Age Distributing graphs shows that in 2000 the highest proportion of the population was those 40 to 44 years of age while the data for 2018 show the highest proportion was between those 65 and 69 years of age and those 70 to 74 years of age.

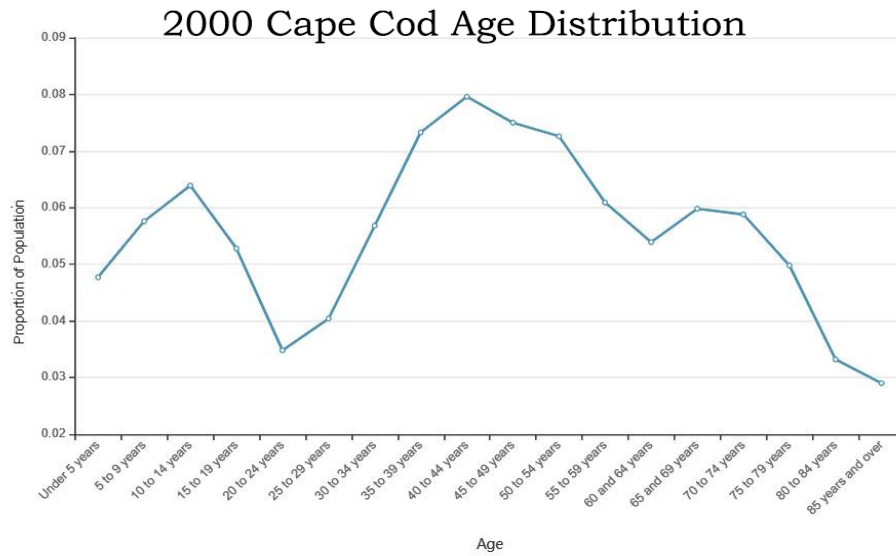
As exemplified in Geesen's report and in the U.S. Census data in the above table, is the decline in the percentage of population under 5 years of age which Geesen put at just under 5% in 2000. He concludes that this is "An Urgent Issue" and "The youth of Barnstable County does not exist in a vacuum. Losing this segment of our population, the children, the workforce, the growing and young adults, endangers our ability to even call ourselves a community and jeopardizes the sustainability of our whole region." The following charts were taken from Geesen's report which clearly display the changes to the age distribution for Barnstable County.

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<sup>5</sup> Daniel Geesen, *Youth Exodus: The Silent Crisis on Cape Cod*, August 9, 2020, available online at <https://dangessen.com/youth-exodus/>. Geesen also discusses solutions, some of which will be discussed under the appropriate sections.

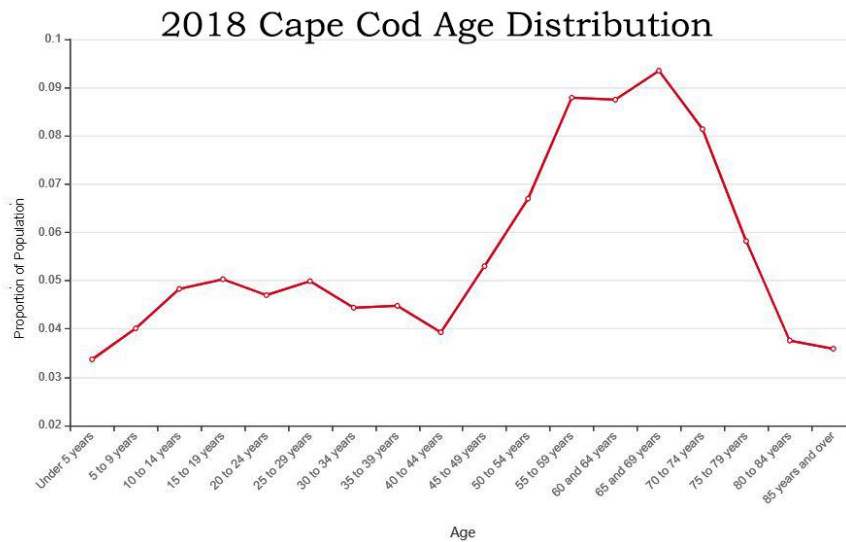


**Figure 7.11**



Source: Daniel Geesen, *Youth Exodus: The Silent Crisis on Cape Cod*, August 9, 2020

**Figure 7.12**



Source: Daniel Geesen, *Youth Exodus: The Silent Crisis on Cape Cod*, August 9, 2020

Analysis of the data of the three Age categories for the 14 towns contracted by CACCI's Child Care Network Program show that while the town of Scituate had the highest median age at 48.6, this was still lower than the median age for Barnstable County. Hanover and Norwell had higher percentages of population under 5 years, in comparison to both the State and the US; and percentage of population 65 and older, Carver, Duxbury, Kingston, and Scituate were higher in comparison to the State and US, but all were lower in comparison to Barnstable County.

Table 7.4 CACCI Child Care Network Program – 14 Contracted Towns <b><i>Median Age and Percentage of Population Ages 65 and Older &amp; Under 5 Years of Age</i></b>			
	<i>Median Age</i>	<i>Percentage of Population 65 and Older</i>	<i>Percentage of Population under 5 Years</i>
Carver	46	20	4
Duxbury	45.8	20.5	4.5
Halifax	42.1	14.8	4.1
Hanover	41.4	16.7	6.6
Hanson	44.9	16.1	3.9
Kingston	44.1	18.6	5
Marshfield	44.3	16.6	5.2
Norwell	42.4	17.2	6.6
Pembroke	42.7	14.9	4.2
Plymouth	47	21.3	4
Plympton	45.9	16.5	6.1
Rochester	44.9	16	3.9
Rockland	41	16	5.4
Scituate	48.6	21.2	4.8
Wareham	46.5	20	5.3

(U.S. Census Bureau, Table DP05 Core Data Set, 2018)

Regarding Race and Ethnicity (Tables 7.5) all three Counties in CACCI's service area show higher percentage of White, Non-Hispanic in comparison to the state and the country.

Table 7.5 Barnstable, Dukes and Nantucket Counties, Massachusetts & U.S. <b><i>Race and Ethnicity 2018</i></b>					
Race/Ethnicity	Barnstable	Dukes	Nantucket	MA	U.S.
White Non-Hispanic	91.9%	88.48%	87.6%	78.5%	72.7%
Black/African American	3%	3.92%	7%	7.5%	12.7%
American Indian/Alaska Native	0.5%	0.7%	0.3%	0.2%	0.8%
Asian	1.5%	0.2	1%	6.5%	5.4%
Native Hawaiian/Other Pacific Islander	-	-	-	-	0.2%
Two or More Races	2%	4.6%	3.5%	3.2%	3.2%
Some Other Race	0.9%	1.8%	0.6%	4.2%	4.9%
Hispanic or Latino	2.9%	3.5%	4.5%	11.6%	17.8%

(U.S. Census Bureau, Table DP05 Core Data Set, 2018, 2018)

When examining the breakdown for Dukes County, it is important to note that the town of Aquinnah has the lowest percentage of White Non-Hispanic (at 66.3%) and the percentages for the category, *Two or More Races* was 11% in 2018, a 92.9% increase in comparison to 2010. Since Aquinnah is the home of the Wampanoag Tribe of Gay Head (Aquinnah, it should not be surprising that 20.5% reported as Native Americans; however, this was a decrease of 57.5% in comparison to 2010. It is important to note that tribal members do not necessarily live within the tribal community

The aggregated data for Barnstable County also does not acknowledge pockets of diversity as follows: The Town of Mashpee has the lowest percentages of White Non-Hispanic at 87.1; and home of the Mashpee Wampanoag Tribe, had the highest percentage of Native Americans at 4.6. The Town of Barnstable also had the highest percentage of Hispanic/ Latino at 5% in comparison to the other 14 towns in Barnstable County (but still lower than the State and U.S).

Table 7.6 Barnstable, Dukes and Nantucket Counties, Massachusetts & US <i>Estimated Percentage of Persons in Poverty by Age, Gender, Race and Ethnicity - 2018</i>					
	Barnstable (n=210,761)	Dukes (n=17,170)	Nantucket (n=10,995)	MA (n=6,593,960)	U.S. (n=314,943,184)
<b><i>Persons in Poverty</i></b>					
	7	8	8.6	10.8	14.1
<b><i>Age</i></b>					
Under 18 years	9.5	12	12.4	13.9	19.5
Among Under 18 and Under 5 Years	9.5	3.1	10.2	15.3	21.5
Age 18-64 years	7.3	6.3	8.1	10.2	13.2
65 years and older	5.2	9	5	9	9.3
<b><i>Gender</i></b>					
Male	6.2	7.1	8.9	9.6	12.8
Female	7.8	8.8	8.3	11.9	15.3
<b><i>Race</i></b>					
Among White Non-Hispanic or Latino	6.6	7.2	6.1	7.1	10
Among Black/African Americans	11.7	18.7	33.3	19.7	24.2
Among American	7	32.3	-	22.2	25.8

Indian/ Alaska Natives					
Among Asians	8	58	16	13.8	11.5
Among Native Hawaiian/ Other Pacific Islanders	-	-	-	14.3	18.3
Among Two or More Races	10.4	1.8	4.4	17.5	17.5
Among Some Other Race	14.8	22.7	-	26.8	22.6
<b><i>Ethnicity</i></b>					
Among Hispanic or Latino Origin	11.2	9.8	17.9	26.3	21

(U.S Census Bureau, ACS Table S1701, Core Data Set, 2018)

Table 7.6 above show that the percentage of the population in poverty<sup>6</sup> for Barnstable, Dukes and Nantucket Counties is lower in comparison to the State and the Country as are all the age categories. However, the poverty data for race and ethnicity show that Nantucket had a higher percentage of Black/African Americans in poverty, Dukes County had a higher percentage of Native Americans and Asians in poverty and both Dukes and Nantucket Counties had higher percentages of Some Other Race in comparison to the state and the U.S. While Nantucket had a higher percentage of Hispanic or Latino among the two other counties, it was still lower in comparison to the State and Country data.

The analysis of data for the 14 Towns in Child Care Network's contracted service area (see Table 7.7 below) show that the percentages of the White-Non-Hispanic category were higher in comparison to the state and the U.S. while Wareham was the only town with a lower percentage (at 83.9) in comparison to Dukes and Nantucket Counties. In comparison to Barnstable, Dukes and Nantucket Counties, the State and the U.S. as well as the other 14 towns, Carver and Wareham had higher percentages for the category, *Some other Race* (at 9.2% and 6.7% respectively); and Wareham had a higher percentage for Two or More Races (at 5.2).

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<sup>6</sup> It is important to note, however, that the poverty statistics in Tables 7.6 and 7.8 are calculated based on the population which fall into that category and not calculated on their percentage within the general population.

<p align="center"><b>Table 7.7</b>  <b>CACCI Child Care Network Program – 14 Contracted Service Area Towns</b>  <b><i>Race and Ethnicity 2018</i></b></p>								
	White- Non- Hispanic	Black/ African American	Native American Alaska Native	Asian	Native Hawaiian or Pacific Islander	Two or more races	Some Other Race	Hispanic / Latino
Carver	93.8	1.7	0.2	1.4	-	2.7	9.2	1.9
Duxbury	97.4	0.4	-	1.7	-	0.3	0.2	0.9
Halifax	95.9	2.7	-	0.2	-	0.7	0.5	1.8
Hanover	97.1	0.8	-	0.9	-	0.6	0.7	0.3
Hanson	95.5	0.8	-	1.7		1.6	0.5	1.5
Kingston	96.1	1.1	-	0.4	-	1.9	0.6	1.9
Marshfield	95.4	0.6	0.2	0.6	0.1	1.4	1.8	1.8
Norwell	96.3	0.4	-	1.5	0.2	1.4	0.2	1.3
Pembroke	95.1	0.5	-	1.5	-	2.6	0.3	1.3
Plymouth	93	1.9	0.1	1	-	2.3	1.7	2.4
Plympton	97.3	1.1	-	0.3	-	0.6	0.6	2.5
Rockland	93.6	2.8	-	0.4	-	1.9	1.3	2.6
Scituate	95.3	0.8	-	0.4	-	1.8	1.4	0.9
Wareham	83.9	2.4	0.9	0.9	-	5.2	6.7	4

U.S. Census Bureau, ACS Table DP05 Core Data Set, 2018)

The data reflected in Table 7.8 below show that Wareham is the only town with a higher percentage of persons in poverty in comparison to the state; and both Marshfield and Rockland had slightly higher percentages in comparison to Barnstable County (7.3 and 7.2 respectively). Wareham also has higher percentages of the following categories in comparison to MA and U.S. data: Under age 18, Under age 5, Ages 18-64 (not higher than U.S.) and Ages 65 and older, and males and females (for MA only).

<p align="center"><b>Table 7.8</b>  <b>CACCI Child Care Network Program – 14 Contracted Service Area Towns</b>  <b><i>Estimated Percentage of Persons in Poverty by Age and Gender 2018</i></b></p>							
	Persons in Poverty	Under 18 years	Under 18 /under 5 years	18-64	65 and older	Male	Female
Carver	5.6	5	0	5.2	7.6	5.8	5.4
Duxbury	4.1	2.4	2.1	4.2	5.8	2.4	5.6
Halifax	4.3	0	0	5.1	7.4	5.7	3.1
Hanover	2.8	3.4	4.3	2	4.5	1.4	4.1
Hanson	3.3	3.2	8.1	3.6	2.2	3.6	3
Kingston	6.1	5.7	2.8	5.4	9.1	4.4	7.7
Marshfield	7.3	9.3	6.7	6.5	7.2	6	8.4
Norwell	3.3	1.9	0	3.4	5.3	3.2	3.4

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Pembroke	3	4.3	2.7	2.4	3.6	2.2	3.7
Plymouth	6.6	9.5	5.5	6.5	4.2	5	8
Plympton	4.3	6	9.4	4.3	2.5	2.1	6.6
Rockland	7.2	5.5	10	7.5	7.8	4.2	10.1
Scituate	4.4	4.1	0	3.6	6.6	3.9	4.8
Wareham	11.3	20.7	28.2	10.4	5.1	10.4	12.1

(U.S. Census Bureau, ACS Table S1701, Core Data Set, 2018)

Analysis of the percentage of racial and ethnic categories in poverty (see Table 7.9 below), show that the findings are more mixed. A comparison of the data for the 14 towns to data for MA and the U.S, show the following: Wareham had the highest percentage of White Non-Hispanic in poverty (at 10.3); Norwell a very high rate of Black/African Americans in poverty at 77.4% while White Non-Hispanics were at a low of 3%; Carver, Halifax, Plympton and Wareham had higher percentages of Asian Americans in poverty (21%, 100%, 100% and 32% respectively); both Carver and Rockland had higher percentages of Hispanic/ Latinos (37.8 and 33.9 respectively); both Rockland and Wareham had higher percentages of the category Two or More Races (31.3 and 22.6 respectively); and Carver had higher percentages for the category, Some Other Race (at 37.8). Some of the surprising findings may perhaps be related to communities with less diversity.

<p>Table 7.9</p> <p>CACCI Child Care Network Program - 14 Contracted Towns</p> <p><i>Estimated Percentage of Persons in Poverty Within Race and Ethnicity Categories- 2018</i></p>								
	White- Non- Hispanic	Black/ African American	Native Am/ Alaska Native	Asian	Native Hawaiian Pacific Islander	Two or more races	Some Other Race	Hispanic / Latino
Carver	4.9	0	0	21	-	0	45.8	37.8
Duxbury	4.2	0	-	0	-	0	14.3	2.8
Halifax	3.5	28.7	-	100	-	0	0	0
Hanover	2.9	0	-	0	-	0	0	6.3
Hanson	3.5	0	-	0	-	0	0	1.2
Kingston	5.9	5.6	-	12.7	-	0	60	23.4
Marshfield	5.9	17.5	0	0	0	6.2	85	3.7
Norwell	3.2	77.4	-	0	0	0	0	0
Pembroke	3.1	9.4	-	0	-	0	0	0
Plymouth	5.8	29.9	0	17	-	10.8	19.3	9.1
Plympton	4.1	0	-	100	-	0	0	6.7
Rockland	5.4	16.4	-	0	-	31.3	25.4	33.9
Scituate	4.5	0	-	0	0	6.2	0	2.3
Wareham	10.3	14.3	0	32	-	22.6	11.4	14.1

(U.S Census Bureau, ACS Table S1701, Core Data Set, 2018)

While the above poverty data show that minority groups are disproportionally represented, data of coronavirus cases confirmed that Black and Hispanics are also disproportionally represented among this population as well.<sup>7</sup> The analysis is based on 640,000 cases as of May 28, 2020 where race, ethnicity and home county of the patient was known.

The data in Table 7.10 show the following: for Barnstable County, Black cases are close to three times higher in comparison to Whites; for Plymouth County, Black cases are 4.7 times higher, and for Hispanics it is 3.36 times higher in comparison to Whites. However, the rate of cases for Asians is substantially lower in comparison to Whites.

<p style="text-align: center;">Table 7.10 Barnstable &amp; Plymouth Counties<sup>8</sup> <b><i>Comparison of Confirmed Coronavirus Cases by Race and Ethnicity</i></b></p>			
<i>Counties</i>	<i>Number of Cases<sup>9</sup></i>	<i>Number of Cases by Race/Ethnicity</i>	<i>Cases per 10,000</i>
Barnstable County	1,386	White = 611 Black = 62	32 94
Plymouth County	8,022	White = 2,508 Black = 1,519 Hispanic = 418 Asian = 30	59 276 198 36

(Richard A. Oppel, et al., *The Fullest Look Yet at the Racial Inequality of Coronavirus*. New York Times. July 5, 2020)

There seem to be an agreement as to the cause of the racial disparities in the confirmed coronavirus cases. “On the Cape, officials said, the gap reflects the fact that people of color often have less access to health care, live in more crowded conditions where the highly infectious virus can jump from person to person more easily, and are more likely to work in essential front-line roles” (Cape Cod Times).<sup>10</sup> The New York Times article also states that Black and Hispanic people often live in multigenerational homes, rely on public transportation and their front-line jobs “keep them from working at home”. The overall sentiment is that COVID-19 data should be

<sup>7</sup> Richard A. Oppel, et al. *The Fullest Look Yet at the Racial Inequality of Coronavirus*. New York Times. July 5, 2020. Available online at <https://www.nytimes.com/interactive/2020/07/05/us/coronavirus-latinos-african-americans-cdc-data.html> (The data was obtained from The Centers for Disease Control and Prevention only after the New York Times filed a lawsuit under the Freedom of Information Act.)

<sup>8</sup> Data was not available for Dukes and Nantucket Counties, probably because the numbers were so low. Plymouth County data are included in this analysis because the 14 towns served by CACCI’s Child Care Network’s program fall within this county.

<sup>9</sup> Not all cases had race/ethnicity data available – see discrepancy of number of cases versus breakdown for Race/Ethnicity.

<sup>10</sup> Chris Lininski, State House News Service, with contribution from Cynthia McCormick, Cape Cod Times staff writer. *Cape Officials highlight racial disparities in coronavirus data: Need for more information, emergency sick leave cites*. Cape Cod Times. July 10, 2020, pages A1 & A4.

readily available from the Massachusetts Department of Public Health. As quoted in the Cape Cod Times article dated July 10, 2020, Vaira Harik, Deputy Director of Barnstable County Department of Human Services, “There should be no reason why we as a county should not have access to our death data in complete form. We should have access to it so we can be as responsible to who is dying and what they look like from various points of view.” Dr. William Agel, chief medical officer at Cape Cod Healthcare agreed.

A Center for Disease Control and Prevention report<sup>11</sup> analyzed the number of coronavirus cases and deaths among people under the age of 21 between February 12 and July 31 and found “a staggering racial disparity”- of the children who died 78% were children of color: 45% were Hispanic, 29% were Black, and 4% were non-Hispanic American Indian or Alaska Native. While this analysis was based on 121 deaths it disputes the belief that children will not die from this virus. Also noted, three-quarters of the children had an underlying condition such as asthma, obesity and cardiac issues. The report also points to “disparities in social determinants, such as crowded living conditions, food and housing insecurity, wealth and education gaps, and racial discrimination.”

**Poverty and Education** While most of the data in Table 7.11 show that education pays off in that the higher education obtained, the lower the percentage of persons in poverty, there are some surprising exceptions. For example, the Nantucket data show that while the percentage of persons in poverty with less than a high school degree and those with at least a high school degree/GED were lower in comparison to Barnstable and Dukes County, the higher percentage (13.5%) of persons in poverty with some college or Associate’s degree supersedes Barnstable, Dukes and both the State and US findings, while the percentage of those with at least a Bachelor’s degree was slightly lower (at 3%). Another interesting finding is that the percentage of persons in poverty with less than a high school degree for Barnstable, Dukes and Nantucket Counties is substantially lower in comparison to the percentage for Massachusetts and the US.

Table 7.11 Barnstable, Dukes and Nantucket Counties, compared to MA and U.S. <i>Poverty Statistics and Relationship to Education Attainment– 2018</i>					
	Barnstable	Dukes	Nantucket	MA	U.S.
% of Persons in Poverty	7%	8%	8.6%	10.8%	14.1%
Median Household Income	\$70,621	\$71,224	105,171	\$77,378	\$60,293
Per Capita Income in Past 12 months	\$42,578	\$43,822	\$51,270	\$41,794	-

<sup>11</sup> Jane Greenhalgh and Patti Neighmond, The Majority of Children Who Die From COVID-19 Are Children of Color, WBUR News, September 16, 2020.



<p align="center"><i>Table 7.11 Continued</i></p> <p align="center">Barnstable, Dukes and Nantucket Counties, compared to MA and U.S.</p> <p align="center"><b><i>Educational Attainment for Persons in Poverty (Ages 25 and Older)</i></b></p>					
Less than HS	14.9%	13.0%	11.3%	24.8%	25.8%
HS /GED	10.7%	12.5%	8.4%	11.9%	13.9%
Some college or Associates Degree	6.7%	6.1%	13.7%	8.7%	9.9%
Bachelor's Degree or Higher	4.0%	4.0%	3.0%	4.1%	4.4%

(U.S. Census Bureau, ACS Table S1701, 2018; Median Household Income taken from ACS Table DP03 for Nantucket, MA and U.S (Tables S1701 and DP03 taken from the Core Data Sets); US. Census Quick Facts for Barnstable and Dukes County; Per Capita Income for all categories taken from the U.S. Census Quick Facts)

While the importance of education is noted in the above table in relationship to decreasing poverty, colleges across New England have experienced enrollment declines either because students opted out of remote learning or job losses put tuition out of reach.<sup>12</sup> According to the National Student Clearinghouse Research Center, first-year enrollment declined by more than 22% nationally. Locally, Cape Cod Community College has reported an enrollment decline of 7%. John Cox, president of the College stated that, “Some students lost jobs, and others didn’t know whether their children’s schools would be opening or their children would be learning from home, competing for limited quiet space and Internet bandwidth,”; and that administrators work with student to get them to stay in school, even if it means taking one course at a time and/or taking short-term semesters. The college completely moved to remote learning when the State went into lockdown and has therefore been able to save money on utility expenses.

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<sup>12</sup> Deirdre Fernandes, *Enrollment plummeted at many New England colleges this fall*, The Boston Globe, October 16, 2020.

## ***7.6. Discussion of Major Conditions Affecting the Community and Its Members***

### **CHILD CARE as a Major Condition that relates to the community and its members' causes and conditions of poverty**

Available and affordable child care is essential in order for households to be gainfully employed and is a particularly important service for children from low-income households.

As noted in Bernstein, et al., “High-quality early childhood education has been shown to give children a boost toward future success, with research demonstrating that early childhood education helps close academic achievement gaps and improves longer-term educational and societal outcomes. Moreover, a strong child care system is essential for the health of families, communities, and the economy.”<sup>13</sup>

The Child Care Aware of America's, 13<sup>th</sup> Annual Price of Care survey, titled The US and the High Price of Child Care: An Examination of a Broken System 2019 Report states that child care is unaffordable in all 50 states, plus the District of Columbia” and notes that Massachusetts is included in the list of eight states plus the District of Columbia, where child care prices for center-based infant care cost millennial parents over 35% of average income. In examining the data for the 14 Counties within Massachusetts based on the percent of millennial Median Income for a married couple with children, Barnstable County is ranked fourth of least affordable for Center Based Infant Care and Nantucket is ranked first for Family Child Care, while Dukes and Barnstable are ranked fourth and fifth respectively for least affordable.

The data in Table 7.12 below is based on a comparison of average price against county median income and not on percent of millennial Median Income for a married couple with children. The data show that Barnstable County had the highest percentage of expenditures for Center Based Infant Care at 16.3 (slightly lower in comparison to the state), followed by Nantucket, with Plymouth County as the lowest. Regarding Center Based 4-Year-Old Care, Nantucket was the highest and Plymouth was the lowest.

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<sup>13</sup> Jon Bernstein, et al., Invest in the economy, invest in early childhood education and child care: Massachusetts needs a new social compact for early childhood education. Boston Globe Opinion, August 11, 2020.

Table 7.12 <i>Child Care Costs for Barnstable, Dukes Nantucket &amp; Plymouth Counties</i> <sup>14</sup>						
<b>Center Based Care</b>						
Counties	<b>Infant Care Costs</b>	% Median Income	Difference to State Average	<b>4-Year-Old Care Cost</b>	% Median Income	Difference to State Average
Barnstable	\$17,285	16.3%	-0.1%	\$13,246	12.5%	0.3%
Dukes	\$15,275	14.0%	-2.4%	\$14,281	13.1%	0.9%
Nantucket	\$17,160	14.8%	-1.6%	\$15,933	13.8%	1.6%
Plymouth	\$17,501	13.5%	-2.9%	\$13,140	10.2%	-2.0%
Statewide Affordability		16.4%			12.2%	
<b>Family Child Care</b>						
Counties	<b>Infant Care Cost</b>	% Median Income	Compare to State Average	<b>4-Year-Old Care Costs</b>	% Median Income	Compare to State Average
Barnstable	\$12,100	11.4%	1.0%	\$11,563	10.9%	1.3%
Dukes	\$12,545	11.5%	1.1%	\$13,632	12.5%	2.9%
Nantucket	\$14,950	12.9%	2.5%	\$15,730	13.6%	4.0%
Plymouth	\$12,474	9.6%	-0.8%	\$11,445	8.8%	-0.8%
Statewide Affordability		10.4%			9.6%	

Child Care Aware of America. *The US and the High Price of Child Care: An Examination of a Broken System*. 2019 Report (County Level Supplement)

For Family Child Care, Nantucket had the highest percentage of median income for both Infant Care and for 4-Year-Old Care at 12.9% and 13.6% respectively with all three categories exceeding the state's average, Plymouth County had the lowest costs in relation to median income.

A Boston Globe article by Jon Bernstein et al.<sup>15</sup> notes that even before the pandemic, child care was already in trouble. The authors note that "... especially children of color, suffer from inequitable access and uneven quality within the early childhood education system" and "Women, especially women of color constitute more than 90 percent of the low-wage early childhood education workforce." As a result, child care workers find it necessary to leave the field in order to obtain family-sustaining wages.

<sup>14</sup> Plymouth County data are included in this analysis because the 14 towns served by CACCI's Child Care Network's program fall within this county.

<sup>15</sup> Jon Bernstein, et al., Invest in the economy, invest in early childhood education and child care: Massachusetts needs a new social compact for early childhood education. Boston Globe Opinion, August 11, 2020.

### **Impact of COVID-19**

According to the Child Care Network director, COVID-19 has left a gap in child care: while about 78% of the child care programs have reopened, many maintain reduced capacity due to health and safety guidelines. In September, EEC noted that preschool enrollment was highest while infant enrollment was well below numbers reported previous to COVID-19. Communities' varying plans for remote, hybrid, and other school attendance for the academic year have placed a burden on School Age programs expected to provide space and supervision during children's virtual learning days. At the same time, enrollment in general is below the onset of COVID-19 as many families keep their children out of child care for either health or economic reasons. The business of child care is at risk as more professionals leave the field. The result will be less options for families when they are ready to enroll their children and return to the workforce.

## Health Care – Health Insurance Coverage and Related Issues Such as Substance Use and Food Insecurity that relates to the community’s causes and conditions of poverty

Although Massachusetts participates in the Medicaid Expansion program (MassHealth in Massachusetts), a recent Blue Cross Blue Shield of Massachusetts Foundation Report<sup>16</sup> acknowledges, “Though Massachusetts has come closer than any other state to achieving universal coverage, there remain pockets of relatively high uninsurance in 137 hot-spot communities throughout the state” (page 14). The report found that the uninsurance rate for the Southeastern region for this period was 3.1%. The following Hot-Spot Communities within CACCI’s Service areas were identified although none rose to the level of a Priority Hot-Spot:

- Barnstable County towns include Barnstable, Chatham, Dennis, Harwich, Provincetown, Sandwich, Truro and Wellfleet;
- Dukes County towns include Edgartown and Tisbury;
- Nantucket County/Town was also included on this list;
- Of the 14 towns CACCI’s Child Care Network’s program is contracted to serve, Halifax, Plymouth and Wareham are included on this list.

While the following data show relatively positive health insurance coverage for both Barnstable Dukes, and Nantucket Counties and the 14 towns served by CACCI’s Child Care Network Program, it should be noted that this data is prior to the Coronavirus pandemic. Dukes County showed the lowest percent of population with health insurance coverage in comparison to Barnstable and Nantucket Counties, while all three counties were lower than the State but higher in comparison to the U.S. For those who were employed the percentages with health insurance for all three counties was lower in comparison to the State but higher than the percentage in the US. For those in the labor force but unemployed, only Dukes County superseded the percentages for the other two counties and the State, and US, while Nantucket County’s coverage was lower in comparison to the other two counties, the State and the U.S.

<p>Table 7.13 Barnstable, Dukes and Nantucket Counties Compared to Massachusetts &amp; U.S. <i>Health Insurance Coverage Percentages – 2018</i></p>					
	Barnstable	Dukes	Nantucket	MA	U.S.
Civilian Noninstitutionalized Population with Health Insurance	96.8	95	95.5	97.2	90.6
• With Private Health Ins.	73.1	70.8	77.1	74	67.7
• With Public Coverage	47.8	39.2	30.1	36.1	34.7

<sup>16</sup> The Geography of Uninsurance in Massachusetts: An Update for 2013-2017, Blue Cross Blue Shield of Massachusetts Foundation and Michael Karpman, Dulce Gonzalez and Sharon K. Long of the Urban Institute, August 2019: Also see Appendix Map D4. Priority Hot-Spot Communities: Hot-Spot Communities with a High Concentration of Uninsured Residents in Massachusetts, Southeast Region, 2013-2018.

Civilian Noninstitutionalized Population 19-64 / in Labor force / Employed					
With Health Insurance	94.8	94.8	94.7	96.5	88.4
• With private Health Ins.	79.6	78.5	83.1	84.3	80.9
• With Public Coverage	18.8	17.7	14.2	14.9	10
Civilian Noninstitutionalized Population 19-64/In Labor force/ Unemployed					
With Health Insurance	88.1	100	64.6	89.8	70.3
• With private Health Ins.	47.8	17.5	52.2	47.5	39.7
• With Public Coverage	48.1	82.2	14.2	46.6	33.6

(U. S. Census Bureau, ACS Table DP03, Core Data Set, 2018)

An examination of the data in Table 7.14 (see Appendix J), again show relatively positive findings, with a few exceptions, as Halifax had the lowest percentage of persons with health insurance (at 92.9%) and also a low percent of persons in the labor force but unemployed (at 66.9%) which was even lower in comparison to the U.S. data.

### ***Health Care Insurance Issues and Relationship to COVID-19***

The Massachusetts Health Connector Authority contracts with Community Action Committee's Access to Health Insurance & Care Services to serve Barnstable and Nantucket Counties; the Vineyard Health Care Assess program serves Dukes County. The Massachusetts Health Connector announced in a Press Release on October 22, 2020<sup>17</sup> that CACCI has been chosen as one of ten Navigator agencies to provide expanded access to support during the COVID-19 pandemic is particularly pertinent, especially as this pandemic continues. As noted, the Blue Cross Blue Shield of Massachusetts Foundation, there continues to be confusion around the Public Charge rule. The report also outlines health care and coverage during this public health crisis in Massachusetts; the details of the document are too numerous to outline here but contain "temporary policy changes enacted to help people in the Commonwealth enroll in and maintain MassHealth, ConnectorCare, and other sources of publicly financed coverage."<sup>18, 19</sup>

<sup>17</sup> Massachusetts Health Connector, *Health Connector Announces Navigators Ahead of Open-Enrollment 2021*, Press Release, October 22, 2020.

<sup>18</sup> Quote from - Blue Cross Blue Shield of Massachusetts Foundation, *MassHealth and ConnectorCare Enrollment Tracker*, written by Katherine Howitt, of the Massachusetts Medicaid Policy Institute, October 2020.

<sup>19</sup> Blue Cross Blue Shield of Massachusetts Foundation, *Promoting Access to Health Care and Coverage During a Public Health Crisis; COVID-19-Related Changes in Massachusetts Affecting MassHealth, Health Connector Programs, and the Health Safety Net*, written by Vick Pulos and Kate Symmonds of the Massachusetts Law Reform Institute, August 31, 2020. (The intro to the report notes that since policies and programs change frequently, the resource will be regularly updated.)

The Health Care Navigator's role is complex which includes: During Open Enrollment (November 1, 2020 to January 23, 2021), assist with applying for health insurance, and provide guidance on plan selection: registering those who have lost their job and work-based health insurance in 2020 and are without coverage; assisting those enrolled in COBRA coverage to determine if they qualify for subsidized coverage; and ensuring that clients maintain their coverage which means examining any changes in income. The last is particularly pertinent in seasonal economies such as Barnstable Dukes and Nantucket Counties where there often is an influx of new people coming into the area in the spring and loss of or change in income once seasonal employment ends as well as job loss due to COVID-19. Additional issues include working with persons relocating from another state who are required to reapply in Massachusetts; working with people who retire before the age 65 and, therefore, have yet to qualify for Medicare; and working with clients outside of the open-enrollment period with "qualifying events" such as having a new baby or change in employer-sponsored insurance.

The Migration Policy Institute *Barriers to COVID-19 Testing and Treatment: Immigrants without Health Coverage in the United States Fact Sheet*<sup>20</sup> note that, with the loss of employment which is rising faster among the immigrant population than those born in the US, are more likely to be negatively impacted by loss of employer-sponsored health insurance and therefore less likely to receive COVID-19 testing and treatment. However, in Massachusetts, immigrants who do not have a Social Security number or documentation of their immigration status can apply for Massachusetts coverage options regardless of citizenship status.<sup>21</sup> Applicants are required to disclose their immigration status when applying for their own coverage for government-subsidized insurance such as MassHealth or Health Safety Net; but, if applying for someone within the household, they only need to report that individual's immigration status. The Massachusetts Law Reform Institute provides more detail on the rules that MassHealth and the Massachusetts Health Connector use to determine eligibility status for non-citizens.<sup>22</sup>

A Massachusetts Immigrant and Refugee Advocacy (MIRA) Coalition report<sup>23</sup> notes that although the U.S. Census data show that while only 2.8% of Massachusetts residents are uninsured, it is 6.3%, among the foreign-born, and among noncitizens who have arrived since 2010, it is 20.5%. The responses to their survey of 433 households across the state found that a majority reported having at least MassHealth Limited or Health Safety Net coverage – both of

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<sup>20</sup> Randy Capps and Julia Gelant, *Barriers to COVID-19 Testing and Treatment: Immigrants without Health Coverage in the United States*, Migration Policy Institute Fact Sheet, May 2020.

<sup>21</sup> Mass.Gov, Protections for Immigrant Communities, available online at <https://www.mass.gov/service-details/information-for-immigrant-patients-and-their-health-care-providers-on-immigration>

<sup>22</sup> Understanding Non-Citizens' Eligibility for Health Coverage from MassHealth and the Health Connector, May 2020.

<sup>23</sup> *The Impact of COVID-19 on Immigrants in Massachusetts: Insights from our Community Survey*, Written by Marion Davis for the Massachusetts Immigrant & Refugee Advocacy Coalition, Boston, Mass, August 2020. Available at <http://www.miracoalition.org/cvsurvey>.

which are open to all who meet income criteria, regardless of immigration or citizenship status and noted that reliance on those two programs is particularly high in households with undocumented members.

The U.S. Census Bureau, Household Pulse Survey<sup>24</sup> reported in Table 7.13 below measures an estimate of the impact the pandemic has had on adults (individual population age 18 plus) and the percentages of adults who delayed getting medical care because of the COVID-19 pandemic in the last four weeks. This shows the weeks that the State percentages supersedes that of the US, with week 11 being the highest at 50.1%; week 1, considered the baseline shows a match between the State and the U.S.

Table 7.15 U.S. Census Bureau, Household Pulse Survey 2020 <i>Delayed Getting Medical Care Because of the COVID-19 pandemic in the Last Four Weeks</i>		
	Massachusetts	U.S.
Week 1 (April 23-May 5)	38.7%	38.7%
Week 4 (May 21-May 26)	42.6%	40.6%
Week 5 (May 28-June 2)	44.1%	41.4%
Week 11 (July 9-July 14)	50.1%	40.6%
Week 12 (July 16-21)	41%	40.1%

<https://www.census.gov/householdpulsedata>

### ***Issues of Substance Use***

Since the issue of behavioral health, including mental illness and addiction issues and has been identified by a number of reports and sources, it is important to note here.

Table 7.16 Barnstable, Dukes, Nantucket and Plymouth Counties and Massachusetts <i>Opioid Deaths 2000-2018</i>			
	2000	2018	Total 2000-2018
Barnstable County	20	73	516
Dukes County	0	3	25
Nantucket	1	2	11
Plymouth County	38	175	1,250
Massachusetts	547	2,015	14,177

(Data from Massachusetts Department of Public Health lists deaths for Number of Opioid-Related Deaths by County, MA Residents: 2000-2018. posted June 2020) <sup>25</sup>

<sup>24</sup> Data was available for states only and not by counties within states; while Weeks 1 through 12 are considered Phase 1, comparable data was not available for Phase 2.

<sup>25</sup> See Massachusetts Department of Public Health, Number of Opioid –Related Overdose Deaths, All Intent by, MA County Residents: 2000-2018, posted on June 2020 on the MDPH website; the Technical Notes state that data for 2017 to 2019 deaths are preliminary as they are based on estimates and therefore, subject to change.



Opioids include heroin, illicitly manufactured fentanyl, opioid- based prescription painkillers, and other unspecified opioids. The last detailed analysis of Barnstable County death records, conducted by Vaira Harik, Senior Project Manager with the Barnstable County Department of Human Services covering 2004-2014 found that: 64% of opioid overdoses were blue collar workers such as carpenters, fishermen, homemakers, wait staff, cooks and other professions; 69% had less than a college education; and 72% were male.<sup>26</sup> Barnstable County Department of Human Services, Regional Substance Use Council (RSAC) issued a Baseline Assessment in February 2015 and created an Action Plan for 2015-2020 based on the assessment.<sup>27</sup>

Governor Charlie Baker signed a bill on March 2016 limiting first-time opioid prescriptions to seven days - the first law in the country. As A Blue Cross Blue Shield of Massachusetts Foundation report cited in the Cape Cod Times, noted that the prescription rate was reduced by half from 2013-2017 in the Commonwealth with 45 % fewer in Barnstable-Yarmouth area.<sup>28</sup> This article also noted rising concerns related to the increase in synthetic opioids such as fentanyl and carfentanil which are even more potent.

At a Massachusetts Opioid Screening and Awareness Day virtual event held on September 22, 2020, the concern that the impact of COVID-19, and resulting anxiety and isolation, “can fuel a substance use disorder, and leave people struggling with few outlets to seek help.”<sup>29</sup> Senator Julian Cyr, representing Barnstable, Dukes and Nantucket Counties, in his recorded welcoming message noted that “the pandemic has made it harder for people to access treatment services for addiction.”

### ***Domestic Violence and Staying at Home Concerns in relationship to COVID-19***

While staying at home might be “the healthiest and safest course of action to stop the spread of COVID-19” this might not be the safest place for victims of domestic and sexual violence, according to Independence House, Cape Cod’s main provider of services to this population. They also note that “Reports during this pandemic have confirmed that victims are facing increased risks to their safety!” This includes the impact on children who witness abuse in the home.<sup>30</sup>

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<sup>26</sup> K.C. Myers, *Blue collar workers hit hard by overdoses*, Cape Cod Times, June 8, 2017, pages A1 & A4.

<sup>27</sup> Barnstable County Dept of Human Services, Regional Substance Use Council, Fact Sheet, June 2017.

<sup>28</sup> Cynthia McCormick, Cape Cod Times, July 14, 2018 available online

<sup>29</sup> Matt Murphy, Reporting for the State House News Service, *Experts fear ‘slow tsunami’ of opioid deaths during pandemic: Isolation and anxiety can spur addiction and also limit changes for help*, Cape Cod Times, September 23, 2020, page A2.

<sup>30</sup> Independence House. COVID-19 Response: *Coronavirus ...When Staying at Home is NOT your Safest Place!* Newsletter dated April-May 2020.

### ***Food Insecurity***

The U.S. Census Bureau, Household Pulse Survey measures an estimate of the impact the pandemic has had on adults (individual population age 18 plus). The Survey was conducted in two phases: Phase 1 data collection covered 12 weeks starting with April 23 and ending with the week of July 16; Phase 2, although referred to in “weeks”, started on August 19 through October with five collection periods labeled Weeks 13 through 17 covering about every two weeks.

The table below examines the pertinent data for the percentages of adults in households where *there was either sometimes or often not enough to eat in the last seven days*. An examination of both phases shows that while the State percentages did not surpass the US data, it certainly came close with 10.5% for Week 2 as an example; Week 12 is included because this is when the national percentage was at its highest; the Week 1 data is provided as a baseline. The data for Phase 2 show that the State’s percentage is at its highest at Week 13 and the US percentage is at its highest at Week 17 but still not as high as Week 12. The data for Weeks 15 and 16 show higher percentages for the State for all but Week 2.

Table 7.17 U.S. Census Bureau, Household Pulse Survey 2020 <b><i>Food Scarcity</i></b> (Percentage of adults in households where there was either sometimes or often not enough to eat in the last seven days)		
	Massachusetts	U.S.
<b><i>Phase 1</i></b>		
Week 1 (April 23-May 5)	7.2%	9.8%
Week 2 (May 7-12)	10.5%	10.6%
Week 12 (July 16-21)	7.5%	12.1%
<b><i>Phase 2</i></b>		
Week 13 (August 19-31)	9%	10.3%
Week 14 September 2-14)	7.3%	10.5%
Week 15 (September 16-28)	7.8%	10.1%
Week 16 (September 30-October 12)	7.6%	10.3%
Week 17 (October 14-26)	7.9%	10.9%

(<https://www.census.gov/householdpulsedata>)

Even before the Coronavirus pandemic, food pantries were experiencing an increase in demand<sup>31</sup> which has been further exacerbated as the pandemic put people out of work and schools closed in the spring. Since the pandemic a number of organizations across the Cape and Islands have

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<sup>31</sup> Gwenn Friss, *Stocking the Shelves: Local food pantries see spike in demand over the holiday season*. Cape Cod Times, December 15, 2020, page A1 & A4.

reported an increase in demand and have risen to the occasion to meet the demand, including arrangements to feed the homeless.<sup>32</sup>

Cape Cod Council of Churches reported a 30% increase in people served in their Hands of Hope Pantry and a 50% increase in people served at their Faith Family Kitchen in Hyannis.<sup>33</sup> An August 1, 2020 article in the Cape Cod Times<sup>34</sup> notes that “Barnstable County’s food insecurity rates have jumped by 74% since 2018, according to Feeding America estimates.” This article reports that the Family Pantry of Cape Cod, located in Harwich has seen 50 new clients and anticipates a 20% increase between now and October in comparison to last year; the Sandwich Food Pantry was already serving 800 clients and have seen 400 new clients, an increase of 50%. This article also discussed the USDA-funded Farmers to Families food giveaway held at the grounds of Sandwich High school on July 29, 2020 where cars started gathering in line two hours early with a two-mile line of cars down to the road to receive the food distribution. John Yunits Jr., the Barnstable County Administrator, in referencing this event stated “What we are seeing in Sandwich is a whole new group of people that we have never seen before, including out-of-work professionals” – he also noted that the situation will only get worse as the tourist season winds down and hospitality workers are without jobs.<sup>35</sup>

The head of the Greater Boston Food Bank, Catherine D’Amato also emphasized the growing need among first time households who experience food insecurity because their “lives have been turned upside down by COVID-19.” D’Amato notes that since July those receiving assistance from a food pantry in Eastern Massachusetts has increased by 120% and emphasized that people who receive food distributions “can better focus on paying rent and avoiding homelessness.”<sup>36</sup>

Feeding America conducts an annual Map the Meal Gap survey to document food insecurity that also includes data for child food insecurity and notes “Households with children are more likely to be food insecure.”<sup>37</sup> They also conducted projected rates of food insecurity based on the impact of the Coronavirus for both the overall population and for households with children (updated as of October 30, 2020). Based on the 2018 data, the food insecurity rate for the State was higher in comparison to all three counties while the rate for child insecurity was higher in comparison to the State for all three counties. It is surprising that the average meal cost is higher for Barnstable County in comparison to Dukes and Nantucket Counties as both islands have their

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<sup>32</sup> Details on responses to the increased demand will be discussed Section under findings.

<sup>33</sup> Cape Cod Council of Churches, Enews, August-September, received August 7, 2020

<sup>34</sup> Denise Coffey and Gwenn Friss, *Supply and demand: As pandemic continues, food pantries and programs work to address rising need on Cape Cod*, Cape Cod Times, August 1, 2020, pages A1 & A5.

<sup>35</sup> Geoff Spillane, County seeks to coordinate food distribution efforts: Assembly approves funding to hire food access leader, Cape Cod Times, September 19, 2020, page A1.

<sup>36</sup> Gwenn Friss, ‘Donate, advocate and volunteer’: Greater Boston Food Bank leader sees greater need due to pandemic, Cape Cod Times, November 12, 2020.

<sup>37</sup> The Impact of the Coronavirus on Child Food Insecurity

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groceries delivered by ferry. However, the average meal costs for all three counties are higher in comparison to the State.

Analysis of the impact of coronavirus on food insecurity show that while the State's rate at 14.2% is higher in comparison to all three counties, the rate for Barnstable County is higher in comparison to Dukes and Nantucket Counties. Regarding projected child food insecurity, both Barnstable and Nantucket Counties have higher rates in comparison to the State (see chart next page).

Table 7.18 Barnstable, Dukes and Nantucket Counties and Massachusetts <i>Food Insecurity Pre and Post Coronavirus</i> <sup>38</sup>				
	Barnstable County	Dukes County	Nantucket County	MA
<i>Feeding America, Map the Meal Gap Survey - 2018 Data</i>				
Food Insecure People	16,240	1,260	810	617,380
• Food Insecurity Rate	7.6%	7.3%	7.3%	8.9%
• Child Food Insecurity Rate	11.0%	10.3%	10.5%	10.1%
Average Meal Costs	\$4.39	\$3.82	\$3.80	\$3.63
Annual Food Budget Shortfall	\$12,053,000	\$814,000	\$521,000	\$379,733,000
Estimated Program Eligibility Among Food Insecure People				
• @ 200% Poverty Threshold	30%	20%	46%	32%
• @ Below 200% Poverty Threshold	71%	80%	54%	68%
<i>Feeding America, Impact of Coronavirus on Food Insecurity – October 30, 2020 Data</i>				
• 2020 Projected Overall Food Insecurity Rate	13.4%	12.3%	12.7%	14.2%
• 2020 Projected Child Food Insecurity Rate	22.5%	20.3%	21.1%	20.5%

(Feeding America Map the Meal Gap, 2018; 2020 Projected Impact of Coronavirus on Food Insecurity updated on October 30, 2020)

<sup>38</sup> Data is available at Feeding America's website [map.feedingamerica.org](http://map.feedingamerica.org); and <https://www.feedingamericaaction.org/the-impact-of-coronavirus-on-food-insecurity/>

## IMMIGRATION as a Major Condition that relates to the Community and its members' causes and conditions of poverty

Data for Barnstable, Dukes and Nantucket Counties show that Dukes County has the highest percentage of Foreign-born residents, and residents where language other than English was spoken at home followed by Nantucket, but both had lower numbers in comparison to the State.

Table 7.19 Barnstable, Dukes and Nantucket Counties & Comparison to MA and U.S. <i>Percentage Distribution of Language Spoken at Home and US Citizenship - 2018</i>					
County, State and U.S.	Language Spoken at Home-- Language Other Than English	Language Spoken at Home-- Language Other Than English – Speak English Less than “very well”	Place of Birth--Total Population-- Foreign Born	U.S. Citizenship Status-- Foreign-Born Population-- Naturalized Citizens	U.S. Citizenship Status-- Foreign-Born Population-- Not a Citizen
Barnstable	8.3	2.9	7.8	4.4	3.4
Dukes	12.7	3.7	12.1	5.9	6.2
Nantucket	10.6	2.6	10.1	3.8	6.3
MA	23.6	9.2	16.5	8.7	7.8
U.S.	21.5	8.5	13.5	6.6	6.9

(U.S. Census, ACS Table DP02 Core Data Set, 2018)

The diversity of the first language of the population CACCI serves is relayed in the following: based on CACCI's FY2020 (October 1, 2019-September 30, 2020) data, the Health Care Navigators reported providing language assistance services to 44% of customers served; of the 44%, 76% were Brazilian Portuguese first language and 23% were Spanish first language. For the Thanksgiving “Turkeys for Cape Codders” 2020 program, CACCI registered 315 households of which 91% required language assistance; of the 91%, 81% were Brazilian Portuguese first language and 19% were Spanish first language.

Regarding the data for the 14 South Shore Towns served by CACCI's Child Care Network Program, Scituate had the highest percentage of foreign born (at 6.2) and the towns of Plymouth and Wareham had the highest percentage of households where Language Other Than English is spoken at home (both at 8.1). However, all were lower in comparison to Barnstable, Dukes and Nantucket Counties data.

<p>Table 7.20 CACCI Child Care Network Program – 14 Contracted Towns <i>Percentage Distribution of Language Spoken at Home and U.S. Citizenship</i></p>					
Southeastern Region Towns & Cities Served by CACCI	Language Spoken at Home-- Language Other Than English	Language Spoken at Home-- Language Other Than English – Speak English Less than “very well”	Place of Birth--Total Population-- Foreign Born	U.S. Citizenship Status-- Foreign-Born Population-- Naturalized Citizens	U.S. Citizenship Status-- Foreign-Born Population-- Not a Citizen
Carver	5.2	1.8	3.7	1.5	2.2
Duxbury	2.9	0.2	3.1	2.3	.8
Halifax	1.2	-	3.7	2.3	1.4
Hanover	3	1.6	2.7	2.2	.5
Hanson	3.5	0.9	4.2	3.4	.8
Kingston	4.5	1	2.5	1.8	.7
Marshfield	6.9	1.9	5.3	2.9	2.4
Norwell	3.5	0.6	3.6	2.9	.7
Pembroke	2.7	0.5	3.5	2.7	.8
Plymouth	8.1	2.4	6.3	3.1	3.2
Plympton	5	0.8	3.6	2.8	.8
Rockland	6.6	2.8	5.4	2.8	2.6
Scituate	5.1	1.1	6.2	4	2.2
Wareham	8.1	2.2	4.2	2.7	1.5

(U.S. Census ACS Table DP02 Core Data Set, 2018)

***Analysis of Pertinent U. S. Citizenship and Immigration Services (USCIS) Policies as they currently stand as of early November 2020***

**Changes in USCIS Fees:**

In July 2020, USCIS announced its intention to increase fees for 37 immigration applications and petitions. Services commonly provided by the IRC were heavily affected: The new fee schedule nearly doubled filing fees for naturalization, increased filing fees for adjustment of status by 30 percent, and greatly curtailed eligibility for fee waivers.<sup>39</sup>

Out of 60 separate forms listed in the Federal Register, 21 had a minimally reduced fee, two stayed the same and the remainder had an increase ranging from 3% to 546% with eight items with over 200% increase with the largest increase at 546% for Form 1-929 (Petition Qualifying Family Member of a U-1 nonimmigrant). Although the preliminary proposed fee changes

<sup>39</sup> <https://www.uscis.gov/archive/our-fees>

included \$100 million to go directly to the U.S. Immigration and Customs Enforcement (ICE),<sup>40</sup> based on comments received this was removed from the budget. While changes include a fee for Asylum seekers for the first time, this has been limited to \$50. However, on September 30, 2020, a federal judge in the Northern District of California issued a nationwide preliminary injunction preventing the imposition of the new fees. Although the regulation is temporarily suspended, it may be enacted at any time, with little notice, depending on developments in litigation.

**Deferred Action for Childhood Arrivals (DACA):** The Trump’s administration’s attempt to eliminate the DACA program, was legally contested and the case appeared before the Supreme Court on June 18, 2020: The Court voted 5-4 to retain this program based on the argument that the administration did not pursue to end of the program properly.<sup>41</sup> This ruling protects the status of 650,000 young immigrants known as “Dreamers” from deportation and allows authorization to work in the United States. The Department of Homeland Security has continued to process two-year DACA renewals which offers protection to some through to 2022, but they have not processed any new applications since 2017. Based on comments to the proposed rate fees the decision was made not to charge a fee to DACA for renewal fees but since applicants are required to submit an accompanied Form I-765, which has a non-waivable \$410 filing fee, it seems fair to say the DACA filing fee is \$410.

### **Public Charge Rule:**

The Public Charge rule basically states that any immigrant who has received one or more public benefits for more than 12 months within a 36-month period is ineligible to become a lawful permanent resident of the United States. The list of public benefits considered includes most income benefits, including federal, state and tribal cash benefits, and other in-kind benefits such as SNAP (food stamps) housing assistance, and federal-funded Medicaid. There are some exceptions to the rule (see the Public Charge Fact Sheet).<sup>42</sup>

There have been successful legal challenges to the Public Charge Rule, which were overturned when on November 3, 2020 the U.S. Seventh Circuit Court of Appeals issued an administrative “stay” of the lower court’s order to vacate the public charge rule and as of November 4, 2020, USCIS will apply the Public Charge Final Rule to all applications and petitions postmarked or submitted on or after Feb. 24, 2020.<sup>43, 44</sup>

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<sup>40</sup> Jessica Bolton and Doris Meissner, USCIS Fee Increase Proposal Rule Could Represent the Latest Step in Reshaping Immigration to United States, Migration Policy Institute, December 2019

<sup>41</sup> Mark Sherman, *Supreme Court: Young immigrants can stay in US*, Cape Cod Times, June 19, 2020, pages A1 & A8.

<sup>42</sup> The Public Charge Fact Sheet is available at <https://uscis.gov/news/public-charge-fact-sheet>

<sup>43</sup> USCIS.gov. *Inadmissibility of Public Charge Grounds Final Rule: Litigation*. November 5, 2020. 0

<sup>44</sup> Relevant court decisions are available on the USCIS website

***The Public Charge Rule Pertaining to COVID-19***, “the rule does not restrict access to testing, screening, or treatment of communicable diseases, including COVID-19. In addition, the rule does not restrict access to vaccines for children or adults to prevent vaccine-preventable diseases”, including access to a vaccine for COVID-19 should one become available, even if treatment is covered by a public benefit such as Medicaid. The discussion of immigrants requesting an extension of stay or change of status because their employment and/or education has been disrupted by COVID-19 and must rely on public assistance is discussed but an explanation and relevant documentation is required for consideration.

**Temporary Protection Status (TPS) for immigrants from El Salvador, Haiti, Nicaragua and Sudan:** The Massachusetts Immigrant & Refugee Advocacy Coalition, of which Community Action Committee of Cape Cod & Islands is a member, reported that a three-judge panel of the 9th U.S. Circuit Court of Appeals vacated a lower court’s injunction blocking the termination of TPS for about 400,000 immigrants; in Massachusetts this consists of almost 11,000 TPS holders and their families. MIRA will join other plaintiffs to ask that the court reconsider the case and if unsuccessful, ask the U.S. Supreme Court to intervene. If still unsuccessful the TPS holders would lose their protected status and face deportation on March 5, 2021. However, due to a bilateral agreement with El Salvador, these TPS holders would be protected through November 4, 2021.<sup>45</sup>

The above section does not come close to covering all of the immigration policies but for the most part, concentrates on policies having an immediate impact on those already in the country.

***The relevance of the Federal Immigration Policies and its immediate effect on the immigrant community, disproportionately impacts low-income immigrants is related in the following material.***

According to the director of CACCI’s Immigration Resource Center (IRC), who is also a lawyer, the USCIS public charge rule has caused confusion among immigrants and practitioners across the country. Locally, it has caused many of CACCI’s IRC customers who are legal permanent residents, or even U.S. citizens, to decline or withdraw from benefits programs for which they are eligible, and from which they are not barred under the new interpretation of the rule. The Public Charge rule will allow USCIS to deny adjustment of status to individuals who have been considered qualified for decades. The harm to the IRC clients is expected to be considerable, in terms of benefits mistakenly foregone, benefits declined by would-be applicants for adjustment of status, and denials of applicants who are otherwise fully qualified, thus, putting green-card

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<sup>45</sup> Massachusetts Immigrant & Refugee Advocacy Coalition, *U.S. Appeals Court Allows Trump to End Temporary Protection Status for 4 Countries*, September 14, 2020, available at <https://miracoalition.org/news/u-s-appeals-court-allows-trump-to-end-temporary-protection-status-for-4-countries/>



applications at risk of denial, and therefore disproportionately affecting CACCI low-income customers. In addition, the impact of increases in filing fees and drastic changes to fee waiver policies shifts the burden onto those of CACCI's IRC customers, people least equipped to bear it. The USCIS's announcement to increase fees for 37 immigration applications and petitions, services commonly provided by the IRC, were heavily affected. The new fee schedule nearly doubled filing fees for naturalization, increased filing fees for adjustment of status by 30 percent, and greatly curtailed eligibility for fee waivers as most applications and applicants will no longer be eligible for fee waivers under the new rule, as USCIS has proposed to limit drastically the grounds for a fee waiver.

The Migration Policy Institute's 126-page report<sup>46</sup> would agree with the experience of CACCI's IRC and its effect on lower-income immigrants. They provide the example of the public-charge regulations impact on who might be allowed into the country putting green-card applications at risk of denial, and therefore disproportionately affecting lower-income immigrants. The report sees this as an example of the administration's design in "driving reform through layered changes" which is defined as "maintaining a rapid-fire pace and layering each initiative with a series of regulatory, policy, and programmatic changes." A Blue Cross Blue Shield of Massachusetts Foundation report's analysis of the implications of the Public Charge rule on Massachusetts concludes that although this rule only applies to a small portion of immigrants, "Nevertheless experts predict the rule will have a "chilling effect" in immigrant communities causing even people who should not be impacted by the rule to disenroll in or decline to enroll in public benefits for which they are eligible."<sup>47</sup>

The Massachusetts Immigrant & Refugee Advocacy (MIRA) Coalition's survey of 433 respondents from immigrant households across Massachusetts during the month of July 2020<sup>48</sup> not only displays the impact of COVID-19 on the immigrant population but also how the public charge rule has created fear in receiving assistance they are entitled to. Although the survey concentrated on the Greater Boston area, immigrant residents of Barnstable County were included in the survey. The following relays the findings of this study:

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<sup>46</sup> Sarah Pierce and Jessica Bolter, *Dismantling and Reconstructing the U.S. Immigration System: A Catalogue of Change under the Trump Presidency*, Migration Policy Institute Report. July 2020.

<sup>47</sup> Blue Cross Blue Shield of Massachusetts Foundation. *The Final Public Charge Admissibility Rule: Implications for Massachusetts*, and the Massachusetts Medicaid Policy Institute, a program of the Blue Cross Blue Shield of Massachusetts Foundation; written by Kelly Anthonia Love, Rachel Gershon, and Margaret Sullivan of the Commonwealth Medicine Division, University of Massachusetts Medical School. September 2020.

<sup>48</sup> *The Impact of COVID-19 on Immigrants in Massachusetts: Insights from our Community Survey*, Written by Marion Davis for the Massachusetts Immigrant & Refugee Advocacy Coalition, Boston, Mass, August 2020. Available at <http://www.miracoalition.org/cvsurvey>. The list of survey findings were taken verbatim from the Executive Summary.

- 76.4% experienced at least one job loss in their household – most commonly a temporary shutdown or staff reduction, though months later, many are still jobless or on reduced hours. 83.9% of households with undocumented members had a job loss.
- 3 in 5 households said at least one person who lost a job or had hours cut back did not collect unemployment benefits; among households with undocumented members, it was 82%. The main reason cited was ineligibility due to immigration status.
- Only 29.8% said they had received federal stimulus payments (\$1,200 per taxpayer and \$500 per dependent child) for everyone in the household; 23.3% got them for only some members, and 33.5% got nothing due to a household member's immigration status.
- Of the 91 households (21%) who reported at least one person with COVID-19-like symptoms, only 30.8% said the whole household got tested and professionally treated; 27.5% said only some were tested, and 41.8% said no one was tested, and they just took care of the sick at home.
- 2 in 5 respondents overall, and 3 in 5 in households with undocumented members, reported some form of housing insecurity, most commonly due to missed rent payments.
- 59.3% of respondents reported food insecurity or listed at least one source of food or cash assistance (public programs or private charity) they have relied on; in households with undocumented members, the share is 77.8%.

The MIRA study also discovered that although the Massachusetts COVID-19 Relief Fund and other assistance such as food giveaways available to households regardless of their immigration status, immigrants were reluctant to access assistance because of concerns with violating the Public Charge rule even though this would not be the case. This also included being tested for COVID-19 which USCIS allows. Another example is the reluctance to activate the Pandemic Electronic Benefits Transfer (P-EBT) program debit cards automatically sent to families with children in schools who qualified for free or reduced-priced meals as advocates reported that some immigrants were afraid to access the funds, even though this is not considered a violation of the “public charge” rule.<sup>49</sup>

A Migration Policy Institute report estimates that 196,000 persons in Massachusetts would not be eligible for stimulus checks under the CARES Act, of which 142,000 were unauthorized immigrants. Those who fell into one of the three immigrant categories were eligible for the funds because they were authorized to work and therefore had a social security number: Deferred Action for Childhood Arrivals (DACA), Temporary Protected Status (TPS) and Asylum Seekers who's application has been pending for more than six months.<sup>50</sup>

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<sup>49</sup> The study found that as of late July about 1 in 5 cards had not yet been activated.

<sup>50</sup> Muzaffar Chishti and Jessica Bolter. *Vulnerable to COVID-19 and in Frontline Jobs, Immigrants Are Mostly Shut Out of U.S. Relief*. Immigration Policy Institute, April 24, 2020.

<https://www.migrationpolicy.org/article/covid19-immigrants-shut-out-federal-relief>

**HOUSING as a Major Condition that relates to the community and its members’ causes and conditions of poverty.**

Keeping in mind that data below is somewhat outdated given the current escalation of both housing sales and costs on the Cape and Islands, the table below show that Nantucket at the time this data was collected had the highest median value of homes and certainly continues to hold true even under the present circumstances (although the owner-occupied rate seems a bit low). The median gross rent is also higher for Nantucket.

Table 7.21 Barnstable, Dukes and Nantucket Counties Compared to Massachusetts <i>Housing - 2018</i>				
	Barnstable	Dukes	Nantucket	MA
Housing Units	164,674	18,146	12,675	2,928,732
Owner-occupied Rate	79.5%	77.4%	69.2%	62.3%
Median Value Owner-occupied	\$384,100	\$667,400	\$1,056,500	\$366,800
Median Monthly Owner Costs – with Mortgage	\$1,936	\$2,377	\$3,114	\$2,165
Median Monthly Owner Costs – without Mortgage	\$708	\$897	\$869	\$788
Median Gross Rent	\$1,268	\$1,557	\$1,765	\$1,225

(U.S. Census Quick Facts, Population Estimates, American Community Survey, July 1, 2019 (Housing Units based on July 1, 2020 data; all other data based on 2014-2018) <sup>51</sup>

An analysis of Table 7.22 (see Appendix J) covering Housing Information for the CACCI Child Care Network Program – 14 Contracted Service Area Towns show the following: Norwell had the highest owner-occupied rate at 93.1% and Wareham had the lowest at 73.8%; Duxbury had the highest owner-occupied median home value at \$629,000 and Wareham had the lowest at \$268,800; Duxbury had the highest median gross rent at \$1,857 and Wareham had the lowest at \$1,142.

***Affordable Housing Crisis on Cape Cod & Islands***

The Commonwealth of Massachusetts passed 40B, a state statute, to enable local Zoning Boards of Appeals to approve affordable housing developments if at least 20-25% of the units have long-term affordable restrictions. Under 40B the Commonwealth’s goal is for each municipality to have 10% of housing units affordable. The Massachusetts Department of Housing and Community Development (DHCD) tracks affordable housing units in their lists of Subsidized Housing Inventory (SHI) eligible units.

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<sup>51</sup> Data from the Quick Facts was used instead of drawing from the U.S. Census data provided by MASSCAP because the later was not in a format to allow for calculations at the county level)

<p>Table 7.23 Barnstable, Dukes and Nantucket Counties <i>Percentage of Subsidized Housing Inventory (SHI) Units</i> <sup>52</sup></p>			
	Barnstable County	Dukes County	Nantucket County
Number of Affordable Housing Units in DHCD List	6,345	347	199
% of Units in DHCD SHI	6.13%	4.34%	4.06%

(Data received from the Massachusetts Department of Housing and Community Development on June 25 & 26, 2020 and updated on October 7, 2020)

While none of the counties meets the goal of 10%, the Barnstable County is higher in comparison to Dukes and Nantucket Counties. Further examination of the data show a drastic range among towns within Barnstable and Dukes Counties.

- Barnstable County – the percent of SHI units across all 15 towns was 6.13%, with the town of Truro at the lowest end at 2.39% and the town of Provincetown approached 10% at 9.71% followed by the town of Orleans at 9.00%, of which most of the housing is earmarked for the elderly.
- Dukes County - the percent of SHI units for the County was 4.34%. However, the distribution across the six towns show quite a discrepancy as the towns of Chilmark and Gosnold did not have any SHI units, followed by a low of 0.88% for West Tisbury and a high of 20.89% for Aquinnah.
- Nantucket is one town, so the SHI of 4.06% is for the entire County. Nantucket has the highest housing costs of all Counties across the state.
- The SHI data for the South Shore 14 Towns served by CACCI's Child Care Network program, show an overall percentage of SHI units at 6.21%; further analysis of the data show a range from the lowest for the town of Halifax at less than 1 percent (0.94%) to the highest for the town of Hanover at 11.75%. While Hanover is the only town to meet the State's requirement of 10%, Pembroke was a close at 9.54% (see Appendices for Table 7.24).

The National Low Income Housing Coalition's *Out of Reach 2019* report shows the following regarding the required hourly wage necessary to sustain a two-bedroom rental apartment at the HUD determined Fair Market Rent (FMR).

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<sup>52</sup> It is important to note that SHI units are calculated based on the 2010 Census data for year-round housing in each town which might actually inflate the percentages somewhat. It would be interesting to see what these percentages look like once the calculation is based on the 2020 Census data for year-round housing, keeping in mind that there is always some fluctuation of numbers as new units are added and some are removed from the list.

<p>Table 7.25 Barnstable, Dukes and Nantucket Counties and Massachusetts <i>Hourly Wage Required to Afford Rental Housing</i></p>				
	Barnstable Town MSA	Dukes County	Nantucket County	MA
Renters / % of total households	21%	22%	35%	38%
Hourly wage necessary to afford 2 BR Apt	\$29.31	\$32.00	\$31.31	\$33.81
2 BR FMR	\$1,524	\$1,664	\$1,628	\$1,758
Annual income needed to afford 2 BR FMR	\$60,960	\$66,560	\$65,120	\$70,333
FT jobs at minimum wage needed to afford a 2 BR FMR	2.4	2.7	2.6	2.8
Annual Area Medium Income	\$91,300	\$98,300	\$116,800	\$102,474

(Andrew Aurand, et. al., *Out of Reach 2019*, National Low Income Housing Coalition)

The report also noted that Massachusetts is listed as third highest for two-Bedroom Housing Wage at \$33.31 per hour for a two-bedroom rental home; at minimum wage this would require 113 hours of work per week. Analysis of the Massachusetts data show that Dukes and Nantucket Counties and Barnstable Town MSA (which includes all 15 towns) rated highest in the order as listed. Data was not available for Plymouth county or for the individual towns.

#### ***Homeless Data for Cape and Islands:***

Barnstable County Department of Human Services, as the Continuum of Care Collaborative Applicant, oversees an annual Point in Time count (PIT) of both sheltered and unsheltered homeless within its region (Cape Cod and Islands). The data was gathered for the night of January 28, 2020 as relayed in the table below. A comparison of the January 2019 PIT Count shows that the homeless count was reduced by 10.4% in 2020. However, it is not uncommon to have some fluctuation on the homeless numbers over the years.<sup>53</sup>

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<sup>53</sup> See a historical outline of this data on the Barnstable County Department of Human Services website at <https://www.bchumanservices.net/initiatives/continuum-of-care/>.

Table 7.26 Barnstable, Dukes and Nantucket Counties <i>Annual Point in Time Count of the Homeless</i>				
	Total	Barnstable	Dukes	Nantucket
Total Number of Homeless Persons	<b>336</b>			
Number of Unsheltered Adults	<b>48</b>	32	14	2
Adult Male	37			
Adult Female	11			
Number of Unsheltered Families	<b>1</b>	-	-	-
Total number of persons (1 female adult & 1 dependent child)	2	-	-	-
Number of individuals in Shelter	<b>73</b>	-	-	-
○ Males	42			
○ Females	31			
Number of Families in Shelter	<b>61</b>	-	-	-
Total Number of Persons	<b>159</b>			
○ Adults	72			
○ Dependent Children	87			
Number of Individuals in Transitional Housing	<b>54</b>	-	-	-
○ Males	28			
○ Females	26			

(Source: Barnstable County Department of Human Services)

### ***COVID-19 Information Pertaining to Housing***

The U.S. Census Bureau, Household Pulse Survey measures an estimate of the impact the pandemic has had on adults (individual population age 18 plus). The following table provides information on Housing Insecurity. The most pertinent Pulse Survey findings is broken down into Phase 1 and Phase 2. The data for Phase 1 covering the 12 weeks regarding the question on whether or not current on rent or mortgage payments, or who have slight or no confidence that their household can pay next month's rent or mortgage on time, show that none of the data for Massachusetts surpasses that of the U.S; the State's percentage was at its highest for Week 9 at 23.3%. and the US data was at its highest for Week 12 at 26.5% (Week 1 is included as a baseline). The findings for Phase 2 in comparison to Phase 1 show a substantial decrease for the same question. In addition, while none of the percentages for the State were higher in comparison to the US, Weeks 16 and 17 both come close to the US level, plus additional information merging the question of *Likelihood of Eviction and Foreclosure* show that for Week 16 the percentage is higher for the State in comparison to the US.<sup>54</sup>

<sup>54</sup> The Phase 1 data was not available in a format that allowed for either calculating the percentages and/or combining the data for eviction and foreclosure and therefore could not be compared to Phase 2.

<p>Table 7.27 U.S. Census Bureau Household Pulse Survey 2020 <b>Housing Insecurity</b> (Percentage of adults who are not current on rent or mortgage payments, or who have slight or no confidence that their household can pay next month's rent or mortgage on time)</p>		
	Massachusetts	U.S.
<b>Phase 1 Pertinent Findings</b>		
Week 1 (April 23-May 5)	19.9%	24.6%
Week 9 (June 25-30)	22.3%	25.9%
Week 12 (July 16-21)	17.1%	26.5%
<b>Phase 2 Pertinent Findings</b>		
Week 14 (September 2-14)	5.8%	7.3%
Week 16 (September 30-October 12)	6.6%	6.9%
<ul style="list-style-type: none"> <li>Likelihood of Eviction or Foreclosure (percentage of adults living in households not current on rent or mortgage where eviction or foreclosure in the next two months is either very likely or somewhat likely)</li> </ul>	34%	31%
Week 17 (October 14-26)	6.7%	7%

(<https://www.census.gov/householdpulse/data>)

### ***The Rising Cost of Homes Related to Increased Sales Due to the Pandemic***

An interesting phenomenon has been occurring across the country, including for Barnstable, Dukes and Nantucket Counties, which will only further exacerbate an already existing housing crisis. In early March as the pandemic began to intensify housing sales declined, only to take off in mid-May. Low mortgage rates, plus people wanting to flee urban areas, especially if they could work remotely, home sales began to escalate with demand serving to inflate the sale prices.

Barnstable County experienced a 15 percent increase in the median sales price to nearly \$500,000.<sup>55</sup> John F. Meade, the Barnstable County Register of Deeds reports that “the volume of real estate sales in July 2020 was up 42.6% from July 2019 volume, and the total value of sales was up 68.4% from the previous year.” While the overall volume of sales year to date as of July was down by 5.8%, a number of the sales are for higher priced homes. The Cape is viewed as “place of respite and refuge” plus the ability to work from home are considered some of the driving forces of the increase in sales. As noted in this article, if the new homeowners are year-round residents, this has the potential to positively boost local businesses. The downside, however, is the negative impact on affordable housing as the real estate boom eats up inventory

<sup>55</sup> Information taken from the following: Doug Fraser, *Cape may become even less affordable*, Cape Cod Times, August 21, 2020, pages A1 & A4; State of the Cape Virtual Summit, Zoom meeting with Matt Pitta as Moderator, held on August 20, 2020; *Cape Cod housing market continues unprecedented pace*, The Register August 20, 2020, A3; and Ian Shapira, *People desperate for more space fuel a pandemic real estate boom*, The Washington Post, September 1, 2020.

and raises home prices, and as noted by Alisa Magnotta, Housing Assistance Corporation's (HAC) CEO, "a bad situation just got worse."

Dukes County is also experiencing a similar scenario as the median home sale price has jumped from \$875,000 in 2019 to \$1,035,000 in 2020 representing an 18% increase.<sup>56</sup> COVID-19 has led to the an unprecedented price escalation due to the unprecedented demand based on what has been identified as a new trend – people buying a "second primary home" – a vacation home functioning as a primary residence. The implication of this trend is the potential impact on affordable housing and rental markets and possible spike in school enrollments, and an already shortage or result in a strain on services, schools and housing.

The following Table outlines the median sale prices for Barnstable, Dukes and Nantucket Counties starting with the month of February which is prior to the pandemic. Analysis of this nine-month data, show that for Barnstable County, the median cost peaked in September at \$535,000; for Duke County, the median cost peaked in July at \$1,687,500 and for Nantucket, the highest median sale price was in August at \$3,425,000.

<p>Table 7.28 Barnstable, Dukes and Nantucket Counties <i>Median Single-Family Home Sale Prices</i></p>			
<i>Month 2020</i>	<i>Barnstable County</i>	<i>Dukes County</i>	<i>Nantucket County</i>
February	\$425,000	\$890,000	\$2,275,000
March	\$437,000	\$1,225,000	\$1,950,000
April	\$435,000	\$1,580,000	\$1,822,875
May	\$441,000	\$975,000	\$2,015,250
June	\$460,000	\$1,080,000	\$2,207,625
July	\$485,000	\$1,687,500	\$2,400,000
August	\$524,000	\$1,365,000	\$3,425,000
September	\$535,000	\$1,370,000	\$2,600,000
October	\$540,000	\$1,200,000	\$2,110,000

(Source: realtor.com)

The Warren group reports that the median single-family home price increased by 17% on a year-over-year basis to \$455,000 for the month of October.<sup>57</sup>

<sup>56</sup> Brian Dowd, Real Trends: People stay, prices skyrocket: Affordable housing stock feels pressure as more people seek year-round residence on Martha's Vineyard, *MV Times*, September 2, 2020.

<sup>57</sup> Mike Breed, *Massachusetts Residential Sales and Prices Continue to Surge in October*, The Warren Group Press Release, November 17, 2020.



“Since mid-March, Housing Assistance has witnessed a record spike in the number of households seeking rent and mortgage assistance to stay in their homes. Compared to the same period last year, Housing Assistance has witnessed a 325% increase in foreclosure prevention requests and a 413% increase in requests for help with past-due rent.”<sup>58</sup> During the summer HAC surveyed 450 local landlords to better understand how the pandemic was affecting them, over half had four or fewer apartments and 77% had at least one tenant that receives a housing subsidy; 62% reported that they use their rental income to pay the mortgage on their property; 65% use their rental income to pay other rental property expenses; 30% reported that at least one of their tenants were behind on the rent and caught up or were still behind on rent since mid-March and 37% expressed concern that one or more of their tenants will fall behind on rent in the coming months.<sup>59</sup> At the *Virtual Summit Highlights: Impact of Pandemic on the Cape* held on August 20, HAC’s CEO, Alisa Magnotta reported that of 100 landlords surveyed roughly 40% reported that renters were behind on their rent and 75% landlords were willing to work out a payment plan with tenants.<sup>60</sup>

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<sup>58</sup> Housing Assistance Corporation - [haconcapecod.org/blog/workforce-housing-relief-fund/](https://haconcapecod.org/blog/workforce-housing-relief-fund/) August 19, 2020.

<sup>59</sup>Housing Assistance Corporation, HACbeat Newsletter, *Unpaid Rent May Cause Some Landlords to Sell Rentals*, September 20, 2020, page 7.

<sup>60</sup> Housing Assistance Corporation - <https://haconcapecod.org/blog/virtual-summer-highlights-impacts-of-pandemic-on-the-cape/> October 13, 2020.

## The Impact of COVID-19 on EMPLOYMENT as Major Conditions that relate to the community and its members' causes and conditions of poverty

The following table examines the impact of the coronavirus pandemic on unemployment rates on Cape Cod and the Islands and compares these rates to the State and the U.S.

Table 7.29 Barnstable, Dukes and Nantucket Counties, Compared to MA and the US <i>Impact of the Coronavirus Pandemic on Unemployment Rates</i>					
2020 Data	Barnstable County	Dukes County	Nantucket County	MA	U.S.
March	4.8%	6.0%	9.1%	2.8%	4.4%
April	21.1%	22.6%	28.2%	16.2%	14.7%
May	19.6%	16.4%	17.5%	16.6%	13.3%
June	18.8%	13.9%	13.9%	17.7%	11.1%
July	15.5%	10.9%	9.2%	16.2%	10.2%
August	10.6%	6.9%	6%	11.3%	8.4%
September	-	-	-	9.6%	7.9%
October					6.9%

(U.S. Bureau of Labor Statistics (BLS), Economy at a Glance for Barnstable (Town MSA) and Massachusetts data; U.S. BLS October 2, 2020 News Release for May-September; BLS May 8, 2020 News Release for March and April for U.S. Data; Dukes County and Nantucket County data taken from YChart Indicators.<sup>61</sup>)

While the rates of unemployment for Barnstable, Dukes and Nantucket Counties show, with few exceptions, a higher rate of unemployed in comparison to both the State and the US., the few exceptions are as follows: Dukes County had a lower rate of unemployment for the month of May in comparison to the State, and a lower rate of unemployment for the month of August in comparison to both the State and the US; Nantucket had a slightly lower rate of unemployment in May in comparison to the State, and a lower rate in August in comparison to both the State and US.

Once the pandemic put Massachusetts in lockdown, the State experienced the highest rate of unemployment for the months of June and July in comparison to the National rates of 11.1% and 10.2%.: In June the State's rate of 17.7%, was followed by New Jersey (16.6%) and New York (15.7%);<sup>62</sup> and in July the State's rate of 16.2% was followed by New York (15.9%), and Nevada and New Jersey (both at 14.2%). In August, the State still had one of the highest unemployment rates in the Nation, tying with New Mexico at 11.4%, but lower than four other states; Nevada

<sup>61</sup> Data for Dukes and Nantucket Counties are not available at the BLS; other than verifying some data through Town Charts County Data for the two counties, the low numbers for August could not be verified.

<sup>62</sup> U.S. Bureau of Labor Statistics, *The Economics Daily*, Massachusetts, New Jersey, and New York had highest unemployment rates in June 2020.

(13.3%), Hawaii (13%), New York (12.5%) and Rhode Islands (12.9%), in comparison to the U.S. unemployment rate of 10.2%.<sup>63</sup>

According to a Pioneer Institute's Unemployment Tracker utilizing the Applied Geographic Solutions, Inc, analysis of the Bureau of Labor Statistics unemployment insurance claim reports and labor force data which calculated an economic model of unemployment estimates. These findings show that the Cape and Islands and the Western part of the state "may experience some of the highest unemployment rates in the Commonwealth" primarily due to the concentration on a hospitality and tourism industry.<sup>64</sup> Data for the week ending April 25, 2020 show the following predicted unemployment rates: Barnstable County, 28%; Dukes County, 26.6%; and Nantucket County, 17.6%. Of the list of 15 hardest hit municipalities with unemployment hot spots across Massachusetts the following four were within Barnstable County: Provincetown, 33.8%; Truro, 31.8%; Yarmouth, 30.5%; and Eastham, 29.9%.

The unemployment rate has been considered a conservative estimate because of how those unemployed are counted. The U.S. Bureau of Labor Statistics October 2, 2020 News Release clarifies that the unemployment rate is based on counting individuals either actively looking for work or on temporary layoff and therefore does not count those not actively looking and/or were unavailable to take a job. Counting the unemployed is also an issue for Massachusetts as well. While noting that "the improving jobs numbers and unemployment rate likely mask deeper, more lasting damage" at both the state and national level, Massachusetts seems to be moving in the opposite direction from the country as numbers of people participating in the labor force is decreasing in comparison to other states.<sup>65</sup> Some of the reasons people are dropping out is health concerns, perhaps retirement, and women dropping out not only because they can't find a job, but because of their role as caretaker for their children when schools are closed and/ or they can't find childcare, and/or caring for elderly parents. Nonetheless, Alicia Sasser Modestino, an economist with the Dukakis Center for Urban and Regional Policy at Northeastern University, states that if improvement in the Massachusetts unemployment rate is due to people dropping out of the labor force, "... that's not how we usually like to improve the unemployment rate during a recession."

One article, in noting that past recessions have hit men the hardest, states that the Pandemic Recession has had the opposite effect, and in fact has been labeled by some as the "she-

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<sup>63</sup> U.S. Bureau of Labor Statistics, News Release, *State Employment and Unemployment – September 2020*, released on October 20, 2020. The BLS rates are based on the civilian labor force and seasonally adjusted.

<sup>64</sup> Rebekah Paxton and Greg Sullivan, *A Look at the Massachusetts Industries that are Most Vulnerable due to COVID-19: A MassEconmix Report*, Pioneer Institute, April 2020.

<sup>65</sup> Chris Lisinski, *Data: Many in state have left workforce*, State House News Service, Cape Cod Times, October 10, 2020, pages A1 & A5.

cession.”<sup>66</sup> This report shows that for all workers, the male unemployment rate was 13.2% in comparison to 15.9% for women; for African Americans this was 16.6% for men in comparison to 18.6% for women; and for Hispanics this was 17.2% for men in comparison to 23.8% for women. The article also points out that women represent 52% of sole proprietors; and predominate in businesses that offer personal service and/or retail shops of which have been hard hit by the pandemic lockdowns.

Parallel with the concern on how unemployment is counted, is that fact that the 2.4 million people unemployed for 27 weeks or more meet the threshold for long-term joblessness, representing 19.1% of those unemployed. A New York Times article predicts an “even bigger surge is on the way.”<sup>67</sup> This article makes the point that rising long-term unemployment and permanent job losses are intertwined, and “together, could foreshadow a period of prolonged economic damage and financial pain for American Families.” The article discusses the “mounting evidence” that those long-term unemployed face a harder time finding jobs.

Also noted is the high dependency on immigrant workers in health care, food service, food processing, maids, manicurist/pedicurist, child care workers, laundry/dry cleaners, parking attendants, and agriculture which makes them disproportionately vulnerable to COVID-19.<sup>68</sup>

A Blue Cross Blue Shield of Massachusetts Foundation report’s analysis of the potential negative impact of the Public Charge rule on the Massachusetts economy<sup>69</sup> which also includes trickle-down effects as outlined below:

- As it becomes more difficult for low-income immigrants to obtain green cards and visas, this could lead to a workforce shortage in certain health care fields, such as personal care attendants and home health aides, especially since immigrants make up a sizable portion of the long-term services and supports workforce;
- As immigrants avoid health care coverage, hospitals, community health centers, and other health care organizations may experience lost revenues, estimated to be around \$457 million per year;
- Loss of federal reimbursement for MassHealth which covers one-fifth of the state budget;
- Loss of federal revenues flowing into the state for SNAP benefits - estimated at \$36-85 million;
- Loss of federal revenues flowing into the state for housing subsidies.

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<sup>66</sup> Laurent Belsie, *For working women, a recession like no other*, Christian Science Monitor Weekly, September 28, 2020, page 15. (data is based on August st

<sup>67</sup> Jeanna Smialek, et al., *Workers Face Permanent Job Losses as the Virus Persists*, New York Times, October 3, 2020.

<sup>68</sup> Julia Gelatt, *Immigrant Workers: Vital to the U.S. COVID-19 Response, disproportionately Vulnerable*. Migration Policy Institute, Fact Sheet (Revised April 2020).

<sup>69</sup> The Final Public Charge Admissibility Rule: Implications for Massachusetts, September 2020.

The loss of federal funding for SNAP and MassHealth has ripple effects in the economy as fewer dollars spent on medical care can translate to fewer jobs. In addition, the lack of health care coverage leads to less preventative care, resulting in more chronic conditions and increased use of emergency room visits. The report concludes that Massachusetts has invested heavily in achieving near-universal health care coverage, culminating in the lowest uninsured rate in the nation and the Public Charge rule would “chip away at this progress.”

“Those losses will ripple through Massachusetts—affecting the health of Massachusetts residents, the Commonwealth’s economy, and the state’s safety net providers. Health care providers, advocacy organizations, and state policymakers should be aware of the estimated or potential effects of the public charge rule in order to be responsive to the needs of Massachusetts residents” (page 12).

The Cape Cod Commission and the Cape Cod Chamber of Commerce conducted two surveys to measure the impact of COVID-19 on the local business community: each survey received responses from all 15 towns. The first survey released in July 2020 yielded over 350 responses with the majority (71.9%) from year-round businesses, with an average of 21.78 years in operation. “Respondents experienced significant impacts to their revenue stream, compared with 2019. Business owners expected to see continued revenue losses in the following six months, and the majority in the region estimated they had financial reserves to continue operating only three months or less.” The financial negative impact included decline in customers/ clients, decline in sales, closed either temporary or permanently, hours of operation reduced, unanticipated investments for safety/cleaning, events postponed or cancelled and disruption in supply chain. Businesses either laid off employees, reduced hours, and/or furloughed employees; 169 reported using personal savings. A second survey conducted in August through to Labor Day Weekend yielded 405 responses. Although most had reopened, many had to suspend face-to-face interaction, the number of customers and sales declined, and they faced increased operational costs related to sanitation and social distancing. Of those who applied for Payroll Protection Program (PPP) 78% were fully funded.

“Many businesses and organizations reported losses of 50% or more compared to 2019. The length of time business owners believed they could stay operational on current cash flow and reserves was longer compared to the first survey (issued in May). Several businesses noted falling behind on rent and other bills, while many faced increased costs due to increased sanitation or shifting operations online.”

Cape Cod Healthcare (CCH), one of the largest employers on Cape Cod with a total of 5,700 people, furloughed 600 employees on May 7, 2020. According to CCH president and CEO, Michal Lauf, this became necessary because the coronavirus pandemic and resulting historic financial losses of 41% of its revenues due to cancelled elective procedures, reduced outpatient visits, and the need to establish hospital triage sites, a mobile testing clinic, and three step-down

facilities.<sup>70</sup> However, over three months later, this became permanent for 188 employees as their jobs were terminated affecting every branch of the Cape Cod Healthcare network.<sup>71</sup>

The U.S. Census Bureau, Household Pulse Survey measures an estimate of the impact the pandemic has had on adults (individual population age 18 plus). The following Table 7.30 provides the percentages of adults in households where someone had a loss in employment income since March 13, 2020 and percentage of adults who expect someone in their household to have a loss in employment income in the next four weeks at the time the data was gathered.

Table 7.30 U.S. Census Bureau, Household Pulse Survey 2020 <i>Employment Issues</i>		
	Massachusetts	U.S.
<b><i>Loss of Employment Income Since March 13, 2020</i></b>		
<b><i>Phase 1 - Pertinent Findings</i></b>		
Week 1 (April 23-May 5)	49.1%	47%
Week 5 (May 28-June 2)	48.8%	48.3%
Week 6 (June 4-June 9)	48.6%	47.8%
Week 8 (June 18-June 23)	48.4%	48.3%
Week 9 (June 25-June 30)	50.2%	49.1%
Week 12 (July 16-21)	51.4%	51.5%
<b><i>Phase 2 - Pertinent Findings</i></b>		
Week 13 (August 19-31)	48%	49.6%
Week 14 (September 2-14)	49.1%	46.4%
Week 15 (September 16-28)	46.7%	45.7%
Week 16 (September 30-October 12)	48.4%	45.4%
<b><i>Expected Loss in Employment Income (Percentage of adults who expect someone in household to have loss of employment income in next four weeks)</i></b>		
<b><i>Phase 1 – Pertinent Findings</i></b>		
Week 1 (April 23-May 5)	42.5%	38.8%
Week 6 (June 4-June 9)	34.7%	31.7%
Week 11 (July 9-July 14)	35.7%	35.1%
<b><i>Phase 2 – Pertinent Findings</i></b>		
Week 13 (August 19-31)	27.3%	26.2%
Week 15 September 16-28)	24.5%	24%
Week 16 (September 30-October 12)	23.9%	23.6%
Week 17 (October 14-26)	26.2%	24.1%

(<https://www.census.gov/householdpulsedata>)

<sup>70</sup> Cynthia McCormick, Cape Cod Healthcare to furlough more than 600, Cape Cod Times, May 8, 2020, pages A1 & A4.

<sup>71</sup> Jimmy Bentley, 118 Cape Cod Healthcare Employees Laid Off After Furlough, Patch, August 28, 2020.

This Loss of Income shows that for Phase 1, the percentage for Massachusetts was higher in comparison to the US for Weeks 1, 5, 6, 8, and 9 with a peak at Week 11; Week 12 is included because this is when the percentage was the highest for the US. The findings for Phase 2 show for Weeks 14 through 16, that the loss of employment for the State superseded that of the Nation; and for Week 13 the National percentage was at its highest. It is important to note, however, the comparison between Phase 1 and Phase 2 does not show an improvement which should not be surprising, especially when noting that Massachusetts had the highest unemployment rate for both June and July and continued to have high unemployment rates, through August, especially in Massachusetts. Regarding the analysis of *Expect Someone in Household to Have Loss of Employment Income in the Next Four Weeks*, for Phase 1, the Weeks of 1, 6, & 11 show that Massachusetts had a higher percent in comparison to the US and was at its highest at Week 1 which also paralleled with the highest percentage point for the U.S. For Phase 2, four out of the five categories (Weeks 13, 15, 16 & 17) all show higher percentages for the State in comparison to the US while the U.S. was at its highest at Week 13 at 26.2%. It is important to note, however, the decline in overall percentages in Phase 2 in comparison to Phase 1.

Table 7.31 U.S. Census Bureau, Household Pulse Survey 2020 <i>Income and Employment Related Issues</i>		
	Massachusetts	U.S,
<i><b>Difficulty Paying for Usual Household Expenses</b> (Percentages of adults living in households where it has been somewhat or very difficult to pay for usual household expenses during the coronavirus pandemic)</i>		
<i><b>Phase 2 - Pertinent Findings</b></i>		
Week 17 (October 14-26)	29.3%	33.1%
<i><b>Telework</b> (Percentage of adults living in households where at least one adult has substituted some or all of their typical in-person work for telework because of the coronavirus pandemic)</i>		
<i><b>Phase 2 – Pertinent Findings</b></i>		
Week 13 (August 19-31)	47.4%	36.3%
Week 14 (September 2-14)	48.4%	36.4%
Week 15 (September 16-28)	47.2%	36.6%
Week 16 (September 30-October 12)	47.4%	36.9%
Week 17 (October 14-26)	50.4%	36.9%

Two additional employment-related issues in table 7.31 above relate to income and employment during Phase 2 of the U.S. Census Household Pulse Survey data collection process. For the question *Difficulty Paying for Usual Household Expenses*, the State data for all of the five collection points did not supersede the U.S. data, the Week 17 data was the highest both for the State and the U.S. data. However, the findings for the question on *telework*, showed that for all five collection points, the State surpassed the U.S. data with Week 17 at the highest at 50.4% while the U.S. data for Weeks 16 & 17 both were 36.9%.

## **8. COMMUNITY AND INTERNAL ASSESSMENT PROCESS**

### **8.1. *Community Assessment Methodology Process***<sup>72</sup>

Working with consultant, Lee M. Hamilton, Ph.D., the following process was followed. The consultant met with Caronanne Procaccini, CACCI Director of Client Self Sufficiency and a certified Results Oriented Management and Accountability (ROMA) Implementer, to review requirements of the FY 2021-2023 Community Assessment Report & Strategic Plan (CARSP). The Planning Committee was formed with Lee M. Hamilton and Caronanne Procaccini, as co-chairs. The committee consisted of CACCI staff and management covering all program departments, a member of the Board of Directors (BOD) to serve as liaison between the committee and the Board, the Executive Director, and members from two partner organizations (MassHire Director of Education & Special Programs, and also Director of CACCI's Safe Harbor Shelter; and the Executive Director of Cape Cod Literacy Council). A series of meetings were held (August 2019, October 2, November 6, and January 15, 2020 but it became necessary to cancel the March 16 meeting. Since the Planning Committee have not been able to physically meet due to COVID-19, members have been kept up to date via email.

The Planning Committee developed the Community & Internal Assessment Plan, which the BOD Representative presented to the BOD for review prior to submission to the Department of Housing and Community Development (DHCD); reviewed and provided feedback on all survey forms; and when reviewing the Community Needs Assessment Survey (CNAS), the Committee received a copy of DHCD's required questions incorporated into the survey and discussed implementation process. The Committee also reviewed the Key Stakeholder Interview Guide, list of potential key stakeholders to interview, and implementation process. The consultant worked closely with the current BOD member from Dukes County and both former BOD and future member on Nantucket County to compile the Invite List for the Islands' Focus Group Meetings; this list was also reviewed with the Planning Committee for additional input.

The Planning Committee BOD representative reported to the Board at their monthly meetings to keep them informed of the process; facilitated the review discussion of the Mission Statement for the Board's consideration; and facilitated implementation of the Board Survey process. CACCI's ROMA Implementer was present at the BOD SWOT and strategic planning meetings to provide guidance as needed.

### **8.2. *Internal and External Data Collection and Assessment Process***

The Planning Committee Co-Chair, Caronanne Procaccini, distributed surveys to management and staff, which included low-income employees, to be returned in sealed envelopes to guarantee

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<sup>72</sup> All survey forms, Interview Guides, Focus Group Discussion Outlines, SWOT Analysis and other pertinent documents are included in the Appendices.



confidentiality to be returned directly to the consultant. The Staff and Management Surveys consisted of two separate forms which served to protect anonymity: Demographics and Work Experience with the latter survey also including identifying the needs of their department; and identifying at least three priority needs of their customers. Implementation of the BOD Survey was facilitated by the Planning Committee BOD representative. In addition to questions about their role on the Board and the quality and effectiveness of the organization's service delivery, members were asked to identify at least three priority needs of the organization's customers.

The consultant facilitated a SWOT (Strengths, Weaknesses, Opportunities, and Threats) Analysis<sup>73</sup> with the Planning Committee on January 15, 2010 and with the Board of Directors on January 22, 2019. The SWOT analysis meetings were held to determine Strengths and Weaknesses (Internal Factors) and Opportunities and Threats (External Factors). The initial meetings were held in person as this was prior to the coronavirus pandemic. In Lieu of a Planning Committee Meeting, and with the understanding that staff and management were either working remotely or were pressed to concentrate on serving their clients in any way they could, the consultant Lee M. Hamilton completed the linkages in collaboration with Caronanne Procaccini. This document was sent via email to the Planning Committee members on October 8, 2019 asking for a review and approval of the document by October 15, 2019. The document was considered approved as is on October 16, 2019. A follow-up meeting with the BOD was held on July 22, 2020 to review the preliminary Internal and External finding to determine accuracy. At that meeting the BOD approved the consultant to complete the Linkages to present at a future BOD meeting. Following the guidelines, the linkages were completed in collaboration with Caronanne Procaccini and presented at the October 28, 2020 BOD Meeting at which the final document was approved.

Both the Planning Committee SWOT and the BOD SWOT linkages included matching Internal Weaknesses to possible Strengthens and Opportunities and matching External Threats to possible Strengths and Opportunities to address the following questions: Do we have a strength that can offset a weakness?; Do we have a strength that will let us capitalize or invest in an opportunity?; and Are there opportunities that will let us offset threats? The SWOT Analysis also included identifying Linkages with Strengths (Internal) and Opportunities (External).

Customer Community Needs Assessment Surveys (CNAS) were targeted to low-income customers and community members. Collection started in early September 2019 at a Heath Navigator outreach event and was completed on January 3, 2020 and consisted of the following: at CACCI as customers came in for services; the Career Center from October through December 24 for clients receiving an array of services; and Cape Cod Literary Council at different location

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<sup>73</sup> Guidance for the SWOT Analysis was taken from Charity Channel Press available online at <http://charitychannel.com/swot-analysis-for-grant-professionals/>

sites. In addition, residents of CACCI's Safe Harbor shelter also completed surveys. To eliminate duplication, each survey form contained a cover page with instructions to not fill out the same survey a second time. A total of 362 CNAS's were collected; 122 customers responded that they had received CACCI services within the last 12 months and completed the Customer Satisfaction section. The survey consisted of demographics, priority and community needs assessment questions, CACCI services assessment and customer satisfaction.<sup>74</sup> Challenges that may have impacted survey responses are as follows:

- Even though surveys were not only in English, but also in Spanish and Portuguese, responses for the Spanish and Portuguese surveys were low.
- Because the surveys were distributed individually to protect anonymity, language barriers may have presented an issue.
- Prior experience shows that immigrants are often reluctant to complete surveys.

Twenty-six Key Stakeholder interviews were conducted by members of the Planning Committee, including the BOD representative. Interviews included: public representatives from town, county, state government; s private organizations, including housing, health, and human service providers; faith-based organizations; businesses; and higher education representatives.

Focus groups were conducted on both Dukes and Nantucket Counties. The Consultant worked with the Planning Committee and the current and past BOD representatives to create an extensive invitation list, which yielded a well-rounded representation of key players in attendance at both focus group events. The emphasis of the focus groups was to determine the needs of low-income residents, to identify CACCI's visibility in the community, identify how the organization could play a role to address unmet needs, to identify programs and services in place on each island, and identify programs in the planning process to address the needs. Attendees were asked to complete a brief survey asking about their awareness and experience with CACCI staff and services, to rate quality of interaction with staff, and what they viewed as CACCI's strengths and weaknesses.

The Dukes County Focus Group was held on January 23, 2020. Seventeen key stakeholder community members attended: Local county government representatives including the Edgartown Chief of Police; health care representatives; schools and early childhood program representatives; religious organization; and non-profit organizations including elder services and other community services. Ten attendees completed the survey. The Nantucket Focus Group was held on February 7, 2020. Twenty-nine key stakeholder community members attended: government agencies, including the Chief of Police; education representatives; medical professionals; non-profit organizations providing services for seniors and domestic violence

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<sup>74</sup> See Section 10.6 for Customer Satisfaction Finding

services; faith-based representatives: a housing authority representative, and housing advocates; and a legal services representative. Twenty attendees completed the survey.

The data collected was utilized to formulate the Internal and External Needs Assessment Analysis Chart<sup>75</sup> which identified priority needs, the Summary of Internal Findings (in relationship to CACCI services and facilities) and the Summary of External Findings (in relationship to how CACCI services are perceived by the Public). These documents were presented to the BOD at their June 24, 2020 Meeting. The findings from the data gathered are described in detail where appropriate under the Key Findings for Community Assessment (Section 9) and Key Findings for Internal Assessment (Section 10). Data from the Community Needs Assessment Surveys were evaluated, and key findings will be used as part of CACCI's strategic planning. Customer Satisfaction data and comments were included in the Internal and External Findings document. This data also will also be presented internally to the Program Directors of each department to review and determine any improvements needed in customer interactions and service delivery.

While the above data was collected prior to the Coronavirus, when Massachusetts declared a State of Emergency in March 2020, the shutdown did have an impact on the following:

- Under the Massachusetts State of Emergency, CACCI and management and staff found it necessary to dedicate their energy to coordinating a process to continue to provide services to their customers.
- CACCI was awarded funds from the CARES Act in the amount of \$534,500; the Board of Directors (BOD) created a CARES Committee to gather input from key community members to identify what agencies are doing to address the impact of the coronavirus and what they identify as unmet needs. BOD members felt that this outreach enhanced their relationship to other organizations. CACCI is in the process of developing the Emergency Assistance - COVID-19 Case Management Program. This program will provide services and funding to assist households impacted by COVID-19 to maintain their housing.
- The Department of Housing and Community Development's memo dated April 9, 2020, states that "...DHCD expects agencies will extend assessment efforts to gather data related to COVID-19 in their communities and incorporate that data when determining prioritizing needs and determining strategic goals." Therefore, this report adequately incorporates not only the impact of COVID-19 but services and funding within the community; this meant including information on Food Insecurity and emphasizing the impact of COVID-19 on the housing crisis.

**South Shore Community Action Council** - Summary of Methodology and Key Findings can be found in Appendix H.

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<sup>75</sup> This Chart is included in the Appendices.

## 9. KEY COMMUNITY ASSESSMENT FINDINGS

The top five individual and family needs identified that relate to the community's causes and conditions of poverty are:

- Access to Affordable, High Quality Childcare;
- Health Care Insurance Coverage and Access to Services Including Substance Use and Food Insecurity;
- Immigration Services;
- Available and Affordable Housing; and
- Employment and Training

The top five community needs identified are outlined as follows.

### 9.1. *Child Care*

**Relationship to Poverty:** If families with dependent children, especially low-income families, are not able to obtain safe, affordable and reliable childcare, this hinders their ability to maintain employment and/or obtain an education and move toward self-sufficiency. Without a subsidy, the market rate cost of childcare is out of reach for low- and even moderate-income households.

#### **Key Findings:**

- Identified as a Priority in the following: Board of Directors, Staff, Customer and Low-Income Community Member Surveys, Key Stakeholder Interviews, Dukes and the Nantucket Counties Focus Groups.

#### **Key Stakeholder Interviews - *The following needs were identified:***

- Bilingual child care workers
- Affordable and high-quality care
- Lack of full-day programs
- Pay a living wage to child care workers in order to maintain quality care
- Every child care program should have an Occupational Therapist on staff to support a healthy sensory environment.
- Families do not meet income requirements for subsidized care

#### **Dukes County (Martha's Vineyard) - *The following needs were identified:***

- Limited availability of providers and need for more providers that accept vouchers
- After school child care
- Space for a Head Start center
- Certification classes for early child care providers

- Outreach to Portuguese families to sign up for preschool programs

**Nantucket County Focus Group – *The following needs were identified:***

- Need for affordable, safe child care
- Cost and availability of vaccination requirements
- Lack of after school care for special needs children
- Lack of care for children ages of 2.9 and under

**Findings from the Community Needs Assessment Survey for CACCI Customers and Low-Income Community Members:** This table shows that while those identifying child care as a top priority, the majority of Customers identified child care and after school programs as a top community need; Low-Income Community Members, at 49% identifying child care as a top community need was not quite the majority.

Table 9.1 Community Needs Assessment Survey Customers and Low-Income Community Members <i>Child Care</i>		
	<i>Customers</i>	<i>LI Community Members</i>
<i>Identified as a top priority</i>	30%	13%
<i>Identified as a top need impacting people in community</i>		
• Child care	59%	49%
• After School /summer programs for children and youth	52%	41%
Received voucher assistance from CCN (question pertains to Customers only)	23%	-

## Community Strengths

### Barnstable County:

**CACCI's Child Care Network (CCN) Program** provides subsidized vouchers to eligible households across its service area covering, Barnstable, Dukes and Nantucket Counties plus 14 towns within Plymouth County (Carver, Duxbury, Halifax, Hanover, Hanson, Kingston, Marshfield, Norwell, Pembroke, Plymouth, Plympton, Rockland, Scituate and Wareham). In March, 1,838 vouchers were provided; in June 1,826 vouchers were provided; and in September, 1,425 vouchers were provided as displayed in the table below.

Table 9.2				
<i>CACCI's Child Care Network Service Area - Utilized Childcare Vouchers</i>				
	Barnstable County	Dukes County	Nantucket County	South Shore Towns
March 2020	1137	1	2	698
June 2020	1126	1	1	698
September 2020	817	0	1	607

(Information provided by Beth Gaffney, Director of CACCI's Child Care Network for three time periods, pre COVID-19 and two points during COVID-19)

As noted by Beth Gaffney, Director of CACCI's Child Care Network program, the lack of vouchers in Nantucket and Dukes counties may be the result of the high number of island child care providers unwilling or fiscally unable to accept the state's reimbursement rate rather than an issue of ineligible families in these communities. These issues are compounded by families' concerns with placing their children in a group environment. While not specific to the regions served by CCN, the Massachusetts Budget and Policy Center report also noted that "Many child care providers report that they are unable to accept children funded by state subsidies because those rates are too low to make it financial viable" (see Jones, page 2).<sup>76</sup>

### **Other Child Care Issues and Programs**

Cape Cod Child Development (CCCD) once provided preschool, Head Start, and early intervention programs across the region. They lost their Head Start Contract and was later found non-compliant with the State's Department of Early Education and Care which froze admissions at programs in Hyannis and Falmouth<sup>77</sup>. On October 28, 2019 CCCD filed for bankruptcy.<sup>78</sup> South Shore Community Action Council (SSCAC) filled some of the gap by providing preschool and school age programs at six locations across Barnstable County. The Head Start license was transferred to Community Development Institute by the Office of Head Start under the Administration for Children and Families, as interim program manager for Head Start/Early Head Start program until a replacement grantee is found. Already a Head Start provider, South Shore Community Action Council was awarded an expanded contract to provide Head Start in Wareham, which previously was served by Cape Cod Child Development.

<sup>76</sup> Jones, Colin. *Road to Recovery: How to Safely Reopen Early Education in Massachusetts*. Massachusetts Budget and Policy Center, June 24, 2020

<sup>77</sup> Cynthia McCormick, Child development agency files for bankruptcy, *Cape Cod Times*, November 21, 2019, pages A1 & A4.

<sup>78</sup> Cynthia McCormick, Shuttered nonprofit owes \$1.2M to federal government, *Cape Cod Times*, April 23, 2020, pages A1 & A4. (This article also provides a comprehensive timeline).

YMCA Cape Cod (Y) was awarded a contract to provide Head Start services for Barnstable and Nantucket communities. The Y received a \$1 Million capital grant from the Baker-Polito administration to repair and renovate space at the Hyannis Village Marketplace to establish five classrooms to serve 65 infants, toddlers and preschoolers. Although the goal was to open in September<sup>79</sup>, this may not open until the spring of 2021.

In addition to the Child Care Network voucher program, some towns and other organizations have stepped up to provide either a subsidy or emergency assistance. For example, Cape Cod Children's Place located in Eastham, administers the following Tuition Subsidy programs for households with one or more working parents or documentation of extenuation circumstances; income eligibility may apply:

- *Town of Brewster*, Childcare Scholarship Program for Brewster families with children ages birth to five years; *Town of Wellfleet*, Childcare Subsidy Program for Wellfleet families with children birth five years of age; *Lower Cape Emergency Child Care Fund* – short term help in meeting childcare costs for families in emergency situations; *Town of Provincetown*, John A. Henry Trust provides emergency financial assistance for Provincetown families with children ages birth to 18.

In addition, Cape Cod Young Professionals provides short-term help in meeting child care costs for families living in the following towns: Dennis, Yarmouth, Harwich, Chatham, Brewster, Orleans, Eastham, Wellfleet Truro and Provincetown.

At least four towns on the Cape offer preschool child care through their school system – these include: Chatham Childcare Voucher Program is administered by Monomoy Community Services to provide financial assistance for eligible residents and employees of Chatham businesses, intended to help local, working families in need of financial assistance with their childcare expenses; The Town of Wellfleet also operates a separate child care voucher program for its residents and currently serves three and four year old children (voters approved a ballot question to expand the program to include children up to the age of five). The towns of Mashpee and Provincetown also offer preschool/ child care through their school system.

Cape Cod Community College has an Early Childhood Education program and received a grant to train child care workers.

Cape Cod Children's Place was chosen as the first organization to partner in an innovative program with The Children's Trust for a Safe Child Communities grant. The

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<sup>79</sup> Cynthia McCormick, YMCA gets \$1M for child care center, Cape Cod Times, December 20, 2019, pages A1 & A7.

emphasis is on prevention to stop child abuse and neglect, by providing core services to families, including home visits. The goal is to strengthen and stabilize families, keep children safe and healthy, and build community connections and capacity across service providers in order to provide integrated services. The program serves the eight Lower Cape Towns (Provincetown, Truro, Wellfleet, Eastham, Orleans, Chatham, Harwich and Brewster), plus the Mid-Cape Towns of Dennis and Yarmouth.<sup>80</sup>

Each community on the Cape is a recipient of a Coordinated Family and Community Engagement (CFCE) grant through the Massachusetts Department of early Education and Care. While tailored to their community each CFCE provides resources, workshops, parenting support and referrals. Cape Cod Children's Place serves the eight Lower Cape towns, plus the Mid-Cape Towns of Dennis, Yarmouth and Barnstable. The Coalition for Children serves Falmouth and Mashpee, Sandwich Public Schools serves Sandwich, and the Bourne Public Schools serves Bourne.

### **Dukes County**

Martha's Vineyard Community Services is the only program on the Island that currently accepts CCN vouchers and that program has a wait list. A few other funding options, such as Bailey Boyd, offers child care scholarships available to residents.

The Martha's Vineyard Community Services program is also a recipient of the Coordinated Family and Community Engagement (CFCE) grant through the Massachusetts Department of early Education and Care to provide resources, workshops, parenting support and referrals as well as other services tailored to the community.

### **Nantucket**

The Nantucket Children's Center reorganized as a non-profit with a name change to Rising Tide Preschool and has plans to reopen on June 29<sup>th</sup>; they received an emergency grants from Community Foundation Nantucket to enable them to cover the additional costs of reopening. The Town of Nantucket School System is also a recipient of the Coordinated Family and Community Engagement (CFCE) grant through the Massachusetts Department of early Education and Care to provide resources, workshops, parenting support and referrals as well as other services tailored to the community.

### ***COVID-19 Information Pertaining to Child Care (through October 2020)***

When Governor Baker declared a State of Emergency in the Commonwealth of Massachusetts in his COVID-19 Order No. 13, dated March 23, 2020, all Child Care and Early Education programs were ordered closed to tentatively reopen on June 29. Shortly thereafter, the State

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<sup>80</sup> Children's Trust, News & Perspectives, *The children's trust and cape cod children's place launch new initiative to stop child abuse*, Press Release, March 6, 2020.



Department of Early Education and Care authorized Emergency Child Care sites. Under this ruling child care providers across the Cape and Islands provided child care for essential workers. However, only Cape Cod Healthcare employees were able to utilize services at the Cape Cod Conservatory. The YMCA had five sites; two in Falmouth, another on their main campus in West Barnstable and one each in schools in Harwich and Brewster. In addition, other Emergency Child Care providers existed across the region in Bourne, Brewster, Centerville, Hyannis (three sites), Sandwich and South Dennis, and Dukes and Nantucket Counties both had one provider. There were also other emergency care providers across Bristol and Plymouth County.

Although emergency child care services were provided free, Child Care Network processed emergency payments for the state while also processing the regular voucher reimbursements. CACCI received an unsolicited donation from the Eastern Bank Charitable Foundation for the Child Care Network program in the amount of \$10,000 and some of those funds were used for PPE supplies.

Although the State Department of Early Education and Care has released guidelines allowing for the reopening of child care centers during the Phase 2 on June 29 except for some emergency sites that reverted to their licensed status on or after June 22, some providers on the Cape have expressed concerns with being able to abide by the guidelines, which lead to the delay in reopening or limit admissions. One provider in East Falmouth expressed her concern that “new state requirements are jeopardizing the reopening of child care centers – and parents’ ability to return to work – as well as undermining the very nature of early education itself.” Over 36,000 signatures have been collected in an online petition asking that “state early education officials to ease up on COVID-19 restrictions and let providers reopen on their own terms.”<sup>81</sup> Within this same article the South Shore Community Action Council who provide early childhood education at six sites announced that they will reopen by July 1 but at only half of their regular capacity and will not provide any infant care.

The Cape Cod Reopening Task Force, Subcommittee on Child Care, of which the CACCI Child Care Network program director is a member, expressed concern that people cannot go back to work without reliable child care and that of the 263 child care providers on Cape Cod, the state Department of Early Education only lists 19 Early Education and Care facilities allowed to reopen between June 22 and July 7.<sup>82</sup> In this same article the Task Force notes the importance of recognized the “financial and operating constraints” and the need for a financial lifeline to early child care providers who have suffered loss of income and have to abide by stringent reopening safety standards, capacity limits and additional expenditures required personal protective

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<sup>81</sup> Cynthia McCormick, Child care dilemma, Cape Cod Times, June 20, 2020: pages A1 & A4

<sup>82</sup> Geoff Spillane. *Financial lifeline sought for child care industry*. Cape Cod Times, June 26, 2020: pages A1 & A5.

equipment and cleaning products. As cited in the National Women’s Law Center’s report<sup>83</sup> and noted in the Massachusetts Budget and Policy Center report, COVID-19 precautions would cost child care providers “roughly 20 percent more than normal operations”.

Free PPE supplies such as masks, gloves, and sanitizers courtesy of the MA Department of Early Education and Care might serve to offset some of these costs. CACCI’s Child Care Network has been designated as one of two programs in Barnstable County where child care and early education providers working toward reopening, can obtain these supplies while they last. In addition, the YMCA Cape Cod Senior Program Director has offered one-on-one technical assistance to child care providers working toward reopening by providing her expertise and best practices.<sup>84</sup>

The Cape Cod Reopening Task Force, subcommittee on child care continues to monitor the situation and acknowledge as of early August, that capacity will be reduced by about 50 percent because some programs will not reopen. However, they are trying to determine projected demand because parents may utilize more informal child care arrangements.<sup>85</sup> In a Cape Cod Times article’s<sup>86</sup> discussion of the opening of a day care facility in partnership with Mashpee Commons and Steeple Street Music Academy, notes that the Massachusetts Department of Early Education expects that child care capacity will return to 72% of pre-COVID-19 even though 163 day care centers have permanently closed.

In acknowledging the essential role of childcare in the economy, Bernstein, et al<sup>87</sup> notes the need for a new social compact, a public-private partnership with government, philanthropy, businesses, and the early childhood education section. They refer to the Early Education and Care Public-Private Trust Fund in Governor Baker’s Supplemental Budget which included \$500,000 to provide technical assistance to child care providers in their reopening and recovery efforts. Bernstein, et al, argue that while this is starting point, more needs to be done as child care is a key piece of the economic recovery process.

Governor Baker announced an Executive Order on August 28, 2020 to allow Early Education and Care to authorize currently licensed after-school and out of school programs a temporary license exception to operate during the school day to help children with remote learning and

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<sup>83</sup> National Women’s Law Center. *Child Care is Key to Our Economic Recovery*. April 2020

<sup>84</sup> Information obtained from Barnstable County Department of Human Services, August 6, 2020 e-newsletter; the YMCA Cape Cod was one of the State emergency child care providers during the pandemic.

<sup>85</sup> Cynthia McCormick, Task force studies Cape child care demands, *Cape Cod Times*, August 7, 2020, page A-2

<sup>86</sup> Jessica Hill, Day care center in works at Mashpee Commons, August 31, 2020, pages A1 & A4.

<sup>87</sup> Jon Bernstein, et al., Invest in the economy, invest in early childhood education and child care: Massachusetts needs a new social compact for early childhood education. Boston Globe Opinion, August 11, 2020.

enrichment programs.<sup>88</sup> While the hours and specifics for each program varies: the Boys and Girls Club of Cape Cod and the Boys and Girls Club's Teen program are partnering with the Mashpee Recreation Department; The YMCA in West Barnstable is partnering with the Barnstable Public Schools; The Gleason Family YMCA is partnering with the Elementary and Intermediate Bourne Public Schools; the Chatham Community Center is offering the PARK program in partnership with the Monomoy Regional Middle School.

**See Appendix H for South Shore Community Action Council's Assessment Responses from Low-Income Community Members regarding Child Care.**

**Ongoing Gaps in Child Care**

- COVID-19 has left a gap in child care; while about 78% of programs have reopened as of September, this often is at a reduced capacity due to health and safety guidelines.
- The business of child care is at risk as more professionals leave the field, resulting in less options for families when they are ready to enroll their children and return to the workforce.
- Issues of affordability for households who do not qualify for subsidized vouchers.
- For households who may qualify for vouchers, they may not be able to find child care resulting in being put on a wait list which will become even more problematic as less child care providers are available.

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<sup>88</sup> Jessica Hill, Child care programs offer help to working parents: Boys and Girls Club, local YMCAs among organizations offering before-and after-school options, Cape Cod Times, September 19, 2020, pages A4 & A4.

## 9.2. Health Care, Including Substance Use and Food Insecurity

**Relationship to Poverty:** While acknowledging “though Massachusetts has come closer than any other state to achieving universal coverage”, a Blue Cross Blue Shield of Massachusetts Foundation report<sup>89</sup> identified Hot- Spots of uninsurance rates within CACCI’s service region as follows: eight towns within Barnstable County (Barnstable, Chatham, Dennis, Harwich, Provincetown, Sandwich, Truro and Wellfleet); two Towns within Dukes County (Edgartown and Tisbury); the Town of Nantucket/Nantucket County; and three towns within Child Care Network’s contract service area (Halifax, Plymouth and Wareham).

It is important to note that even for those with medical coverage, low-income households still have difficulty paying medical bills, especially for those among the very poor who are particularly negatively impacted by out-of-pocket costs.<sup>90</sup> The Massachusetts Health Connector<sup>91</sup> in gathering data for their 2020-2022 Strategic Plan, conducted a Member Experience Survey documented the following: when comparing 2015 data to 2019, cost barriers have been rising for ConnectorCare enrollees even though cost sharing is subsidized; when comparing 2018 data to 2019, deferred care due to costs increased in all but two categories.

Table 9.3 Massachusetts Health Connector Member Experience Survey <i>Cost Barriers</i>		
Survey Questions	2015	2019
Since selecting your plan through the Health Connector (or during the past 6 months), did you have any problems paying or were you unable to pay any of your medical bills?	11.7%	22.6%
Since selecting your plan through the Health Connector (or during the past 6 months) have you ever delayed or not gotten care because of its costs?	10.7%	26.3%

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<sup>89</sup> The Geography of Uninsurance in Massachusetts: An Update for 2013-2017, Blue Cross Blue Shield of Massachusetts Foundation and Michael Karpman, Dulce Gonzalez and Sharon K. Long of the Urban Institute, August 2019; Also see Appendix Map D4. Priority Hot-Spot Communities: Hot-Spot Communities with a High Concentration of Uninsured Residents in Massachusetts, Southeast Region, 2013-2018.

<sup>90</sup> U.S. Department of Health and Human Services, *Financial Condition and Health Care Burdens of People In Deep Poverty*, July 16, 2015.

<sup>91</sup> Audrey Gasteier and Vicki Coates, Massachusetts Health Connector Strategic Plan: 2020-2022 – Roadmap for Initial Implementation Steps in 2020, Board of Directors Meeting, December 12, 2019

<p>Table 9.4</p> <p>Massachusetts Health Connector Member Experience Survey</p> <p><i>Deferred Care Due to Costs</i></p>		
<i>Type of Care</i>	<b>2018</b>	<b>2019</b>
Dental Care (including teeth cleaning and checkups)*	62%	64%
Prescription Drugs	22%	32%
Diagnostic Tests (MRI, lab work or x-rays)	19%	30%
Mental Health Care or Counseling	19%	28%
Routine or Preventative Medical Care (check-ups, physical, well-baby visit)	18%	27%
Medical Care for an Illness or Condition	21%	24%
Medical Care for an Injury, Accident or Poisoning	7%	14%
Rehabilitation Services (physical or speech therapy)	10%	13%
Surgery	5%	7%
Emergency Room Care	14%	13%
Outpatient Care or Outpatient Surgery	9%	7%

\* Dental Care is not covered in Adult CCA health plans, although separate plans can be purchased through the Health Connector.

While Cost burdened is defined as a problem it should be noted that in Massachusetts, insurance plans, including MassHealth and private insurance must cover COVID-19 testing and treatment.

### **Key Findings:**

- Identified as a Priority in the following: Board of Directors, Customers and Low-Income Community Member Surveys, Key Stakeholder Interviews, and Dukes and Nantucket Focus Groups.
- Health care discussion included: access to health care coverage; access to services; and behavioral health including mental health and substance abuse treatment.

### **Key Stakeholder Interviews - *The following needs were identified:***

- Access to mental health care services for families and Individuals
- Lack of MassHealth providers who work with children
- Less services available on the Lower Cape
- Education on making healthy choices
- Access to counseling

### Findings from the Community Needs Assessment Survey for CACCI Customers and Low-Income Community Members:

The table below reports health-related responses from this survey shows the percent who have health insurance is lower in comparison to data for Barnstable County; the majority identified Health Insurance as a need in the community; and customer and Community members identified Health Insurance as a priority (both at 22%). Note, this data was gathered prior to the COVID-19 pandemic.

Table 9.5 Community Needs Assessment Survey, Customers and Low-Income Community Members <i>Healthcare and Health Related Issues &amp; Food Insecurity</i>		
	<i>Customers</i>	<i>LI Community Members</i>
<b><i>Healthcare and Health Related Issues</i></b>		
Have Health Insurance	80%	72%
Health Insurance Identified as Need Impacting the Community	67%	71%
Health Insurance Identified as a Priority	22%	22%
Self or Family Member Does Not Have Health Insurance	16%	23%
Has Medical Expenses	8%	12%
Mental Health Services Identified as a Priority	7%	8%
I or Family Member Struggles with MH Issues	3%	2%
Drug and Alcohol Services Identified as a Priority	8%	6%
I or Family Member Struggles with Addiction Issues	16%	2%
Received Health Insurance Navigator Services in last 12 Months ( <i>question pertains to Customers only</i> )	43%	-
<b><i>Food Insecurity Issues</i></b>		
Access to Food Identified as a Need Impacting the Community	39%	33%
Received assistance to apply for SNAP benefits in last 12 months ( <i>question pertains to Customers only</i> )	20%	-

### Dukes County (Martha's Vineyard) Focus Group - The following needs were identified:

- Health Care issues - Not enough services that either accept public benefits programs such as Medicare, MassHealth, or are affordable. The following areas were noted:
  - Affordable dental care
  - Mental health services
  - Substance abuse services
  - Limited specialty care
  - Reproductive health
- Food insecurity - outreach and access to appropriate food, identify homebound in need, and need more volunteers

**Nantucket County Focus Group - *The following needs were identified:***

- Lack of access to care which includes transportation issues (emphasized was the cost of traveling off island for medical care and other services and getting stranded on either the Island and not able to get to appointments on the mainland or getting stranded on the mainland which can result in the additional expense in finding a place to stay when the ferries shut down because of the weather<sup>92</sup>); and scheduling issues for working people
- Cost issues and lack of insurance
- Many services not available on island such as Mental Health, Addiction and Domestic Violence
- Affordable pediatric care not available as needed
- Psychiatric care not available to low-income residents
- Bilingual behavioral health services

**The following relays the overlap with the findings in other organization's priorities identified in their Strategic Plans and priorities identified in this report.**

The Cape Cod Health Care, *Community Health Needs Assessment Report and Implementation Plan – 2020-2022*, identified priorities that overlap with CACCI's Health Priorities as noted below:

- Priority 1 - Physical Health Conditions: Objective 1.3. Support initiatives that increase access to care through provider availability, interpreter services, and insurance coverage.
- Priority 2 - Behavioral Health: three Objectives are 2.1, Expand hospital-based services and collaboration to assess and address mental health, substance use disorders in various care settings; 2.2, Strengthen the regional network of care for individuals with mental health and substance use disorders; and 2.3, Support efforts to build a recovery-friendly community.

Cape Cod and Islands United Way's *Strategic Plan - Community Impact Agenda Introduction* promotes four key community-defined needs to guide the investment of United Way funds. The following is included under their Promoting Health agenda:

- Substance use prevention programs and recovery support services; Healthy aging and aging in place; Nutrition; Access to affordable care and services; Sexual assault and domestic violence services; and Support for individuals with disabilities.<sup>93</sup>

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<sup>92</sup> This consultant can attest to getting stranded on Nantucket when the ferries shut down because of high winds the afternoon of the Focus Group Meeting on February 7, 2020 and we had to find last minute overnight accommodations.

<sup>93</sup> Cape Cod and Islands United Way originally released their strategic plan in 2015 and continues to list the same four key community-defined needs on their website at <https://www.capeandislandsuw.org/our-work>

The Massachusetts Health Connector Strategic Plan: 2020-2022's Roadmap for Initial Implementation Steps includes Priority #5, Covering the Remaining Uninsured. The Navigator Program released an RFP for the FY2021-FY22 Grant cycle, which presented an opportunity for Navigator Programs to leverage their programs to work toward achieving the goal of reaching uninsured residents and preventing coverage loss. The report acknowledges that the Cape and South Coast regions, areas with "higher-than-average rates of uninsurance" have voiced their concern that with "Near-level funding with rapid enrollment growth limits the grantees' ability to effectively fulfill all the program goals (increase awareness, reach the uninsured, support current members)", page 23. CACCI applied and received funds from both the Massachusetts Health Connector Authority and Blue Cross Blue Shield of Massachusetts Foundation to work towards meeting these goals.<sup>94</sup>

The Nantucket Cottage Hospital, *FY18 Community Health Needs Assessment and Implementation Plan (FY18 CHNA & Implementation Plan)* utilized an extensive quantitative data review and gathered data from key stakeholders for the qualitative analysis. Their findings led to the identification of four key priorities.<sup>95</sup> The priorities overlapping with CACCI's health care issues are discussed below.

- Priority Area 1: Behavioral Health – the issues discussed under this priority that overlap with this report are mental health and substance use disorders and discusses a number of strategies to address this issue including increasing awareness of mental health and substance use disorders, and preventative services for all ages in the most prevalent languages spoken; and reduce barriers to accessing clinical and community preventative mental health and substance use disorders services, especially among populations at greater risk.
- Priority Area 3: Access to Health Care – the objective, to enhance access to healthcare, by 2020 to compile and coordinate the dissemination of information, interestingly does not include ways to improve health insurance coverage. Other objectives were to increase awareness of preventative and wellness services as a viable option for care; increase the current number of year-round primary care physicians; to establish year-round public transportation by 2020; and increase the awareness for off-island transportation for medically-necessary travel by 2020.

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<sup>94</sup> See the discussion under the beginning of this section (9.2 Health Care, Relationship to Poverty and Hot- Spots of uninsurance rates within CACCI's service region.

<sup>95</sup> Nantucket Cottage Hospital's *FY18 CHNA & Implementation Plan*. Priority 4: access to housing will be discussed under the Housing section of this report.



## Community Strengths

### Barnstable County

CACCI's Access to Health Insurance & Care has certified Massachusetts Health Connector Navigators to assist individuals and households of Barnstable and Nantucket Counties to apply and enroll in Massachusetts Health Connector and MassHealth insurance plans. Dukes County Vineyard Health Access also has certified Massachusetts Health Connector Navigators. Normally, CACCI outpost across their designated service delivery; this has had to be suspended during these COVID-19 times. The Massachusetts Health Connector Authority has selected CACCI as one of 10 Navigator agencies across the state to provide expanded access to support during the COVID-19 pandemic. In addition to their contract with the state, CACCI also receives annual grants from Blue Cross Blue Shield of Massachusetts Foundation. CACCI is now promoting the Massachusetts Health Connector Open Enrollment period which started on November 1, 2020 and runs through January 23, 2021. The newspaper and website list the contact information for their Navigators to serve their diverse population as follows; CACCI has Navigators that speak English, Spanish, and Portuguese. While other agencies within the region might assist their clients in registering for health insurance, CACCI and the Fishing Partnership Support Services office in Chatham<sup>96</sup> are the only two State contracted Navigator Programs within Barnstable County.

Barnstable County Department of Human Services (BCDHS) offers an array of health-related services. They oversee the SHINE program with its main office within their headquarters in the government complex in West Barnstable. SHINE offers free assistance for seniors at their main office and at site locations across the Cape and Islands in partnership with local Council on Aging and other non-profit organizations to help seniors enroll in a health insurance program that best fits their needs. A SHINE counselor can also help those eligible enroll in programs to help pay for health insurance costs. Since early March the Program transitioned to provide counseling remotely through phone and email.<sup>97</sup> CACCI's Access to Health Insurance & Care Navigators network with SHINE counselors to serve mixed households with people at and over the ages of 65 years of age. The SHINE program is promoting open enrollment which started on October 15, 2020 and ends on December 7, 2020.

Health Ministry, a relatively new faith-based organization, offers services with an emphasis on the Brazilian population. The goal is to serve as a community center offering health,

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<sup>96</sup> Massachusetts Health Connector selects 18 organizations as Navigators, with more than 100 individuals ready to provide health insurance enrollment assistance, Press Release, October 22, 2020 (The Chatham program is one of four Fishing Partnership Support Services Health Connector Navigator Programs in the Commonwealth).

<sup>97</sup> *Update from Tracey Benson, SHINE Regional Program Manager, Barnstable County Department of Human Services August 6, 2020 e-newsletter.*

social and wellness needs of the Brazilian community by providing educational and community programs and to collaborate with community partners. The goal is to serve as a community center offering health, social and wellness needs of the Brazilian community by providing educational and community programs and to collaborate with community partners. For example, they partner with CACCI Staff from the Access to Health Insurance & Care Program's Health Connector Navigators to assist clients in applying for health insurance; they also refer clients to CACCI's Immigration Resource Center.

BCDHS Regional Substance Use Council (RSAC) formed to establish a communication infrastructure across towns, providers, organizations, and individuals to coordinate a comprehensive regional approach to substance use across the continuum of prevention, treatment, intervention, and recovery. Also, under the umbrella of BCDHS, the Substance Abuse Prevention Collaboration (SAPC) in February 11, 2020 announced mini-grants awarded to six Cape Towns (Barnstable, Falmouth, Mashpee, Harwich, Yarmouth and Dennis) to support various substance use prevention initiatives with funding provided by the Massachusetts Department of Public Health Bureau of Substance Abuse Services.

Cape Cod Children's Place's First Steps Together<sup>98</sup> program is funded through a SAMSA's State Opioid Response Grant through the Department of Public Health, First (Families In Recovery Support) and the Bureau of Family Health and Nutrition's of Pregnancy, Infancy, and Early Childhood, Steps Together. This program provides recovery support, including "specialized home visits and community-based recovery and parenting support for families affected by substance use" through community peer recovery staff.

The Barnstable Police Department (BPD) implemented a Community Impact Unit (CIU) in May 2014, which is overseen by a Lieutenant under the Community Service Division: a specialized three-member team consisting of a Sergeant who is the lead, and two officers assigned to downtown Hyannis focus on working closely with the homeless population especially those suffering from mental illness and substance abuse or both. The CIU Sergeant also coordinates a weekly Street Outreach meeting to identify individuals in crisis and those most in need of services. The monthly Community Crisis Intervention Team (CCIT) meeting of a multi-agency group to strategizes ways to provide appropriate services to the target population by coordinating housing, mental health services, and substance abuse treatment. The CIU and CCIT teams work closely together to differentiate between individuals appropriate for jail diversion and individuals who are chronic criminal offenders. CIU team members follow-up with overdose victims to offer treatment and support and collaborate with the National Alliance for Mental Illness (NAMI) of Cape Cod and the Islands to

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<sup>98</sup> See Cape Cod Children's Place at <https://capecodchildrensplace.com/family-support/first-steps-together/> Note Recovery Support is not a typo as this is how the agency spells this)

coordinate CCIT team training to local first responders and social service agencies. The CIU has trained 78% of the BPD in Mental Health First Aid and coordinated the certification of 25 officers in CCIT training to identify, assess, deescalate, and assist persons in a mental health and/or substance abuse crisis. Although collaboration with NAMI continues, training has been put on hold due to the pandemic, but the team is exploring ways to restart the training as soon as possible.<sup>99</sup>

## **Dukes County**

In partnership with Dukes County Commissioners, CACCI provides partial funding for a Social Service Caseworker to assist clients in applying for benefits such as Unemployment, TAEDC (Transitional Aid to Families with Dependent Children), EADEC (Emergency Aid to Elderly, Disabled and children) SNAP (Food Stamps), WIC (Women, Children and & Infants-nutrition program) and Fuel Assistance along with assisting clients to network with other service providers.

The Vineyard Health Care Access (VHCA) Program is one of the Commonwealth's Health Connector Navigator programs that provides application and enrollment assistance to community members. VHCA<sup>100</sup> also provides financial assistance for those having difficulty paying for food or medicine, or without insurance who become injured or ill. The Voucher Program for Medicine can pay up to half the costs of prescriptions up to \$100 Prescription Assistance Programs are available through prescription drug companies and web-based services that provide information about free and low-cost medications for people without prescription coverage and/or cannot afford their medications. The VHCA program also runs Vineyard Smiles and provides care to over 400 island children and low-income adults each year; miles' staff coordinate the Commonwealth Mobile Oral Health Services visits to the island to six island public schools, schedules patients, and holds dental hygiene clinics for seniors and disabled adults.

Dukes County Health Council formed the Youth Task Force (YTF) is a coalition of over 50 volunteer community members with the goal to reduce substance use and other risky behaviors; they work closely with community partners including youth and parents. Since the Pandemic, the YTF has made virtual resources available online.<sup>101</sup> In collaboration with a Boston physician specializing in substance abuse with ties to the Island, the YTF coordinator

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<sup>99</sup> Sgt. Eric Drifmeyer of the Barnstable Police Department provided an update via email on August 26, 2020.

<sup>100</sup> Information for the Vineyard Health Care Access Program has been taken from their website, accessed August 23, 2020: the site announced that Offices were closed to the public and all service were being conducted remotely by telephone and email to protect employees and client safety. Similar to CACCI's protocol during the lockdown, a drop box was available where documents could be left.

<sup>101</sup> Information on the Martha's Vineyard Youth Task Force was obtained from their website accessed on August 25, 2020 at <https://www.mvyouthtaskforce.org/>

was able to obtain a “standing Order” with local pharmacies to make Narcan available without a prescription.<sup>102</sup> Martha’s Vineyard Drug Task Force, a collaboration of island police departments, locates and investigates illicit drug distribution: all island police departments and EMS, have Narcan available. They use the Screening, Brief Intervention and Referral to Treatment (SBIRT), which is a public health approach to those using alcohol and/or prescription drugs in unhealthy ways.

Martha’s Vineyard Hospital’s (MVH) Substance Use Disorder (SUD) Team provides information and referrals to community resources, and education and support. The SUD Team is also available to consult with the Emergency Department, MVH Inpatient Care units, Primary Care Practices, Maternity and Employee Assistance Program to provide Crisis intervention along with other services.

FirstStop MV funded by Dukes County and the island towns, is a program of Martha’s Vineyard Community Services and Healthy Aging Martha’s Vineyard island wide initiative to support the health and wellbeing of community members by connecting people to information and critical resources by either searching the online data base or calling their office. The website provides Coronavirus Community Updates, including the process to obtain free COVID-19 testing, and other support links during the pandemic (mental health, substance use support, food resources, and domestic violence).<sup>103</sup>

Dukes County Health Council, a coalition of community members, public officials, health practitioners, and health organizations, identify critical unmet needs and seek ways to address them. They have worked with the Rural Health Scholars - students from UMass-Graduate School of Nursing and Medicine, in partnership with the Martha’s Vineyard Hospital, to research and analyze health related topics of importance to the Island (see their website for studies going back to 2009).

## **Nantucket County**

The Nantucket Department of Human Services consists of five departments as follows: Commission on Disability: Human Services: Our Island Home, skilled nursing facility; Senior Services, including Saltmarsh Senior Center; and Veteran’s Services.

The Human Services Contract Review Committee annually reviews local health and human service funding requests and makes recommendations regarding appropriations to the Finance Committee and the Select Board. At the Nantucket Annual Town Meeting on June

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<sup>102</sup> Barry Stringfellow, *Narcan available on Martha’s Vineyard without a prescription*, MV Times, March 23, 2016.

<sup>103</sup> Information on FirstStop MV available online at <https://firststopmv.org/about/>; see link to Coronavirus Updates at <https://www.mvcommunityservices.org/coronavirus-covid-19-updates/>

25, 2020, \$650,000 in funding for 12 agencies for FY21; this was an increase from the amount of \$450,000 for both FY19 and FY20.

Nantucket Cottage Hospital's (NCH) Patient Financial Services Department has Certified Enrollment Counselors who offer insurance counseling for MassHealth Enrollment and other state-funded insurance programs through the Health Connector.<sup>104</sup>

NCH's Social Services Department provides an array of services to both hospital patients (with costs covered by the hospital) and to community members (with support of a generous grant from the Town which provides partial reimbursement). Some of the services pertinent to this report are outlined below:

- Accessing Health Insurance Coverage – assists local veterans navigate the VA Healthcare system and assists seniors register for Medicare including prescription drug benefits during open enrollment including exploring prescription assistance foundations.
- Oversee interpreter services program.
- Help Identify Resources and/or assist in the application process for an array of benefits and assist in applying for subsidized housing programs.
- Mental Health issues - Oversee the care of behavioral health patients in the ER or Med-Surge Floor awaiting transfer to a behavioral health facility, refer people to mental health services on the island, and assist people with serious and persistent mental illness complete Department of Mental Health applications. Staff also attend the Post-Traumatic Stress Management Task Force meetings and the local chapter of NAMI's (National Alliance for Mental Illness) Behavioral Health Taskforce.

The NCH Social Services Department also oversees the following, sustained entirely by donations or fundraisers:

- *The Indigent Fund* - can pay for medications, transportation, groceries, rent, and utilities.
- *The Andrew Holdgate Fund* – can assist with transportation expenses when it is necessary for a child to receive medical care off island.
- *The Shorty Fund* - can assist patients who have medical appointments off island and qualify financially.
- *The Sailing Stork Fund* – can assist with travel and lodging expenses of any Nantucket expectant mother when their delivery will need to take place off island.

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<sup>104</sup> Nantucket Cottage Hospital information is available on their website at [nantuckehospital.org](http://nantuckehospital.org)

Fairwinds Nantucket's Counseling Center is Nantucket's only private non-profit agency that provides comprehensive, licensed therapeutic support that fosters mental health through prevention, wellness education, and addiction recovery services. Fairwinds works in collaboration with Nantucket schools, off-island rehabilitation centers, primary care physicians, and self-referring individuals to provide an intensive Outpatient Therapy program designed to engage individuals. They also partner with the courts and provide alcohol and drug addiction treatment in both group and individual counseling settings. All regular services are provided remotely until further notice.

Nantucket Family Resource Center provides Parental Education and Support, Information and Referrals, Child & Youth Assessments: and Help Navigating Resources.

Gosnold of Nantucket offers outpatient therapy and medication management currently conducted via telehealth due to COVID-19 and offer 24-hour emergency crisis services.

NAMI (National Alliance on Mental Illness) has partnered with the Nantucket Fund for Emergency Relief to offer free appointments with mental health therapists for residents who are uninsured or who have insurance but is not accepted by the private therapist.

### ***Federal, State and Local COVID-19 Response to Food Security and Health Insurance Issues***

Although Food Insecurity was not identified as a priority by most of the community data gathered other than the Key Community Stakeholders attending the Dukes County Focus Group, given the impact of COVID-19 on employment, especially within CACCI's three county service areas and its relationship to food insecurity, it is important to include this in the discussion.

Governor Baker's administration formed a Food Security Task Force in April 2020 convened by the Massachusetts COVID-19 Command Center. "The task force is comprised of public and private members charged with ensuring food insecurity and food supply needs are addressed during the COVID-19 public health emergency."<sup>105</sup> In this press release they announced \$56 million to address urgent needs. Some of the pertinent Press Releases are noted below:

- *USDA Approves Massachusetts Plan to Join Online EBT Grocery Purchase Pilot*, Press Release on May 21, 2020 to allow SNAP households to purchase groceries online (Mass Department of Transitional Assistance)
- *First Round of Food Security Awards and New Healthy Incentives Programs*, Press Release dated July 22, 2020: Food Security Infrastructure Grant Program Award to Food 4 Kids program at the Church of the Holy Spirit in Orleans; Healthy Incentives Program New

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<sup>105</sup> Commonwealth of Massachusetts. *Baker-Polito Administration Invests \$56 Million to Combat Food Insecurity in Massachusetts*. Mass.gov News, Press Release, May 17, 2020. See additional Press Releases under Food Insecurity.

Vender Awards to Checkerberry Farm in Orleans and to Sustainable CAPE, Truro and Provincetown.

- Second Round of New Grant Program to Increase Access to Local Food, Press Release dated August 18, 2020: Three grants were awarded to programs in Barnstable County (Mills River Cranberry Co and Cape Cod Native Shellfish LLC, in the Town of Barnstable and P.J. Cranberries in Sandwich. One grant was awarded to the Island Grown Initiative in Tisbury, Dukes County.
- Third Round of Food Security Infrastructure Grant Program, Press Release dated September 30, 2020: two grants were awarded to programs in Barnstable County (Mills River Cranberry in the Town of Barnstable, and Monk's Cove Sea Farm in Bourne), and a grant was awarded to Signature Oster Farm start up in Edgartown, Dukes County.<sup>106</sup>

Also approved for September - Pandemic EBT or P-EBT benefits to supplement the cost of missed school meals with benefits becoming available on September 30, 2020. This September Press release also stated that the majority of SNAP participants will see an increase in their benefits about 5% to reflect the recent increase in food prices.

- Fourth Round of New Grant Program to Increase Access to Local Food; two grants were awarded to Barnstable County (Buy Fresh Buy Local Cape Cod Hyannis in the Town of Barnstable for continuing efforts to publicize availability of local food and seafood; and Sustainable CAPE to develop new Programming to include veterans, schoolchildren and their families and low-income neighbors in Truro); and one grant was awarded on Dukes County (Martha's Vineyard Island Gown Initiative to work in partnership with MV Agricultural Society, West Tisbury Farmer's Market and Slough Farm Foundation.<sup>107</sup>
- Fourth Round of Food Security Infrastructure Grant Program, Press Release dated October 28, 2020: one grant was awarded in Barnstable Count (Wellfleet Shellfish Co, in Eastham to invest in infrastructure in the amount of \$390,062); and one grant on Dukes County (the Island Food Pantry to purchase a refrigerated van to support local deliveries, Tisbury).
- The Massachusetts COVID-19 Relief Fund<sup>108</sup>

This funding source was established by Governor Baker and First Lady Lauren Baker, through provide donations distributed to non-profits across the Commonwealth, including immigrant communities. Because the relief fund does not include any federal funds, undocumented immigrants can qualify; \$31.4 million was raised to date and \$31.2 million has been distributed as follows:

- Cape Cod Foundation made 21 grants for food insecurity;
- Permanent Endowment for Martha's Vineyard made five grants for food insecurity.

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<sup>106</sup> Commonwealth of Massachusetts, *Baker-Polito Administration Awards Over \$5.5 Million to Improve Food Security in Massachusetts*, Press Release, September 30, 2020.

<sup>107</sup> Gwenn Friss, *State grants support Cape Cod and islands food access efforts*, Cape Cod Times, November 1, 2020.

<sup>108</sup> See <http://www.macovid19reliefund.org> (it should be noted that any of the above funding for Barnstable and Dukes Counties can include serving undocumented immigrants)

- As schools closed across the region in the spring because of the impact of the pandemic, the school lunch program quickly shifted to a takeout operation with drive by pick up at 17 Cape and Island site locations. The operation provided free lunches Monday through Friday and sometimes breakfast foods for children ages 18 and under regardless of whether they were eligible for free lunches as USDA had extended an eligibility waiver through August 31, 2020. This also applied to the USDA “Summer Eats” program which continued at the 17 sites distributing boxed meals.
- A Boston Globe article<sup>109</sup> states that by late September, the USDA waiver will end, and families will be required to document that their children qualify for free or reduced-price lunches. The meal program will be linked to the school the child attends, presenting a challenge for families with children in different schools to collect meals if their children have not returned to school. Families with school aged children on free or reduced-priced lunch should have received two P- EBT cards to buy food as noted by the Christine D’Amato the executive director who also stated children from birth through age 18 can get a free bagged breakfast and lunch operating through June 2021. As noted in a Cape Cod Times article,<sup>110</sup> the first cards went out in the Spring and in September the cards were loaded with additional benefits based on each day that schools remained closed. In addition, the U.S. Department of Agriculture has extended the P-EPT program through June 2021. As noted in the Gaps section below, in Barnstable County around 20% of the P-EBT cards sent out to households with children who receive free or reduced lunches did not activate the cards. The state rate for inactivated cards was around 17%. The thought was that if the household did not receive food stamps, they might not have recognized the cards (the article notes that about 60% of the students who received a P-EBT card came from households who at that time did not receive food stamps).
- While the Greater Boston Food Bank is keeping the 40 anti-hunger groups on the Cape well supplied,<sup>111</sup> pantries are expecting a surge when the additional \$600 in unemployment benefits end on July 25. This article notes that for households who did not qualify for SNAP benefits while receiving the additional unemployment benefit should apply.
- A Federally funded, Seniors Famers’ Market Nutrition USDA Program consists of partnerships with local famers and Elder Services of Cape Cod & Islands to provide fresh produce to low-income seniors.<sup>112</sup> In Barnstable County, Cape Abilities Farm provides produce and on Dukes and Nantucket Counties local farmers participate. Elder Services delivers the produce directly to the homes of seniors. The produce distribution program is

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<sup>109</sup> Yvonne Abraham, *Feed Kids, for goodness’ sake*, Boston Sunday Globe, August 30, 2020, page B1.

<sup>110</sup> Gwenn Friss, *Residents urged to be on lookout for P-EBT cards; Worth \$599 each, many have yet to be activated*, Cape Cod Times, November 18, 2020, pages A1 and A4.

<sup>111</sup> Denise Coffey and Gwenn Friss, *Supply and demand: As pandemic continues, food pantries and programs work to address rising need on Cape Cod*, Cape Cod Times, August 1, 2020, pages A1 & A5.

<sup>112</sup> Ruth Ann Roth, *Cape Abilities Farm, Elder Services partner to nourish homebound seniors*, The Register, September 17, 2020, A1 & A5.



especially needed this year and runs through September. This USDA program also provides coupons for eligible Seniors and WIC families which run from July through October 31, 2020 to be used at Farmer's Markets: senior coupons can only be used for fresh, unprepared fruits, vegetables, honey, and cut herbs from farm vendors; WIC Coupons covers all of the above excluding honey.<sup>113</sup>

- The Barnstable County Assembly of Delegates, in acknowledging that food insecurity has been an ongoing concern on Cape Cod and further exacerbated by the pandemic, has approved funding and hiring of a Food Assessor Coordinator under the jurisdiction of the Cape Cod Cooperative Extension division of the county government.<sup>114</sup> This person will serve “as the interface with the Cape’s 15 towns to assess the status of food availability and accessibility for residents in need”, coordinate community needs as identified by food pantries, coordinate with other food distribution entities within local and regional growers, and state and national distribution agencies and organizations, and to explore state and federal funding. The newly hired coordinator stated, “Once I do a needs assessment on the Cape and then see what’s available, I can identify where the gaps are.” This 18-month position could possibly be extended based on need, especially in light of the fact that region has been experiencing a “new sector of food-insecure people” due to loss of jobs.<sup>115</sup>
- The USDA Farmers to Families Food Box program served over 3,000 families at an Upper-Cape location in Sandwich and switched distribution at Cape Cod Community College on a weekly basis for the month of October starting on a Friday and then switching to Saturdays to accommodate people’s work and school schedules.<sup>116</sup> This program also distributed food at Nauset Middle School in Eastham on Wednesday, October 21 from 3-6 pm. While the original plan was to run through October, the program has been extended for another eight weeks at three locations: Sandwich at the Sandwich Empowerment Center on Tuesdays; West Barnstable at Cape Cod Community College on Saturdays; and Orleans at the old Cape Cod 5 Headquarters on Wednesdays. While the distribution does not require income eligibility, after the November 7 distribution at the college when they quickly ran out of food, the organizers set up an online preregistration process.<sup>117</sup> Families can pick up one box which contains about 32 pounds of groceries including produce, dairy and meat from local farmers and commercial food producers. Ca have also been available at three locations in Hyannis and one in Marstons Mills on Friday from 4:00 to 6:00 PM.<sup>118</sup>

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<sup>113</sup> See [www.mass.gov/farmers-market-nutrition-program](http://www.mass.gov/farmers-market-nutrition-program) and [www.mass.gov/MassFarmersmarket.org/couponprograms](http://www.mass.gov/MassFarmersmarket.org/couponprograms).

<sup>114</sup> Geoff Spillane, County Seeks to coordinate food distribution efforts: Assembly approves funding to hire Food Access leader, *Cape Cod Times*, September 19, 2020, page A-1.

<sup>115</sup> Gwenn Friss, *Ready to work: County’s new food assess coordinator to help families, residents in need*, *Cape Cod Times*, October 23, 2020.

<sup>116</sup> Gwenn Friss, *New Farmers to Families program opens on Cape: More than 1,000 food boxes will be distributed weekly in October at Cape Cod Community College*, *Cape Cod Times*, October 3, 2020, page A3.

<sup>117</sup> The Distribution is coordinated and conducted by the Massachusetts Military Support Foundation.

<sup>118</sup> Hyannis and Marstons Mills are villages within the Town of Barnstable.

- The Barnstable County Assembly of Delegates, in acknowledging that food insecurity has been an ongoing concern on Cape Cod and further exacerbated by the pandemic, has approved the funding and hiring of a Food Assessor Coordinator under the jurisdiction of the Cape Cod Cooperative Extension division of the county government.<sup>119</sup> This person will serve “as the interface with the Cape’s 15 towns to assess the status of food availability and accessibility for residents in need”, coordinate community needs as identified by food pantries, and to coordinate with other food distribution entities within local and regional growers, and state and national distribution agencies and organizations. According to Gwenn Friss of the Cape Cod Times<sup>120</sup> the newly hired coordinator is quoted as saying, “Once I do a needs assessment on the Cape and then see what’s available, I can identify where the gaps are.” Mike Maguire, director of the Barnstable County’s Cape Cod Cooperative Extension program, clarified that this 18-month position could possibly be extended based on need. The goal of this position is to not only identify and coordinate existing programs, but to explore state and federal funding for the region which has been experiencing a “new sector of food-insecure people” due to loss of jobs.
- The Barnstable County Department of Human Services website, under Food Access Resources has posted, *Food Access Information During COVID-19*<sup>121</sup> based on data compiled by the Cape Cod and the Islands Regional Network on Homelessness COVID-19 Emergency Planning Team. The three-page comprehensive chart includes listing of food pantries, prepared food distributions. and process for pick up (drive by, go to the door, etc.) covering towns across Barnstable County.

### ***Health/ Insurance Issues***

- The Massachusetts Health Connector extended its COVID-19 Special Enrollment Period through June 23, 2020, MassHealth will “sunset” the Student Health Insurance Plan Premium Assistance Program (SHIP PA), at the end 2019-2020 (July-September 2020) academic year, in order to prevent all students receiving health care coverage through their school’s SHIP from experiencing untenable premium increases. MassHealth will continue to provide full coverage for eligible full-time students at participating Massachusetts colleges.<sup>122</sup>
- MassHealth moratorium on terminations - The Massachusetts COVID-19 Public Health Emergency Declaration under the U.S. Department of Health and Human Services, has extended the emergency declaration to January 23, 2021 (originally scheduled to expire on October 23, 2020) and will continue to cover COVID-19 testing and treatment. The Health

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<sup>119</sup> Geoff Spillane, County Seeks to coordinate food distribution efforts: Assembly approves funding to hire Food Access leader, Cape Cod Times, September 19, 2020, page A-1.

<sup>120</sup> Gwenn Friss, *Ready to get to work: County’s new food assess coordinator to help families, residents in need*, Cape Cod Times, October 23, 2020.

<sup>121</sup> Available online at <https://www.bchumanservices.net/library/2020/11/Food-Access-Resources-DG-11-2-2020.pdf> - note data updated as of 11.2.20

<sup>122</sup> Mass.gov at <https://mass.gov/info-details/masshealth-student-health-insurance-plan-remium-assistance-program-ship-pa>

Connector also hosted a Zoom webinar for Navigator assisters and residents for those who have lost employer-sponsored health insurance to learn about health coverage options through the Massachusetts Health Connector.

- The Barnstable County Board of Regional Commissioners approved an ordinance to hire two public health nurses for an 18-month term within the Department of Health and Environment to address the demands of COVID-19.<sup>123</sup> This ordinance was approved at the October 7, 2020 County Assembly of Delegates Meeting which has representation from each of the Cape Towns with voting weighted according to population for each town. The two new hires will be under the supervision of the current public nurse, one will be assigned to work with long-term care facilities and the other will be assigned provide assistance to towns and schools with very specific duties.
- The Baker-Polito Administration awarded \$200,000 to the Barnstable County Department of Health and Environment to be distributed to the 15 local boards of health to help with staffing and contracts for surveillance, contract tracing, data management, purchasing PPE for staff, and other public health-related services needed to respond to COVID-19.<sup>124</sup>
- The Mashpee Wampanoag Tribe received FEMA public assistance grants of more than \$130,000<sup>125</sup> which allowed the purchase of security glass, and disinfectants; FEMA shipped cloth face coverings, procedural and respirator masks, gloves, and hand sanitizers and sent a CDC epidemiologist, a contract tracing, infection prevention and control, an incident command teams for 60 days. By mid-April the Tribe received test kits, and the Indian Health Services Clinic was able to offer free testing for all tribal members. The tribe's emergency management director, Nelson Andrews Jr. is credited with developing a COVID- strategy and working with FEMA to obtain funding. He is applying for additional PPE supplies, and is in the process of hiring an infectious disease public health advisor and an infectious disease epidemiologist, while working to ensure that the tribe receive vaccines and setting up the health clinic for cold storage and distribution of the vaccine.

**See Appendix H. South Shore Community Action Council's Assessment Responses from Low-Income Community Members Regarding Health Care Related Issues, and Hunger/Nutrition.**

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<sup>123</sup> Geoff, Spillane, County seeks to hire public health nurses, Cape Cod Times, September 11, 2020, pages A1 & A5; see Barnstable County Assembly of Delegates October 7, 2020 Minutes.

<sup>124</sup> Barnstable County Department of Health and Environment. *Barnstable County Awarded \$200,000 in Emergency Funds in wake of COVID-19 Pandemic*. Press Release April 6, 2020.

<sup>125</sup> Jessica, Hill, *Mashpee tribe's plans win FEMA Praise*. Cape Cod Times, December 5, 2020, pages A3 & A5; FEMA, *One Tribal Nation Winning Against COVID*, December 2, 2020 Press Release; information available on the Tribe's website. While a specific date of the award was not publicized, the Tribe was the first in NE and the second in the Nation and one of 43 recognized tribes to receive this funding.

**Ongoing Community Gaps for Health Care and Food Insecurity**

- Need to reach out to persons who lost their employee sponsored health insurance.
- Continued outreach to hard to reach uninsured populations such as immigrant communities and self-employed individuals.
- There is a need to ensure information on food programs and distributions is available in other languages to accommodate English as a Second Language households.
- Getting the word out about the P-EBT program; in Barnstable County around 20% of the P-EBT cards sent out to households with children who receive free or reduced lunches did not activate the cards.

### 9.3. Immigration

**Relationship to Poverty:** According to U.S. Census Bureau data, foreign born persons are more likely to be in poverty in comparison to Natural Citizens.

#### Key Findings:

Identified as a Priority in the following: Board of Directors and Staff Surveys, Key Stakeholders, Dukes and Nantucket Focus Groups. Identified as a Community Need in the Customer and Low-Income Community Member Surveys.

#### Key Stakeholder Interviews - *The following needs were identified:*

- Free Legal services
- Long wait times for Immigration Resource Center services
- Need ESL classes

Table 9.6 Community Needs Assessment Survey, Customers and Low-Income Community Members <i>Immigration Issues</i>		
	<i>Customers</i>	<i>LI Community Members</i>
Identified Immigration Issues as a need impacting people in the community	40%	31%
They or a member of their immediate household need immigration services	25%	16%
Identified as a Priority	3%	4%
ESOL Classes Identified as a Priority	13%	8%
Received services from the IRC within the past 12 months (Question only pertains to customers)	25%	-

#### Dukes County (Martha's Vineyard) Focus Group - *The following supports were listed for the Immigrant Community which also was included under Access to Year-Round Employment:*

- Newcomer supports for Portuguese and Jamaican Patois speaking community members
- Additional liaisons in the community speaking Portuguese and Patois and more English classes
- People interested to take interpreter class offered by the Highschool ELL program

#### Nantucket County Focus Group:

- The need for Interpreter services was identified across all services

## Community Strengths

### Barnstable County

- CACCI's Immigration Resource Center (IRC) provides free services to assist immigrants to navigate immigration-law issues, preparation to become naturalized citizens, and to integrate into the community. The IRC out-posts throughout the Cape; this includes two immigration specialist volunteers, one who is an attorney who assist once a week in partnership with Falmouth Human Services. During the COVID-19 pandemic, consultations have been by phone, telephone, and videoconference only. Since there is no other comprehensive immigration services program based on the Cape and Islands, the IRC fills a significant gap by offering full-time legal representation and case management. Services provided include adjustment of status, assistance with National Visa Center filings, naturalization, Temporary Protected Status, renewal and replacement of documents including employment authorization, certificates of naturalization, and status documents. The IRC also provides representation before the immigration courts in matters of asylum and removal defense, as well as civil rights education and general legal advice on immigration matters not captured above. The IRC seeks outside grants to supplement its work. Since 2019 the IRC received a grant from The Commonwealth of Massachusetts, Office for Refugees and Immigrants, Citizenship for New Americans Program covering December 2019 through June 30, 2020; and in 2020 was awarded an additional grant covering July 1, 2020 through June 30, 2021 to file applications for citizenship for qualified individuals and to provide case management throughout the citizenship process. They recently received an unsolicited donation from Eastern Bank Foundation in the amount of \$25,000 to support the IRC. CACCI is a member of the Massachusetts Immigrant & Refugee Advocacy Coalition and stays informed of important issues.
- WE CAN has partnered with CACCI to provide IRC clinic services out of its Harwich office. The IRC attorney meets with WE CAN clients to provide legal consultations, including, as necessary, referral to the IRC for full-time representation. During the COVID-19 pandemic, these consultations have been by phone, telephone, and videoconference only.
- The Center for Corporate and Professional Education at Cape Cod Community College offers the following online courses: *ESL- Practice Real-Life Conversation Skills* on how to speak comfortably and confidentially in everyday English; *Grammar for ESL* designed for intermediate to advanced ESOL college students; and *Writing for ESL* to learn to write in English more effectively. Cape Cod Literacy Council provides English as a Second Language (ESOL) classes to immigrants to help them become proficient in English; they contract with Cape Cod Community College's Adult Education Center to work with ESOL students. They are a referral partner with CACCI's IRC and Access to Health Care Navigator programs. Staff from these departments provide informational presentation to the ESOL

class. Workshops and one-on-one tutoring are currently being conducted remotely due to COVID-19.

- South Coastal Counties Legal Services (SCCLS) does not provide immigration services for the most part but have some staff that may do U-Visas or VAWA petitions for victims of violence, but the office is located in Fall River. However, SCCLS created a subsidiary, the Justice Center for Southeast Massachusetts, to address immigration issues. Although located in Brockton, services are provided throughout Barnstable, Dukes, and Nantucket Counties as well as Bristol and Plymouth Counties (information confirmed with Ray Yox, SCCLS Managing Attorney via email on August 18, 2020).
- Catholic Social Services has an Immigration Law Education & Advocacy Project (ILEP) operating out of Fall River which covers the Cape and Islands. They provide free and low-cost legal services for low-income refugees and immigrants. The program is staffed by three full-time attorneys, one part-time DOJ-Accredited Representative, two full-time paralegals, and a full-time AmeriCorps Legal Advocate. While they can usually make appointments at other area offices, during the Coronavirus Pandemic, all client meetings take place by telephone.

### **Dukes County**

Community Action Committee of Cape Cod & Islands' Immigration Resource Center normally outposts in partnership Martha's Vineyard Community Services. During the COVID-19 pandemic, consultations have been by phone, telephone, and videoconference only. See the above information on South Coastal Counties Legal Services and availability of immigration services on Dukes County.

The County's website has a flyer titled, Equal Access to Care: You have a right to health care regardless of your immigration status.

### **Nantucket County**

Community Action Committee of Cape Cod & Islands' Immigration Resource Center, normally outposts in partnership with Fairwinds, Nantucket's Counseling Center. During the COVID-19 pandemic, consultations have been by phone, telephone, and videoconference only. See above Information South Coastal Counties Legal Services and availability of immigration services on Nantucket County.

The Island also has a nonprofit organization, the Nantucket Immigration Resource Center run by volunteers; they provide support to recent immigrants on Nantucket to offer information and referrals, with concentrated efforts in the areas of counseling, education, food, clothing, housing, health care and legal and government services.

Catholic Social Services' "Cape Cod Project" has funding available for immigrant families on Nantucket who were not able to receive a stimulus check.

The Nantucket Literacy Volunteers of the Atheneum (LVA) library program offers classes and one-on-one tutoring for English Language Learners (ELL) to improve their English language skills; they currently offer online courses.<sup>126</sup>

### ***Specific COVID-19 funds for Immigrants***

- The Fish Family Foundation has raised more than \$3 million to support immigrant families affected by COVID-19 across Massachusetts.<sup>127</sup> The founders, Larry and Atsuko Fish, reside in Falmouth, and have contributed to the Falmouth Fund (a component of the Cape Cod Foundation), the Falmouth Service Center, the Buzzards Bay Coalition and faith-based organizations. They contributed \$50,000 to Health Imperatives which provides sexual and reproductive health, nutrition services, violence intervention and prevention services: while covering the Southeastern region, they have an office in Hyannis and have assisted immigrant families on Cape Cod. The Fish Family Foundation also provides financial support to the Family Service Institute, which although based in Roslindale, serve families on Cape Cod to provide cash assistance to immigrant families in need.
- The MassUdocuFund's COVID-19 Relief for Undocumented Workers program<sup>128</sup> has raised \$1 million from individual donors and foundations to provide financial support to undocumented immigrant workers who lost their jobs related to the pandemic. This project was based on a concern that undocumented immigrants and their families have been left out of other federal assistance and unemployment benefits, plus they are reluctant to apply for benefits for which they qualify out of fear of immigration enforcement. The report dated August 20, 2020 notes that through May and July, 853 recipients (38.2% were children) from all 14 Massachusetts counties received funding. Information on recipients included: type of employment represented 40 industries (food service, retail, construction, hospitality, domestic work, farm work and factory work); and recipients came from 30 countries with interviews conducted in eight languages.
- The Massachusetts COVID-19 Relief Fund<sup>129</sup> This funding source was established by Governor Baker and First Lady Lauren Baker, through provide donations distributed to non-profits across the Commonwealth, including immigrant communities. Because the relief fund

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<sup>126</sup> Bushard, Brian, Nantucket Literacy class bridges language gap. Cape Cod Times, March 8, 2020, pages B1 & B3.

<sup>127</sup> Jessica Hill, *Outsized impact*, Cape Cod Times, October 10, 2020, pages A1 and A5.

<sup>128</sup> For information on MassUdocuFund's COVID-19 Relief for Undocumented Workers program see <https://www.massundocufund.org/>

<sup>129</sup> See <http://www.macovid19reliefund.org> (it should be noted that any of the above funding for Barnstable and Dukes Counties can include serving undocumented immigrants)



does not include any federal funds, undocumented immigrants can qualify; \$31.4 million was raised to date and \$31.2 million has been distributed as follows:

- Cape Cod Foundation made three grants specifically earmarked for immigration services

**Gaps and Ongoing Concerns Regarding Immigration Services and Policies:**

- There is a continued need for interpreter services
- The Public Charge Rule creates confusion and negatively disproportionately affecting lower-income immigrants; Puts green card applicant at risk of denial; and Immigrants are fearful of exercising their right to receive benefits for which they are entitled, including testing and treatment for COVID-19
- Increase in Filing Fees and drastic changes to fee waiver policies negatively disproportionately affect lower-income immigrants
- Only Immigrants with a social security card qualified for Federal Stimulus Funds; all others disqualified and were left out.

## 9.4. Affordable and Available Housing

### Relationship to Poverty:

“What impacts one segment of the housing market affects the rest. Lack of housing inventory for middle-income renters means that they compete with low-income renters for the limited housing available. Lack of housing impacts the economic competitiveness of the region, the availability and price of goods and services, and well as quality of life.”<sup>130</sup> And to do nothing puts low-income residents further at risk.

While published in 2016, a Housing Assistance Corporation study conducted by Noah Hoffenberg<sup>131</sup> is worth acknowledging. He notes that housing instability, including cost-burdened (paying greater than 30% of income on housing, including utilities) often requires that the household prioritize by either paying their housing costs, food, transportation costs, or other household costs and that having affordable housing, either rental or homeownership, allows the household to better meet their basic needs. Hoffenberg also notes that coupled with high rents and homeownership costs (unless one is able to obtain an affordable unit) is the lack of wages to support the housing costs.

As noted in the Cape Cod Commission’s commissioned report’s gaps analysis,<sup>132</sup> based on 2015 data, those earning 80% or less of the median income are expected to be cost-burdened (paying greater than 30% on housing costs); based on predictions for 2025, this is expected to increase, including for those with incomes 100% to 120% of the projected median income.

### Key Findings:

- Identified as a Priority in all data sources: Board of Directors, Staff, Management, Customers and Low-Income Community Member Surveys, Key Stakeholder Interviews, and Dukes and Nantucket Focus Groups.
- Needs identified: the lack of affordable housing and limited rentals; the need for stable, year-round housing; even when someone qualifies for a housing subsidy, they have difficulty finding a rental unit; and “If housing could be resolved this would solve other problems.”

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<sup>130</sup> Quote on the cover of the report by David M. Quinn and Stefanie S. Coxe, *Housing on Cape Cod: The High Cost of Doing Nothing*, Housing Assistance Corporation, October 2018.

<sup>131</sup> Hoffenberg, Noah. *Lined Up for Housing: Federal Rental Voucher Waiting Lists and Lease-up Rates on the Cape and Islands in 2015* (Housing Assistance Corporation, September 2016).

<sup>132</sup> The Cape Cod Commission study was conducted by Crane Associates, Inc. and Economic and Policy Resources. The process also included a Peer Review Committee comprised of eight individuals representing different aspects related to housing; with one exception, they were all locally based.

The Community Needs Assessment Survey conducted with both CACCI Customers and other Low-Income Community Members, show that both categories identified affordable housing as a top need impacting people in their community and the majority (53%) of customers reported that their rent/mortgage exceeds 50% of their income, putting them as extremely cost burdened which is usually based on 30%.

<p>Table 9.7 Community Needs Assessment Survey <b>Customers and Low-Income Community Members - <i>Housing Issues</i></b></p>		
	<i>Customers</i>	<i>L-I Community Member</i>
Affordable Housing identified as a top need impacting people in your community	73%	63.8%
Identified as a Priority	30%	26%
My living expenses (rent/mortgage, heat, food) are too high	34.4%	31.7%
I can't find housing that I can afford	28.7%	21.3%
I rent my home	35%	30.3%
I own my own home	36%	48.5%
Cost Burdened (rent/mortgage exceeds 50% of income)	53%	35%
Currently staying with others	11%	11%
Staying in a shelter	11%	3%
Staying in a Motel	0.8%	0%
I currently have no place to stay	2%	0%

**Key Stakeholder Interviews** – *the following needs were identified:*

- Affordable and available housing
- Lots of second homes and seasonal empty homes
- Difficulty qualifying for housing when working more than one job
- Students at the college are living in cars
- Issues of not being able to pay the rent or mortgage
- Housing especially needed for low-income resident
- Housing needs to be accompanied by case management

**Dukes County (Martha's Vineyard) Focus Group** - *the following needs were identified:*

- Vast majority of housing is homeownership (91%), resulting in few rental units; barriers to developing affordable and rental housing; need year-round housing
- Need more funding for developments; lack of political will; lack of infrastructure to support new development; issues of zoning, water quality & waste-water treatment and high cost of land
- Need a more viable Habitat for Humanity program
- More incentive for year-round rental property apartments

## **Nantucket Focus Group:**

- Need for safe and legal affordable rentals
- Emergency housing; need for financial support to address homelessness

## **Community Strengths**

### ***Summary of Cape and Islands Housing Plans***

The housing studies conducted for Barnstable, Dukes and Nantucket Counties included valuable information for their regions such as affordable housing gaps along with pertinent suggestions to address the affordable housing crisis, which in-itself acknowledges that each community recognizes the dire need to work toward solutions. Key commonalities of each unique report are as follows: the need to develop affordable housing, workforce housing and more diverse housing to meet community needs including accessory apartments, and those living above the area median income; restraints such as an oversupply of seasonal homes, coupled with zoning and land issues, and the need for density developments; educating decision makers and the public about the housing market, the diverse needs and find ways to better address abutter challenges to developments. While each plan is very comprehensive,<sup>133</sup> the following is an attempt to list some brief comments on the unique components not included in the above.

- Housing Assistance Corporation, *Housing on Cape Cod: The High Cost of Doing Nothing*, written by David M. Quinn and Stephanie S. Coxe, October 2018.  
Unique components: need to pass better Accessory Dwelling unit zoning bylaws; people living in wrong size (and style) home because of lack of options (some refer to elderly homeowners); implementation of the Rent 365 pilot program to encourage property owners to convert their seasonal or vacation rentals into year-round housing, which included a financial incentive.
- Cape Cod Commission, conducted by consultants Crane Associates, Inc. and Economic Policy Resources, *The Regional Housing Market Analysis and 10-Year Forecast of Housing Supply and Demand for Barnstable County, Massachusetts*, 2017.  
Unique components – Based on projected 2025 forecasts related to population, the economy, housing supply and demand, and affordability gaps analysis, the report predicts the “cost of the housing stock will be unobtainable to about half of Cape Cod’s population due to low wage growth” and the affordable housing gap will even be greater for households earning 100% to 120% of the projected median income.
- *The Martha’s Vineyard Housing Production Plan FY2018-2022*, prepared by JM Goldson community preservation + planning with RKG Associates, Inc.

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<sup>133</sup> See the related websites for details on the individual plans which are very rich in detail about the condition of affordable housing within their perspective communities and their and comprehensive goals and strategies to address the community needs.

Unique components: some of the brief highlights of the comprehensive plan are - Island has a Sole-Source Aquifer and home to 24 rare species creating development challenges; some ideas of the six-goals - the top-of-the-shop/mixed-use housing, create more year-round rental with supportive services, smaller homes for elderly looking to downsize, and seasonal workforce dormitory-style housing that could serve as homeless shelters in the off-season. Other strategies consist of adoption of a housing bank through legislation to increase existing real estate transfer fee by 0.5 percent for affordable housing.

- *The Nantucket Affordable Housing Trust Strategic Plan* (Barrett Planning Group, LLC and Nantucket Affordable Housing Trust), February 2019

Unique components: housing needs for year-round and seasonal workers, the limited availability of buildable land resulting in “exceptionally high land costs”; controversy of affordable housing related to uneasiness and resistance to diversity resulting in lengthy and expensive litigations. The Plan’s comprehensive Strategic Plan Tool- Box, includes establishing a down payment assistance pilot project, and a year-round rental incentive program which sounds similar to HAC’s Rent 365 pilot program.

- Nantucket, *Strategic Plan* (Novak Consulting Group), October 2019.

Unique components to the Housing Component: the plan lists four goals, one which is not listed elsewhere is to develop housing for town employees; also mentioned in some of the other reports, is to identify incentives to encourage homeowners to use secondary dwellings as year-round rentals.

- Housing Nantucket, *Understanding Affordable Housing on Nantucket*, 2019

Unique components: 50% of year-round households are cost-burdened; the plan notes the pending Real Estate Transfer Fee legislation, to include a half percent surcharge on residential property only on the amount of transfer above \$2 million to be paid by the seller.

## **Other Community Strengths**

### **Barnstable County**

- Cape Cod Healthcare’s Community Health Needs Assessment Report and Implementation Plan - 2020-2022, identified five Priority Areas; their fourth priority identified Housing as follows: Vulnerable populations in our community show improved health indicators through access to stable and quality housing.
- Habitat for Humanity has developed 135 affordable homes on Cape Cod over the last 30 years and currently have projects either in the planning stages or in development in the towns of Truro, Wellfleet, Chatham, Harwich, Sandwich, Mashpee and Falmouth. All new construction uses Green Building techniques for home energy efficiency.
- Barnstable County, Department of Human Services is the Collaborative Applicant (CA) for the annual HUD Continuum of Care (CoC) application to address homelessness. The majority of funds from the FY2019 HUD CoC award of \$1,758,102 went to grant recipients to provide permanent supportive housing (PSH) for renewal projects and one new project for  
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a total of 146 beds to house the homeless with an emphasis on placing those chronically homeless. All PSH projects are required to provide supportive services.<sup>134</sup>

- The Barnstable County Home Consortium's HOME Investment Partnership program is funded through a Federal block grant to create affordable housing for low-income households. An Advisory Council consists of 15 members from each town, plus two at-large members.<sup>135</sup>
- The Cape and Islands Regional Network on Homelessness (RN) is comprised of an array of organizations (state, county, and local governments, social service and homeless providers, faith-based organizations, businesses and individuals) with the goal to prevent and address homelessness. The RN's Policy Board is the determining body to review and approve policies and documents related to the annual HUD CoC application. The RN also consists of an Executive Committee and subcommittees. Barnstable County Department of Human Services is the RN lead. CACCI's Director of Safe Harbor serves on the Policy Board; and the Director of Client Self Sufficiency and the Child Care Network Director also serve on subcommittees.
- Independence House provides counseling and support services to survivors of domestic and sexual violence. They provide emergency shelter for those in an immediate crisis and run a Housing Stabilization Program to provide short-term transitional housing for families who are not in an immediate crisis. They provide an array of services, including a 24-hour hotline, and provide cash assistance and help with utility bills and transportation costs including auto repair bills to their clients. They also conduct advocacy and outreach to the community, including to high schools, to increase knowledge and awareness with an emphasis on prevention – however some of the outreach is on hold during the coronavirus pandemic.
- CACCI's Safe Harbor provides emergency shelter to homeless women and their children who have experienced domestic violence; they can serve up to twenty families at a time and are renovating a house on the property to provide a handicapped accessible unit. Families receive case management to assist with housing search, attend workshops that focus on domestic violence, parenting skills, and financial literacy. The program partners with Horizons for Homeless Children's volunteer program to provide activities for children while mothers attend on site workshops but due to COVID-19 workshops have been temporarily suspended. Safe Harbor offers stabilization services for one year for families who exit and lease-up in permanent housing. They received an unsolicited donation of \$5,000 from Eastern Bank to help with COVID-19 related expenses.
- In February 2020, the Mashpee Wampanoag Tribe received a HUD Indian Housing Block Grant in the amount of \$813,474 to develop affordable housing, modernize existing housing,

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<sup>134</sup> Lee M. Hamilton, information based on experience as CoC Consultant/Grant Writer and MA-503 HUD CoC FY2019 Awards Chart); also see *FACT SHEET: McKinney-Vento Homelessness Assistance Act- Continuum of Care Grant Program, December 2019*, available online at [www.bchumanservices.net](http://www.bchumanservices.net)

<sup>135</sup> This program is under the jurisdiction of the County's Department of Human Services; information is available on the BCDHS website.

add management services and more. The Housing Department offer an array of services including rental subsidy, home rehabilitation, down payment and closing cost assistance, and septic replacement and repair. They are in the process of developing, the Mashpee Wampanoag Village project in Mashpee.

### ***Sheltering and Housing the Homeless & Prevention Programs***

Barnstable County Department of Human Services as the Collaborative Applicant for the annual HUD Continuum of Care Application, in addition to conducting a Point-in-Time count (PIT) of both sheltered and unsheltered homeless within the Cape and Islands, they also gather Housing Inventory data including occupancy and utilization rate. The following show the number of beds/units available during the count and the number of persons in the beds resulting in the utilization rate; in addition to the shelter and transitional beds, the permanent housing beds offer long term stays usually coupled with support services, the Rapid-Re-Housing and Transitional Housing programs are often more temporary; transitional housing usually has a two-year limit.

Table 9.8 <i>Housing Inventory Chart</i>			
<b>Type</b>	<b>Beds</b>	<b>PIT Count</b>	<b>Utility</b>
Emergency Shelter	257	232	90.27%
Permanent Supportive Housing (PSH)	267	232	89.89%
Other PSH	39	33	84.62%
Rapid Re-Housing	62	62	100%
Transitional Housing	56	54	96.43%
<b>Total</b>	<b>681</b>	<b>621</b>	<b>91.19%</b>

Data collected by Barnstable County Department of Human Services, January 2020

As the coronavirus pandemic hit, community organizations came together on Zoom to discuss how to ensure the safety of homeless persons considered to be at high risk of the coronavirus since being homeless means it is virtually impossible to shelter in place. The existing Cape and Islands Regional Network on Homelessness formed the COVID-19 Emergency Planning Team,<sup>136, 137</sup> coordinated by Barnstable County Department of Human Services (who also coordinate the Regional Network) in partnership with Duffy Health Center, Catholic Social Services, Cape Cod Council of Churches, and Cape Cod Healthcare. This coordination included implementing a hotel-stay program of 25 rooms funded by Cape Cod Healthcare for individuals who need to self-quarantine.

<sup>136</sup> Barnstable County, Regional Emergency Planning Committee, *Barnstable County Ramps Up COVID-19 Response as Cases Continue to Increase*. Press Release, April 17, 2020.

<sup>137</sup> Geoff Spillane, Risk reduction: Unable to isolate, homeless tested for coronavirus, *Cape Cod Times*, May 2, 2020, pages A1 & A4.

Senator Julian Cyr was able to obtain 200 COVID-19 test kits for the homeless population from the Secretary of Health and Human Services as part of the State's Command Center. Guests and staff at St. Joseph's House, the homeless shelter for individuals, were the first homeless population to be tested in collaboration with the Hyannis Fire Department, Duffy Health Center and Catholic Social Services who runs St. Joseph's House. Duffy Health Center set up mobile showers, toilets and handwashing sinks in its parking lot with funding obtained from FEMA and provide toiletries, masks, shoes, clothing and support. A daily breakfast program hosted by the Federated Church and run by Duffy in collaboration with the Medical Reserve Corp provides daily breakfasts to homeless individuals. Duffy also runs *In From the Streets* program which puts homeless individuals/households temporarily into motels to get them out of the cold and/or if they need respite after coming out of the hospital.

Housing Assistance Corporation runs the family emergency shelters. They also provide Section 8 and MRVP housing vouchers and conduct the First Time Homebuyer workshops and certification programs. Catholic Social Services runs St. Josephs, the homeless shelter for individuals but have reduced the number of beds by 10 due to COVID-19.

The following programs provide funds to prevent individuals and/or families from becoming homeless and may also provide direct services to the homeless. Some of these programs only serve people within their geographic area. This list should not be considered conclusive.

- Cape Cod Times Needy Fund helps with immediate, short-term emergencies such as food, rent, medical costs and other expenses via vouchers.
- Homeless Prevention Council in Orleans focuses on the eight lower Cape towns to provide homeless prevention and case management and has extended their services to add a Homeless Youth Outreach component to address unaccompanied homeless youth ages 18-24.
- The Lower Cape Outreach Council (LCOC) offers a range of services including housing, food and clothing assistance, microloans and some COVID-19 specific funds, and has partnered with HAC to "offer in-person, one-stop access for residents on the Lower and Outer Cape for housing, financial and food services assistance."<sup>138</sup> The goal is to help LCOC clients access the appropriate prevention program managed by HAC (see above).
- Cape Cod Council of Churches provides homeless prevention funds through its Hands of Hope Food Pantry and Outreach Center (covering Harwich to Mashpee); the Youth StreetReach program interact with neighbors who are either currently homeless or have been homeless; A Baby Center provides diapers, wipes ,formula, gently used clothing and equipment for income eligible families with infants up to age three on the Cape and Islands; Faith Family Kitchen serves pre-packaged meals during the pandemic on Monday,

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<sup>138</sup> Dennis Coffey, Agencies partner to boost aid opportunities, Cape Cod Times, September 20, 2020, pages A9 & A11.



Wednesdays and Fridays for families and individuals. The Council also provides temporary housing in motels when funds are available.

- The Cape Cod Family Resource Center provides a small food pantry in their Hyannis office and can provide small gift cards but refer clients to other organizations for more substantial financial assistance. They provide an array of workshops to help stabilize families including a support group for grandparents who play a significant role in the raising of their grandchildren.
- Falmouth Service Center provides prevention funds to Falmouth residents, a food pantry for Falmouth and Mashpee residents and those employed in Falmouth. They also outreach to the community to break down barriers that hinder people from seeking assistance through programs such as their partnership *Eats Together*, which provides meals in a community setting, suspended during the pandemic.

### **Dukes County**

Dukes County Regional Housing Authority (DCRHA), a management company, oversees 94 year-round rental apartments which serves over 190 islands residents earning less than 80% of the median income; administers town-funded rental assistance for an annual average of 65 households in market rentals; monitors apartments permitted though the West Tisbury Accessory Apartment By-law; and maintains an island wide rental wait list. DCRHA partners with Harbor Homes, Housing Assistance Corporation, and other organizations that assists with rent, utilities, emergency support and apartment rehabilitation for island tenants and their landlords. Affordable Home Ownership provides opportunities for households with median incomes up to 80%; the Community Home Ownership provides opportunities for households with median incomes between 80% and 150%. DCRHA maintains a Homebuyer's Clearinghouse, assists towns and developers with lotteries, provides Homebuyer Education training, and serves as an affordability monitor for deed restricted properties.<sup>139</sup>

Island Housing Trust partners with other community organizations to develop affordable homeownership and rental properties and have created over 60 homeownership properties.

Habitat for Humanity of Martha's Vineyard has been in existence since 1996 –they partner with other Island organizations to develop housing.

Island Elderly Housing provides 165 apartments for low-income elderly and younger disabled individuals in four locations across the island.

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<sup>139</sup> Information available on the Dukes County Regional Housing Authority website at <https://housingauthoritymarthasvineyard.org/>

The Aquinnah Wampanoag Tribal Housing Authority provides federally subsidized rental housing to tribal members and is developing Elderly Housing and Mutual Help ownership opportunities. In February 2020 the Tribe received a HUD Indian Housing Block Grant in the amount of \$472,873 to develop affordable housing, modernize exiting housing, add management services and more.

The Community Builders (TCB) manages a mixed income rental property, Morgan Woods Apartments, developed by the Town of Edgartown.

CACCI provides partial funding for a social service caseworker in partnership with Dukes County Commissioners to assist customers in applying for benefits and network with other services.

### ***Martha's Vineyard Programs for the Homeless***

Harbor Homes of Martha's Vineyard operates a congregate house in Vineyard Haven for six men who were homeless or at risk of homelessness. They also run the following programs:

- The Hotel Respite Program provides temporary shelter for medically fragile individuals, adults in recovery, and families who are low-income and homeless.
- The Winter Shelter Program operates in Edgartown from November 2020 through March 31, 2020 for chronically homeless adults. The shelter is open from 5PM to 9am and 12PM to 2 pm daily.
- Emergency funding is provided to adults and families with incomes at or below 30% of the Area Median Income to pay for housing costs, if they have exhausted all other options for support, to ensure they will not become homeless,

The Salvation Army of Martha's Vineyard provides financial and counseling assistance to those in temporary need due to an unusual circumstance in their lives. Aid may consist of vouchers for rent, fuel, and groceries.

## **Nantucket County**

Nantucket Cottage Hospital's *FY18 CHNA & Implementation Plan*, includes Priority 4: access to housing.

Housing Nantucket owns and manages 38 affordable rental units to those earning between 50-140% of median income, and partners with other organizations to develop affordable housing. The Covenant Program offers home ownership opportunities to moderate income year- round islanders with earnings below 150% of the median income and has created 93 permanently affordable homes. They also run First Time Home Buyer Education and Rebuilding Your Credit classes. The next First Time Home Buyer Education course will be in March 2021 and held via Zoom due to COVID-19; the course is free for Nantucket

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residents and one must attend all three classes to receive certification. The Rebuilding your Credit course will be offered pending sufficient demand.

Habitat for Humanity of Nantucket has developed 11 homes since 2001 by either new construction or renovation of existing properties. They have also partnered with other organizations to accomplish their goals.

Housing Assistance Corporation developed Sachem's Path, 40 mixed-income single family homes for first time homeowners with incomes between 80% and 150% of the median income (AMI) on 10 acres of land the town gave to the Nantucket Housing Authority

### ***Federal, State and Local Policies and Programs Specifically to Address COVID-19***

- ***HUD Funding for Tribes:*** The U.S. Department of Housing and Urban Development (HUD) awarded \$393,246 to two tribes in Massachusetts as part of the CARES Act to respond to COVID-19 to carry out affordable housing activities to protect the safety and health of their tribal members to "... provide creative approaches to solving affordable housing problems in Indian Country."<sup>140</sup> Two Indian Housing Block Grants were awarded to the two federally recognized tribes in Massachusetts - the Mashpee Wampanoag Tribe received \$248,685 and the Wampanoag Tribe of Gay Head (Aquinnah) received \$144,561.
- The Mashpee Wampanoag Tribe received FEMA public assistance grants of more than \$130,000; \$30,000 of these funds were used to rent a hotel where tribal members diagnosed with COVID-19 could quarantine and to house homeless tribal members.
- ***Federal Eviction Moratorium:*** On September 4, 2020 the Centers for Disease Control and Prevention and the Department of Health and Human Services enacted an Order to Temporary Halt Residential Evictions To Prevent the Further Spread of COVID 19. This temporary halt of pandemic-related evictions covers through to December 2020.<sup>141</sup> Since this will require tenants to go through a lengthy application process to document their loss of income, any efforts to pay partial rent, and state that they will become homeless if evicted this is considered a temporary fix <sup>142</sup> and according to Tim Logan of the Boston Globe, this ban "...offers less protection than the state moratorium and faces stiff legal challenges."<sup>143</sup>
- ***Massachusetts Eviction Moratorium and the Massachusetts COVID-19 Eviction Diversion Initiative*** <sup>144</sup>: On April 20, 2020 Governor Baker signed Chapter 65 an Act providing for a

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<sup>140</sup> Boston Real Estate Times, HUD Makes \$393,246 in Covid-19 Relief Funding to Help Native American Communities in Massachusetts, April 3, 2020.

<sup>141</sup> Federal Register, A Notice by the Centers for Disease Control and Prevention on September 4, 2020.

<sup>142</sup> Annie Gowen, *Thousands have been evicted in the pandemic. Housing experts say Trump's new Ban is a temporary fix*, Washington Post, September 3, 2020

<sup>143</sup> *Major Boston Landlords Agree Not to Evict Tenants After Moratorium Expires*, Boston Sunday Globe, The Week in Business, October 11, 2020, page B7.

<sup>144</sup> *COVID-19 Eviction Diversion Initiative Overview* available at <https://www.mass.gov/info-details/covid-19-eviction-diversion-initiative-overview>

Moratorium on Evictions and Foreclosures during the COVID-19 Emergency and later extended this act to October 17, 2020. When this act expired, the State created the ***Eviction Diversion Initiative*** with \$171 million through federal funds and existing authorizations under the COVID-19 supplemental budget, and therefore did not require legislative appropriations. The initiative expanded funding for existing programs and created some new programs: (RAFT was expanded to allow up to \$10,000; expanded HomeBase and Rapid Re-Housing to include financial assistance and case management; expanded Upstream Tenancy Preservation Program to include other vulnerable households; and expanded Housing Consumer Education Centers to hire Special Housing Counselors) and created new programs (Community Mediation Pre-Court available for renters and landlords; Legal Representation and Related Services to income eligible COVID-19 impacted tenants and landlords). Also included is the Centers for Disease and Control Moratorium to prevent evictions for qualified tenants who meet certain income and vulnerability guidelines and submit a declaration to landlords.

- CACCI received CARES Act funds and is currently in the process of developing a case management program. This program will provide services and funding to assist households impacted by COVID-19 to maintain their housing.
- Housing Assistance Corporation (HAC) provides an array of programs to prevent homelessness on Cape Cod and the Islands,<sup>145</sup> and as noted above, they are in the position to allocate the extended State funding to prevent homelessness, especially as the designated Housing Consumer Education Center for the Cape and Islands, they are in the position to assist those at risk with State funding. They and other community partners have been working diligently to promote the programs to avoid evictions and/or foreclosures.
  - Residential Assistance for Families in Transition (RAFT) - clients can only earn up to 50% of the median income and can usually receive up to \$4,000 which has recently been increased to \$10,000 (see *Massachusetts COVID-19 Eviction Diversion Initiative below*)
  - Emergency Rental and Mortgage Assistance (ERMA)<sup>146</sup> - as one of nine Consumer Education Centers in the state HAC is the designated organization to implement this program for the Cape and Islands, funded by the State to address housing instability due to COVID-19. Households must be within the income range of 50-80 percent of median income. The program can provide up to \$4,000 to pay rent or mortgage arrears going back to April 1, 2020.
  - Workforce Housing Relief Fund was designed specifically to assist those in a housing crisis who do not qualify for other programs in the midst of COVID-19 with priority

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<sup>145</sup> Information from Housing Assistance Corporation's website at <https://haconcapecod.org/programs/homeless-prevention/>

<sup>146</sup> Baker-Polito Administration Announces \$20 Million in Rental and Mortgage Assistance for Households Affected by COVID-19 Pandemic, Press Release, June 30, 2020.

- given to clients impacted by the pandemic and/or related economic downturn. Eligible clients can make up to 100% of the area Median income and must not be eligible for other state, federal or local relief programs. Eligible households can receive up to \$5,000.
- Barnstable County HOME Tenant Based Rental Assistance Program (a program of Barnstable County Department of Human Services) allocated to HAC to manage; based on current income and not the AIM; qualified households can receive up to \$6,000). “This financial assistance will not only help to prevent homelessness, it will also assist landlords who have been forgoing rental payments, which will support and stabilize the rental stock vital to the economic strength of the region.”<sup>147</sup>
  - As of early November, the Towns of Barnstable, Yarmouth, Chatham, and Brewster have provided funding for Housing Assistance to implement rental assistance programs for residents in their communities who have been financially impacted by the pandemic ([haconcapecod.org/blog/workforce-housing-relief-fund](http://haconcapecod.org/blog/workforce-housing-relief-fund)).
  - The Mashpee Wampanoag Tribe’s Housing Department is providing Emergency COVID-19 Mortgage and Rent Assistance to its members.
  - The Lower Cape Outreach Council (LCOC) offers some COVID-19 specific funds.

**See Appendix H for South Shore Community Action Council’s Assessment Responses from Low-Income Community Members regarding Housing.**

### **Ongoing Housing Gaps:**

- Barnstable, Dukes and Nantucket Counties do not meet the 10% of year-round housing as deemed affordable based on recent data from the State’s Department of Housing and Community Development’s Subsidized Housing Inventory (SHI) list of eligible units.
- Even with the existing funding and services in place to prevent homeless, while the country and this region continues to be impacted by the coronavirus pandemic, the future remains uncertain - as jobs, and therefore incomes continue to be negatively affected.
- While there does not seem to be any restrictions on immigrants receiving state prevention funds, receiving certain housing vouchers such as Section 8 which is federally funded, would be considered a violation of the Public Charge Rule (there may be few exceptions).
- The COVID-19 Emergency Planning Team is working to resolve the following unmet needs: to operate a day drop-in warming center seven days per week; work toward a solution to St. Joseph’s 10 beds depopulated due to COVID-19; and surveillance testing at the Department of Housing and Community Development’s funded shelters for staff and guests.

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<sup>147</sup> Patty Daley, Legal and Policy Specialist for the Cape Cod Commission, is quoted in the Press Release, *Barnstable County Provides Emergency Rental Assistance to Cape Cod Residents*, dated September 9, 2020. (Available on the BCDHS website).

## 9.5. *Employment, Training and Financial Stability*

**Relationship to Poverty:** The link with education and training to help low-income residents become self-sufficient is crucial. There is a need to assist low-income residents to find year-round employment with a living wage. This includes making sure that there is a match with training that fit the needs of the local workforce.

### **Key Findings:**

- Identified as a Priority in the following: Board of Directors, Staff, Management, Customer and Low-Income Community Member Surveys, Key Stakeholder Interviews, and Dukes Focus Group.

### **Key Stakeholder Interviews – *the following needs were identified:***

- Need for education and training, including vocational training
- Look beyond traditional employment that keeps people stuck in low end wages
- Gain skills to become economically independent
- Seasonal employment; what workers make in summer has to last till April
- Transportation

### **Dukes County (Martha’s Vineyard) Focus Group - *the following needs were identified:***

- ***Lack of employment with benefits***; seasonal, and “under the table” employment do not allow one to qualify for social security later; workforce development and training, and education needed, scholarships for Adult Community Education, outreach and communication
- ***Immigrant Community supports*** -Portuguese and Jamaican Patois speaking community members – newcomer supports, additional liaisons in the community speaking Portuguese and Jamaican Patois and more English classes needed; Need people interested to take interpreter class offered by the high school ELL program
- ***Supports for Persons with a Disability*** - Need for retraining, complexity of determination of being classified as disabled
- ***Affordable Transportation*** – pertaining to public transportation and bus passes; access to services in remote areas of the island

### **Nantucket County Focus Group:**

- While this group did not identify employment as an issue, it should be noted that because wages tend to be higher due to the high cost of living on the island, this also disqualifies persons from eligibility for some services.
- Transportation expenses such as having to travel off island; if ferry services shut down due to weather, this can cause additional expenses of getting stuck off island, and/or not able to get to off Island appointments.

**Barnstable County**  
**Customers and Low-Income Community Members**

Table 9.9 Community Needs Assessment Survey Customer and Low-Income Community Members <i>Household Monthly Income Before Taxes</i> <sup>148</sup>		
	Customer	Low Income Community Member
Amount of Income		
Under \$2,000 a month	57%	42%
\$2000 - \$4000 a month	25%	26%
\$4001-\$6000 a month	7%	11%
Over \$6,000 a month	2%	3%
Unknown / not reported	3%	3%

While the following table shows that while 34.4% of customers felt they were better off in comparison to three years, only 12.3% reported being worse off and 41.8% reported about the same. While the figures differ slightly for the low-income community members the pattern is about the same. However, it is important to note, the data was gathered prior to the impact of the coronavirus pandemic.

Table 9.10 Community Needs Assessment Survey Customer and Low-Income Community Members <i>Employment and Financial Stability Issues</i>		
	Customer	L-I Community Member
Employment identified as a Priority	9%	20%
Training Identified as a Priority	11%	15%
Need More Education/Training Identified as a Priority	30%	28%
Responses to <i>What do you think are the top needs impacting people in your community?</i>		
• Jobs	62.3%	60%
• Training or education	54.9%	57.5%
• Ability to pay bills	44.3%	39.2%
• Ability to budget	31.1%	26.3%
• Transportation	46.7%	38.8%
• Access to technology/ internet	22.1%	15%

<sup>148</sup> Includes wages, TANF, Social Security, Disability Benefits Survey Instructions stated the following: *Do not Include: Food Stamps (SNAP), WIC, MassHealth, Other Public Health Insurance, Fuel Assistance and so forth.*

Compared with three years ago, are you, and your family better off, worse off, or about the same?		
• Better off	38.9%	17.8%
• Worse off	13.9%	19%
• About the Same	47.2%	63.2%
Are you able to pay your bills on time each month?	60%	64.8%
Do you currently have at least \$500 set aside for emergencies?	35.4%	51.7%
What keeps you or your household from feeling more financially stable?		
• I work full-time but my pay doesn't cover my expenses	31.1%	17.9%
• I need more education or training to get work or better work	29.5%	28.3%
• I am on a fixed income (social security, pension, etc.) and my income is limited	16.4%	14.6%

## Community Strengths

### Barnstable County

Cape Cod Healthcare's Community Health Needs Assessment Report and Implementation Plan - 2020-2022 identified five Priority Areas which including Employment & Training as noted:

CCHC identified Workforce Development as Priority Area #5: the goals were defined as "Our community is served by a strong, adequate health care workforce" and both Objectives address the need to foster existing and new partnerships with educational institutions and academic medical centers coupled with the need to invest in recruitment and retention to assure the availability of health care workers in the community.

While CCHC's strategic plan's goals and objectives in relation to workforce development are solely related to health care workers, nonetheless, this report also identified employment and training as a priority, specifically the need for full-time employment with a living wage.

CACCI has a partnership with Job Training and Employment Corporation's (JTEC) who oversees the MassHire Cape and Islands Career Center. As they share the same building, cross referrals to services from both organizations make for "one stop" shopping for their customers. The women who reside at CACCI's Safe Harbor shelter are referred to the Career Center Services to provide them with job readiness and job placement services. The Career Center also offers services designed specifically for eligible veterans and eligible spouses including a Veterans Employment Representative and offers a program for Out of School Youth. During the pandemic services are via phone and email.



The Lower Cape Outreach Council's *HopeWorks* jobs program helps clients achieve their career goals and objectives by assisting with the following: identifying suitable job targets; creating or updating a resume; interview preparation; training in the use of online job search tools; enrollment in Career Opportunities; and upgrading skills. They can also provide the following financial assistance to help people get back to work: to pursue technical training or educational courses to advance a career and/or increase potential earnings; assistance with transportation costs (boats, cars, trucks); and child care costs. During the coronavirus pandemic, the office is closed to walk-in services; staff can be contacted via phone and email.

The Falmouth Service Center conducts workshops on budget management and helps clients with employment search but all workshops are on hold during the coronavirus pandemic.

The Family Resource Center offers financial workshops, assistance with employment searches, exploring career options, and discovering which jobs are a good fit. During the pandemic, the Hyannis office is open for in-person appointments as needed, and the Martha's Vineyard and Nantucket offices are providing services by phone, email, and website.

Cape Cod Community College (CCCC) offers two year and certificate degree programs and continually examines programs that fit the workforce needs of the local community. They have a Crisis and Life Management (CALM) program to help students in distress which often includes an economic crisis, and they provide support and crisis intervention services to keep students in school. This can include providing scholarship funds for low-income students. The college has a food pantry and conducts a winter coat drive.

CCCC's Business and Professional Excellence Program (CCPE) offers a wide range of education resources designed for individuals, businesses, and organizations to advance careers, train workforce, and build professional skills. CCPE can assist eligible businesses and organizations to identify appropriate funding options. Workforce Training Fund has three application possibilities: General Program, Express Program, and Small Business Direct Access Program. Individuals and businesses/organizations must first have a Certificate of Good Standing which documents Tax Compliance for individuals or a Corporate Tax Lien Waiver for businesses/organizations.

## **Dukes County**

Dukes County –Adult and Community Education (ACE MV) provides services for work force development and professional development opportunities in partnership with Bristol Community College, Cape Cod Community College, Fitchburg State University, Northeastern University, SCORE MV and Cape Cod and University of Massachusetts

Amherst. “ACE MV provides learning and development opportunities that enhance the ability of Vineyard residents to meet their career and personal goals and thereby enhance the island as an economically viable and culturally rich place to live and work.”<sup>149</sup> Classes provide access to educational opportunities for island adults in the following areas: HiSet (GED) prep; Job-Skills Training; Certificate Programs; College Credit Courses for Dual Enrollment High School Students and recent graduates; Graduate Credit Courses; Personal Enrichment classes; Technical Training & Licensure; and a newly introduced Social Justice Track (Black Lives Matter Movement, Local Politics and Grassroots Activism on MV, and a 1- Day University: Social Justice awareness and fundraiser event). ACE MV was recently awarded a grant from MassCEC (Massachusetts Clean Energy Center) to support Offshore Wind Tech Certificate program. All classes are offered online.

### **Nantucket County**

The Nantucket Community School offers a range of adult classes with a focus on personal enrichment and professional development. Classes include: Adult Driver’s Ed, Circle of Moms, Basic Manners for Young Dogs, Zumba, Conversational Spanish, Real Estate Sales Pre-License and, in partnership with CIEE TEFL (Council on International Educational Exchange – Teaching English as a Foreign Language) to offer new teachers certification in ESL. All classes have a fee with the exception of Circle of Moms and are offered virtually.

### ***State and Federal Government Policies pertaining to COVID-19***

The Coronavirus Aid, Relief, and Economic Security (Cares) Act was signed into law on March 27, 2020.

- ***Paycheck Protection Program*** The U.S. Small Business Administration (SBA), in consultation with the Treasury Department, released a simpler loan forgiveness application for Paycheck Protection Program (PPP) loans of \$50,000 or less. This action streamlines the PPP forgiveness process to provide financial and administrative relief to America’s smallest businesses while also ensuring sound stewardship of taxpayer dollars. SBA began approving PPP forgiveness applications and remitting forgiveness payments to PPP lenders for PPP borrowers on October 2, 2020. SBA will continue to process all PPP forgiveness applications in an expeditious manner
- ***Federal Pandemic Unemployment Compensation (FPUC)*** payment which provided a supplement of \$600 to unemployment benefits began on the week beginning on Sunday, March 29 and expired on the week ending Saturday, July 25, 2020.
- ***Federal Pandemic Unemployment Assistance (PUA)*** allowed those who do not usually qualify for unemployment benefits, such as self-employed, independent contractors, those

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<sup>149</sup> Information was obtained online at <https://firststopmv.org/provider/adult-and-community-education-of-marthas-vineyard/> FirstStop Martha’s Vineyard is an Islands-wide online reference guide to resources and information to support the health and wellness of the community supported with funding from the County and the six island towns.

with limited work histories and others to who are unable to work as a direct result of the coronavirus pandemic to qualify for unemployment.

- **Massachusetts - Lost Wages Assistance (LWA):** With Approval from Governor Baker, the State applied for the Massachusetts Department of Unemployment Assistance to provide the LWA funds through the Massachusetts Emergency Management Agency. Once the FPUC expired, this covered a six- week period (weeks ending August 1, 2020 through September 9, 2020) and provided a \$300 supplement to 461,000 standard unemployment (UI) beneficiaries and 234,000 Pandemic Unemployment Assistance (PUA) beneficiaries.<sup>150</sup>
- **Federal Stimulus Payments Economic Impact Payment (EIP):** Stimulus for tax filers; the IRS will use tax return information to determine eligibility and amount based on adjusted gross income (AGI) for individuals, married couples filing jointly, and head of households. For those who qualify the payment amounts are \$1,200 for individuals, \$2,400 for married couples and up to \$500 for each qualifying dependent child under the age of 17 (amount of EIP reduced for incomes over with an income limit).
- **Stimulus payments for non-tax filers:** For persons who do not usually file a tax return: could use the IRS non-filers tool to apply for a stimulus payment, known as the Economic Impact Payment (EIP) by the November 21 2020 deadline to possibly receive \$1,200 per individual and \$2,400 for married couples and \$500 for each dependent child under the age of 17 in 2019. In April, the Treasury estimated that 9 million individuals were possibly entitled to an EIP, and as of July 31, 2020 5.3 million individuals had used the “non-filers tool” to receive their EIP. This Coronavirus Aid Relief and Economic Security (CARES) Act EIP payments must be made by December 31, 2020.<sup>151</sup> To qualify for a stimulus payment, one must be a U.S. citizen, permanent resident, or qualifying resident alien and have a social security number. Immigrants who file taxes using an Individual Taxpayer Identification Number (ITIN) do not qualify (this can get particularly sticky for couples who file jointly, and one has an ITIN number unless one member is in the military). For immigrants who qualify to receive a stimulus payment, this does not have a negative public charge consequence.
- **Disaster Relief Funding for Fishing and Seafood Industries:** As part of the CARES Act which allocated \$300 million in aid for the seafood industry, Massachusetts received \$27.8 million to mitigate the impact of COVID-19 covering four areas: Seafood Processors, Commercial Fishermen, Aqua culturists, and For-Hire Boats. In addition, the Baker-Polito also awarded \$50,616 to three projects to help local seafood industry to sell fresh, locally caught products to Massachusetts consumers.<sup>152</sup>

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<sup>150</sup> Commonwealth of Massachusetts *Department of Unemployment Assistance Disburses Final Lost Wages Assistance Benefits*, Press Release, September 11, 2020.

<sup>151</sup> Michelle Singletary, *If you haven't received your stimulus check it's not too late*, Boston Sunday Globe, page B6.

<sup>152</sup> Luke Leitner, *Baker-Polito Administration Announces Disaster Relief Funding for Fishing and Seafood Industries*, Cape Cod.com/ Local News Center.

- ***COVID-19 Grants for Massachusetts Small Businesses:*** <sup>153</sup> The Commonwealth of Massachusetts has made \$50.8 million in grants available to support small businesses, microenterprises, and their employees, families, and communities. Massachusetts Growth Capital Corporation (MGCC) will be administering these funds for businesses experiencing economic hardship and a loss of income due to the COVID-19 pandemic. These funds were appropriated through the Commonwealth's Supplemental Budget for Fiscal Year 2021 (FY21) as well as the CARES Act of 2020 and are divided into two programs intended to help businesses adversely impacted by the pandemic. Preference will be given to small businesses whose owners are women, minorities, veterans, members of other underrepresented groups, those who are focused on serving the Gateway Cities of Massachusetts, and those most negatively impacted by the COVID-19 pandemic. Preference will also be given to applicants that have not been able to receive aid from other federal programs related to COVID-19. Application deadline: November 12, 2020 by 12:00 pm:
  - Small Business Grants for 5 or fewer employees (up to \$25,000 for working capital to cover business costs, including the purchase of PPE equipment)
  - Small Business grants for 50 or fewer employees (up to \$75,000 capped at up to 3 months of operating expenses)

**See Appendix H for South Shore Community Action Council's Assessment Responses from Low-Income Community Members Regarding Employment, Training and Financial issues.**

### **Ongoing Community Gaps**

- Immigrants who do not have a social security number do not qualify for a stimulus payment.
- Since the Federal and State Unemployment Insurance Benefit supplement programs both have expired, this puts individuals and families further at risk in meeting their household needs, especially since unemployment rates continue to be high.

### **9.6 South Shore Community Action Council (SSCAC) Assessment Responses from Low-Income Community Members regarding Heat/Utilities:**

- 11% receive enough fuel assistance to heat their homes
- 18% have run out of fuel to heat their homes
- 66% cannot pay for a deliver once their fuel assistance ends
- 63% are not able maintain their heating systems
- 58% cut back on food or medicine so they can pay utility bills
- 42% have no insulation

Note, SSCAC provides Fuel Assistance to eligible residents on Cape Cod and the Islands.

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<sup>153</sup> Information and application available on the Massachusetts Growth Capital Corporation website <https://www.empoweringsmallbusiness.org/covid-19-response/covid-19-grants-massachusetts-small-businesses> and also announced in the Community Development Partnership email: [pam@capecdp.org](mailto:pam@capecdp.org), October 22, 2020.

## **10. KEY INTERNAL ASSESSMENT FINDINGS**

The internal assessment key findings consist of examining the organization's overall financial state, ability to recruit and retain high quality staff, level of Board engagement, and the organization's visibility in the community.

### **10.1. *Financial State***

The Community Needs Assessment Planning Committee and the Board of Directors in their participation in the SWOT analyses and surveys all stated the current financial stability of the overall organization to be a strength noting that the organization currently has surplus funds in the budget. Also noted in both SWOT analyses, is the affiliation with Jobs Training and Employment Corporation (JTEC) to be another organizational strength.

Since the onslaught of the Pandemic, the organization has received federal funding from the CARES Act and PPP as well as four unsolicited donations (three from Eastern Bank Charitable Foundation and one from Franklin Square Foundation) to sustain and support their work during this crisis.

### **10.2. *Ability to Recruit and Retain High Quality Staff***

Findings in the Planning Committee and Board SWOT analyses and the Staff and Management surveys note a committed and caring staff, and well-seasoned program directors. While the Staff and Management Demographics data show, for the most part, an educated employee base,<sup>154</sup> stagnant wages continue to be a concern for both employees as well as Board members. Staff and management noted the difficulty filling vacancies and the need to improve staff salaries and some Board members expressed concern of being able to attract and keep staff. As discussed at the July 22, 2020 Board of Director's Meeting, the Executive Director, Kristine Dower, announced and received approval for the proposal to initiate an Employer Contribution program to the Mutual of America 403(b) Retirement Plan for employees who work at least 1,000 hours within the last 12 months and contribute at least 1 percent of their earnings into the plan. Board members felt this could be a viable plan to attract and maintain employees.

### **10.3 *Level of Board Engagement***

CACCI has a committed 15-member tripartite board of directors representing an array of public and private organizations covering its designated service area and the targeted population; the Board meets monthly. Board members serve on subcommittees, such as executive, finance, and

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<sup>154</sup> The Staff and Management Demographic survey included questions on educational attainment and the findings for 26 persons shows the following: while only two employees reported a High School/GED (7.7%), the majority (61.5%) reported a bachelor's degree or beyond; 27% reported some college; and while one person reported a certificate program only, four others also reported that in addition to their college experience, they also completed a certificate program.

governance, and the recently formulated CARES Committee to explore the needs of the community to determine how to best utilize the CARES Act funds. One Board member served on the Community Needs Assessment Strategic Planning Committee, serving as the Board representative and conducted a number of interviews with Key Community Stakeholders. The Consultant conducted a SWOT Analysis with Board Members and presented this and other findings at Board Meetings. Individual Board members support CACCI activities throughout the year, such as the annual Make a Teen Happy and other Holiday programs. In fact, the Planning Committee in their SWOT noted the Board's support of programs and staff as an Internal Strength; and the Board in the SWOT noted strong Board Leadership.

#### ***10.4. Visibility in the Community***

CACCI networks with other organizations, conducts outreach to promote programs, and partners with organizations when outsourcing services. It has a wide array of community and business partners. CACCI is a member of the Cape & Islands Regional Network on Homelessness and management serves on its Policy Board and subcommittees. It is also a member-at-large on the Barnstable County Health and Human Services Advisory Council with management participation on subcommittees including the nominating committee that interviews and recommends members to be appointed to the Human Rights Commission. The CACCI Child Care Network Director is on the Cape Cod Reopening Task Force committee on Child Care. Management also is on the Dept. of Transitional Assistance Advisory Committee. These are only a few of the groups that CACCI management participates in. Nevertheless, the need to strengthen CACCI's visibility in the community was identified in the following: BOD and Planning Committee SWOT analyses; Board, Management, and Staff survey data; Key Stakeholder Interviews; and the Focus Groups conducted on both of Dukes (Martha's Vineyard) and Nantucket Counties which all identified the need for CACCI to improve its visibility within its designated service delivery area.

#### ***Recommended Action Steps***

1. Strengthen Community Awareness and Visibility of CACCI services /programs  
Suggestions: Make sure staff and written materials acknowledge that individual departments are a component of the CACCI organization; strengthen use of social media; increase staff/management attendance at functions and community meetings; and improve outreach, especially to the Upper and Lower Cape and the Islands
2. Strengthen and Develop New Collaboration Networks/Partnerships  
Suggestions: Chamber of Commerce, Rotary Clubs
3. Develop a Comprehensive Organizational Brochure  
Suggestions: Provide clarification of CACCI services to be distributed widely across the Cape and Islands including non-profit organizations and public places such as libraries.
4. Continue to Identify and Respond to Needs and Gaps in the Community.

### **10.5. CACCI Operations**

The following Internal Findings pertaining to the operation of CACCI were identified in Board and Planning Committee SWOT analyses, and Board, Staff and Management survey data to address needs to improve the delivery of services and employee satisfaction.

#### ***Recommended Action Steps***

1. Improve Internal Communication between CACCI Service Departments  
Suggestions: Ensure staff are informed of all CACCI programs through internal newsletters and email announcements, especially relating to any procedural changes; establish joint agency and staff meetings and management staff to relay information to staff as needed; hold consistent management meetings and improve communication between managers and executive director
2. Improve Customer Service Delivery  
Suggestions: Establish better organization of waiting area; need better system to inform staff on arrival of customer; more resources for appointment scheduling and personnel to handle walk-ins; implement more translators and more full-or part-time bilingual Portuguese, Haitian Creole, and Spanish speaking staff
3. Need for Customer Service Training  
Suggestions: Strengthen computer skills; training on delivery of services including communication skills with customers, and crisis management.
4. Facilities Issues  
Suggestions: Parking and building space at capacity-explore solutions; improve outside signage.

### **10.6 Customer Satisfaction Findings**

To protect the confidentiality of respondents, the Community Needs Assessment Surveys were put into a sealed envelope and complied by the consultant. While 122 Customers completed the survey, not all responded to every question. The following is a summary of these findings.

*Which CACCI services have you used in the past 12 months?* (customers may report more than one service)

- Health Insurance Navigators, 43%
- Immigration Resource Center, 25%
- Child Care Network, voucher assistance, 23%
- SNAP Application Assistance, 20%
- Safe Harbor Shelter, 9%; Safe Harbor Stabilization Services, 3%
- Thanksgiving Turkey Baskets, 9%
- Toys for Tots, 7%; Make a Teen Happy Gift Program, 3%
- VITA Tax Preparation, 6%

*How did you learn about CACCI?* Responses based on 100 customers were: word of mouth, 57%; referred from another agency, 25%; CACCI's Website, 8%; flyer or poster, 5%; heard it on the radio, 1% (4% reported other/ no additional information provided)

Responses to the following questions (between 103 and 109 customers responded)

- *Did you receive Language Assistance, if needed?* Yes, 13%; No, 46%; Doesn't Apply, 41%
- *Do our main hours of operation 8-4 work for you?* Yes, 91%; No, 9%
- *My situation is better because of the help CACCI gave me.* Yes, 78%; No, 2%; No opinion, 20%
- *CACCI helped me learn about helpful resources.* Yes, 62%; No, 6%; No opinion, 32%
- *My finances are more stable because of help from CACCI.* Yes, 38%; No, 17%; No opinion, 45%

*How could CACCI improve services?*

- Provide a bilingual receptionist
- Provide an interpreter to take immigration test
- Make it easier to make appointments; difficulty getting through on phone and receiving call back
- Help more people with health insurance
- Make the public more aware of the services you offer
- Open on Saturdays

*What services would you like CACCI to offer in the future?*

- Arts to Heal programs such as music, ceramics, poetry, and painting for domestic violence survivors
- A resource advocate to work one-on one, including with shelter residents, to identify other services (internally and within the community), and to assist in accessing needed resources
- Need interpreter services
- Employment issues: help to find suitable and/or better job; need job based on family needs; need retraining and finances for small business; assistance with employment insurance
- Help with child's school education
- Transportation
- Help with housing assistance, affordable housing, and emergency programs
- Financial help such as for caretakers of parents; help with necessities, help with furniture
- Free ESOL classes



*Positive Feedback:*

- Great services, great teachers.
- Everyone here is helpful and nice
- I am new using CACCI in areas other than immigration and health insurance. There are so many assists that I can have from CACCI that I didn't know till now. That's great!
- They are really nice and patient; even when I don't have an appointment, they always help me.
- Overall, they are doing a good job.
- Stay the same.
- Thank you. Great work!
- Thank you so much CACCI.
- I hope you continue serving the community with your wonderful work.
- For now, I think they are doing just fine.

## 11. STRATEGIC TWO-YEAR GOALS

### 11.1. *Overall Two-Year Goals FY22 & FY23*

This section outlines the overall two-year goals to meet the identified needs of low-income individuals and families residing on Cape Cod and the Islands of Martha's Vineyard and Nantucket by strengthening its services to customers, maintaining and expanding referral partners and community collaborations, and strengthening the organizational capacity to better serve our customers as they work toward stabilizing and reaching their goal of self-sufficiency.

**Goal 1.)** CACCI stands committed to the goal of providing services to individuals and families with low-incomes residing on Cape Cod, on the islands of Martha's Vineyard and Nantucket, and within our extended South Shore Child Care Network service area designing its Service Delivery for 2022-2023 to support its customers in reaching their goals to create stability and achieve economic security (National Goal 1) focusing on the top individual and family needs identified in CACCI's Community Assessment Report FY19-20.

- Families living on Cape Cod and Islands, and in the 14 South Shore communities we serve, will have access to quality child care and have knowledge of and assistance to apply for subsidies to be able to afford child care services. Child care providers in these communities will enhance their professional development with coaching and training opportunities made available.
- Individuals and families living on Cape Cod and Islands who are un- or under- insured will have assistance to apply and enroll, and support to maintain Health Connector and MassHealth insurance plans. They will know where to find primary care and behavioral health providers; and have help to find appropriate substance use treatment programs. They will become more health insurance literate and knowledgeable in navigating the public health insurance system, and therefore experience fewer gaps in coverage and care.
- Individuals and families living on Cape Cod and Islands will increase their food security having access to assistance to apply for SNAP benefits and knowledge on SNAP programs and healthy nutrition programs. They will know where to find food pantries and other food services in their community.
- Individuals and families from our Cape and Islands immigrant communities will have a safe place to receive free legal assistance and representation for applications and petitions to the U.S. Citizenship and Immigration Services. They will have access to citizenship preparation classes and support throughout the naturalization process. They will become more integrated into the community as they gain knowledge on their rights as residents of Massachusetts, and where to find local English as a Second Language classes and other community resources.
- Women who are experiencing homelessness and have experienced domestic violence and their children will have access to a safe and secure shelter under the state's emergency shelter system. They will receive housing search and budgeting services to reach their goal to find

safe affordable housing and become more self-sufficient. They will gain knowledge of opportunities for employment training and job readiness and other community resources. When they are ready to leave shelter, they will have the opportunity to receive stabilization services for one year.

- Individuals will become knowledgeable of and have the opportunity to access employment and training opportunities available in the Cape & Islands region.

**Goal 2.)** CACCI stands committed to the goal of enhancing its presence in the community and strengthening its relationships with referral partners and existing collaborations. It seeks to develop new partnerships to affect community-level changes that will produce outcomes for our community to be a place where people with low-incomes are healthy and are offered economic opportunity (National Goal 2). Its Strategic Plan Linkages will foster this goal addressing the top five community level needs identified that relate to the community's causes and conditions of poverty. The community needs identified reflect the same areas identified in the individual and family needs assessment.

- The Cape Cod and Islands towns and the 14 South Shore towns. that are served by CACCI's Child Care Network, have an established resource to engage and collaborate to address access to affordable and high-quality child care options resulting in a network of child care providers who provide child care subsidies and have access to opportunities for professional development.
- Cape Cod and the island of Nantucket including the marginalized populations within its towns have available a long-standing Massachusetts Health Connector Authority Navigator Organization, CACCI, to promote health equity and address access to health insurance and care resulting in towns with more residents who have health insurance coverage and are connected to medical providers. Communities become more aware of the ongoing activities of the Health Connector and of the local assistance available to its residents.
- Through CACCI's collaborations and networking on Cape Cod and Islands, we will become more aware of information and resources available to enhance the food security of its residents.
- With CACCI's Immigrant Resource Center activities, collaborations with those providing community resources, and its own networks within the immigrant communities, the Cape and Islands will be a region where immigrants feel welcomed and are aware of the opportunities available to them resulting in a more immigrants connected to the towns in which they live.
- CACCI's continued participation in collaborations with organizations that work towards preventing homelessness, increasing housing for those who experience homelessness, and supporting residents to keep their housing will offer the opportunity to work on the issues of available and affordable housing resulting in an increase affordable housing and a decrease of people needing shelter.

- CACCI's affiliation with Jobs, Training, and Employment Corporation offers the opportunity for collaboration to increase access to employment resources and trainings resulting in less regional unemployment.

**Goal 3.)** CACCI will strengthen its capacity to achieve the outcomes of its organizational goals by addressing the internal and external priority organizational needs identified in order to provide quality customer service in a comprehensive and efficient way and to best market our services to the community.

- The Cape and Islands community will become more aware of CACCI's service.
- Staff will be better positioned to serve its customers.
- Customers will have increased and uncomplicated access to CACCI services.

## ***11.2. Strategies to Meet Individual and Family Services, Funding, Gaps and Linkages***

This section is organized around DHCD's Domains as noted below in each section.

### **DOMAIN: HEALTH AND SOCIAL/BEHAVIORAL DEVELOPMENT (INCLUDES NUTRITION)**

#### ***Access to Health Insurance & Care, including Substance Use and Food Insecurity***

CACCI's "Access to Health Insurance & Care" program will continue to provide services as stated below and link to a variety of community organizations for collaborations, referrals, and outreach including partners to provide assistance to those in need of substance abuse treatment. CACCI's *SNAP Outreach* and its Thanksgiving "Turkeys for Cape Codders" programs will provide services and foster linkages to increase food security.

- **Services:** As a Massachusetts Health Connector Organization, CACCI's certified Navigators will assist customers in applying for and enrolling in Health Connector, MassHealth, and Health Safety Net insurance plans, and provide guidance on plan selection. They link customers to medical and dental providers. They provide consumer education to promote health literacy and support consumers in maintaining their health insurance. Knowledgeable staff, to include staff who come from the Brazilian and Spanish communities, will outreach to the immigrant communities on Cape Cod and the island of Nantucket, and to those residents who remain uninsured, and to those who lose their jobs and employee-based health insurance. They will provide information and assist consumers in accessing new opportunities to lower their insurance premiums as a result of the American Rescue Plan.

CACCI will provide a SNAP (Supplemental Nutrition Assistance Program) enrollment specialist to assist customers to apply for SNAP benefits and link them to community resources. The Thanksgiving Turkey Basket program, "Turkeys for Cape Codders" supports

the region's initiatives to provide a holiday meal for households. Both programs help fill gaps in food insecurity, especially in low-income families.

- **Funding:** The Commonwealth of Massachusetts' Health Connector Navigator Program and the Blue Cross Blue Shield of Massachusetts Foundation support the Access to Health Insurance & Care Program. SNAP Outreach is funded through the University of Massachusetts Medical School in partnership with the U.S. Department of Agriculture and the MA Department of Transitional Assistance. Matching funds are provided by CACCI's affiliate, Job Training & Employment Corp (JTEC). Funding from these programs will be leveraged when there is opportunity to apply for other grant opportunities that will complement their service delivery system. The "Turkeys for Cape Codders" Program draws on CSBG funds to fund staff involvement; volunteers and private donors are the core components of this program.

**Linkages:**

- **Individual and Family Level:** Since CACCI is located within the same building in Hyannis as the MassHire Cape and Islands Career Center, this offers the opportunity to be a point of entry for those in need of public health insurance especially for those who may have lost their employee sponsored health insurance. Certified Navigators outpost in partnership with the following community organizations to increase access to services: at the Falmouth Service Center; the Lower Cape Outreach Council; Cape Cod Community Health Center; and at Fairwinds Counseling Center on Nantucket. Navigators coordinate with their sister Navigator organizations: The Fishing Partnership Support Services with an office on the Cape in the Town of Chatham; and Vineyard Health Access on the island of Martha's Vineyard who serves the Dukes County residents. It fosters close relationships with its referral partners, Cape Cod Health Care that includes the local hospitals and with the region's community health centers, faith-based communities, medical and dental providers, and has an extensive health and human services provider network. It will continue its partnership with Whole Health Pharmacy who serves as a referral partner for COVID testing and vaccines. They collaborate with the region's SHINE Medicare enrollment counselors and the Mashpee Wampanoag Tribal Health Services. Navigators have developed a comprehensive referral partnership with the Gosnold Treatment Center for inpatient, outpatient, and outreach counselors with the goal of getting their clients insured as soon as possible so they can seek help. They link to other referral partners addressing substance use issues: AIDS Support Group of Cape Cod; and the Duffy Health Center, including the newly implemented Lifeline on Wheels program.

SNAP Outreach linkages include the local DTA Liaison and the local food pantries and soup kitchens.

- **Community Level:** To educate the public, the Navigator program coordinates outreach and events with others in the community promoting not only the Health Connector activities and

our Navigator services, but also all CACCI's programs. Navigators present at various provider organizations, community groups, and coalitions. Navigators present at the Cape Cod Community College and its Adult Education Center. CACCI works with its Navigator "sister" organizations, its funders, Archipelago Associates, local business and faith-based communities to strategize to promote health equity by reaching the more marginalized populations living on the Cape and Islands. CACCI is an at large member of the Barnstable County Health and Human Services Advisory Council promoting inclusion of discussion of the particular needs of low-income residents of our community. CACCI is part of the cohort of Massachusetts Health Connector Navigator organizations and the Blue Cross Blue Shield of Massachusetts Foundation cohort of "Connecting Consumers to Care" grantees who gather together for training and to strategize on service delivery and consumer engagement both by the funders and the grantees. Massachusetts Medical Education department coordinates trainings in partnership with MassHealth and the Health Connector and participates and facilitates discussion with the above cohorts.

CACCI will continue discussion with its funders on how to increase food security by promoting SNAP enrollment and its healthy food initiatives. CACCI is part of the statewide SNAP Outreach partners who meet for training and to strategize on marketing their services and program benefits. CACCI will continue to foster the following partnerships who provide donations and support for the "Turkeys for Cape Codders" program: The Cape and Islands United Way; The Yawkey Foundation; The Cape Cod Foundation; Barnstable Fire Department; The Daily Paper Restaurant; Ben & Jerry's; St. Mary's Episcopal Church of Barnstable, The Casual Gourmet; Advanced Embroidery & Screen Printing; Katherine Fulham Parcels, CPA; iHeart Radio and Bob Burns, "The Turkey Man." A member of St. Mary's Church is Co-Chair of the turkey basket program and the principal fund raiser for the annual event. Volunteers come from faith-based communities, businesses, current and past CACCI customers, and the general public coordinate, donate, and participate in the distribution.

## **DOMAIN: HOUSING**

### **Affordable and Accessible Housing**

CACCI's *Safe Harbor* program will continue to provide emergency shelter and stabilization services for women who are experiencing homelessness and their children. The prioritized families served also have experienced domestic violence. CACCI will also continue its new program begun in 2021, *Emergency Assistance COVID-19 Case Management Program* to support people to maintain housing and will continue to develop its new *Transitional Housing* program that will increase the region's transitional housing beds for those experiencing homelessness. These programs provide temporary solutions to the limited affordable housing stock.

- **Services:** Case managers work with the residents of Safe Harbor to develop a Family Life Plan which includes working on housing search, budgeting and participating in various workshops to support the women's goal to increase their quality of life. The on-site Children's Center provides respite for parents while attending workshops and other program requirements and offers after school programs. Stabilization services for families who exit Safe Harbor into permanent housing are offered for one year. Safe Harbor offers opportunities for interns to participate in providing services along-side a case manager.

CACCI's Transitional Housing Program will place for either individuals or families (targeted population still undefined in June 2021) and case management to coordinate services for residents will be provided.

CACCI's Emergency Assistance COVID-19 Case Management Program will continue to provide financial assistance for eligible customers who have been negatively financially impacted by the COVID-19 Pandemic with the specific goal to help maintain their housing. The categories for financial assistance are: rental, utility, food, and car repairs. It will serve as a "program of last resort" In order to determine the best use of these funds so not to duplicate services, the program will partner with other non-profit organizations such as Housing Assistance Corporation, the Cape Cod Needy Fund and other organizations on the Cape and Islands already providing prevention funds. The case management services will assess the household needs conducting a comprehensive intake and link the customer to appropriate community services to include follow-up to support the customer in securing the resources needed.

- **Funding:** Safe Harbor Shelter is funded by the Department of Housing and Community Development (DHCD); they currently are in the process of renewing contracts for FY2022. Safe Harbor has received funding from the Franklin Square House Foundation in the past and will continue to apply for assistance to support special projects. Safe Harbor receives private donations from community organizations and individuals.

The new Massachusetts State-Line funds for Community Action Programs is administered by DHCD in partnership with Massachusetts Community Action Programs Association (MASSCAP) These funds are being used to develop and provide case management for CACCI's new Transitional Housing Program. These funds will be used as leverage as the program looks to foundations and private donations for additional support to sustain this program beyond FY22. The house was a donation from a local non-profit; State-Line funding is being used for renovations and furnishings in FY21 & 22. A case manager will coordinate services for residents connecting them to community resources.

The Emergency Assistance COVID-19 Case Management Program is being funded by the CARES Act funds awarded to Community Action Programs that are administered by DHCD in partnership with MASSCAP. The funds must be spent by December 31, 2021, when the program will end. As we move into FY23, we look to the possibility to provide coordinated case management for customers of other CACCI departments.

### ***Linkages***

- ***Individual and Family Level:*** Safe Harbor partners with Horizons for Homeless Children's volunteer program to provide child care services at the shelter's Children's Center. Independence House, the local domestic violence service provider, conducts Domestic Violence Workshops for residents. Partnership with the MassHire Cape and Islands Career Center helps the women on employment readiness. Other partners who provide services for the residents include the Cape Cod Council of Churches' "A Baby Center", Seaside Pediatrics, and South Coast Community Dental Program. Gosnold Counseling is available to the residents and AIDS Support Group of Cape Cod provides Narcan Training to staff and residents. The Greater Boston Food Bank provides food for shelter residents.

Case managers in all programs will link its customers with the various community resources available in the region to support its customers in need of housing prevention services. Some of these organizations include Housing Assistance Corporation (the main distributor of State Funds through the Massachusetts Eviction Diversion Initiative), Homeless Prevention Council, Lower Cape Outreach Council, The Falmouth Service Center, the Cape Cod Times Needy Fund, and faith-based groups. Other important mediation partnerships designed to keep tenant's stability housed are the Cape Mediation (an affiliate of CACCI since September 2019), Martha's Vineyard Center for Dispute Resolution, and the South Coastal Counties Legal Services Covid Eviction Legal Help Project (CELHP) to provide free legal services to low-income tenants to avoid evictions.

- ***Community Level Initiative & Linkages:*** CACCI has a long history of participating in the Cape and Islands Regional Network on Homelessness with its Safe Harbor Director elected to the Policy Board and the Director of Client Self-Sufficiency (CSS) serving on Continuum of Care Project Review & Ranking Committee. The CSS Director also serves on the Housing Assistance Corporation's Family Self-Sufficiency Advisory Board.

### **DOMAINS: SERVICES SUPPORTING MULTIPLE DOMAINS**

#### **Access to Affordable, High Quality Childcare**

CACCI's *Child Care Network* program will continue to provide services to help customers access affordable, high quality child care and network with the child care providers within the Cape and Islands and the additional South Shore towns they serve.

- ***Services:*** Child Care Network (CCN), one of seven Child Care Resource & Referral programs in Massachusetts, is contracted to serve the residents of Barnstable, Dukes and Nantucket Counties and fourteen South Shore towns (Carver, Duxbury, Halifax, Hanover, Hanson, Kingston, Marshfield, Norwell, Pembroke, Plymouth, Plympton, Rockland, Scituate and Wareham). Services include managing the state's subsidy programs for the above noted counties and towns. Voucher counselors assist customers to secure subsidies to help pay for



early education and care or out-of-school time programs. They assist those looking for child care in selecting a child care provider that best fits their needs. Their free information and referral services includes providing lists of available licensed and legally operating child care providers who participate in the subsidy program. The CCN Training Manager offers workshops, coaching and mentoring to child care providers which also includes guidance and support through the accreditation process, and also serves as a liaison for child care providers. CCN offers opportunities for volunteers and interns to provide program support.

- **Funding:** the CCN program is funded by the Commonwealth of Massachusetts' Department of Early Education and Care (EEC) system. CCN service delivery is entering a transition period due to the EEC proposed changes to policy and procedures for disbursement of state & federal funding. CCN and the other Massachusetts Resource & Referral agencies will complete the final year of their contracts with EEC on June 30, 2022. It is anticipated that EEC's proposed changes will affect the scope of services outlined in their upcoming Request for Proposals for contracts beginning July 1, 2022. EEC has proposed a new parent fee formula that should be implemented in late 2021 to make child care more affordable for subsidized families. The Federal Stimulus/ CARES Act funds will be dispersed by the state to the Resource and Referral Agencies; CCN will be involved in dispersing funds – guidelines on how these funds can be utilized has yet to be released but it is hoped that this could possibly offset issues in recruiting quality teachers and keep child care programs in the system. This could address current gaps because families interested in enrolling their child(ren) in a child care program are finding that providers have openings, even though not all providers have reopened. Child care providers are reporting to CCN that increased costs related to requirements for increased health and safety program procedures and difficulty recruiting qualified teachers put their continued operations at risk.

### **Linkages**

- **Individual and Family Level:** CCN outposts to increase accessibility for families at the following locations: Children's Place in Eastham; the Falmouth Service Center; the Plymouth Department of Transitional Assistance office; South Shore Community Action Council (SSCAC)'s site in Marshfield; and at Hanover Town Hall. CCN networks with the SSCAC as they are the new Head Start provider for the Cape and Islands. This relationship will continue to be advanced.
- **Community Level:** CCN actively fosters community relationships with agencies such as Early Intervention, WIC, Justice Resource Institute, Cape Cod Family Resource Center, the Department of Child and Families, and the Cape and Islands School systems as a means to develop its referral database and provide families with options for resources. The CCN Director also serves on the local Department of Transitional Assistance Advisory Board. CCN is a member of the Massachusetts Child Care Resource and Referral Network Association, strategizing and advocating to provide statewide coordination and support.

Through the Association, it advocates for a bill introduced into legislature by Common Start Coalition that would give bedrock funding to every licensed child care program in Massachusetts and cap tuition at 7% of the family's income. It also participates in numerous community organizations and coalitions to enhance service delivery including: the Coordinated Family and Community Engagement Network (CFCE); the regional Early Learning Network, the Cape Cod Collaborative Early Childhood Administrators' and Principals' Group, the Justice Resource Institute, and Enable Inc. a health service organization referred by CNN as an EEC contracted provider.

### **Immigration Services**

CACCI's "*Immigration Resource Center*" will continue to provide a safe place for the immigrant residents of the Cape and Islands to support their integration into the local society and enhance their quality of life promoting equity as they access the goods and services of the region.

- **Services:** The Immigration Resource Center (IRC), offers free legal counsel for immigrants and their families for applications and petitions to the U. S. Citizenship and Immigration Services (USCIS). Bilingual case managers help customers apply for legal permanent resident, work visas, temporary protected status, and other petitions. The IRC offers free citizenship preparation classes and assists with the naturalization applications and the process to gain U. S. Citizenship. They offer English language support to those in the citizenship classes. The IRC fills a significant gap in service delivery, as there is no other Cape-based comprehensive Cape Cod and Islands immigration services program. The IRC offers opportunities for volunteers and interns to participate in its activities. Currently there are three long-time volunteers: an educator who teaches the citizenship preparation classes; a retired professor who is a Bureau of Immigrant Affairs certified representative; and a retired lawyer. They both provide IRC serves to immigrants.
- **Funding:** The IRC is supported almost totally with Community Service Block Grant (CSBG) funds, which was originally intended to be seed money to get this much needed program started. Therefore, there is a continual need to find additional funding sources to offset the amount of CSBG funds utilized for this program. The IRC is moving into its second year of a two-year funding cycle of a small fee-for service grant from the state Office of Refugees & Immigrants (ORI), the Citizenship for New Americans Program (CNAP). In its partnership with Independence House, and the Cape & Islands District Attorney's office to offer presentations to various local groups, the IRC participated as a sub-grantee and secured a small amount of funding. It occasionally receives funding or one-time donations from local foundations such as Eastern Bank Foundation. It is currently considering finding a resource to provide funds to supplement customer fees to file an application when fee waivers are not available. The IRC is also in conversation with Cape Cod Foundation regarding potential

funding; again, most of the opportunities have been for funds that, for example, will not provide the monies to cover an existing IRC case worker.

### ***Linkages***

- ***Individual and Family Level:*** The IRC outposts to the following in partnership with regional organizations to increase customer access: The Children’s Place in Eastham; Falmouth Human Services; Fairwinds Counseling Center on Nantucket; and Martha’s Vineyard Community Services. They also outreach to Safe Harbor and Independence House in Hyannis and A Safe Place on Nantucket to provide services to their domestic violence immigrant clients. Other referral partners include faith-based peace and justice committees, Catholic Social Services of Cape Cod, Cape Cod Council of Churches Immigrant Working Group, and South Coastal Counties Legal Services.
- ***Community Level:*** Partners include the Barnstable Police Department, Brazilian Workers Center, Professionals of Cape Cod (a Brazilian business organization), Independence House, Duffy Health Center and other local health and human services providers. Staff present at Cape Cod Community College at their Adult Education Center (also a referral partner) to both staff and students, faith-based and civic organizations, and town committees to educate the public on immigration rights and laws pertaining to immigration status and various other federal rights and regulations. They also collaborate with referral partners South Coastal Counties Legal Service and Catholic Social Services on challenges in engaging the immigrant community and making them feel safe to apply for services. Other linkages include Cape & Islands District Attorney’s office, Cape Cod Immigrant Working Group, Healthy Community Collaborative Nantucket, and the Massachusetts Immigrant and Refugee Alliance. They work with the Citizenship & Immigration Services who provide Bureau of Immigration appeals certification. The IRC is part of the statewide ORI cohort meeting annually with federal, state, and local organizations key stakeholders to update on the latest information on immigration law and consumer engagement strategies.

### **Holiday Programs**

CACCI will continue to provide these special annual services to the low-income residents on Cape Cod. While the holiday programs encompass partnerships with various community businesses, organizations, and funding sources and includes volunteer opportunities, it also serves to free up funds for low-income customers to use on other household expenses such as rent, mortgage, or utility payments. These programs are collaborations within the community that fill gaps in areas where these services are not provided by other organizations or for low-income residents who may qualify for another’s similar service.

- ***“Toys for Tots”:*** CACCI acts as a distributor for the Cape Cod Toys for Tots program for the Town of Barnstable.

- **“Make a Teen Happy”** is open to all families with teenagers and provides new winter clothing. The number of teenagers we can serve is based on the number of sponsors and donations we receive.
- For both Holiday Programs, a family signs up to receive the gifts for the December holidays. Case managers conduct a comprehensive intake and provide information and referral to other community resources the family may need.
- **Funding:** CSBG funds support staff involvement for the holiday programs
- **Community Level:** Both programs include community volunteers and current and past CACCI customers who coordinate and participate in distributions. Toys for Tots donations includes Chris Wetherbee Memorial Toy Run; and Cape Cod Toys for Tots. Community partners for Make a Teen Happy include: The Yawkey Foundation; John C. Manoog III; E J. Jaxtimer Builders, Inc.; Shepley Wood Products; St. Mary’s Episcopal Church of Barnstable; IFAW; Aurora Computers; Consistently Clean, Inc.; Cooper Landscaping, Inc.; and community residents who contribute monetarily to this program.

### **Information & Referral**

- **Services:** All staff refer customers to other in-house services as needed, to their joint partner, the Career Center, and to other community organizations where customers may be best served when CACCI does not offer such services.
- **Funding** is through the CSBG grant and the other major program funders. CACCI uses its discretionary funds to support a case manager for the Dukes County Social Services in partnership with Vineyard Health Access who assists those on Martha’s Vineyard in need of Fuel Assistance, SNAP, and Information & Referral.

### **Linkages**

- **Individual and Family Level:** Referrals are made to appropriate housing and homeless services for assistance and homeless prevention funds with Housing Assistance Corporation (HAC) as the key partner providing this service; customers and other community members are referred to its fellow CAP organization, South Shore Community Action Council, for Fuel Assistance benefits and Head Start services. CACCI Case managers also assist customers to address utility shut-off notices.
- **Community Level:** Coordination of services through case management relationships with staff at vital community organizations and businesses across the region such as, HAC, Cape Cod Needy Fund, Falmouth Human Services, Lower Cape Outreach Council, Cape Cod & Nantucket Family Resource Centers, WE CAN, St. Vincent de Paul Societies, Homeless Prevention Council, Helping Our Women, Dukes County Social Services, Eversource, and National Grid.

**Coordinated Case Management** (new program to be developed)

There is an identified need within CACCI departments to secure funding to implement this program to hire a staff person to coordinate services for customers in need of extra support to navigate our programs and community resources. In addition, staff identified the need for more bilingual staff and interpreter services. The targeted population for this case management service would be those with: limited access to computers for finding resources online and completing online applications; limited phone access; and those who encounter language barriers, have limited reading and writing skills, and difficulty understanding lengthy applications processes as they attempt to get the services they need. This service would be provided across all CACCI programs, and this case manager would be aware of community programs and networks to ensure that CACCI customers are adequately served either in house and/or within the community and that follow-up is included in the service delivery.

**Linkages** would include in-house programs and the extensive network of health and human services community resources such as Housing Assistance Corporation, mediation programs, Cape Cod Needy Fund, faith-based organizations and other organizations to provide financial assistance if needed and other supportive services.

**DOMAIN: INCOME & ASSET BUILDING**

CACCI will continue to be a designated IRS VITA site and provide the Seasonal “*VITA (Volunteer Income Tax Assistance)*” program to assist its customers and eligible community members to file their federal and state taxes focusing on assisting customers to access the tax credits they are eligible for in particular the Earned Income Tax Credit.

- **Services:** CACCI Staff and volunteers who are certified by the Internal Revenue Service (IRS), offer free income tax preparation assistance to low-income residents of Cape Cod and the Islands. They provide internal referrals to their customers in need of CACCI services or community resources.
- **Funding:** Funds for this program are provided by state funds administered by DHCD and federal grant VITA funds secured and administered by MASSCAP. CSBG funds are used to supplement the needed service delivery when the primary VITA funds do not cover the costs.
- **Community Level:** CACCI is part of the VITA cohort that strategizes annually with the IRS on how to best provide services. The IRS designates CACCI as a VITA site and provides quality assurance reviews and on-line certification training. Volunteers are recruited. Dukes County Social Services office and Lower Cape Outreach Council are out-posting partners. This program coordinates with the Senior Centers in the region that offer this service through AARP funds to their customers and the Cape Cod Community College who is also a designated VITA site.

## **DOMAIN: LINKAGES**

### **Employment Training and Financial Stability**

CACCI will continue to foster its partnership: “*MassHire Cape & Islands Career Center Referral Partnership*”

- ***Individual and Family Level:*** CACCI is an affiliate of the Job Training and Employment Corporation (JTEC) which oversees the MassHire Cape and Islands Career Center, the regional "One Stop Career Center" for job seekers. CACCI is co-located in the Career Center. As a key network partners, both organizations refer customers to each other for needed services. The Career Center serves adults of all ages and offers Career Counseling; Vocational Testing; Skills Development; Hi-Set (GED) Preparation; Occupational Training; Job Search Assistance; Internet Job Search; Computer Literacy Training; Resume Preparation Assistance; Career/Job Search Workshops and Job Readiness; Veterans Services; and Job-Related Services for Individuals with Low or no Income. The Out of School Youth Program's Learning Center serves youths ages 16-24 with little or no work experience and offers career Counseling, Hi-Set Preparation, Computer Literacy, Paid Work Experience, and On the Job Placement. The Career Center offers following Services for Employers which can benefit those seeking employment: Recruitment; Job Posting; Screening of Job Applicants; Job Matching; Job Placements; Testing and Assessment of Job Candidates and/or Employees; Customized Job Fairs; Internet Recruiting; Labor Market Information; Information on Tax Credits and Workforce Training Funds; Subsidized Employment Programs; Outplacement Assistance; ADA Task Analysis; Consulting in Personnel Policy Development/Auditing; Updates on Employment Regulations; and Job Description Development. CACCI participates in the Career Center's summer student-work program and the Hi-Set-work program offering opportunities to students to gain employment skills and be provided with coaching mentors.
- ***Community Level:*** The CACCI Executive Director, in her role as JTEC President and Career Center Director, is a member of the Cape and Islands Workforce Development Board and serves on their Executive Committee, and a member of the Youth Council and serves on their Executive and Marketing Committees. The Career Center is a resource for posting CACCI job opportunities and having candidates referred for consideration.

### ***11.3. Internal Strategies to Increase Capacity to Enhance Service Delivery and Organizational Capacity.***

The following recommendations are based on Section 11.4 of the Community Assessment Report submitted on December 29, 2020, and outcomes from the Management Strategic Planning Meeting held on April 27, 2021.

#### **Staff and Funding Challenges**

- Staff Training to Enhance Customer Services to include strengthening computer skills, and customer communication skills, and crisis management training.
- Since CACCI is unable to increase salaries, without additional funding, the hiring process should promote the newly initiated retirement benefit program and other staff benefits the organization provides.
- Funding Challenge for the organization: As CSBG funds is the core funding for Community Action Programs and the amount is set by the federal Office of Community Services and is based on our region's poverty census, having one program, the Immigration Resource Center (IRC) utilizing most of the allotted funds puts limitations on the capacity for CACCI to have funds to build capacity and initiate new programs. The organization will continue to support the IRC and actively pursue additional revenue and funding opportunities. It is important to note that CACCI uses the CSBG funds allocated to Agency Capacity to provide administrative, management, and agency capacity building services across all CACCI programs that serve the designated CSBG populations that traditionally are at 125% of the federal poverty level or lower; during the CARES Act timeline the eligibility is 200% of the federal poverty level.

#### **Enhance Customer Service Delivery**

- Ensure that preference is given for all new staff hired to be bilingual to enhance language assistance for all CACCI programs.
- Establish networks of translator services to be drawn on as needed.
- Improve resources for appointment scheduling and personnel to handle walk-ins.
- Improve process to inform staff on appointment arrivals.
- Create a list of linkages and networks to be shared with CACCI staff to enhance services and referrals.
- Develop and secure the funding for a Coordinated Case Management program.
- Child Care Network and Immigration Resource Center directors will develop a list of documents immigrants should be informed to bring with them for all CACCI appointments.
- Use the capacity to send out emails based on customer list regarding upcoming events which can be set in different languages.

### **Improve Internal Communication Between CACCI Service Delivery Departments**

- Ensure staff are informed of all CACCI programs through internal newsletters and email announcements, especially relating to any procedural changes.
- Establish joint agency and staff meetings and management staff to relay information to staff as needed.
- Hold monthly management meetings and improve communication between managers and executive director.

### **Strengthen Coordination between CACCI and MassHire Cape & Islands Career Center**

- CACCI and the Career Center staff will formalize a referral system to better serve their customers and will collaborate on service delivery initiatives.
- Empathize a “warm handoff” between CACCI and Career Center Staff whenever possible.
- Enhance communication between CACCI and Career Center staff regarding events such as Career Center training and include this information in emails to customers.

### **Improve Outreach and Marketing to Enhance Visibility in the Community**

- Develop Comprehensive Organizational Brochure
  - To include clarification of CACCI Services and Partnership with Career Center/ JTEC; and to be widely distributed across the Cape and Islands including non-profit organizations and public places such as libraries.
- Strengthen Community Awareness of CACCI Services/ Programs
  - Ensure that staff and all written materials acknowledge that individual programs are a component of the CACCI organization.
  - Strengthen and develop new collaboration network/ partnerships across the service region (suggestions: Chamber of Commerce, Rotary Clubs), including involvement in outside committees and attendance at community functions, panel presentations, meetings, and events.
  - Improve outreach and/or out-posting, especially to the Upper and Lower Cape and the Islands.
  - Strengthen use of social media including ongoing update of website designed to be more user friendly; and continue enhanced presence on Facebook.

### **Facilities Issues**

- Since the parking and building space is at capacity, there is a need to explore solutions; improve outside signage.



## 12. SPECIFIC OBJECTIVES

The following action plan is designed to implement CACCI's Strategic Two-Year Goals to address the top five individual and family needs and community-level needs identified that relate to the causes and conditions of poverty on Cape Cod and Islands and its extended service area:

- Access to Affordable, High Quality Childcare;
- Access to Health Care Insurance & Care including Substance Use and Food Insecurity;
- Immigration Services;
- Available and Affordable Housing; and
- Employment and Training

It also includes action steps to address CACCI's internal organizational strategies to increase capacity as identifies in the following areas.

- Customer Service
- Department Coordination
- Marketing and Visibility
- Agency Capacity including Funding Challenges

### 12.1. *Steps to Maintain and Further Develop Current Programs*

#### **Client Self-Sufficiency Programs**

- **Access to Health Insurance & Care**
  - **Year 1:** This will be the second year of a 2-year Massachusetts Health Connector grant cycle. Inform the public of the changes within public health insurance and promote the American Rescue Plan health insurance new benefits and the Health Connector Open Enrollment. Keep abreast of changes in MassHealth benefits as we transition into a post- COVID-19 pandemic environment. Support customers to maintain insurance as protections that kept their insurance ongoing without renewal requirements are lifted. Maintain and continue to develop collaborative outreach networks to include the local offices of the National Alliance on Mental Illness. Begin to renew out-post schedules that were suspended during the pandemic. Having secured another year of "Connecting Consumers to Care" funds, continue to participate in their cohort. Be aware that the BCBS of MA Foundation will be putting out a new RFP to respond to in the spring. In the spring, reapply for Massachusetts Health Connector Navigator Program funds; expect two-year cycle. Attend mandated trainings, keep certifications current, and submit reports as required. Continue high quality service delivery. Support new Assistant Director of Client Self-Sufficiency

- (effective June 2021), who also will continue to manage the Access to Health Insurance & Care program, as this person continues to transition into the new role.
- **Year 2:** Having secured Health Connector funding, continue enrollment activities, implementing any new contract requirements. Having secured BCBS of MA Foundation funding, implement new contract requirements. Stay connected to grant cohorts, attend mandated trainings, keep certifications current, and submit reports as required. Maintain and continue to develop collaborative outreach network. Continue high quality customer service.
- **Immigration Resource Center (IRC)**
    - **Year 1** Support new IRC Coordinator and case manager hired in the last quarter of FY21 as they solidify the IRC team of staff and volunteers. Connect Coordinator to all the linkages and network partnering needed for a successful IRC: engage with the immigrant community; and those providing services and support to them. Begin to renew out-post schedules that were suspended during the pandemic. Make the public aware of the new federal immigration laws including the lifting of regulations that were considered barriers for the immigrant population to fully integrate into society. Apply for additional funds to decrease sole dependence on CSBG funds for staffing and program activities. Maintain CNAP funding. Attend mandated trainings and look for other opportunities for trainings, especially for new staff. Submit reports as required. Continue to provide high quality service delivery.
    - **Year 2:** Apply for continued CNAP funding; expect another 2-year cycle. Submit reports as required. Attend mandated trainings. Continue to look for new funding opportunities. Maintain and continue to develop collaborative outreach network. Conduct further outreach to any remaining hard-to-reach immigrant communities. Continue to provide high quality customer service.
  - **SNAP (Supplemental Nutrition Assistance Program)**
    - **Year 1:** Having secured funding, from the University of Massachusetts Medical School partnership with the U.S. Department of Agriculture and the Massachusetts Department of Transitional Assistance, promote CACCI internal referrals and referrals from MassHire Cape and Islands Career Center to increase food security within each of our organization's customer base. Conduct outreach to further engage low-income residents promoting the benefits the SNAP program offers including farmer's markets that accept the SNAP EBT card. Attend mandated trainings and submit mandated reports. Provide high quality service delivery including information and referrals to food pantries, soup kitchens, and WIC. In the spring, apply for SNAP Outreach funds for FY23.

- **Year 2:** Having secured funding, continue to promote food security and assist customers in applying. Attend mandated trainings and submit reports. Continue to offer high quality customer service and outreach to the community.
- **Seasonal Programs**  
Continue to maintain capacity to support VITA, Turkeys for Cape Codders, and Holiday Programs. Maintain and increase volunteer support. Increased VITA volunteer support will allow for increased out-posting. Continue to support and retain volunteers who take the lead in coordinating the Turkeys for Cape Codders and those volunteers who support the Holiday Programs. Continue to engage CACCI past and present customers to volunteer to assist with these programs and other CACCI programs.
  - **Year 1:** VITA - Continue partnership with IRS for monitoring and training; and with MASSCAP for funding. Participate in the VITA cohort and submit reports as required. Comply with IRS regulations including annual certifications. Retain volunteer base and recruit new volunteers for all seasonal programs. Provide high quality customer service.
  - **Year 2:** VITA - Continue partnership with IRS for monitoring and training and with MASSCAP for funding. Comply with IRS regulations including annual certifications. Participate in the VITA cohort and submit reports as required. Retain volunteer base and recruit new volunteers for all seasonal programs. Provide high quality customer service.

### **Child Care Network**

- **Year 1:** Foster collaboration with South Shore Community Action Council and all child care provider businesses. Keep abreast of federal and state regulation changes regarding child care subsidies and supports as we transition from a pandemic environment into a post-pandemic one. Begin to renew out-post schedules that were suspended during the pandemic. Apply for state funding and any other new funding opportunities to maintain capacity to provide the needed voucher counseling case management and child care provider training and coaching services. Implement new contract mandates and submit required reports. Participate in the Massachusetts Information and Referral Network Association and the local DTA Advisory Board and coalitions that address child care access and affordability issues and that provide supports for families. Participate in community events for families to foster community relationships and engage potential customers. Provide high quality customer service.
- **Year 2:** Continue to respond to opportunities for continued and new funding from Department of Early Education and Care. Implement any new contract mandates and submit reports as required. Continue participation in the Massachusetts Information

and Referral Network Association, DTA Advisory Board, and various coalitions to address child care access and affordability. Maintain out-postings and collaborative networks. Continue to Provide high quality customer service.

### **Safe Harbor**

- **Year 1:** Support the newly hired (June 2021) Shelter Director as they implement the policies and procedures of their shelter contract with DHCD, solidify their team, and become integrated into the CACCI Senior Management team. Attend mandated trainings and submit reports as required. Continue to assist residents to obtain and maintain safe, affordable housing. Continue to apply for grants to supplement services, programs, supplies, replacement of furnishings and/or equipment, and renovations as necessary, to support Safe Harbor residents. Provide high quality customer service both at the shelter and to families receiving stabilization services. Continue participation in the Cape and Islands Regional Network to Address Homelessness.
- **Year 2:** Continue to assist residents to obtain and maintain safe, affordable housing. Implement any new DHCD contract mandates. Attend mandated trainings and submit reports as required. Continue to apply for grants to supplement services, supplies and programs to support Safe Harbor residents. Continue to provide high quality customer service both at the shelter and to families receiving stabilization services. Continue participation in the Cape and Islands Regional Network to Address Homelessness.

### **Transitional Housing Program**

- **Year 1:** Continue renovations on the house, identify the population to be served if not identified in the last quarter of FY21 including eligibility criteria, and develop the case management services. Hire and train new case manager if not executed in last quarter of FY21. If executed, continue training including connecting case manager with internal support for the residents of the housing and our community resources network. Promote the program with the homelessness and prevention of homelessness Cape and Islands Continuum of Care. Select candidates for residency in the program. Attend mandated trainings and submit reports as required. Provide high quality case management.
- **Year 2:** Continue to assist residents of the house to obtain their goals to work towards self-sufficiency. Provide high quality case management. Attend mandated trainings and submit reports as required. Continue to apply for grants to supplement services, supplies and programs to support the residents. Continue collaborations with Continuum of Care providers and community resource partners.

### **Emergency Assistance COVID-19 Case Management Program**

- **Year 1:** Continue case management program providing financial assistance to address rent, utilities, car repairs, and food to eligible customers under the CARES Act funding guidelines. Submit reports as required. Keep abreast of new resources in the community to support low-income residents. Provide high quality case management. Continue to promote the program on Cape Cod and Islands. The CARES Act funds end December 31, 2021. Therefore, in order to be able to continue providing all or parts of this financial assistance and case management program, new funds will need to be secured. One option will be to incorporate these services within the Coordinated Case Management program with hopes that this new program has secured funding.
- **Year 2:** To be determined based on if other sources of funding were secured.

### **Information & Referral**

- **Year 1:** Enhance internal referrals and relationships between CACCI and its referral network of community providers. Continue to explore more opportunities for collaboration on service delivery initiatives between CACCI and the MassHire Cape and Islands Career Center. Maintain CACCI's collaboration with Dukes County Social Services. Continue current collaborations on Nantucket and explore more opportunities for collaborations. Continue referral partnership with South Shore Community Action Council to support CACCI and Career Center customers in securing Fuel Assistance.
- **Year 2:** Continue to explore more opportunities for collaboration on service delivery initiatives. Maintain referrals systems in place. Maintain CACCI's collaboration with Dukes County Social Services and with collaborations on Nantucket. Continue referral partnership with South Shore Community Action Council (SSCAC) to support CACCI and the Career Center's customers in securing Fuel Assistance.

### **Coordinated Case Management (new program to be developed)**

- **Year 1:** Develop program and secure funding to hire a bilingual case manager. Capitalize on existing relationships noted in the Linkages in Section 11.2 to connect customers receiving coordinated case management services to community resources. Explore opportunities with South Shore Community Action Council to support CACCI and Career Center customers in securing Fuel Assistance.
- **Year 2:** Continue to explore more opportunities for collaboration on service delivery initiatives. Maintain referrals systems in place. Maintain CACCI's collaboration with Dukes County Social Services and collaborations on Nantucket. Continue referral partnership with South Shore Community Action Council (SSCAC) to support CACCI and the Career Center's customers in securing Fuel Assistance including

exploring the possibility of assisting customers with the application process in partnership with SSCAC.

## **12.2. Internal Steps to Increase Organizational Capacity**

### **Staffing and Funding:**

- **Year 1:**
  - Computer skills & Security Training.
  - Customer communication skills Training.
  - Crisis management Training.
  - Review and promote CACCI employee benefits.
  - Explore new revenue and funding opportunities to increase agency capacity.
- **Year 2:**
  - Identify any additional training needed; take steps to provide it.
  - Refresh computer skills.
  - Continue to evaluate and improve customer service.
  - Continue to explore new revenue and funding opportunities to increase agency capacity.

### **Enhance Customer Service Delivery**

- **Year 1:**
  - Ensure preference for hiring bilingual staff; and establish network of translation services.
  - Improve resources for appointment scheduling and personnel to engage walk-ins including informing staff of arrivals. Develop a list of acceptable immigrant status documents to document identity and eligibility for services.
  - Direct staff to use CACCI website that contains an extensive list of community resources.
  - Utilize capacity to send emails to customers who can access this service delivery on a broader basis to include translation services.
- **Year 2:**
  - Identify any additional needs to enhance service delivery; take steps to provide it.

### **Internal Communication between CACCI Departments**

- **Year 1:**
  - To strengthen communication, develop a newsletter and/or use emails on a wider scale to inform employees of announcements, especially relating to any procedural changes; establish joint staff meetings to relay information and provide

ongoing training on new resources and policies especially as it relates to keeping both staff and customers informed.

- Hold monthly management meetings.
- **Year 2:**
  - Continue strategies noted in Year 1 and continue to improve communications with partner agencies.

### **Coordination between CACCI and MassHire Cape and Islands Career Center**

- **Year 1:**
  - Formalize a referral system to better serve mutual customers emphasizing a “warm handoff” whenever possible; collaborate on service delivery initiatives.
  - Communicate using email and internal postings to inform of events, trainings to be used to both inform employees and customers.
- **Year 2:**
  - Continue strategies noted in Year 1.

### **Marketing and Visibility**

- **Year 1:**
  - Develop new Comprehensive Organizational Brochure to include clarification of CACCI Services and Partnership with JTEC and the Career Center; distribute the new brochure widely within the region.
  - Continue to promote use of CACCI’s new interactive website rolled out in July 2021; keep website updated with current program information and resources; and use the new news and events components to keep the public informed. Encourage staff to utilize website informing them when new items are available. Continue to promote our Facebook page posting information on a consistent basis. Promote staff and customers to “like” our page. Continue to widely distribute CACCI’s activities with press releases, posting on partner organizations’ e-newsletters, and linking those organizations who have Facebook pages with ours.
  - Start back to out-posting and, as capacity allows, add sites to out-posting on at least a monthly basis. Strengthen all community partnerships and look to new collaborations.
- **Year 2:**
  - Continue strategies noted in Year 1 that enhance marketing and visibility in the community at large and within our own organization.

## **Facilities**

- **Year 1:**
  - With parking and building space at capacity, explore solutions.
  - Improve outside signage.
- **Year 2:**
  - If not executed, continue strategies noted in Year 1.
  - Identify any new facilities issues; explore solutions.



### **13. PLAN MONITORING AND REPORTING**

CACCI's ROMA (Results Oriented Management Accountability) Implementer, who is also the Director of the Client Self-Sufficiency and Compliance, in collaboration with the Executive Director and Program Directors will create an Annual Community Action Plan (CAP) based on CACCI's Strategic Two-Year Goals contained in its CARSP 2022-2023 Strategic Plan and report customer outcomes and services delivered on a semi-annual and annual basis; it will also complete the CSBG Annual Report. CACCI will comply with CSBG Organizational Standards Annual Review and Triennial Review and respond to any technical assistance plans. CACCI submits its Annual Budget and quarterly CSBG invoicing through the e-gov portal along with updating its organizational key management contact information. It uploads into the Board Management system within the e-gov portal information on its Board of Directors and their meetings uploading documents and approved meeting minutes.

CACCI uses Community Software Groups software and utilizes the reporting tools developed by DHCD and contained in the CSG CSBG e-gov portal and uses the tools in the CSG-Engage data base for staff to record customer demographics and document service delivery and report out customer outcomes as designated in the National Performance Indicators for Community Action Programs and report services provided. CACCI will report achievement of results and evaluate outcomes and impact according to the semi-annual and annual CSBG requirements. Program Directors will be responsible for gathering the data required. The ROMA Implementer will be responsible to review and meet with Program Directors to evaluate the outcomes and compile impact data as appropriate for service delivery and community-level goals. As a result of the evaluation process, Program Directors will be responsible to address any challenges faced in meeting goals and suggest any changes needed to meet projected outcomes by the end of each fiscal year. The same evaluation process will occur at the time of the Annual CAP Report. The experience of a year and the timelines outlined in the Strategic Plan will influence the formation of the following year's CAP activities and projected outcomes. Strategies will be reviewed and modified if need be.

As part of the semi-annual and annual reporting process, the ROMA Implementer will gather information from the ED and Program Directors on meeting internal organizational goals and evaluate the impact of the outcomes achieved. As necessary, challenges to achieving targeted outcomes will be discussed and strategies for success will be developed. CACCI's ROMA Implementer exercises a CSG-Engage quality data control function for all departments on at least a semi-annual basis; often on a quarterly basis and more frequently with those programs who report to funders on a monthly basis.

The Executive Director and ROMA Implementer will create a report and data analysis to review the CAP and the progress on implementing the strategies articulated in the CARSP FY22&23 to present to the CACCI Board of Directors on an annual basis. In addition, the CAP report will also be presented semi-annually. The Board will receive at their meetings monthly program reports submitted by the Program Directors along with an Executive Director report to keep the Board up-to-date on the organization's activities to meet the objectives of its annual Community Action Plan and Strategic Plan.