



Community Assessment Report FY2024-2026

*Submitted to: Mark J. Duarte, CSBG & LIHEAP Representative
With copy to Lauren Wallace, CSBS Program Coordinator
Massachusetts Executive Office of Housing and Livable Communities*

Submitted by: Kristina E. Dower, Executive Director on July 31, 2023

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2. EXECUTIVE SUMMARY

Community Action Committee of Cape Cod and 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 its extended Child Care Network service area of 14 Towns within Plymouth County (Carver, Duxbury, Halifax, Hanover, Hanson, Kingston, Marshfield, Norwell, Pembroke, Plymouth, Plympton, Rockland, Scituate, and Wareham) to assist them in creating stability and achieving economic security in support of its Mission and with a Vision of "A community where people are self-sufficient."

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."

A Community Needs Assessment Planning Committee oversaw and approved the design of the plan, the data gathering instruments, and reviewed the data analysis and findings. The Committee was comprised of CACCI's Executive Director and Management Team members representing Child Care Network, Safe Harbor Shelter, the Client Self-Sufficiency Department, and the Immigration Resource Center. In addition, three CACCI Board Members and the MassHire Cape and Islands Career Center Manager were on the Planning Committee. The Consultant, Lee M. Hamilton, and CACCI's Director of Client Self-Sufficiency, Caronanne Procaccini, a certified Results Oriented Management and Accountability (ROMA) Implementer, co-facilitated the Planning Committee and compiled the Community Assessment Report. CACCI BOD members Martina Thornton and Jerico Mele assisted the Consultant in facilitating the Focus Groups held on Martha's Vineyard and Nantucket.

The Community Profile in this document defines CACCI's service areas and includes an analysis of CACCI's Customer Characteristics over the past four and a half years. This section also includes both quantitative and qualitative data specific to poverty and its prevalence related to Gender, Age, and Race/Ethnicity based on U.S. Census data, studies, reports, and newspaper articles from local, county, state, and national. This data was used to enhance the community profile to define its residents. This section includes discussions on major conditions affecting our community: Child Care; Health Care- Health Insurance Coverage, Substance Use, Mental Health, and Food Insecurity; Immigration; Housing, Shelter, and Prevention; and Financial Insecurity including community and household employment and training. The data described supports CACCI's values to foster inclusion and provide services with culturally and linguistically appropriate assistance.

The ***Key Findings Relating to the Cape Cod and Islands Causes and Conditions of Poverty and Needs of our Community*** are based on the data gathered from the Community Needs Assessment Surveys that targeted CACCI's customers (including customer satisfaction data) and the low-income community at large, Key Stakeholder Interviews, and Focus Groups held with stakeholders on Martha's Vineyard and Nantucket.

***Top Priority Needs
Relating to the Causes and Conditions of Poverty and
Needs of our Cape Cod and Islands Communities***

- **Access to Affordable and Available Housing - including Utilities**
- **Health Care - including Health Insurance Coverage, Substance Use, Mental Health, and Food Insecurity**
- **Financial Insecurity - Including Household and Community Needs for Employment, Training, Economic Security, Transportation Issues, and Digital Divide**
- **Child Care**
- **Immigration**

The Community Assessment Key Findings for each of the above domains includes data gathered in the community needs assessment process and from stakeholder strategic plans and reports. Each priority-need subdivision contains its Relationship to Poverty and Key Findings from each group surveyed. Community strengths for each domain are noted by identifying the most pertinent programs and funding sources currently addressing these needs. This assessment concludes with recommendations discerned in the assessment process that will enhance community and programmatic efforts to address identified needs. The information gathered for this report should not be considered inclusive of all data and services available across Cape Cod and the islands of Martha's Vineyard and Nantucket.

CACCI will use this Community Assessment Report to provide insight and direction as it reviews its current Strategic Plan and looks to the future.

3. BOARD ACCEPTANCE

Community Action Committee of Cape Cod & Islands, Inc., Board of Directors Reviewed and Accepted the Community Assessment Report FY2024-FY2026 at its Board of Directors meeting held on September 27, 2023.

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. As a Community Action Program, it annually receives Community Service Block Grant funds. CACCI 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. It is a member of the Massachusetts Association of Community Action Programs (MASSCAP) and participates in its Community of Practice activities. 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.

On June 30, 2015, CACCI entered into an Executive Management Agreement with Jobs Training and Employment Corporation (JTEC). 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.

CACCI provides services at its main office in Hyannis at the MassHire Cape and Islands Career Center. It extends its service delivery throughout the region 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; Holiday Programs; and Information and Referral.*
- **Child Care Network (CCN):** *Voucher Management and Professional Development Training. In addition to serving Barnstable, Dukes and Nantucket Counties, they also serve 14 Towns within Plymouth County (Carver, Duxbury, Halifax, Hanover, Hanson, Kingston, Marshfield, Norwell, Pembroke, Plymouth, Plympton, Rockland, Scituate, and Wareham).*
- **Safe Harbor Shelter** *for women and their children who are homeless and have experienced domestic violence: Case Management; Housing Search; and Stabilization Services.*

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5. 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 passed in 1981.

6. VISION STATEMENT

“A community where people are self-sufficient.”

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 conjunction with CACCI’s Mission and Vision Statements, the following **Values** reflect the character of the organization and its mandate to provide excellent service delivery to its customers:

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

More information about CACCI and its Programs can be found at www.cacci.cc

More information about MASSCAP activities can be found at www.masscap.org

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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 the 14 South Shore towns within Plymouth County listed below.

Barnstable County consists of 15 towns and is generally broken down into 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, Vineyard Haven, 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: CACCI's Child Care Network program is contracted by Massachusetts Early Education and Care Program to provide services to an additional 14 towns within Plymouth County as follows: Carver, Duxbury, Halifax, Hanover, Hanson, Kingston, Marshfield, Norwell, Pembroke, Plymouth, Plympton, Rockland, Scituate, and Wareham. The Herring Pond Wampanoag Tribe headquarters are in Plymouth.

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

The following Customer Characteristics are based on CACCI's FY2022 data (October 1, 2021 through September 30, 2022). During this period, 3,774 households representing 9,344 individuals were served. This data will be compared to the following Customer Characteristics Reports as appropriate:

- FY2023 (October 1, 2022-March 31, 2023, six-month data); 2,223 households were served, representing 6,062 individuals.¹
- FY2021 (October 1, 2020-September 30, 2021); 3,762 households were served, representing 9,255 individuals.
- FY2020 (October 1, 2019-September 30, 2020); 3,698 households were served, representing 8,758 individuals.
- FY2019 (October 1, 2018-September 30, 2019); 4,250 households were served, presenting 9,363 individuals.

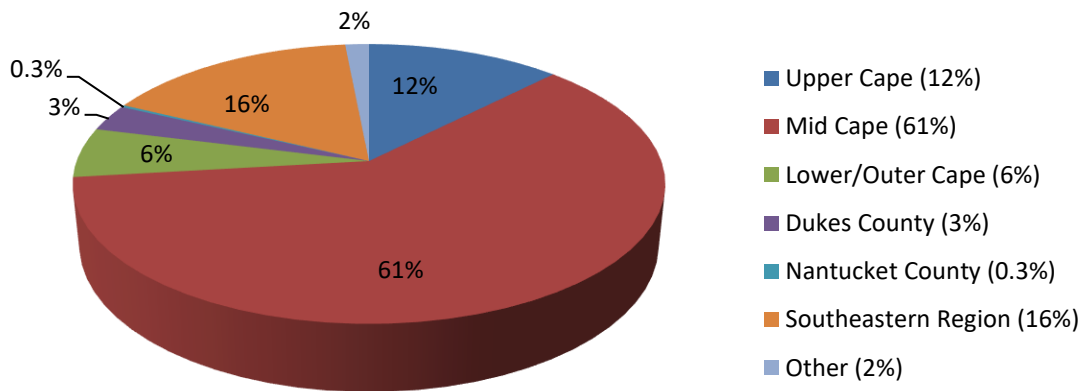
It should be noted that on March 23, 2020, as the COVID-19 pandemic escalated, Massachusetts declared a mandated lockdown for all but essential workers. Although CACCI continued to serve clients remotely, it has been a process to reestablish direct face-to-face contact with clients. While the data for FY23 only represents the first six months, these numbers are encouraging and perhaps promise a return to numbers similar to FY19.

Customer Served by Region: The following Figure 7.1 shows a breakdown on where customers resided when they received CACCI services and are based on 9,344 individuals served. The data for Barnstable County totals 79% and is broken down in the chart for its three regions. Given the density of the population and the proximity of CACCI's main operational office in Hyannis, it should not be surprising that the majority (at 61%) resided in the Mid-Cape area. The number of customers served remains low for Dukes County at 3% and for Nantucket County at less than 1% (at 0.3); CACCI continues to work with its Board of Director representation from each of the Islands to strengthen services to the Islands.

The data for the **Southeastern Region** includes 14 towns within Plymouth County served by CACCI's Child Care Network (see section 7.1 above for the listing of towns served). It is important to note that this regional data may also include people served by other CACCI programs. The category "Other" includes a small number of customers that came from different regions across the state.

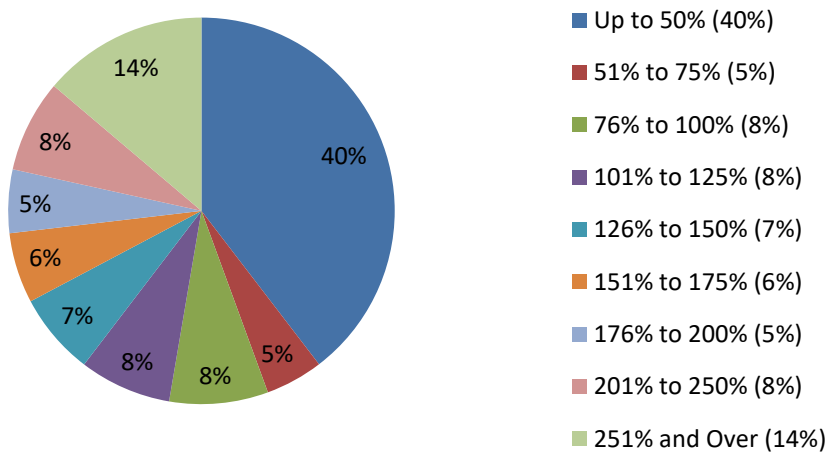
¹ The FY23 six- month characteristics report was left out of some of the analyses because those who received VITA/Tax Preparation services were not included in the data base at this time.

Figure 7.1
Customers Served by Region



Customer Household Income: The following chart displays data which shows that the majority (79%) of households receiving CACCI services in FY2022 were at or below 200% of the Federal Poverty Level (FPL).

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

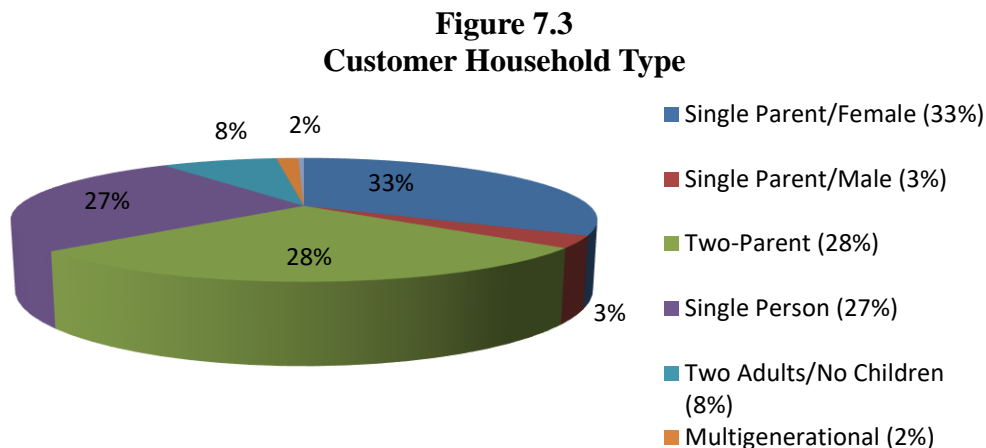


The following Table 7.1 below relays that while the majority of CACCI customers continue to be at or below 100% of the FPL, some interesting patterns have emerged over the years as follows:

- *For those at or below 100% of the FPL*, the percentage rate has decreased from 61% for FY19 to 53% for FY22, and while not substantially different for FY21 and FY20 at 52% and 53% respectively, the overall change represents an 8% decline.
- *For those at or below 125% of the FPL* this too has seen a reduction from 70% for FY19 to 61% as follows: 60% for FY20; 61% for FY21, and 61% for FY22, thus representing a 9% decline.
- *For those at or below 150% of the FPL* the 78% for FY19 in comparison to 69% for FY20, 67% for FY21, and 67% for FY22 represents a 11% decline.
- *For those at or below 200 % of the FPL*, this shows a decline from 88% for FY19 as follows: 82% for FY20, 80% for FY21, and 79% for FY22 thus representing a 9% decline.
- *For those between 201% to 250% percent of the FPL* this shows a slight increase from 6% for FY19 as follows: FY20 at 7%; and FY21 and FY22 at 8% for slight increase of 2%.
- *For those at 251% and over the FPL* this interestingly represents the largest change over the four-year time span as the data show consistent increases in comparison to the FY19 rate of 6% as follows: 11% for FY20; 13% for FY21; and 14% for FY22 which is more than double the FY19 rate of 6%. This may be attributed to the fact that some programs have eligibility income guidelines that includes those households over 200% FPL.

Table 7.1 <i>Comparison of FY2022, FY2021, FY2020 and FY2019 Household Poverty Data</i>				
Household Data	FY2022	FY2021	FY2020	FY2019
At or below FPL	53%	52%	53%	61%
At or below 125% FPL	61%	60%	61%	70%
At or below 150% FPL	67%	67%	69%	78%
At or below 200% FPL	79%	80%	82%	88%
From 201 to 250% FPL	8%	8%	7%	6%
251% and over FPL	14%	13%	11%	6%

Customer Household Type (Figure 7.3) Single parent household continues to remain the largest household type, at 36%², followed by two-parent households at 28%, single person households at 27%, households with two adults and no children at 8%, and multigenerational households at 2%.

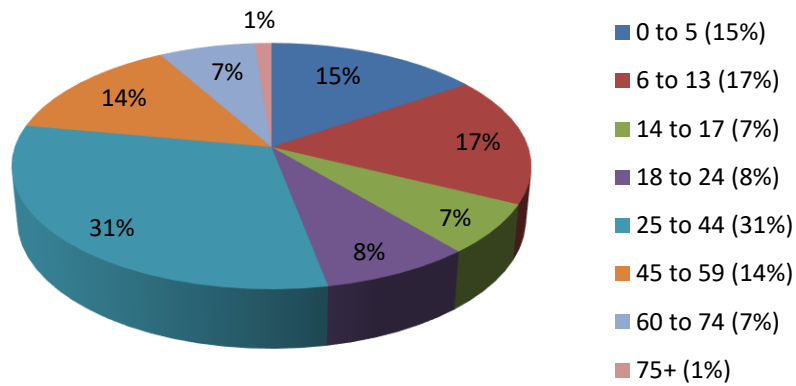


A comparison between the four-year span (FY22, FY21, FY20 and FY19) show that single parents continue to be the largest household type with female headed household dominating this category with very little fluctuation over the years. However, the comparison data show an increase of two-parent households and a slight decrease in single person households. For example, two parent-households were 19% for FY19 and changed as follows: 21% for FY20; 27% for FY21; and 28% for FY22 thus representing a 9% increase. The single person household slightly declined from 31% for FY19 as follows: 28% for FY20; and 27% for FY21 and FY22, thus representing a 4% decrease. The change in household status to two parent households might explain the increase in household incomes as noted in figure 7.2.

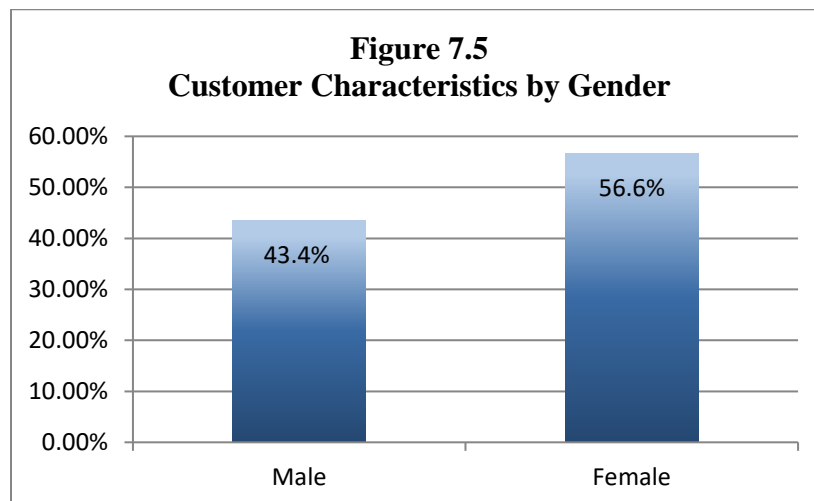
Customer Characteristics by Age: The Figure 7.4 show that 39% of the population served were age 17 and under; 8% were ages 18-24; 31% were ages 25-44; 14% were ages 45-59; 7% were ages 60-74 and 1% were ages 75+. Based on the comparson data, the age breakdowns have been very consistent with little variation over the four-year time span.

² The vast majority of single-parent households were female-headed at 33% versus 3% for male-headed households.
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Figure 7.4
Customer Characteristics by Age

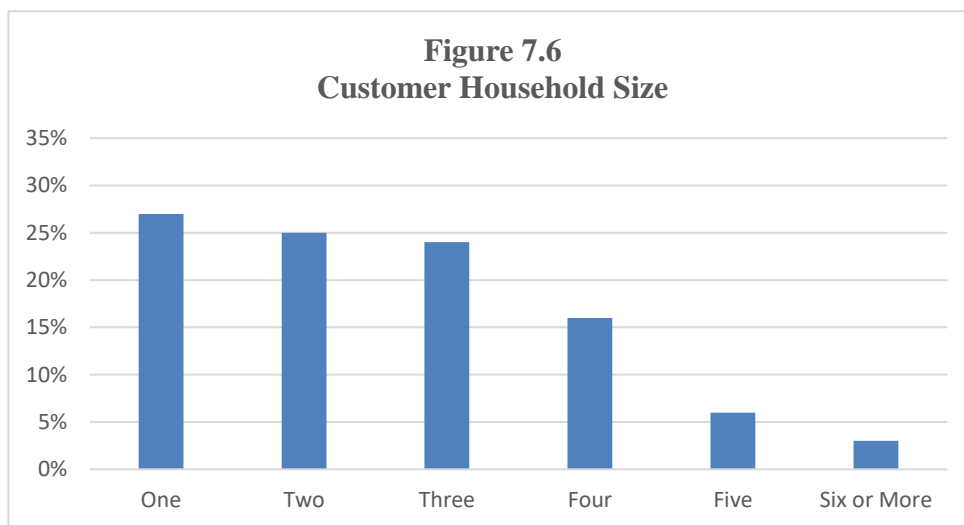


Customer Characteristics by Gender: The data show that the majority of those receiving services are females at 57% (this includes adults and children; this data has been very consistent over the years).



Customer Household Size: The data for Household Size (Figure 7.5) show the largest percent was ‘one person household’ at 27%, followed by ‘two person household’ at 25%, a ‘three person household’ at 24%, a ‘four person household’ at 16%, and the small remainder of ‘households with five or more persons’ at 8%.

The comparison data show that while households with one person and two persons have decreased, the households with three and four persons have increased over the four-year time span. For example, ‘households with one person’ was at 32% in FY19 and slowly declined with 29% for FY20 and 27% for both FY21 and FY22, thus representing a reduction of 5%. ‘Households with three persons’ increased from: 21% for FY19 to 22% for FY20; and increased to 24% for both FY21 and FY22, thus representing a 3% increase. For ‘households with four persons’, this increased from: 12% for FY19 to 14% for FY20; and 16% for both FY21 and FY22, thus representing a 4% increase. A summation of this analysis displays a move toward three or four persons within households served.



Customer Characteristics by Race and Ethnicity: The Figures below show that regarding Race, the largest category at 48%, identified as ‘White Non-Hispanic’; followed by ‘Multi-Race’ at 38%; and ‘Black or African American’ at 10%. ‘Native American/Alaska Native’, ‘Asian’, and ‘Native Hawaiian or Pacific Islanders’ categories were all less than 1% with the latter category substantially less than 1%. Regarding Ethnicity, 35% identified themselves as ‘Hispanic, Latino or of Spanish Origins’.

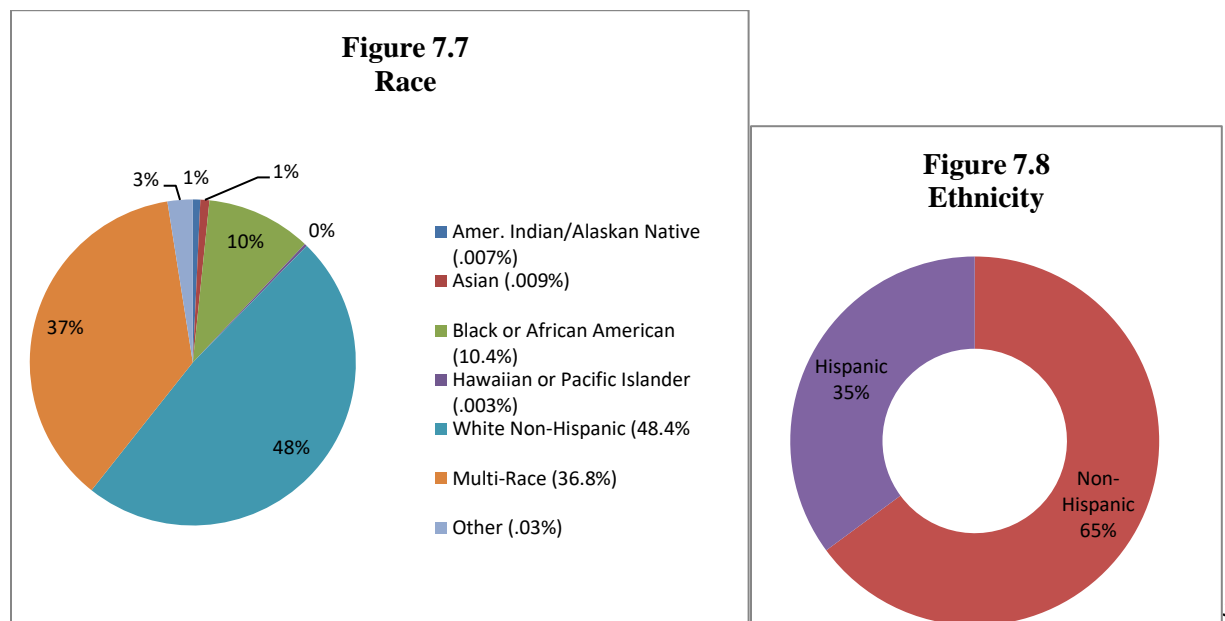


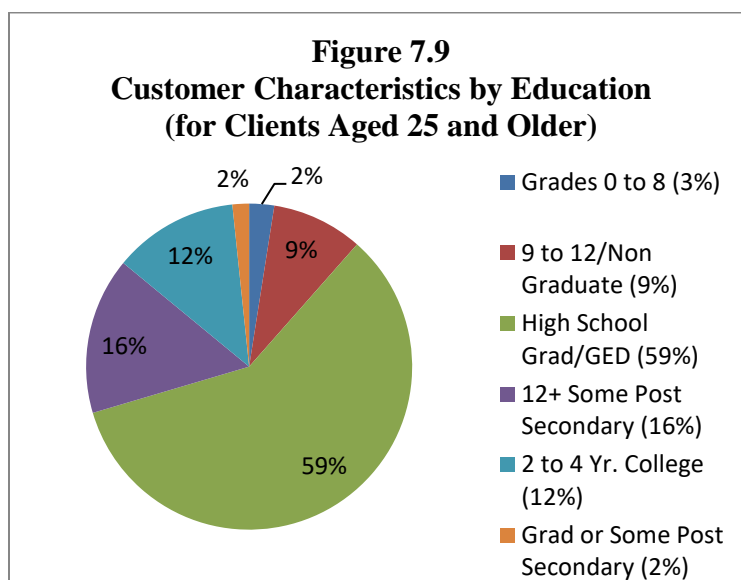
Table 7.2 below provides a comparison of Race and Ethnicity across the four and a half year time span (FY19-FY23) which relays some interesting changes. The Racial changes are as follows: those reporting as ‘White’, although still the highest group represented, no longer represents a majority as this declined to 48% as of FY22, and for the first six months of FY23 was even lower at 43%; and, while still the majority in FY21 and FY20 at 53% and 52% respectively, this was still lower than the 56% reported for FY19. Coupled with this change is those who identified as ‘Multi-Race’, which has steadily increased from: 9% for FY19 to 27% for FY20; 33% for FY21; 37% for FY22; and 38% for the first six months of FY23, thus representing a 29% increase. This is most likely directly related to the decline in those reporting as ‘Other’ which went from 21% in FY19 to 5% for FY20 and to 3% for both FY21 and FY22, and to 2% for FY23; thus, representing a 19% decline. Those reporting as ‘Black or African American’ has been consistent, with slight variations from a low of 10% for FY22 and FY21 to a range of 12% to 14% for the remaining years.

³ Out of 9,344 possible responses for Race, there were 1,094 unknown/not reported cases; for Ethnicity there were 888 unknown/not reported cases.

Table 7.2 <i>Comparison of FY23, FY22, FY21, FY20 and FY19 Race & Ethnicity Data</i>					
Household Data	FY2023	FY2022	FY2021	FY2020	FY2019
<i>Race</i>					
American Indian or Alaska Native	.005%	.007%	.006%	.008%	.008%
Asian	.007%	.009	.009%	2%	2%
Black or African American	14%	10%	10%	13%	12%
White	43%	48%	53%	52%	56%
Multi-race	38%	37%	33%	27%	9%
Other	2%	3%	3%	5%	21%
<i>Ethnicity</i>					
Hispanic or Latino or Spanish origin	37%	35%	31%	18%	19%

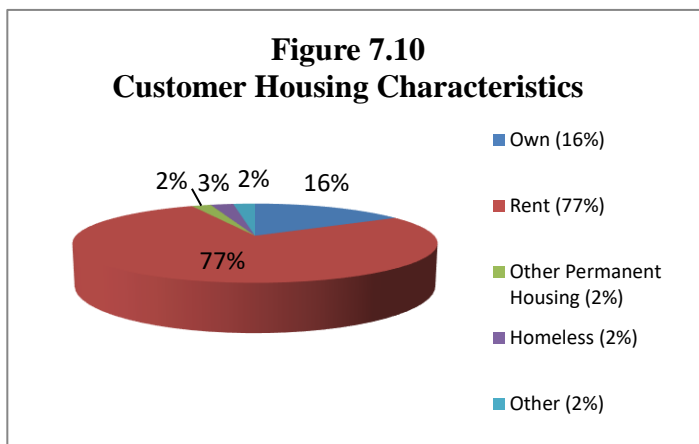
Regarding the data for Ethnicity, for those reporting ‘Hispanic, Latino or Spanish’ origins (except for 18% for FY20), also show dramatic changes. For example, each of the following years show an increase in this category in comparison to FY19 at 19%. This steady increase is reflected in the following data: FY21 at 31%; FY22 at 35%; and FY23 at 37% which represents an increase of 18% over this time frame.

Customer Educational Attainment (Figure 7.9): The data show that for customers ‘ages 25 and older’ who reported their educational attainment: 12% had ‘less than a high school education’ and 59% had a ‘GED or had graduated high school’; 16% had ‘some post-secondary training beyond high school’; 16% ‘graduated from either a two year or four-year college’; and 2% ‘graduated from other post-secondary school’.



While the comparison data show that for those with less than a high school degree or equivalency has remained constant, there has been an increase of those reporting a ‘high school or equivalency degree’. For example, this has improved from 51% for FY19 and FY20, to 58% for FY21, and 59% for both FY22 and for the first six months of FY23, thus representing a 6% increase. However, the categories for those reporting ‘some post-secondary education past high school’, and those ‘completing a 2 or 4-year college degree’, both declined during this same time period. For those with ‘some post-secondary education after high school graduation’, there was a slight decline over the four and a half year time frame. For example, although it slightly increased from 18% for FY19 to 19% for FY20, it then declined to 16% for FY21, FY22, and FY23; thus, representing an overall decline of 2%. For those who reported graduating from a 2 or 4-year college, this also declined from 17% for FY19 and FY20 to 13% for FY21, to 12% for FY22; and although there was a slight increase to 13% in FY23, this shows a 4% overall decline.

Customer Housing Characteristics: Figure 7.10 below show the following: 77% of CACCI customers ‘rented their housing’; 16% ‘owned their own home’; and an additional 2% percent ‘lived in other permanent housing’. While only 2% of customers reported being ‘homeless’ when they received services, an additional 2% reported ‘Other’ which often signifies doubled up or living in a motel. A comparison of the data shows minor variations with one pattern emerging in that the number of renters has increased to 77% from a low of 74% for FY20, while homeowners decreased from 19% for FY20 to 16% for FY22.



7.3. Current Quantitative and Qualitative Data Specific to Poverty and Its Prevalence Related to Gender, Age, and Race/Ethnicity for CACCI's Entire Service Area.

This section defines the demographics for Barnstable, Dukes, and Nantucket Counties and the 14 Towns within Plymouth County served by Child Care Network, followed by Poverty Data for the same regions.

Demographics: Table 7.3 below compares population changes from 2018 to 2021 and shows that for all four Counties, the population increased. Dukes County had the largest increase in population followed by Barnstable County; both show higher population growth in comparison to Massachusetts. While Nantucket County's population growth shows a slight increase, it equaled that of the state; and while the population increased for the 14 towns in Plymouth County served by Child Care Network, it represents a small population increase and is lower in comparison to the state.

Table 7.3 Population Comparisons for 2018 & 2021: Barnstable, Dukes Nantucket Counties, 14 towns of Plymouth County & Massachusetts					
Comparison	Barnstable	Dukes	Nantucket	Plymouth (14 Towns) ⁴	MA
2018	213,690	17,313	11,101	250,029	6,830,193
2021	227,942	20,277	13,795	253,575	6,991,852
% Change	+6.7%	+17.1%	+2.4%	+1.4%	+2.4%

2018 U.S. Census Bureau, Table DP05 Core Data Set: 2021 Data from U.S. Census Bureau ACS 5-year 2017-2021⁵

While data for 2021 above shows a slight increase in population for Massachusetts, a recent article states, "From April 2020 through July 2022, some 110,000 more people moved out of the state than into it."⁶ The article notes that this is not only seniors wanting to move to a warmer climate and lower taxes, but families that have been moving out of state because of the high costs of housing and childcare (see Table 7.4 below for more information).

Table 7.4 (see below) displays the Population Distribution for Age categories and also includes Median Age for all four Counties in the service areas and compares this to the State data. All four service regions show a lower percentage of 'Under 5 Years Age' in comparison to the state. Only Nantucket County shows a slightly higher percentage of the population for 'Ages 25-34' in

⁴ The 14 Towns within Plymouth County is included as this represents the region covered by CACCI's Child Care Network program (see page 9 for the list of towns). When data for these 14 towns was not available, Plymouth County data was used. This process has been followed throughout this document.

⁵ Unless otherwise noted, the U.S. Census Bureau ACS 5-year 2017-2021 data was made available through mySidewalk Data Dashboard links and provided by MASSCAP and DHCD.

⁶ Editorial. *Tax breaks, reform can reshape Massachusetts*. *Boston Sunday Globe*, February 26, 2023, page K6.

comparision to the state (14.4% and 14.2% respectively). For ‘Ages 45-54’, Nantucket County and the 14 Towns of Plymouth County had higher percentages in comparision to the state (16.6%, 15.1% and 13.2% respectively).

The following Age categories all had higher percentages in comparision to the State data: ‘Ages 55-59’ (8.3%, 8.4% 7.2% 8.1% and 7.1% respectively); ‘Ages 60-64’ (9.5%, 8.9%, 7.4%, 7.7% and 6.6% respectively); and ‘Ages 65-74’ (17.8%, 15.2%, 9.9%, 12.2% and 9.8% respectively). However, the data for the ‘Ages 75-84’ and ‘Ages 85+’ was a bit mixed as Barnstable and Dukes Counties and the 14 Towns of Plymouth County, all had higher percentage for ‘Ages 75-84’ (8.5%, 5.8% 5.7% and 4.5% respectively); and for ages ‘85+’ only Barnstable and Dukes Counties had higher percentages in comparison to the state (4.3%, 3% and 2.3% respectively).

All three CACCI service areas plus the 14 Towns within Plymouth County served by CACCI’s Child Care Network program display a higher Median Age in comparison to the State data at 39.6 years of age. Barnstable County had the highest median age (53.9), followed by Dukes County (48), 14 Towns of Plymouth County (42.6), and Nantucket (41.9). For the most part, this parallels with a lower Median of Age for those ‘Under 5 Years of Age’, especially for Barnstable County believed to be related to the out-migration of younger families. This, in turn, increases the Median Age as it relates to the increase in the County’s population ‘ages 65 and over’.

Table 7.4 <i>Population Distribution by Age and Median Age</i> Barnstable, Dukes and Nantucket Counties, 14 Towns of Plymouth County and Massachusetts					
	Barnstable	Dukes	Nantucket	Plymouth (14 Towns)	MA
Under 5 Years	3.6%	4%	4.6%	4.7%	5.1%
25-34	9%	12.4%	14.4%	10%	14.2%
45-54	11.6%	12.3%	16.6%	15.1%	13.2%
55-59	8.3%	8.4%	7.2%	8.1%	7.1%
60-64	9.5%	8.9%	7.4%	7.7%	6.6%
Ages 65 to 74	17.8%%	15.2%	9.9%	12.2%	9.8%
Ages 75-84	8.5%	5.8%	3.8%	5.7%	4.5%
Ages 85+	4.3%	3%	1.9%	2.3%	2.3%
Median Age	53.9	47.9	41.9	42.6	39.6

Source for Age Categories, U.S. Census Bureau ACS 5-year 2017-2021; Source for Median Age, U.S Census Bureau, ACS, November 2022⁷

⁷ Available on <https://www.towncharts.com/Massachusetts/Demographics/Nantucket-County-MA-Demographics-data.html>

The Population Distribution by Race and Ethnicity (see Table 7.5 below) show that all three CACCI service areas plus the 14 Towns within Plymouth County served by CACCI's Child Care Network program had a higher percentage of 'White Non-Hispanic' in comparison to the State data (87.2%, 81.9%, 71.7%, 91.7% and 69.7% respectively). Nantucket was the only County with a higher percent of 'Black or African American' in comparison to the state (8.2% and 6.7% respectively). Dukes County data show a higher percentage of the 'Multiracial' category in comparison to the state (6.6% and 3.4% respectively). Barnstable and Dukes Counties and the 14 Towns within Plymouth County had a higher percentage of 'Other' in comparison to the state (1.3%, 1.9%, 1.3% and 0.9% respectively). Barnstable and Dukes Counties also had higher percentages of 'Native Americans' in comparison to the state (0.5%, 0.6% and 0.1% respectively) which should not be surprising since both counties are home to the two federally recognized Native American Tribes in Massachusetts and other Native American "non-federally recognized" tribes. The demographics for Ethnicity show somewhat of a mixed comparison to the State data of 12.4% for 'Hispanic or Latino'; and while both Barnstable and Dukes Counties show lower percentages for this category (3.4% and 3.7% respectively), Nantucket County was higher at 14.7%.

<p>Table 7.5</p> <p><i>Population Distribution by Race and Ethnicity</i></p> <p>Barnstable, Dukes and Nantucket Counties, 14 Towns of Plymouth County and Massachusetts</p>					
Race & Ethnicity Categories	Barnstable	Dukes	Nantucket	Plymouth (14 Towns)	MA
White Non-Hispanic	87.2%	81.9%	71.7%	91.7%	69.7%
Asian	1.6%	0.9%	1.7%	1.3%	6.8%
Black or African American	2.8%	4.4%	8.2%	0.9%	6.7%
Native American	0.5%	0.6%	0%	0.3%	0.1%
Native Hawaiian or Pacific Islander	0.01%	—	0.04%	0%	0.03%
Multiracial	3.2%	6.6%	3.3%	2.7%	3.4%
Other	1.3%	1.9%	0.4%	1.3%	0.9%
Hispanic or Latino	3.4%	3.7%	14.7%	2.1%	12.4%

U.S Census Bureau, ACS 5-year 2017-2021

Poverty: The following Tables 7.6, 7.7, and 7.8 relay poverty statistics for CACCI's Service region and the 14 Towns of Plymouth County served by CACCI's Child Care Network program; and compares these statistics to the State data.

Table 7.6 <i>Persons in Poverty by Gender, Family Type and Low Income</i> ⁸ Barnstable, Dukes, Nantucket Counties, 14 Towns in Plymouth County & Massachusetts					
	Barnstable	Dukes	Nantucket	Plymouth (14 towns)	MA
<i>Persons in Poverty</i>					
Poverty Statistics	7.1%	7.8%	5.9%	5.3%	9.6%
<i>Gender of those in Poverty</i>					
Female	57.2%	54.6%	39.1%	60%	-
Male	42.8%	45.4%	61.9%	40%	-
<i>Below Poverty Level by Family Type with Children</i>					
Married Couples with Children	18%	0%	0%	19%	15.2%
Single Mothers	32.8%	48%	100%	36.8%	46.9%
Single Fathers	4%	0%	0%	8.3%	6.9%
<i>Low Income Population</i>					
Low Income Status	17.7%	20.5%	15.6%	13.1%	20.7%

U.S Census Bureau, ACS 5-year 2017-2021

Table 7.6 above examines Persons in Poverty by Gender, Family Type, and Low-Income Status. For Persons in Poverty, all CACCI service areas had lower percentages of persons in poverty in comparison to the state (see Table 7.6 above). For ‘Married Couples with Children’, Barnstable County and the 14 towns within Plymouth County both had a higher percentage of households in poverty in comparison to the state (18%, 19% and 15.2% respectively). For ‘Single Mothers’, both Dukes and Nantucket percentages were higher than the state (48%, 100% and 46.9% respectively). All four regions served had a lower percentage of households of ‘low-income status’ in comparison to the state.

⁸ Low Income is defined as households with incomes of up to 200% of the Federal Poverty Level.

Table 7.7 Persons in Poverty by Age Barnstable, Dukes, Nantucket Counties, 14 Towns in Plymouth County & Massachusetts					
	Barnstable	Dukes	Nantucket	Plymouth (14 towns)	MA
Persons in Poverty					
Poverty Statistics	7.1%	7.8%	5.9%	5.3%	9.6%
Age					
Under 5 Years	5.8%	-	1.8%	5.4%	6.8%
18-24	6.5%	5.3%	17.8%	8.9%	13.2%
25-34	10.9%	4.5%	35.7%	7.9%	14%
35-44	9.2%	13%	2.1%	10.9%	10.5%
45-54	10%	29.9%	4%	13.5%	9.9%
55-64	18.9%	16.7%	16.7%	18.1%	11.8%
65 to 74	14.4%	8.5%	10.4%	8.1%	8.3%
75+	10.7%	9.7%	6.1%	13.1%	7.5%

U.S Census Bureau, ACS 5-year 2017-2021

Table 7.7 above on **Persons in Poverty by Age**, show lower percentages of children in poverty among the ‘Under 5’ for Barnstable and Nantucket Counties and the 14 Towns of Plymouth County in comparison to the State data at 9.6% (data was not available for Dukes County). Based on when at least one of the four CACCI service regions show percentages higher than the State, the following analysis show: Nantucket’s percent were higher than the State data for both the ‘18-24 Age’ and ‘25-34 Age’ categories as follows: 17.8% versus 13.2%; and 35.7% versus 14% respectively; for the ‘35-44 Age’ category, both Dukes County and the 14 Towns in Plymouth County data were higher in comparison to the state (13%, 10.9% and 10.5% respectively). For the ‘45-54 Age’ category, all but Nantucket were higher than the state at 9.9% as follows: Barnstable at 10%; Dukes at 29.9%; and 14 Towns within Plymouth County at 13.5%. For the ‘55-64 Age’ category, all regions were higher in comparison to the State data (18.9%, 16.7%, 16.7%, 18.1% and 11.8%. respectively). The remaining two age categories were a bit mixed as follows: for ‘Ages 65-74’, Barnstable, Dukes, and Nantucket Counties were all higher than the state (14.4%, 8.5%, 10.4%, and 8.3% respectively); and for ‘Ages 75+’ Barnstable, Dukes, and 14 Towns within Plymouth County were all higher than the state (10.7%, 9.7%, 13.1%, and 7.5% respectively).

<p>Table 7.8</p> <p><i>Poverty Rate by Race & Ethnicity</i></p> <p>Barnstable, Dukes, Nantucket Counties, 14 Towns in Plymouth County & Massachusetts</p>					
	Barnstable	Dukes	Nantucket	Plymouth (14 towns)	MA
White Non-Hispanic or Latino	6.7%	6.1%	6.3%	5.2%	7.8%
Black/African Americans	9.9%	18.3%	8.6%	21.2%	16.7%
Asians	6.5%	65.9%	2.2%	5.8%	11.4%
Native American	15.5%	0%	-	11.3%	24%
Native Hawaiian/ Other Pacific Islanders	0%	-	-	0%	18.3%
Multiracial	12.3%	11.8%	0%	5.4%	16.3%
Other	16%	18.4%	1%	11.7%	21.1%
Hispanic or Latino	17.5%	3.3%	11%	10.8%	22.5%

U.S Census Bureau, ACS 5-year 2017-2021

Regarding ***Poverty Rate by Race and Ethnicity*** (See Table 7.8 above), while all four Counties within CACCI's service area show a lower percentage of 'White, Non-Hispanic' in poverty in comparison to the State data at 7.8%, both Dukes County and the 14 Towns in Plymouth County had a higher percent of 'Black or African American' in poverty in comparison to the state (18.3%, 21.2%, and 16.7% respectively); and Dukes County had a higher percent of 'Asians' in poverty (65.9% and 11.4% respectively). While none of the other racial categories superseded that of the State data, it is interesting to note that the rate for Barnstable and Dukes Counties for 'Multiracial' (12.3% and 11.8% respectively) and 'Other' at (16% and 18.4% respectively) were quite higher in comparison to the other two counties served by CACCI. In examining 'Hispanic or Latino' in poverty, while all four counties in CACCI's service area show a lower rate of poverty in comparison to the State's rate of 22.5%, it is interesting to note that the Barnstable County rate of 17.5%, was the highest of all four regions.

7.4. Discussion of Major Conditions Affecting the Community and Its Members

This section covers: Child Care; Health Care- Health Insurance Coverage, Substance Use, Mental Health, and Food Insecurity; Immigration; Housing; and Financial Insecurity including community and household employment & training issues.

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

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

The Urban Child Institute⁹ notes that children “deserve quality education from the start” and that “The quality of child care has a direct impact on a child’s ability to learn, to build healthy relationships, and to become the best they can be”; including “increased cognitive abilities, improved language development, better relationships with peers, and less conflict with caregivers.” The US Department of Health and Human Services report notes that, “In particular, low-income children stand to benefit the most from high quality early childhood experience. Research has also shown the important role of child care financial assistance in helping parents afford reliable child care in order to get and keep stable employment or pursue education” (page 80466). This report also established the benchmark that for child care to be affordable, the cost should not be greater than 7% of the family’s income.¹⁰

The following Table 7.9 shows that for child care costs for *Center Based Care* for Barnstable, Dukes, Nantucket and Plymouth Counties, the percentage of Median Income for Barnstable is higher for each of the four types of care, followed by Dukes, Plymouth, and Nantucket in that order. For *Family/Home-Based Care*, Barnstable again rates the highest followed by Dukes and Nantucket Counties. It is important to note, however, that for each category, the percent of median income spent on child care supersedes the benchmark that child care is affordable when it comprises 7% or less of the household income (see the U.S. Department of Health and Human Services report cited above).

⁹ See the Urban Child Institute, Child Care information available online at: www.urbanchildinstitute.org/why-0-3/child-care

¹⁰ *Child Care and Development Fund Program; Proposed Rule*. Federal Register, Vol. 80, No. 247, Thursday, December 24, 2015.

<p align="center">Table 7.9 Yearly Child Care Costs and % of Median Income Barnstable, Dukes, Nantucket & Plymouth Counties</p>								
Counties	Infant Costs	% Median Income	Toddler Costs	% Median Income	Pre-school Costs	% Median Income	School - Age Costs	% Median Income
Center Based Care								
Barnstable	\$17,644	17.7%	\$16,506	16.5%	\$13,031	13%	\$11,583	11.6%
Dukes	\$17,644	15.8%	\$16,506	14.8%	\$13,031	11.7%	\$11,583	10.4%
Nantucket	\$17,644	13.5%	\$16,506	12.6%	\$13,031	10%	\$11,583	8.9%
Plymouth ¹¹	\$17,644	15%	\$16,506	14%	\$13,031	11.1%	\$11,583	9.9%
Family Child Care (Home-Based)¹²								
Barnstable	\$14,479	14.5%	\$13,031	13%	\$12,307	12.3%	\$11,583	11.6%
Dukes	\$14,479	13%	\$13,031	11.7%	\$12,307	11%	\$11,583	10.4%
Nantucket	\$14,479	11.1%	\$13,031	10%	\$12,307	9.4%	\$11,583	8.9%

Source: U.S. Department of Labor, Women's Bureau National Database of Childcare Price: Final Report (October 2020)¹³

The Table 7.10 below shows not only the limited number of Child Care Centers in the region, both Barnstable and Dukes Counties show a higher Child Care Cost Burden in comparison to the State (43%, 41% and 39% respectively).

<p align="center">Table 7.10 Number of Child Care Centers & Cost Burden Barnstable, Dukes, Nantucket and Plymouth Counties and Massachusetts</p>					
	Barnstable	Dukes	Nantucket	Plymouth (14 Towns)	MA
# Child Care Centers	66	7	5	69	2,170
Child Care Cost Burden ¹⁴	43%	41%	34%	34% ¹⁵	39%

Source Number of Child Care Centers from CBP 2020; Source of Child Care Cost Burden, The Living Wage Calculator, Small Area Income and Poverty Estimates 2020-2021¹⁶

¹¹ Data was not available for the 14 towns of Plymouth County specifically served by CACCI's Child Care Network Program.

¹² Data for Plymouth County was not available.

¹³ This Report uses the most recent data from 2018 adjusted for inflation to the 2022 dollar; Available online at <https://www.dol.gov/agencies/wb/topics/childcare>

¹⁴ Child care costs for a household with two children as a percent of median household income. Note, information for this table was available through the mySidewalk Data Dashboard links.

¹⁵ This represents Plymouth County as data for the 14 Towns was not available.

¹⁶ see Dr. Amy K. Glasmeier and the Massachusetts Institute of Technology, 2023, available online at <https://livingwage.mit.edu/states/25>)

The Rennie Center for Education Research & Policy report titled, *Cape Cod & Islands Early Education and Child Care Needs Assessment Report* prepared for the Cape Cod Commission,¹⁷ is based primarily on surveys with families with small children and child care providers. The survey findings show that family respondents expressed difficulty in finding affordable and quality child care, and noted that there are long wait lists. The report notes that although parents preferred center-based care, they had to take whatever options were available; 54% reported being very satisfied with the quality of care¹⁸ even though only 27% used center-based care. Other types of child care reported: being cared by a parent/guardian (24%); enrolled in a public/charter school program (14%); and in family/home based care (9%). Secondary arrangements reported were as follows: children being cared for by a parent/guardian (40%); and by a grandparent (12%).

The findings note that 46% reported that an adult in the household found it necessary to make significant changes to their employment based on child care issues, such as shortening work hours, reducing to part-time work, working from home, or quitting their job due to the lack of open child care seats. Although parents considered relocating from the Cape and Islands based on the belief that child care options might be more readily available, the report notes that this may not be the case because, “[t]he number of openings or ‘seats’ for young children fell by as much as 20% in Massachusetts since the pandemic and it’s not clear if those seats will return.”¹⁹ This differed regionally as over 55% of island respondents considered relocating, compared to only 16% of the Lower Cape. This is probably related to towns on the lower Cape having created initiatives to address these issues: Orleans has a Universal Pre-K program; and Eastham, Wellfleet, Provincetown, and Truro have financial support or centralized school-based programs. On the Upper Cape, Mashpee has an integrated preschool and Universal Pre-K program (see additional information in section 9.1. of this report).

The survey response for providers noted the challenges in finding and retaining qualified staff, especially since the beginning of the pandemic. The report states that prior to March 2022, only 12% of providers frequently or very frequently experienced staff turnover, but this has since risen to 23%; hence 50% of providers report it is very difficult to find qualified employees. The first factor identified was that the turnover was related to low salaries (70.6%) and noted that this was partly because unemployment benefits were higher than the wages (35.3%); the second highest factor at 47.1%, was housing availability. The providers also reported that ongoing challenges were lack of qualified staff (44.1%), staff morale (29.4%), and labor supply (26.5%).

¹⁷ Cape Cod & Islands Early Education and Child Care Needs Assessment, Final Report, June 30, 2022 is available on the Cape Cod Commission’s website at <https://www.capecodcommission.org/our-work/childcare/>.

¹⁸ Satisfaction responses differed for Lower Cape Respondents as they reported somewhat dissatisfied more than somewhat satisfied.

¹⁹ Jackson, S. (2021). (rep.) *When the bough breaks; Why now is the moment to invest in Massachusetts’ fragile child care system*. The Boston Foundation. (See the Appendix *References* in the Renee Center Report: link to the Report is available on the Cape Cod Commission’s website - <https://www.capecodcommission.org/our-work/childcare/>).

The majority (59.5%) cited staff hiring and retention as a barrier to expanding and emphasized the need for support and resources to help them expand to fill the need.

The following Table 7.11 below relays how Massachusetts ranks for Center Based and Family-Based Care in relation to the different age categories. While all age categories for Center-Based Care ranked low, it is important to note the Massachusetts rank of 2 is even lower in affordability for single parent households for Infant Care, Toddler Care, and Care for 4-Year-Olds; and although Massachusetts ranked high at 43 for Center Based School-Age children, the rank of 3 for affordability for single parent household with two children was extremely low. While the ranking for Family Child Care was somewhat better, the ranking is continuously less than 25 (data was not available for Single-parent Households for these categories).

Table 7.11 <i>How Massachusetts Ranks for Center Based Care and Family Child Care</i>	
Categories	Rank ²⁰
Center-Based Care	
Ranking of Least Affordable Center-Based Infant Care	10
Ranking of Least Affordable Center-Based Toddler Care	9
Ranking of Least Affordable Center-Based Care for a 4-Year-Old	13
• Ranking of Affordability for Single-Parent Households (for the above categories)	2
Ranking of Least Affordable Center-Based Care for School-Age Children	43
• Ranking of Affordability of Center-Based Care for Single-Parent Households, School Age and Two Children	3
Family Child Care	
Ranking of Least Affordable Family Child Care for Infants	22
Ranking of Least Affordable Family Child Care for Toddlers	23
Ranking of Least Affordable Family Child Care for a 4-Year-Old	24
Ranking of Least Affordable Family Child Care for School-Age Children	21

Source: Child Care Aware of America; Price of Care: 2021 Affordability Analysis (data is based on January 2022 survey of Child Care Resource and Referral State Networks)

While a Boston Globe article by Samantha J. Gross,²¹ notes that the “squeeze on the child care industry is a statewide problem”, the challenge is even more acute for those in Western

²⁰ Note: 1 equals least affordable and 50 equals most affordable.

²¹ Samantha J. Gross. *Child care costs about the same in Western Mass., but the subsidies are much smaller*. Boston Globe, April 25, 2023. Available online at: <https://www.bostonglobe.com/2023/04/25/metro/child-care-cost-western-massachusetts/>

Massachusetts, where the state formula provides a much smaller subsidy in comparison to Eastern Massachusetts, “even though the cost of providing the care is relatively similar in both places.” The author emphasizes that subsidy rates that use a federal market rate survey based on what programs charge private-pay families, creates large discrepancies from region to region as it overlooks the fact that families who live in rural or low-income communities often rely on friends and/or family, and, therefore, does not reflect the financial need of the community.

Massachusetts partnered with the Illinois-based Center for Early Learning Funding Equity (CELFE) to gather data, including feedback from parents and providers. Their findings were presented to the state’s Early Education and Care (EEC) Board which showed that although a child care center subsidy in Western Massachusetts was \$61.16 per day, the rate per day for Boston was \$85.90, even though the data show that the cost of providing care did not vary substantially. While this article concentrated on the disparity between the Boston area and the Western part of the state, it is important to note the disparity here on Cape Cod. For example, a center-based provider is reimbursed \$66.70 for an infant, \$62.57 for a toddler, and \$47.74 for a preschooler. A family child-care provider is reimbursed \$48.90 for a child younger than two years old and \$38.83 for a child older than two years old²²; all substantially lower than the \$85.90 per day rate for Boston. In fact, a participant of the Nantucket Focus Group conducted by CACCI commented that the ECE child-care voucher program reimbursement rate for Nantucket, which is based on Barnstable County, only pays \$50 per day (Beth Gaffney, CACCI’s Child Care Network Director, notes this was more likely referring to the reimbursement rate for a preschooler.); the voucher system also requires a certain adult/child ratio, and that the child care center be licensed. With a waiting list for those needing child care, providers are reluctant to take the subsidy vouchers. It is encouraging that funding discrepancies are on the state’s EEC Board agenda. This hopefully will lead to positive change across the state especially since the CELFE data shows that “the cost of providing care is actually more similar than different across the state.”

²² Email correspondence received May 25, 2023 from Beth Gaffney; she also noted that “programs must be licensed or identified by EEC as exempt (such as a public school or faith-based program) to take vouchers.”

Health Care – Health Insurance Coverage, Substance Use, Mental Health, and Food Insecurity that relates to the community’s causes and conditions of poverty.

A report by Blue Cross Blue Shield of Massachusetts Foundation (BCBSMA Foundation) notes that Barnstable, Dukes, and Nantucket Counties include uninsurance hot spots of higher uninsurance rates, possibly related to limited access to employer-sponsored insurance (ESI) due to the tourism and seasonal employment economy.²³ Their analysis of socioeconomic characteristics of those uninsured shows the following: *Educational Attainment* - only 1 in 5 uninsured adults has a four-year college degree; *Employment status and employer type* – although most are employed full-time, they are less likely to have year-round full-time employment and are disproportionately employed in small firms or in industries that offer low wages and/or limited benefits; *Family income* – nearly 7 in 10 uninsured adults reported incomes at or below 138 percent of the federal poverty level; and *Housing costs and material hardship* – given their low incomes, uninsured dedicate a large share of their budgets to food and housing; most live in rental housing and are moderate to severely cost burdened and are therefore unable to cover for health insurance and out-of-pocket health care costs.

While the data in Table 7.12 below parallels with the above BCBSMA Foundation report in noting that the *population without health insurance* is higher for Barnstable, Dukes, and Nantucket Counties (3.3% 6.2%, and 6.1%, respectively) in comparison to State data of 2.8%, it is important to note that only Dukes County had a higher percent of *persons on Medicaid (MassHealth)* in comparison to the state (23.4% and 22.5% respectively). Although the data for *Adults in Fair or Poor General Health* for the three service areas is lower in comparison to the state, for the *populations living with a disability*, Barnstable and Nantucket Counties both had a higher percent in comparison to the state (13.3%, 12.6% and 11.6% respectively). The National Disability Institute reports that “disabled adults experience poverty at nearly twice the rate of the non-disabled counterparts.”²⁴ The report notes that “...African Americans are more likely than Non-Hispanic Whites to have a disability in every age group” (page 5). Having a disability has a negative impact on educational attainment, employment, lack of health insurance, thus leading to medical debt and food insecurity.²⁵

²³ Blue Cross Blue Shield of Massachusetts Foundation with Robert W. Seifert, et al of the Urban Institute and Kristy Helscel, Benjamin Moriarty and Rebecca Elliot of the UMass Chan Medical School. *Closing the Gaps: Reducing Health Insurance Disparities in Massachusetts*. April 2023.

²⁴ This report and quote are noted in the mySidewalk Data Dashboard.

²⁵ Goodman, Nanette, Michal Morris and Kelvin. Boston, *Financial Inequality: Disability, Race and Poverty in America*, National Disability Institute (undated).

<p>Table 7.12</p> <p>Persons With and Without Health Insurance & Medicaid Coverage</p> <p><i>Barnstable, Dukes, Nantucket and 14 towns of Plymouth County and MA</i></p>					
	Barnstable	Dukes	Nantucket	Plymouth (14 Towns)	MA
Population Without Health Insurance	3.3%	6.2%	6.1%	2%	2.8%
Population with Medicaid Coverage	19.5%	23.4%	20.1%	14.6%	22.5%
Fair or Poor General Health Among Adults (aged 18 or over based on self-reporting)	14.7%	14.7%	13.5%	13%	15.1%
Population Living with a Disability ²⁶	13.3%	11.1%	12.6%	11.1%	11.6%

Source: US Census Bureau ACS 5-year 2017-2021; Source of Fair or Poor General Health Among Adults is from the Center for Disease Control FRFSS (Behavioral Risk Factor Surveillance System) Places, 2019); Source of Population living with a Disability is from the National Disability Institute, made available through mySidewalk Data Dashboard.

MassHealth – when the federal government declared a public health emergency in March 2020 due to the COVID-19 pandemic, protections were put in place that protected people on MassHealth providing, for the most part, uninterrupted coverage. These protections ended on April 1, 2023, and MassHealth has returned to the standard eligibility renewal process. This transition redetermination and renewal process will take place over the next year and is expected to end in April 2024.

A recent Boston Globe editorial titled, *Small-business health insurance market facing ‘death spiral’*²⁷ notes the high cost of private insurance offered by small businesses isn’t as good as what larger companies can offer and therefore puts small business employers at a “competitive disadvantage when recruiting new workers”. The editorial notes that fewer people are insured by small employers due to the costs and the high co-pays. The Center for Health Information and Analysis (CHIA) notes that “in 2021, 72 percent of people covered by small business plans had deductibles above \$1,400 for individuals, compared to 43 percent of all Massachusetts residents with commercial insurance.” David Auerbach, Senior Director for Research at the Massachusetts Health Policy Commission, “called the lack of small business coverage a ‘canary in a coal mine indicator of a problem’ that health care is too expensive” and noted, “It’s getting worse and worse”.

²⁶ The U.S. Census Bureau defines a disability as ‘a long-lasting physical, mental, or emotional condition.’

²⁷ *Boston Sunday Globe*, May 7, 2023 (Ideas, page K6). (Both the Center for Health Information and Analysis and the Massachusetts Health Policy Commission information is cited within this Boston Globe article.)

Another BCBSMA Foundation report titled, *Racism and Racial Inequities in Health*²⁸ found that Black and Hispanic residents of Massachusetts were disproportionately impacted by COVID-19: they were “two to three times more likely to contract COVID-19, twice as likely to be hospitalized for it, and three times more likely to die from it than White and Asians people of similar age” (page 1). The report also notes that the racial inequity is not limited to COVID-19 but are “multifactorial, complex and persistent” and that structural racism continues to impact Black families in Massachusetts and beyond. The article discusses racial and ethnic biases in housing, education, employment, and the criminal justice system. Although they discuss the limitations of the data, they conclude:

“.... existing data does paint a clear picture that Black and Hispanic people in Massachusetts face persistent disparities in access to health care coverage, access to routine medical care, quality of care, and health outcomes, including experiences with the COVID-19 pandemic. Black and Hispanic people are significantly more likely to be uninsured and face cost-related barriers to care relative to White people, and they are unlikely to have access to racially and ethnically diverse providers. Black and Hispanic people receive worse care across a broad range of quality measures and experience higher rates of many adverse health outcomes, including infant/neonatal mortality, diabetes, asthma, HIV mortality, and heart disease (page 59).

²⁸ Blue Cross Blue Shield of Massachusetts Foundation with Stephanie Anthony, et al of Manatt Health. *Racism and Racial Inequalities in Health: A Data-Informed Primer on Health Disparities in Massachusetts*. December 2021.

Issues of Substance Use Disorders

As noted in Massachusetts Department of Public Health (DPH), December 14, 2022, Press Release,²⁹ the Massachusetts 2021 opioid related deaths of 2,301 represented a 9.4% increase over the previous year; but for the first nine months of 2022, there were approximately 25 fewer deaths, thus representing a 1.5 percent decrease.

Table 7.13			
<i>Opioid Deaths for Barnstable, Dukes, Nantucket, Plymouth Counties and Massachusetts</i>			
<i>Opioid Deaths for Barnstable, Dukes, Nantucket, and Plymouth Counties 2010 – 2021³⁰</i>			
	2010	2022	Total 2010-2021
Barnstable County	20	80	674
Dukes County	0	5	36
Nantucket	1	4	16
Plymouth County	38	167	1,602
<i>Opioid Deaths for Massachusetts 2000-2021</i>			
	2000	2022	Total 2000-2022
Massachusetts	547	2,015	24,181

(Sources are from Massachusetts Department of Public Health lists deaths for Number of Opioid-Related Deaths by County, MA Residents: 2010-2021 Posted: December 2022; and Data Brief: Opioid-Related Deaths among Massachusetts Residents: Posted: December 2022 ³¹

Table 7.14				
<i>Drug Overdose Death Rate per 100,000 People</i>				
<i>Barnstable, Dukes, Nantucket and Plymouth Counties & Massachusetts</i>				
Barnstable	Dukes	Nantucket	Plymouth ³²	Massachusetts
38.3	28.7	20.4	36.8	33.9

Center for Disease Control, 2020 (provided by mySidewalk Data Dashboard)

²⁹ Press Release: Massachusetts opioid-related overdose death rate declines 1.5 percent in the first nine months of 2022 (December 12, 2022).

³⁰ While previous data reports go back to 2010, that information is no longer available on the website, perhaps because of changes to counting procedures.

³¹ See Massachusetts Department of Public Health, Number of Opioid –Related Overdose Deaths, All Intents by, MA County Residents: 2010-2021, posted on December 2022 on the MDPH website; the Technical Notes state that data for 2019 to 2021 deaths are preliminary as they are based on estimates and therefore, subject to change. See the Data Brief: Opioid-Related Overdose Deaths among Massachusetts Residents- Posted: December 2022 and available on the MDPH website; the 2020 and 2021 data are based on estimates as numbers had not yet finalized. (Opioids include heroin, illicitly manufactured fentanyl, opioid- based prescription painkillers, and other unspecified opioids.)

³² Data for Plymouth County was used as aggregated data for the 14 Towns of Plymouth County was not available.

Although the following (as part of the above noted DPH Press Release) is based on State-wide data and not specifically data on Cape Cod and the islands of Martha's Vineyard and Nantucket, it is worth noting some of the comments:³³

- 48 percent of all opioid-related overdose deaths in the first nine months of 2022 were of individuals between 25 and 44 years old; and 42 percent were between 45 and 64 years old. Naloxone was administered in 97 percent of acute opioid overdoses during the first nine months of 2022. Of all opioid-related EMS incidents in that time, 58 percent were categorized as acute opioid overdoses.
- Males comprise 72 percent of all opioid-related overdose deaths occurring in the first nine months of 2022.
- Females comprise 28 percent of all opioid-related overdose deaths occurring in the first nine months of 2022. Between 2020 and 2021, the confirmed opioid-related overdose related death rate among all females increased from 16.4 to 17.2 per 100,000. In the same time period, the confirmed opioid-related overdose death rate decreased for American Indian/Alaska Native non-Hispanic women.
- Between 2020 and 2021, the confirmed opioid-related overdose death rate per 100,000 decreased slightly for all Black non-Hispanic residents; and remained stable or slightly increased for all other race/ethnic groups.

A recent report³⁴ conducted by the Barnstable County Department of Human Services Regional Substance Addiction Prevention Workgroup in partnership with Health Resources in Action (HRiA) documents the high cost of addiction for Barnstable County. Their Substance Use Assessment report estimated 2022 *costs of substance use* in Barnstable County at \$48,333,708.77. They identified four domains: with 93.5% for the treatment domain at \$45,505,700.48; 2.7% for Recovery at \$1,323,210.00; 2.4% for Prevention at \$1,189,438.00; and 1.3% for Harm Reduction at \$636,734.97.

Two articles address the impact on the availability of rehabilitation treatment centers and shortage of workers. A Boston Globe Editorial³⁵ addresses the discrepancy in the reimbursement rate for detoxification and rehabilitation units treating people with substance use disorders, resulting in the closing of some units. For example, MassHealth's reimbursement pays a median reimbursement rate for inpatient psychiatric care which is \$955 a day; the median rate for hospital-based substance use treatment is \$564 a day; and while most substance use treatment occurs within residential detox facilities, the reimbursement rate is \$406 a day. While the argument for this discrepancy is that psychiatric hospitals are locked wards and require clinicians

³³ When same time-period is noted, it refers to the first nine months of 2022.

³⁴ Barnstable County Department of Human Services. Regional; Substance Addiction's Prevention Workgroup partnered with Health Resources in Action (HRiA) to conduct this report dated, January 2023.

³⁵ Editorial Board. *When Clinics can't afford to keep detox and rehab beds open, state policy needs to change: Substance use should be treated like other mental health care.* Boston Globe (May 26, 2023)

with higher level of training, detox providers argue that “many of the same type of patients visit both types of facilities because they have both mental illness and a substance use disorder.” The report notes that the Medicaid reimbursement rate in other states for residential detox facilities is higher in comparison to the Massachusetts MassHealth rate. For example, in New Hampshire the rate is \$587 per day and in New York the rate is \$637 per day. While the Massachusetts Executive Office of Health and Human Services is in the process of reviewing the MassHealth rates, this article notes that a rate increase is long overdue and serves as a “disincentive to treat Medicaid patients” resulting in fewer providers willing to do so. The editorial notes that the Association for Behavioral Health reports that since 2019 there have been nearly 600 new substance treatment beds while beds available for low-income or uninsured clients has declined by 136. Some treatment centers have either closed their detox units or reduced the number of beds, some have switched to psychiatric units, and some have suspended admissions due to staff shortages.

An article based on surveys conducted by the Association for Behavioral Health Care³⁶ notes that “While drug overdoses in Massachusetts continue to kill more than 2,000 people each year, nearly a quarter of jobs in the substance use disorder treatment system are unfilled and the average wait for admission to some longer-term residential recovery programs is more than a month.” They warn of a “hidden safety net access crisis” for 24/7 treatment services.

Mental Health Issues

While the tragedy in Duxbury of the allegedly murder of three children by the mother who was suffering from postpartum disorder after the birth of her third child, Yvonne Abrams notes in her article, *Conversations beyond Duxbury*³⁷ that this sparked long-overdue conversations about postpartum depression, including the lack of supports. Abrams notes that 20 percent of women suffer from mental health disorders during pregnancy or postpartum and “In rare cases, anxiety and depression give way to psychosis.”, and comments that “...effective mental health care can be appallingly hard to come by, given the skewed priorities of our health care system.”

A recent study titled *Massachusetts Responds to the Crisis in Children’s Behavioral Health*³⁸ while noting the long-standing crisis in children’s behavioral health in Massachusetts, “... the COVID-19 pandemic along with the issue of racial inequality has dramatically impacted and changed children’s worlds across the country” (page 4). The report identified eight major areas of concern as follows:

1. Lack of Connection and Coordination among Agencies, Services, and Providers

³⁶ Chris Lisinski. *Addiction treatment suffers from lack of workers, new trade group reports*. State House News Service in the Cape Cod Times, June 3, 2023 (pages A1 & A2).

³⁷ Yvonne Abraham, *Conversations beyond Duxbury*. Boston Globe, January 29, 2023 (page B7)

³⁸ Nancy Lane, et al. *Massachusetts Responds to the Crisis in Children’s Behavioral Health*, Massachusetts Association of Health Plans, January 2023.

2. Inadequate Availability of Crisis Services
3. Emergency Department Boarding
4. Inadequate Availability of Easily Accessed Outpatient Services
5. Challenges and Opportunities for Primary Care Provider (PCP Integration)
6. The Uneven and Untapped Potential for School-Based Mental Health and Wellness Programs
7. New Opportunities for Children’s Behavioral Health Initiative (CBHI)/Behavioral Health for Children and Adolescents (BHCA) Services.
8. Workforce Issues

While the report summarizes the state, federal and private sector, designed to address the concerns, they also make six recommendations (See Report for further information). Although they conducted extensive interviews and research, this did not include any organizations or agencies on Cape Cod or the Islands.

The article titled *Teen and Adolescent Mental Health on Cape and the Islands*³⁹ draws on studies by the Centers for Disease Control and Prevention reports that suicide is the second leading cause of death for people ages 10-24 and 25-34 based on 2020 data before the COVID-19 pandemic lockdown. Also noted is that in October 2021 the American Academy of Pediatrics joined forces with the American Academy of Child and Adolescent Psychology to declare a national emergency in child adolescent health. To bring this closer to home, Maura Weir, Director of Student Wellness and Counseling at Cape Cod Community College in a January 2022 Cape Cod Times article “... reported that Cape Cod and the Islands has one of the highest rates of suicide in comparison to the other parts of the state.”⁴⁰

³⁹ Erin Sadlowski, *Teen and Adolescent Mental Health on Cape and the Islands*, July 29, 2022. Available on the Cape and Islands United Way website at: <https://www.capeandislandsuw.org/post/teen-and-adolescent-mental-health-on-cape-and-the-islands>

⁴⁰ I don’t doubt Weir’s report, but I could not find documentation to substantiate this as the Massachusetts Violent Death Reporting system for 2020 - Suicide 2020 (Massachusetts Department of Public Health) shows that although Barnstable had the second highest rate per 100,000 at 25.6 second only to Berkshire County at 28.9, this report did not include any data for Dukes or Nantucket Counties.

Food Insecurity

As of February 2023, the Supplemental Nutrition Assistance Program (SNAP) Emergency Allotments implemented during the COVID-19 public health emergency ended with households receiving their final benefits on March 2, 2023. “SNAP emergency allotments have allowed households to receive the maximum SNAP benefit amount for their household size with a minimum benefit amount of \$95 a month.” This program supported more than 630,000 households.⁴¹

In noting the coming end of the federal increase in SNAP benefits during the pandemic when employment rose due to lockdown, the article questions what happens now, and notes that some experts wonder if we are heading toward a ‘Hunger Cliff’ as cuts in SNAP benefits comes at the same time as grocery prices increased by 10%. “It amounts to a one-two punch: the country’s neediest have less aid to pay for food as it’s getting more expensive.”⁴²

Food insecurity is defined by the United States Department of Agriculture as the lack of access, at times, to enough food for an active, healthy life. Food insecurity is associated with numerous adverse social and health outcomes and is increasingly considered a critical public health issue. Key drivers of food insecurity include unemployment, poverty, and income shocks, which can prevent adequate access to food. Alternatively, multiple interventions have been shown to reduce food insecurity, including participation in food assistance programs and broader societal-level improvements in economic stability.⁴³

A Project Bread Fact Sheet⁴⁴ notes that increased food security can improve health outcomes and discusses the link between food security and improvement in health outcomes, including savings in health costs.

CACCI has seen an increase in people needing assistance to apply for SNAP. In FY22, 220 individuals were assisted which shows a significant increase from FY21 with 106 individuals served. There was also an increase in participants in their “*Turkeys for Cape Codders*” program with 241 households participating in November 2022; 212 households participated in November 2021.

⁴¹ Federal Extra Pandemic SNAP Benefits to End as of February 2023; State launches public awareness campaign, including a website to help residents connect with other resources; Commonwealth of Massachusetts, Department of Transitional Assistance. January 6, 2023, Press Release (see [mass.gov](https://www.mass.gov))

⁴² German Lopez, *America’s neediest are dealing with food stamp cuts and rising prices at the same time: “A Hunger Cliff”*. The New York Times, e-newsletter from nydirect@nytimes.com March 17, 2022. [This was written over a year ago, and food prices have only continued to rise.]

⁴³ This information is noted in the mySidewalk Data Dashboard, provided by MassCAP

⁴⁴ Project Bread. Fact Sheet */Integrating Food Insecurity into Health Care*. Available at: <https://www.projectbread.org/uploads/attachments/cl8w3ljnb00247b9hrndbsj2w-hcp-report-brief.pdf>

The Family Pantry of Cape Cod’s newsletter dated February 16, 2023, notes that their client visits were up 44% in 2022 in comparison to 2021; 1,700 new families were registered, and they now serve over 650 families weekly. They also receive the Greater Boston Food Bank delivery twice weekly and serve as the distribution center for other food pantries on the Cape. Chris Menard, Executive Director of the Family Pantry, notes that “the Cape has always had some level of nutritional insecurity” due to seasonal unemployment, the high cost of living in a tourist-heavy economy, and a tighter housing market, exacerbated by those who relocated to the Cape during the pandemic and decided to stay.” She estimates that around 10% of the Cape Cod’s year-round population experience food insecurity; and according to data from their website, nearly half receiving assistance are not eligible for SNAP benefits or other supplemental programs and two-thirds have one or more employed persons in the household. The article also discussed the Family Table Collaborative which delivers between 200 and 500 prepared meals each week to community organizations covering different regions of the Cape.⁴⁵ In fact, Governor-elect Maura Healy and Lt Governor-elect, Kim Driscoll visited the Family Collaborative two days before their inauguration and helped prepare meals. The goal of their visit was two-fold: to highlight the partnerships which makes the Family Collaborative possible; and to address food and nutritional insecurity on the Cape.⁴⁶ This article also notes the following:

- The Cape Cod Times Needy Fund Director, Susan Johnson, acknowledges that calls for food assistance were up more than 47% from the previous year.
- Karen Ross, Director of Operations for the Lower Cape Outreach Council, has seen a 60% increase in clients at their nine food pantries in eight Lower and Outer Cape Towns.

Another study found that at least 32% of the state’s adult population are food insecure.⁴⁷ This study, conducted by the Greater Boston Food Bank (GBFB), notes that “the burden lies most heavily on Black and Latinx communities and families with children.” The study covered December 2021 to February 2022 during a period when the impact of the rise in inflation coupled with pandemic assistance disappearing, explains the increase of food insecure adults, according to Catherine D’Amato, GBFB CEO. “The GBFB findings exceed estimates from the nonprofit Project Bread, which in March [2022] found that 16.4 percent of Massachusetts households were food insecure. But both reports show hunger on the rise and offer a grim outlook on the economic health of everyday Americans in the time of sky-high gas prices and a precarious stock market.”

⁴⁵ Barbara Clark, *Hunger on Cape: Local food pantries serve growing number of Cape Codders*, Cape Cod Times, November 24, 2022.

⁴⁶ Denise Coffey, *Discussing the issues of food insecurity*, Cape Cod Times, January 6, 2023 (Pages 3A & 4A).

⁴⁷ Diti Kohli, *New study finds that at least 1.8 million people – or 32 percent of the state’s adult population – are food insecure*, Boston Globe, June 6, 2022.

In December 2022, the Veterans Outreach Center relocated to a larger space in Hyannis to accommodate the increasing need for food distribution; in 2022 they served 1,900 local veterans and their families, representing a 36% increase in comparison to 1,400 served at the height of the COVID Pandemic.⁴⁸

The following Table 7.15 relays the percentages of persons receiving SNAP benefits and other food insecurity data for CACCI's three service areas, plus Plymouth County which includes the additional towns served by CACCI's Child Care Network Program and compares this to the Massachusetts data. While the findings show that the percentages of persons 'receiving SNAP benefits' for these counties is lower than the state, all but Dukes County show that the population below 'SNAP, Other Nutrition Program Threshold' is lower than the State percentage. However, both measurements for 'Food Insecure Rate' and 'Average Meal Cost' are higher for all four counties in comparison to the State data. Barnstable County had the highest rate of 'Food Insecure Rate' at 8.6%.

<p style="text-align: center;">Table 7.15 <i>Food Insecurity</i> Barnstable, Dukes & Nantucket Counties, 14 Towns in Plymouth County and MA</p>					
	Barnstable	Dukes	Nantucket	Plymouth	MA
Receive SNAP Benefits	7%	6.3%	3.2%	6.6% ⁴⁹	12.2%
Population Below SNAP, Other Nutrition Programs Threshold ⁵⁰	59%	74%	56%	58%	73%
Food Insecure Rate	8.6%	8.2%	7.8%	7.5%	7.2%
Average Meal Cost	\$4.70	\$4.70	\$4.70	\$4.23	\$3.81

Source for SNAP Benefits is from US Census Bureau ACS 5-year 2017-2021: Source for the remaining information is from Feeding America: Map the Meal Gap⁵¹

⁴⁸ Patrick Flanary, *Expanded food center opens to Cape Cod Veterans*, WCAI Weekend Edition, December 14, 2022.

⁴⁹ The SNAP Benefits is based on the 14 Towns; remaining data is based on Plymouth County.

⁵⁰ Threshold is based on 200% of the poverty level.

⁵¹ Data is based on 2020 Estimates - Available online at <https://map.feedingamerica.org/county/2020/>

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

The following Table 7.16 displays information on Immigrants and Language Spoken at home which shows that all three counties and the 14 Plymouth Towns served by the Child Care Network program had lower percentages of immigrant population in comparison to State data at 17.3%. It is interesting to note that Nantucket had the highest rate among the four counties at 14.6%. While all three CACCI service areas (Barnstable, Dukes, and Nantucket Counties) plus the 14 Towns of Plymouth County served by the Child Care Network program, had a higher percentage of ‘English Only Spoken at Home’, Nantucket was higher for ‘Spanish Spoken at Home’ in comparison to the state (10% and 9.4% respectively) and Dukes was higher for ‘Other Indo-European Language Spoken at Home’ in comparison to the state (10% and 9.1% respectively). All three counties and the 14 Towns of Plymouth County show that the ‘Gender of the Immigrant Population’ was higher for Females in comparison to Males.

<p>Table 7.16</p> <p><i>Immigrant Population & Language Spoken at Home</i></p> <p>Barnstable, Dukes and Nantucket Counties, 14 Towns of Plymouth County and Massachusetts</p>					
	Barnstable	Dukes	Nantucket	Plymouth (14 Towns)	MA
Immigrant Population	9.1%	13.1%	14.6%	4.6%	17.3%
Language Spoken at Home					
• English Only	89.7%	87.2%	81.3%	94%	75.6%
• Spanish	2.3%	2.1%	10%	1.2%	9.4%
• Other Indo-European	6.6%	10%	5.2%	3.9%	9.1%
• Asian-Pacific Islander	0.7%	0.5%	1.8%	0.6%	4.4%
• Other	0.7%	-	1.7%	0%	1.5%
Gender of Immigrant Population					
• Female	54.2%	50.3%	59.4%	51.3%	-
• Male	45.8%	49.7%	40.6%	48.7%	-

(U.S Census Bureau, ACS 5-year 2017-2021)

The diversity of the first language of the customers CACCI serves is relayed in the following data based on CACCI’s FY22 monthly reports to the Massachusetts Health Connector Authority: CACCI’s Health Insurance & Care Navigators provided 3,220 language assistance services with a monthly average of 268 consumers needing language assistance of which 82% were first language Brazilian Portuguese speakers and 15% were first language Spanish speakers; and CACCI’s customers not only come from Brazil, Mexico and other Latin American countries, but also from Haiti, Jamaica, The Dominican Republic, Asia, and many Eastern European counties.

The following Table 7.17 relays the diversity of students in the Martha's Vineyard School System⁵² as noted in a report by Leah Palmer the Director of the English Language Learner's program. The report notes that 74% of the students have Portuguese as their home language. This report also relays the substantial increase in English learners within the Martha's Vineyard Schools from 210 in 2016 to 472 in 2022.

<p>Table 7.17</p> <p>English Language Learners in Martha's Vineyard Public Schools</p> <p>October 2021 data</p>	
<i>Student Data</i>	
Edgartown Schools	40% of students have a language other than English in the home and 23% are not yet proficient in English (English Learners).
<i>Oak Bluffs Schools</i>	32% of students have a language other than English in the home and 22% are English learners.
Tisbury Schools	51% of students have a language other than English in the home and 32 % are English learners.
West Tisbury & Chilmark Schools	10% of students have a language other than English in the home and 4% are English learners.
Martha's Vineyard Regional High School	27% of students have a language other than English in the home and 9% are English learners.
<i>Assistance to Parents</i>	167 parents requested written translations and 150 parents requested oral interpretation.

Massachusetts Immigrant and Refugee Advocacy Coalition (MIRA) consists of over 143 member organizations which includes CACCI. MIRA's 2021 Annual Report notes the top 10 countries of origin of people coming to Massachusetts are: Haiti, Jamaica, Bangladesh, Brazil, Cape Verde, Chile, Colombia, The Dominican Republic, El Salvador, and Mexico. The report also notes that 74% of undocumented immigrants in the U.S. Labor Force are essential workers.

A MIRA Fact Sheet titled *Temporary Protected Status (TPS): An Overview* dated December 2022, notes that TPS is a temporary benefit and recipients are not on a path to a green card or citizenship, but they can obtain work authorization. Massachusetts was home to 17,135 TPS holders as of December 2022. "[T]his number is expected to grow significantly as individuals from Ukraine, Afghanistan, and Haiti residing in the state continue to receive TPS under the most recent designations." The contribution of TPS workers to the Massachusetts

⁵² *Who are our Martha's Vineyard Public Schools Ela?* Report was sent via email by Leah Palmer as a follow-up to the Martha's Vineyard Focus Group and is based on October 2021 data.

economy is noted as 5,600 are employed as essential workers. An additional document titled *Massachusetts “Safe to Use Benefits”* dated October 2022 notes benefits that will not impact the Public Charge analysis.⁵³

The above-mentioned *Safe to Use Benefits* notes that MassHealth includes the Children’s Health Insurance Program (CHIP) as well as the Children’s Medical Security Program (CMSP). The Migration Policy Institute (MPI)⁵⁴ notes that while federal dollars cannot be used to fund coverage for unauthorized immigrant populations, Massachusetts CMSP provides coverage for primary and preventive medical and dental services to uninsured children who do not qualify for any other type of MassHealth coverage. The report also notes that of the 64,000 income-eligible foreign-born children in Massachusetts, 72% were federally eligible for Medicaid (known as MassHealth in Massachusetts) and CHIP.

The MPI report also notes that based on 2019 American Community Survey data, 9.5 million non-elderly foreign-born adults (ages 19 to 64) with incomes that met state eligibility thresholds for Medicaid, 45% did not qualify due to immigration-status restrictions (unauthorized immigrants, fewer than five years of permanent residency, and nonimmigrants such as temporary students and temporary workers). Massachusetts, as one of the states which expanded care to immigrants excluded from the federal program due to their status, covers most lawfully present noncitizens, but not unauthorized immigrant adults. However, in Massachusetts there is a Health Safety Net insurance program for those who do not qualify for MassHealth or other Health Connector insurances. For states with the most generous rules regarding immigrant-eligibility and income-eligibility thresholds, they have a strong impact on immigrant participation in Medicaid and Massachusetts has the second highest participation rate among eligible immigrants at 90%.

While the MPI report notes that the state-funded programs reviewed boosted Medicaid eligibility by 18 to 48% which included about 1 million income-eligible immigrants, they also note that “Immigrants are disproportionately low income, uninsured, and employed in sectors that suffered heavy job-losses during the pandemic.” Federally excluded income-eligible immigrant adults were more likely to be Latino or Asian than U.S.-born adults; ineligible immigrant adults were more likely to be parents, and to be employed in comparison to U.S.-born adults; they also lacked employer coverage which they spent out of pocket for medical expenses.⁵⁵

⁵³ All three reports as noted above are available on the MIRA Website at; <https://www.miracoalition.org/>

⁵⁴ Valerie Lacarte. *Immigrant Children’s Medicaid and CHIP Access and Participation: A Data Profile*. Migration Policy Institute, June 2022

⁵⁵ The MPI report also noted, The Health Equity and Access under the Law (HEAL) for Immigrant Families Act, introduced in Congress and the Senate May 2021; I could not find record of this Act being passed.

An article titled *Apprenticeship Programs Are a Promising Solution to Bring More Multilingual Workers into Early Childhood Field*, published by the Massachusetts Policy Institute⁵⁶ examines the impact of COVID-19 on Early Childhood Education and Care (ECEC) programs, specifically as it pertains to the immigrant population, and propose that Apprenticeship programs could offer a solution. In noting that program closings and shortage of workers has served to further compound the difficulties for immigrant-origin families with Dual Language Learner children, their recommendation that recruiting multilingual workers through an apprenticeship program could be a win-win situation by resulting in a more inclusive multilingual childcare workforce and helping to fill the gaps in the early childhood education workforce. In noting that even though immigrants have represented around 20% of the childcare workforce, they are overrepresented among the lower-skilled and lower-paying jobs, while U.S. born workers are almost twice as likely to be employed in preschool as teachers or program directors, both higher paying and higher skilled positions.

The article notes three challenges to an Apprenticeship Program such as: the overall low-wage levels within the childcare field; high costs for employers and providers including staff time; and eligibility requirements including prerequisites which could create barriers for some immigrants, some of the latter such as English proficient are not legally obligated mandates. Regardless of the noted challenges, an Apprenticeship program with strategies that include immigrants in the ECEC represents a “promising solution” to not only strengthen the childcare workforce, but to help develop “the linguistically and culturally competent workforce needed to effectively serve immigrant and refugee families.”

⁵⁶ Jacob Hofstetter, Alexis Fintland and Maki Park, *Apprenticeship Programs Are a Promising Solution to Bring More Multilingual Workers into Early Childhood Field*. Massachusetts Policy Institute, November 22, 2022.

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

The housing statistics information in the following Table 7.18 below regarding the number of ‘Vacant Housing Units’ requires further clarification as it does not imply the availability of units but primarily represents seasonal homes for Barnstable, Dukes, and Nantucket Counties. Regarding homeownership units, the ‘Median Home Values’, ‘Excessive Housing Costs’, and ‘Homes with At Least One Severe Housing Problem’ are all higher in comparison to State data for Barnstable, Dukes, and Nantucket Counties and the 14 Towns in Plymouth County. ‘Excessive Homeownership Costs’ were highest for Nantucket, followed by Dukes, Barnstable Counties, and the 14 Towns within Plymouth County served by CACCI’S Child Care Network.

Table 7.18 Housing <i>Barnstable, Dukes, Nantucket and 14 towns of Plymouth County and MA</i>					
	Barnstable	Dukes	Nantucket	Plymouth (14 Towns)	MA
General Housing Info					
Vacant Housing Units	40.3%	61.2%	66.8%	9.6%	8.9%
Occupied Housing Units	59.7%	38.8%	33.2%	90.4%	91.1%
Number of HUD Subsidized Units	3,664	143	8	3,175	196,482
Homeownership					
Homeownership Occupied Rate	80.8%	73.3%	71.2%	83.8%	62.4%
Median Home Value	\$445,500	\$857,600	\$1,082,900	\$449,274	\$424,700
Excessive Housing Costs	29.5%	39.9%	42.4%	29.1%	26.1%
Owner Occupied With At Least One Severe Housing Problem	13.1%	17.8%	17.2%	11.6%	10.9%
Renters					
Renter Occupied Rate	19.2%	26.7%	28.8%	16.2%	37.6%
Median Monthly Rent	\$1,408	\$1,462	\$1,822	\$1,393	\$1,429
Excessive Renter Housing Costs	52.3%	36.5%	43.6%	47.2%	46.6%
Renter occupied with at least one Severe Housing Problem	29.4%	30.9%	20.7%	29.3%	25.7%

U.S Census Bureau, ACS 5-year 2017-2021

Further examination of the ‘Median Home Values’ shows that for Barnstable County, eight of the 15 towns exceeded the ‘Median Home Value’ of \$445,500; the towns with the highest ‘Median Home Values’ were Chatham at \$741,800 and Provincetown at \$666,700, while a few towns were just slightly higher. For Dukes County, the ‘Median Home Value’ for three towns exceeds that of \$857,000 with the highest ‘Median Home Value’ for Aquinnah at \$1,581,000 followed by Chilmark at \$1,223,000. For the 14 Towns CACCI’s Child Care Network serves within Plymouth County, five had ‘Median Home Values’ higher than the aggregated ‘Median Home Value’ of \$449,274 as follows: Duxbury at \$678,700; Norwell at \$652,300; Scituate at \$634,000; Hanover at \$575,000; and Marshfield just slightly higher than the ‘Median Home Value’ at \$488,100. It is important to note, however, that each of these towns are on the “northern edge” of the South Shore, thus allowing for an easier commute to the Boston area.

Further analysis for ‘Homeownership Units’ with ‘at least one severe housing problem’ shows the following: for Barnstable County seven of the 15 towns had a higher percentage than the county average of 13% with the highest percentage for Provincetown at 23.2% followed by Harwich at 17.2%; and for Dukes County, four towns had a higher percentage than the county average of 17.8% with the highest percentage for Chilmark at 21% followed by Oak Bluffs at 20.8%. It is interesting to note that both the towns of Provincetown and Chilmark had higher ‘Median Home Values’ and higher percentages of ‘at least one severe housing problem’ as well. For the 14 Towns served within Plymouth County, eight towns had a higher percentage in comparison to the aggregated data of 11.6% as follows: Rockland at 15.4%; Norwell at 14.1%; Hanson at 13.7%; and Plymouth at 12.2%; with the remaining four towns just slightly higher.

Regarding ‘Renter Occupied Units’, only Dukes and Nantucket Counties had higher ‘Median Monthly Rents’ in comparison to State data (\$1,462, \$1,822, and \$1,429 respectively). However, the ‘Excessive Renter Housing Costs’ show the opposite in that Barnstable County and the 14 Towns served in Plymouth County all had higher rates than the state (52.3%, 48.2% and 46.6% respectively). All but Nantucket had a higher rate of ‘Renter Occupied Units with at least one severe housing problem’ as follows: Barnstable at 29.4%; Dukes at 30.9%; and the 14 Towns served within Plymouth County at 29.3% in comparison to 25.7% for Massachusetts.

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 Barnstable, Dukes, and Nantucket Counties. The data was gathered for the night of January 24, 2023 as relayed in Table 7.19 below.

<p style="text-align: center;">Table 7.19 2023 Annual Point in Time Count of the Homeless Barnstable, Dukes and Nantucket Counties</p>				
	Total	Barnstable	Dukes	Nantucket
Total Number of Homeless Persons	427	405	20	2
Number of Unsheltered Adults	32	28	4	0
Adult Male	10	7	3	0
Adult Female	22	21	1	0
Number of Unsheltered Families	0	0	0	0
Number of Unsheltered Unaccompanied Youth (ages 17 or under)	0	0	0	0
Number of individuals in Shelter	120	113	5	2
○ Females	43	42	0	1
○ Males	77	71	5	1
Number of Families in Shelter	60	60	0	0
Total Number of Persons	175	175	0	0
○ Adults	78	78	0	0
○ Dependent Children	97	97	0	0
Number of Individuals in Transitional Housing	100	89	11	0
○ Females	46	41	5	0
○ Males	53	47	6	0
○ Transgender	1	1	0	0

(Source: Barnstable County Department of Human Services⁵⁷)

While the pandemic-era *Massachusetts Eviction Prevention Policy* expired on March 31, 2023, Housing Assistance Corporation, who facilitates the state’s RAFT and other prevention funds, reports that they have not seen an increase in evictions.⁵⁸ This article notes that the Massachusetts Law Reform Institute and the Massachusetts Coalition for the Homeless sent a March 17, 2023 letter to state legislators asking to extend the prevention measure. Note that the State House of Representatives passed its fiscal 2024 budget of \$56. billion which includes resurrecting the expired policy, “The State Senate will debate the proposed budget and put forth their own version. A final budget needs to be in place by July 1[2023].”

⁵⁷ Data provided by Martha Taylor, Homeless Management Information System (HMIS) Program Manager on March 31, 2023.

⁵⁸ Zane Razzaq, *Area evictions not rising after prevention policy expired*, Cape Cod Times, May 5, 2023 (pages A1 & A5)

FINANCIAL INSECURITY (includes community and household needs such as employment, education, and training) as Major Conditions that relate to the community and its members' causes and conditions of poverty.

The following Table 7.20 examines the poverty rate for educational attainment and labor force participation and household without computers or internet access. For Educational Attainment and those in Poverty, there were some surprising findings. For those 'with a less than a high school degree' and in poverty, the finding shows that while the rate for CACCI's regions served and the 14 Towns of Plymouth County served by CACCI's Child Care Network Program, were lower than State data, Nantucket's rate at 5.2% was exceedingly low. However, for those with a 'high school degree', Nantucket surprisingly had a higher poverty rate in comparison to the state (16.2% and 12% respectively). Both Dukes and Nantucket Counties had had a higher rate of 'persons with some college or AA degree' in poverty in comparison to the state (10.3%, 12.3% and 8.7% respectively); and only Barnstable County had a slightly higher rate of those with 'a bachelor's degree' in comparison to the state (4.1% and 4% respectively).

Table 7.20 <i>Poverty Rate by Educational Attainment and Labor Force & Households Without Computers or Internet Access</i> Barnstable, Dukes, Nantucket and 14 towns of Plymouth County and MA					
	Barnstable	Dukes	Nantucket	Plymouth (14 Towns)	MA
<i>Educational Attainment Poverty Rate⁵⁹</i>					
Less than High School	15.7%	17%	5.2%	17.6%	23.5%
High School Degree	8.9%	16.2%	8.5%	8.7%	12%
Some College or AA Degree	8.3%	10.3%	12.3%	4.8%	8.7%
Bachelor's Degree or Higher	4.1%	2.3%	1.8%	2.7%	4%
<i>Labor Force Poverty Rate</i>					
Below Poverty Level and in Labor force	3.7%	4.7%	5.3%	2.7%	4.9%
Below Poverty Level and Not in Labor force	11.5%	16%	10.1%	11.1%	19.3%
<i>General Population / Households Without Computers or Internet Access</i>					
Households Without Computers	4.6%	5%	2.6%	4.8%	6.5%
Households Without Internet Access	6.1%	7%	5.1%	5.4%	8.1%

U.S Census Bureau, ACS 5-year 2017-2021

⁵⁹ Educational attainment data represents the percent of each group that is below poverty level for people ages 25 and over.

For those in the labor force, only Nantucket had a slightly higher rate than the State data ‘for persons in poverty’ (5.3% and 4.9% respectively).

In citing the U.S. Bureau of Labor Statistics for 2021, a recent article⁶⁰ notes that the unemployment rate for those ‘with a high school degree’ was 6.2% compared to those ‘with a bachelor’s degree’ at 3.5%. When comparing the Median Income for the two educational categories, the data show that those with a bachelor’s degree earned \$27,000 more per year than those with a high school degree (\$69,000 versus \$42,000 respectively). The article refers to a 1971 Griggs vs/Dukes Power Plant’s Supreme Court decision which rules against requiring aptitude tests for employment and/or promotions. This ruling thus led to employers requiring a college degree in the hiring process, to “the detriment of the working class.” The article, quotes a Cengage Group report: “Nearly two-thirds (62%) of employers still require a degree for entry-level jobs.”

⁶⁰ Chris Schlak. *Blame Supreme Court for state of entry jobs; For too long, companies have required college degrees for positions that don’t require skills.* USA Today reprinted in the Cape Cod Times, March 4, 2023, page 7)

8. COMMUNITY ASSESSMENT PROCESS

8.1. *Community Assessment Methodology Process*

Community Action Committee of Cape Cod & Islands (CACCI) worked with consultant, Lee M. Hamilton, Ph.D. and the following process was followed to gather information for the Community Assessment Report.

The Consultant met with Caronanne Procaccini, CACCI Director of Client Self Sufficiency who is also a certified Results Oriented Management and Accountability (ROMA) Implementer, to review requirements of the FY2024-2026 Community Assessment Report. Both the Consultant and Caronanne Procaccini attended the MASSCAP Training sessions in preparation for the CARSP FY2024-2026 project. Caronanne Procaccini also attended the MASSCAP Planners' Community of Practice (COP) meetings and focus group meetings throughout this process.

The Planning Committee was formed with Lee M. Hamilton and Caronanne Procaccini, as co-chairs. The committee consisted of CACCI's Executive Director, Kristina Dower, and CACCI's management team members. These members were: Beth Gaffney, Child Care Network Director; Wendy Dries, Safe Harbor Shelter Director; and Stephanie Souza, Esq., Immigration Resource Coordinator. Carlos Barbosa, Susan James, and Emily Campbell, all members of CACCI's Board of Directors (BOD), also were on the Committee along with Neila Neary, Cape & Islands MassHire Career Center Manager. A series of meetings were held on November 1, 2022, December 6, 2022, February 7, 2023, March 7, 2023, and May 9, 2023.⁶¹ In lieu of a meeting, an email with updates was sent to the Committee on January 25, 2023. Additional emails with pertinent documents were also sent as follows: on February 13, 2023, the Community & Internal Assessment Plan, updated for the Committee on February 8, 2023; and on June 23, a copy of the CNA report as sent to the BOD.

The Planning Committee reviewed the Community Assessment Plan, and it was presented to the CACCI BOD on October 26, 2022 for review prior to its submission to the Massachusetts Executive Office of Housing and Livable Communities (formerly known as the Department of Housing and Community Development - DHCD). This Massachusetts state department oversees the Community Service Block Grant that CACCI, as a Community Action Program, receives annually.⁶² Components of the plan included: the execution of a Community Needs Assessment Survey to be completed by low-income community members and CACCI's low-income

⁶¹ Planning Committee Minutes, the SWOT Analysis, and the Preliminary Findings Chart (which includes an outline of the Key Stakeholder and Focus Group discussions) are available in Appendix C.

⁶² Documents presented to the Board of Directors' and their minutes are included in Appendix G.

customers; Key Stakeholder Interviews; and two Focus Groups with one to be held on Martha's Vineyard, the other on Nantucket.⁶³

The Planning Committee co-chairs incorporated DHCD's standardized survey questions into the Community Needs Assessment (CNA) survey which also contained questions designed by the Committee and presented the draft survey to the Planning Committee for review. The Committee Members accepted the survey and developed the survey implementation process. The Committee also reviewed a list of potential key stakeholders to interview and the interview questions; members volunteered to conduct the interviews. The Consultant coordinated the Focus Groups with Martina Thornton, CACCI BOD member representing Dukes County and Jerico Mele, CACCI BOD member representing Nantucket County. They compiled the Invite List and co-facilitated the Focus Groups.⁶⁴

Customer Community Needs Assessment Surveys were targeted to low-income customers and low-income community members and were available in English, Portuguese and Spanish. Collection started at CACCI'S Thanksgiving Basket giveaway on November 19, 2022 (participants received a copy of the survey in their language of choice with a self-addressed envelope to mail back to CACCI anonymously). The survey was also available on CACCI's website through SurveyMonkey in English, Portuguese and Spanish. Flyers with both the Weblink and QR code were distributed to CACCI's and MassHire Cape and Islands Career Center customers and to CACCI's vast network of health and human service provider organizations on Cape Cod and the islands including food pantries, faith-based organizations that serve the immigrant community, and those that serve the disabled and senior communities across Barnstable, Dukes, and Nantucket Counties. In addition, residents of CACCI's Safe Harbor shelter also received surveys. Extensive outreach was conducted through the following process to promote diversity and inclusion in the data gathering: a Health Navigator Outreach event in November; outreach at the Health Ministry Center that serves the Brazilian community; outreach at a Haitian Church; outreach at a Spanish Church; and outreach to Spanish and Portuguese speaking customers. To eliminate duplication, surveys included instructions to not fill out the survey more than once. The survey was closed on March 30, 2023.

A total of 244 Community Needs Assessment surveys were collected: 28 surveys were completed in Portuguese and 26 in Spanish; 92 customers responded that they received CACCI services within the last 12 months and most completed the Customer Satisfaction section; and an additional 102 survey respondents checked off that they did not receive CACCI services within the last 12 months. Unfortunately, 50 survey respondents did not check off this question which

⁶³ The Key Stakeholder, Focus Groups and Community Needs Assessment Survey Instruments are available in Appendix D.

⁶⁴ Key Stakeholder Interview List is available in Appendix E.

made it impossible to capture these 50 surveys within either the customer or community member categories. Therefore, the analysis included an ‘All’ category to capture data for all 244 surveys for those who responded. The survey consisted of demographics and community needs assessment questions. In addition, it included an assessment of CACCI services and customer satisfaction.⁶⁵

Challenges that may have impacted the survey responses are as follows:

- Outreach was conducted to the Haitian Creole community church with a member of that community providing translation to the population. However, in retrospect, it would have been more effective to have had the survey translated into Haitian Creole as the survey results showed some confusion regarding responses.
- Prior experience shows that immigrants are often reluctant to complete surveys that include giving out specific demographic information even when assured that the survey is anonymous.
- As is often the case with any survey, some questions were skipped.

Five Key Stakeholder interviews were conducted representing four organizations by members of the Planning Committee and four required categories were covered: community-based organization who is also a community action partner organization; government agency; private sector; and educational institution.⁶⁶ The interview responses addressed what they considered the top priority needs, discussed programs/services they provide; and how CACCI might play a role to fill gaps in services.

A Focus Group was conducted in March 2023 on the island of Martha’s Vineyard (Dukes County) and on the island of Nantucket (Nantucket County). Both focus groups were held virtual thus limiting the number of attendees to keep the discussion manageable. The emphasis of the focus groups was to determine the needs of low-income residents, identify programs and services in place and in development, and to identify how CACCI might play a role to address unmet needs. Both focus groups went very well and yielded a robust discussion of the identified priority needs. Thirteen key community members attended the Dukes County group representing housing, adult community education and the public school system, social services, county government, banking, and a representative from a police department. The consultant held a follow-up zoom meeting with two representatives from Martha’s Vineyard Hospital as the listed invitee was not able to attend the focus group. The Nantucket Focus Group had 14 key community members in attendance representing housing, elder services, the school system, banking, the Nantucket police department, health, and the faith community. The consultant

⁶⁵ See Section 10.6 for Customer Satisfaction Findings.

⁶⁶ Key Stakeholder Interview List is available in Appendix E.

followed up with a representative from the Nantucket Immigration Resource Center who was not able to attend the focus group.

The data collected from the key stakeholder interviews, focus groups and community needs assessment surveys were incorporated into the analysis which identified priority needs. The Community Needs Assessment Preliminary Analysis Findings Chart was reviewed by the Planning Committee at their May 9, 2023 meeting; this document was revised and the final findings were submitted to the Executive Director to present at the May 24, 2023 CACCI BOD meeting.

The findings from the data gathered from the Community Needs Assessment Surveys are described in detail under Key Findings from the Community Needs Assessment (Section 9). Data from the Community Needs Assessment Surveys and Customer Satisfaction Evaluations were evaluated, and key findings will be used as part of CACCI's strategic planning.

8.2. External Data Collection and Assessment Process

The Community Profile, Section 7.3 covering Current Quantitative and Qualitative Data drew heavily from the mySidewalk Data Dashboards created specifically for members of MASSCAP and covered Barnstable, Dukes, and Nantucket Counties with a requested separate dashboard for the 14 Towns within Plymouth County served by CACCI's Child Care Network Program. This data was incorporated throughout this section to help define the population within the defined geographic areas, and within other sections of the report as appropriate. The report drew on demographic data to define the population (Demographic Population, Population by Age, Race and Ethnicity, and Poverty) and further analyzed poverty data by subpopulations (Gender, Family Type, Low Income, Age, and by Race & Ethnicity). Data from the dashboard was also used to define: Housing issues such as excessive housing costs; Health Care regarding insurance coverage; SNAP Benefits and Food Insecurity information; Immigration issues such as Language Spoken at Home; and Financial Insecurity such as, Poverty Rate by Educational Attainment, and Households without Computers or Internet Access. Additional U.S. Census data and other reports were also incorporated into the report.

Even though CACCI did not include an extensive Internal Assessment, the Planning Committee members participated in a SWOT (Strengths, Weaknesses, Opportunities, and Threats) Analysis⁶⁷ held on February 7, 2023 to determine Strengths and Weaknesses (Internal Factors) and Opportunities and Threats (External Factors). At the March 7, 2023 Planning Committee meeting, the Preliminary SWOT results were reviewed and information added and clarified. Committee members decided that it was not necessary to include linkages to the SWOT findings.

⁶⁷ Guidance for the SWOT Analysis was taken from Charity Channel Press available online at <http://charitychannel.com/swot-analysis-for-grant-professionals/>

The final SWOT chart was presented at the May 9, 2023 Planning Committee Meeting with the understanding that external and internal findings would be brought into the discussion when the FY2022-2023 Strategic Plan is reviewed.

8.3. *South Shore Community Action Council (SSCAC) Community Assessment*⁶⁸

CACCI and SSCAC exchanged data as CACCI sent them an outline of our key findings and community profile data and received data from SSCAC community needs assessment survey and key findings. This report will incorporate their data where appropriate.

⁶⁸ See Appendix H. for information on SSCAC's Research Methodology and Findings.

9. KEY FINDINGS: COMMUNITY ASSESSMENT

The top three individual/family and community level needs identified that relate to the Cape and Islands causes and conditions of poverty and the needs of our community are:

- Access to Affordable and Available Housing - including Utilities
- Health Care – including Health Insurance Coverage, Substance Use, Mental Health, and Food Insecurity
- Financial Insecurity - including Household and Community Needs for Employment, Training, Economic Security, Transportation Issues, and Digital Divide
- Other needs identified that support Multiple Domains are as follows:
 - Child Care
 - Immigration

9.1. Access to Affordable and Available Housing, Including Utilities

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, as well as quality of life.”⁶⁹

Key Findings

- **Key Stakeholder Interviews:** 100% of key stakeholders interviewed identified housing as a need. Reported was the lack of affordable housing; need for year-round housing noting that a large part of the housing stock has been purchased for summer rentals; and the connection between the lack of affordable housing and workforce and overall economic health of the Cape and Islands.
- **Dukes County (Martha’s Vineyard) Focus Group:** 100% of the Focus Group members identified housing as a priority need. Discussion included those who are cost-burdened; island residents who need to work multiple jobs to support housing and are being displaced when in seasonal housing; low-income residents, including elderly have difficulty maintaining their homes; with limited available rentals it becomes “a bidding war” for rental units. Also noted was the need for housing for town employees and other workforce housing. The group noted that the housing crisis is linked to the shortage of doctors, police officers, workforce, food insecurity and paying utility bills (one member noted “it comes down to heating or eating”).
- **Nantucket Focus Group:** 100% of the Focus Group members identified housing as a priority need. Discussion included the following: there is a need for projects to serve a range of

⁶⁹ 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.

housing needs; those in domestic violence situations often stay because there is nowhere to go or they end up in substandard housing, reluctant to go off-island, because this is where they work and where their children go to school (plus off-island shelters are often full); lack of housing's impact on fulfilling necessary positions, including police and fire departments; and those living in substandard housing are reluctant to complain and/or report, because of possible repercussions.

- ***Community Needs Assessment Survey for CACCI Customers and Low-Income Community Members.***

The Community Needs Assessment Survey, conducted with both CACCI Customers and Community Members identified affordable housing as a top need impacting people in their community. The majority also identified that their living expenses including the ability to pay heating or utility bills keeps them from “*feeling more financially stable*”; and the vast majority identified housing “*as an essential need of their household.*” ***Inability to pay for Utilities*** is also noted as a key issue related to housing (See Table 9.1 below).

Table 9.1 <i>Community Needs Assessment Survey Housing Findings</i>			
	Customers	Community	All
<i>Identified as a top need impacting people in your community:</i>			
• Affordable Housing	77%	83%	82%
• Ability to pay heating or utility bills	58%	60%	55%
<i>What keeps your family from feeling more financially stable?</i>			
• My living expenses (rent/mortgage, heat, food) are too high.	60%	47%	52%
• I can't find housing that I can afford.	33%	28%	29%
• I don't feel safe in my home.	9%	2%	6%
• I don't feel safe in my community.	7%	2%	5%
<i>Identified as an essential need of their household:</i>			
• Housing (includes rent/ mortgage payments, needed repairs in rental/home)	72%	66%	67%
• Utilities	28%	54%	47%

South Shore Community Action Council, our community action partner, ***Community Needs Assessment*** reported Housing and Utilities as one of its *Top Community Needs*: 62% of survey respondents noted Housing; and 68% noted Utilities. An additional response from their survey resulted in 59% reporting “*I cannot afford to maintain my heating system*”.

Public Policies Related to Housing

Governor Maura Healy's Supplemental Budget signed on March 29, 2023, and enacted into law included an allocation of \$85 million for the ***Family Emergency Assistance for Family Shelters*** to meet the growing demand of families, immigrants and refugees facing homelessness; the budget addresses investing in housing infrastructure and shelter provider workforce to help stabilize and rehouse families. The budget also includes \$21.9 million to support schools receiving an influx of families with school age children due to shelter placements through the end of 2023-2024.⁷⁰

HomeBASE is the State's benefit program to help families in emergency shelter to become rehoused. The program can provide funds for the following: first and last month's rent and a security deposit; furniture; a monthly stipend to help pay rent for up to a year; utilities; travel costs; and other expenses that might prevent a family from becoming rehoused. The program provides a stabilization worker to help the family access community supports such as, education, workforce development, child care, and supports when any tenancy-related issues arise.

Excerpts from Needs Assessments and Strategic Plans that Identify Housing as a Need:

- *Cape and Islands United Way's Community Impact Model*: focus areas include creating housing stability by providing basic needs to individuals and families to prevent homelessness; and encourage innovative pathways to housing.
- *Cape Cod Healthcare 2023-2025 Community Health Needs Assessment Plan*: notes high cost of housing; and low availability of non-seasonal housing and related stress issues.
- *Martha's Vineyard Hospital Community Health Needs Assessment Plan Report 2022*: Identifies the need to create year-round quality and affordable housing to help alleviate stress; explore land acquisition opportunities to develop workforce housing; explore community partnerships and/or house sharing projects; and support Harbor Homes to build a year-round shelter.
- *Nantucket Cottage Hospital Community Health Needs Assessment Plan – 2021*: notes the lack of affordable housing.

In addition, the following ***housing studies conducted for Barnstable, Dukes and Nantucket Counties*** included valuable information for their regions in acknowledging that each community recognizes the dire need to work toward solutions; the reports identified affordable housing gaps and pertinent suggestions to address the affordable housing crisis.

⁷⁰ Governor Healy Signs \$389 Million Supplemental Budget: New law provides needed funding for shelters, food security and child care, while also extending several COVID-era programs and policies. Executive Office for Administration and Finance, Press Release dated March 29, 2023, available at Mass.gov.

- 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.⁷¹
- ***Dukes County Regional Housing Authority (DCRHA) Annual Report 2020, written in January 2021,*** acknowledges the full effects of the COVID-19 pandemic and notes the steady loss of year-round rental and homeownership opportunities with the record setting number of property purchased, coupled with year-round use of summer homes, thus removing rentals from the market.
- ***Martha’s Vineyard Commission, Martha’s Vineyard Housing Needs Assessment Plan, December 2020,*** with Karen Sunnarborg, Consultant and Christine Flynn, Economic Development and Affordable Housing Planner. The report identified the Affordability Income Gap for homeownership between \$225,000 and \$781,500. The DCRHA Rental Wait list was 251 households. The Subsidized Housing Inventory based on August 14, 2020 data lists 23 homeownership units, with the majority as deed-restricted in perpetuity and the two remaining unit dates are somewhere in 2100 so they are not in imminent risk of expiring.
- ***Housing Nantucket Community Investment Plan January 2023-December 2025*** includes: To generate awareness of the housing crisis; to improve the conditions of exiting rental housing inventory; and create permanent affordable rental housing units. The report notes the diversity of their board members as 44% identify as Black, Indigenous, and People of Color compared to 30% of the island-wide population. It also facilitates the Housing Stakeholder Working Group. The Plan supports the Town’s Housing Productive Plan and home-rule petitions to benefit affordable housing and serves as the monitoring agent for local 40B developments.⁷²

Community Strengths: Housing and Shelter

Barnstable County, Department of Human Services (BCDHS) is the Collaborative Applicant for the annual HUD Continuum of Care (CoC) application to address homelessness. The majority of funds from the ***FY2022 HUD CoC award*** of \$2,293,161 went to grant recipients to provide permanent supportive housing for renewal projects, and one joint project providing Transitional, Permanent Housing, and Rapid Rehousing units for a total of 117 beds to house formerly homeless individuals with an emphasis on placing those who are considered chronically

⁷¹ The report is available at the Cape Cod Commission’s website at: <https://www.capecodcommission.org/our-work/housing-market-analysis/>.

⁷² [Nantucket- Housing Nantucket Community Investment Plan \(Updated-2023\).pdf](#)

homeless. All projects are required to provide supportive services, however, residents of Housing First projects have the right to refuse these services. Two required HUD programs, Homeless Management Information System (HMIS) and Coordinated Entry System (CES) were also funded as was a Planning grant, all under BCDHS.⁷³ They also were awarded \$1.357 million in funding for the *Youth Homelessness Demonstration Program (YHDP)* to develop a Coordinated Community Plan to address and end Youth and Young adults (YYA) homelessness across the region. The BCDHS convenes the Cape & Islands YHPD Planning Committee consisting of YYA with lived experience, key partner organizations and technical assistance providers. The RFP was released with a June 2 deadline to address two project types: Mobile Support and Resource Navigation; and Joint Crisis Transitional Housing and Rapid Rehousing.

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

Table 9.2 <i>Housing Inventory Chart</i>			
Type	Beds	PIT Count	Utility
Emergency Shelter total	307	295	96%
• Year round	(227)	(223)	(98%)
• Seasonal	(30)	(24)	(80%)
• Overflow	(50)	(48)	(96%)
Permanent Supportive Housing (PSH)	229	206	90%
Rapid Re-Housing	28	28	100%
Transitional Housing	118	100	85%
Total	682	629	92%

Data collected by Barnstable County Department of Human Services, January 2023⁷⁴

Cape and Islands Regional Network on Homelessness (Regional Network): facilitated by the BCDHS, 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 Regional Network's Policy Board reviews and approves policies and documents related to the annual HUD CoC application and guides the

⁷³ Information released by HUD and forwarded by Martha Taylor; information on the number of beds was taken from the Project Ranking Sheet.

⁷⁴ Housing Inventory Chart data provided by Martha Taylor, BCDHS Homeless Management Information System (HMIS) Program Manager on March 31, 2023.

Regional Network's activities. The Regional Network also consists of an Executive Committee and subcommittees. CACCI's Director of Safe Harbor Shelter serves on the Policy Board; the Director of Client Self Sufficiency and the Child Care Network Director both serve on subcommittees.

CACCI's Safe Harbor: is a state-funded shelter located in Hyannis that provides emergency shelter to women and their children who are homeless due to violence. The shelter can serve up to twenty families at a time. In FY22 46 families were served and 14 families found affordable housing and participated in stabilization services that Safe Harbor offers for one year after the family leaves shelter and leases in permanent housing on the Cape. While in shelter, families receive case management to develop a Family Life Plan which includes assistance with housing search, budgeting, and connection to community resources.

South Shore Community Action Council's Home Energy Assistance (Fuel Assistance) runs from November 1 through April 30 for residents of Barnstable, Dukes, and Nantucket Counties. Their Home Energy Assistance program volunteers outreach to Martha's Vineyard Community Services, Dukes County Social Services, Oak Bluffs Council on Aging, Up-Island Council on Aging, Wampanoag Tribe of Gay Head, and Nantucket Food, Fuel Rental Assistance. Their services also consist of the following for households who are eligible for Fuel Assistance:

- Weatherization to include free insulation and minor energy efficiency-related repairs to homes or apartments.
- Heating System Repair & Replacement – no-cost home heating inspections and repairs or replacement of inefficient heating systems.
- AMPS program includes a home energy usage audit and can offer suggestions on how to conserve energy. They can also provide energy-efficient lightbulbs, appliances, and items free of charge for eligible households.

Barnstable County

Town of Barnstable Police Department Community Impact Unit (CIU): a specialized team assigned to downtown Hyannis to work closely with the homeless population especially those suffering from mental illness and substance abuse. The Community Crisis Intervention Team (CCIT) multi-agency group works to provide appropriate services to the target population by coordinating housing, mental health services, and substance abuse treatment.

Barnstable County's HOME Consortium: was recently awarded \$1,556,508 in *HOME American Rescue Plan* funds from HUD to provide assistance to individuals or households who are: homeless; at risk of homelessness; fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking; and other populations with a high risk of

housing instability (including high cost-burdened low-income households, households who have moved two or more times in the last 60 days, and households living in a hotel/motel). Eligible activities are listed as follows: Preservation and Production of Affordable Rental Housing; Tenant-Based Rental Assistance; Housing-Related Supportive Services; and Acquisition and Development of Non-Congregate Shelters. The *Barnstable County Home Consortium HOME-ARP Program Allocation Plan* dated March 2023 is available on their website.⁷⁵ Initiatives to use these funds are being developed.

The HOME Investment Partnership: 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. HOME funding allocations average \$450,000 annually.⁷⁶

CHAMP Homes: provides transitional housing⁷⁷ and case management services to homeless individuals.

The Community Development Partnership:⁷⁸ they manage 100 rental homes across the lower eight Cape towns which range from studio apartments to 3-bedroom stand-alone units to multi-family housing; Home Buyer Education workshops are held in partnership with NeighborWorks Housing Solutions through hybrid classes; and they manage Canal House to offer safe and supportive living for individuals in recovery. The Housing Institute recorded workshops include an *Advocacy Training program*, and a *Municipal Officials Training on Affordable Housing Issues and Strategies*. They also list resources offered by the Lower Cape Housing & ADU (Accessory Dwelling Units) Resource Center.

Duffy Health Center: coordinates “In From the Streets”, a county-wide initiative to provide temporary shelter and case management for homeless individuals when the temperature drops below freezing. The program ends when the weather warms up.⁷⁹ They also run Welcome Home 6, a HUD Continuum of Care funded project that provides 11 units of permanent supportive housing for chronically homeless individuals.

Falmouth Belonging to Each Other:⁸⁰ serves homeless persons within the Town of Falmouth and provides seasonal congregate housing for 12 homeless men and women from November

⁷⁵<https://www.capecod.gov/wp-content/uploads/2022/07/HOME-ARP-Plan-Barnstable-County.pdf>

⁷⁶ This program is under the jurisdiction of the County’s Department of Human Services; information is available on the BCDHS website.

⁷⁷ There are additional programs that offer transitional housing that are not included here.

⁷⁸ See Community Development Partnership link for more information at www.capecdp.org

⁷⁹ Duffy Health Center. *Good News Wednesday: Care Outside Our Walls*. Email sent on March 22, 2023 from sgrambach@duffyhealthcenter.org.

⁸⁰ Information taken from their website at <https://bteofalmouth.com/>

through April. They also work with the residents and other homeless persons in Falmouth to provide “year-round compassionate, supportive service” to help them find stable housing. They provide transportation and work with the residents to get ‘rental ready’; and provide financial subsidies to help them get into a rental.

Habitat for Humanity: develops affordable homes on Cape Cod; construction uses Green Building Techniques for Home Energy Efficiency.

Housing Assistance Corporation (HAC): runs the state funded family emergency shelters on Cape Cod. They also run four HUD Continuum of Care funded permanent supportive housing programs for chronically homeless individuals. Cape Home V, 40 units; Housing First, 8 units; Parkway House, 5 units; and Youth Supportive Housing, 6 units. HAC provides Section 8 and MRVP housing vouchers and conducts First Time Homebuyer workshops and certification programs.

Housing Authorities: located in each town in Barnstable County, offer various subsidized (such as Section 8 and MRVP housing vouchers) and affordable housing options. Sandwich Housing Authority, as the recipient of a HUD-Continuum of Care grant, also manages 11 units of Permanent Supportive Housing units to house chronically homeless individuals.

Independence House:⁸¹ provides counseling and support services to survivors of domestic and sexual violence. They provide emergency shelter for those in an immediate domestic violence crisis and programs for children in the shelter. They also run a Housing Stabilization Program to provide short-term transitional housing and support services for families who are not in an immediate crisis. They run ***Empowered Survivors***, a HUD Continuum of Care (CoC) funded project, consisting of Transitional Housing (1 unit with 2 beds) and Rapid Rehousing (3 units with 6 beds) to serve up to 8 women and their children. Independence House also provides services including the following: a 24-hour hotline; and cash assistance for their customers to help with utility bills and transportation costs including auto repair bills. They conduct advocacy and outreach to the community, including high schools, to increase knowledge and awareness of sexual assault and violence with an emphasis on prevention. Their main office is in Hyannis with satellite offices in Falmouth, Orleans, and Provincetown.

Mashpee Wampanoag Village & First Light Wampanoag Homes: Mashpee Wampanoag Tribe has been completing development of various housing options for tribal members.

⁸¹ Information taken from their Website at: <https://independencehouse.org/> and from the 2022 HUD CoC Application.

Dukes County

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.

Community Builders: manages a mixed income rental property, Morgan Woods Apartments, developed by the Town of Edgartown.

Dukes County Regional Housing Authority (DCRHA):⁸² runs a Rental Assistance program funded through the town. They manage 96 year-round rental apartments and assist an average of 65 households with town-funded market rentals in Accessory Apartment By-Law units. DCRHA also facilitates the Homebuyer Training program and the Homebuyer Clearinghouse, a database of households interested in homeownership opportunities. They serve as the affordability monitor for deed-restricted properties and also assist towns with housing lotteries.

Habitat for Humanity of Martha's Vineyard: partners with other Island organizations to develop housing, but the land must either be donated or purchased by another organization.

Harbor Homes of Martha's Vineyard:⁸³ runs two congregate homes for low-income islanders. The *Tashmoo House* for men consists of a six-bedroom home and houses adults who were either formerly homeless or at imminent risk of becoming homeless. The *New York House* provides housing for six women with single rooms with adjoining bathrooms, a communal kitchen and common space. Residents of both homes receive support from a case manager.

In addition, Harbor Homes runs the following programs:

- *Hotel Respite Program* provides temporary shelter for medically fragile individuals, who are homeless and low-income families who lost their housing. This program operates off season from October to May. Harbor Homes staff collaborates with community resources to address the needs of the participants.
- *Winter Shelter Program* operates from December 1 through March 31 and provides overnight shelter with dinner and breakfast. The shelter is open from 6pm to 8am.

⁸² Information taken from their website at: <https://housingauthoritymarthasvineyard.org/>

⁸³ Information taken from their website at: <https://www.harborhomesmv.com/>.

Healthy Aging Martha's Vineyard: facilitates a grant-funded *Home Safety Modification Program* to conduct home renovations in collaboration with Martha's Vineyard Builders Association and volunteers to keep residents in their homes. They also support the development of the Green House model nursing home, in partnership with Martha's Vineyard Hospital and Navigator Homes for a 70-bed skilled nursing home facility to be available to residents.

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

Nantucket County

Housing Nantucket (HN):⁸⁴ collaborates with other organizations in their endeavor to address the affordable housing needs and therefore facilitates the *Housing Stakeholder Working Group* to keep each other informed of individual efforts. This collaboration is noted in the following programs provided by HN:

- *Affordable Rental Program* consists of 39 scattered sites, with another 22 under construction through the combined efforts of the Town of Nantucket, the Nantucket Housing Authority (NHA), the Affordable Housing Trust, the Community Preservation Committee, and HN.
- *Nantucket Housing Needs Covenant program* is a combined effort with the NHA "...to create scattered site home-ownership opportunities by providing private property owners with zoning relief, enabling them to sell a portion of their land that is not otherwise sub-dividable." The owners record a deed restriction as ownership must be year-round islanders earning less than 150% of the area median income, and the transaction price of a Covenant home must be below the Maximum Sale Price.
- *House Recycling Program* - When chosen as the grant recipient, HN relocates and refurbishes a donated home slated for demolition to rent to year-round residents at price-accessible rates. When rehabbing the homes, they install water savings and other energy savings devices such as solar panels.
- *Educational Program* includes the First Time Homebuyer Education and Rebuild Your Credit classes offered in partnership with the Nantucket Community School and Housing Assistance Corporation. HN has helped over 600 potential first time buyers since adopting this program.

Habitat for Humanity of Nantucket: develops homes in partnership with other organizations to accomplish their goals of developing affordable housing, including the donation of land.

⁸⁴ Information taken from Housing Nantucket's *Community Investment Plan January 2023-December 2025* and available on their website at: [Nantucket- Housing Nantucket Community Investment Plan \(Updated-2023\).pdf](#)

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 NHA.

A Safe Place Nantucket:⁸⁵ was formed in 1987 to serve those dealing with domestic violence and sexual assault; they have since added additional Programs and Survivor Services. They provide a 24-hour hotline with advocate counselors and “in extreme high-risk situations” they can provide an emergency “Safe Home” while making plans to leave the island. Their Trained Rape Crisis Counselors can also provide medical accompaniment. Programs include the following: *Trauma Therapy Program* for those who experienced child abuse, domestic violence, sexual assault or exploitation or witness violence; *Child Witness to Violence Program*; *Supervised Visitation Program* for non-custodial parents monitored by trained staff; and *Police & Legal Advocacy*. Bilingual advocates are available upon request. They can provide basic items such as food and clothing, financial assistance, transportation, and housing search.

- Outreach includes a Book Club, Movie and & Discussion Group, Awareness events, prevention, Youth Ed programs (teen dating violence; Therapeutic Sports and Social Skills Groups); and Community & Volunteer training.

Community Strengths: Prevention

The following programs provide funds to prevent individuals and/or families from becoming homeless and may also provide direct services to the homeless. This list should not be considered conclusive.

Cape and Islands Major Relief Fund run by the Cape Cod Times: offers relief in the event of a major crisis; funds can include temporary shelter to individuals and families with demonstrated economic need, and especially for those who may earn a working-class wage but may not qualify for other aid.

Housing Assistance Corporation (HAC) is the largest program in the region providing prevention funds, with some programs covering both the Cape and Islands. They are also one of nine regional Housing Consumer Education Centers (HCEC) in Massachusetts.⁸⁶ They administer the following programs:

- **Private Prevention Funds:** There is no annual income limitation for this program that can provide up to \$1,000 to help keep a client housed. However, eligible clients will demonstrate

⁸⁵ Their website includes Annual Reports and information about their programs – see <https://www.asafeplacenantucket.org/about-us/history>

⁸⁶ Information taken from Housing Assistance Corporation's website at <https://haconcapecod.org/programs/homeless-prevention/>

1) loss of income or increase in expenses that has caused housing instability, 2) that they do not have other resources to make the payment, and 3) that the payment will stabilize their housing. Payments are made directly to a landlord, mortgage company, or another vendor.

- **RAFT (*Residential Assistance for Families in Transition*)**: This state funded program provides payments to prevent homelessness. Eligible clients will demonstrate that the payment will stabilize their housing. Payments are made directly to landlords, or other vendors. RAFT allows a maximum benefit limit of \$10,000 per household in a 12-month period; For households applying to RAFT assistance with rent arrears, a notice to quit or eviction notice/court summons is required.
- **Workforce Housing Relief Fund**: Eligible clients can make up to 100% of the Area Median Income, and must not be eligible for other state, federal or local relief. They must demonstrate a loss of income or increase in expenses that has caused them to fall behind on rent or mortgage payment. Priority is given to clients impacted by COVID or related economic downturn.
- **Housing Consumer Education Center**: one of nine centers in the State, helps clients find appropriate assistance, provides workshops and materials designed for housing consumers and providers, including tenants, home buyers, homeowners, and landlords. They offer free foreclosure counseling; and reverse mortgage counseling is free to those earning 200% or less of the federal poverty level.

Homeowners Assistance Fund: created by the American Rescue Plan Act, can provide up to \$50,000 for eligible homeowners who have missed three mortgage payments to help them avoid foreclosure; payments go directly to the homeowner's mortgage servicing company (see the Mass.gov link for additional eligibility criteria).⁸⁷

Shaw Fund for Mainer's Children: provides financial assistance for families working in the fishing industries such as funding for utilities and other costs.

Other Prevention Programs:

Barnstable County

Cape Cod Council of Churches: provides homeless prevention funds through its Hands of Hope Food Pantry and Outreach Center (covering Harwich to Mashpee) and oversees the Youth StreetReach program that interacts with neighbors who are either currently homeless or have been homeless and periodically holds a free breakfast event. A Baby Center provides diapers, wipes, formula, gently used clothing and equipment for income eligible families with infants up

⁸⁷ See <https://www.mass.gov/info-details/homeowner-assistance-fund-haf> This website notes that for those facing imminent foreclosure within the next 7 days, should contact the Massachusetts Division of Banks.

to age three and Faith Family Kitchen serves pre-packaged meals Monday, Wednesdays and Fridays for families and individuals. The Council also provides temporary housing in motels when funds are available.

Cape Cod Times Needy Fund: helps with immediate, short-term emergencies such as food, rent, medical costs and other expenses via vouchers. They provide funds to the Falmouth Service Center and Lower Cape Outreach Council to administer assistance in their service area.

Falmouth Service Center:⁸⁸ provides prevention funds to Falmouth residents which can include assistance with rent/mortgage payments, and electric and heating bills. They operate a Food Pantry and conduct a Home Food Delivery Program for seniors and those who are ill or housebound. Clothing and household items are available to their clients from their Clothing Room. At the beginning of the school year, the Fresh Start Program provides children who are clients and enrolled in the Falmouth school system, to receive a complete set of new clothes and a backpack filled with school supplies. They also operate a thrift shop boutique, Hand in Hand Thrift Shop, at a separate location in East Falmouth; funds raised help support their programs.

HAC THRIVE: initiated in the summer of 2022 and is considered a Workforce Housing voucher program targeting households living and working on Cape Cod with at least one person who works either in childcare or with the developmentally disabled. Those who qualify can receive a fixed subsidy of \$450 paid to their landlord for 12 months with a renewal option for an additional 12 months pending funding and eligibility requirements. To qualify, households must commit to working with the agency's HUD Certified Housing Counselor, be currently paying greater than 30% of their income toward rent, have a written lease or rental agreement, not be living in a subsidized unit, and not renting from a relative. The program is funded through a combination of American Rescue Plan Act Funds, and donations from the Cape and Islands United Way and the Bilezikian Family Foundation.⁸⁹

Homeless Prevention Council: located in Orleans, focuses on the eight lower Cape towns (Brewster, Harwich, Chatham, Orleans, Eastham, Wellfleet, Truro and Provincetown) to provide homeless prevention and case management through rental assistance and emergency funds to connect households to prevent homelessness and stabilize housing. They also work with special programs for residents of Dennis and Yarmouth to help stabilize housing and have also initiated a Homeless Youth Outreach component to address unaccompanied homeless youth ages 18-24.

⁸⁸ See their website at <https://www.falmouthservicecenter.org/financial-assistance>

⁸⁹ Information is from Housing Assistance Corporation's website under Programs which also included a link to the THRIVE flyer <https://haconcapecod.org/thrive/>.

Lower Cape Outreach Council: offers a range of services including housing, food and clothing assistance, microloans, 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.”

Mashpee Wampanoag Tribe Housing Program: offers the following for Tribal Members: Rental Subsidy Assistance; Home Rehabilitation; Rental Assistance; Eviction Prevention; Down Payment and Closing Cost Assistance; Foreclosure Assistance; Septic Replacement and Repair; and Emergency Home Repair.

Dukes County

Aquinnah Wampanoag Tribe Emergency Assistance: will help tribal members in a financial crisis such as eviction notices; if other resources and programs fail to provide assistance, the Tribe’s Emergency Assistance will provide a one-time payment and supports for qualified households to get through the crisis.⁹⁰

Dukes County Regional Housing Authority: “The Housing Authority partners with Harbor Homes, Housing Assistance Corporation, The Resource Inc., the County Manager’s office, the Tower Foundation, and other organizations that assist with rent, utilities, homeless prevention, emergency support and apartment rehabilitation for island tenants and their landlords.”⁹¹

Harbor Homes of Martha’s Vineyard Community Outreach: program works collaboratively with community agencies and with the regional Coordinated Entry System to identify persons regarding the waitlist for units for chronically homeless individuals.

Nantucket County

Nantucket Affordable Housing Trust Fund Closing Cost Assistance Program: offers up to \$15,000 to qualified households earning up to 175% of Area Median Income to use towards the purchase of a deed-restricted affordable unit. The intention is to increase homeownership among the low and moderate-income year-round residents in the Town of Nantucket.⁹²

Nantucket Interfaith Council:⁹³ provides rental assistance and can assist residents with first/last month rent to move into suitable housing or a short-term subsidy to remain housed, including

⁹⁰ <https://wampanoagtribe-nsn.gov/emergency-assistance>

⁹¹ <https://housingauthoritymarthasvineyard.org/dummy-rental/>

⁹² A link to the Nantucket Affordable Housing Trust Fund, Closing Cost Assistance Program is available on the Town of Nantucket’s website at: <https://nantucket-ma.gov/184/Affordable-Housing-Trust>

⁹³ Information taken from the Nantucket Interfaith Council’s website at <https://www.assistanantucket.org/contact/>
Community Action Committee of Cape Cod & Islands, Inc (CACCI)

payments to avoid eviction (assistance is paid directly to landlord). Assistance is limited to \$5,000 over an 18-month period but can be extended due to extenuating circumstance.

Recommendations to Address Identified Gaps: Housing

- Ensure that each community continues in the quest to develop more affordable housing.
- Ensure that households who are cost-burdened receive adequate financial support, especially when acknowledging the negative impact this has on food security and the ability to pay utility bills.
- Ensure that the community is educated regarding both the need for affordable housing to mitigate the reluctance to accept affordable housing developments within neighborhoods and the impact of the housing crisis on the economy. For example, when people out-migrate and/or do not relocate to the region for jobs because they cannot afford to live here and the negative impact on the ability to hire across the spectrum of employments, including child care workers, medical and other professional positions, including police and fire departments.

9.2. Health Care – Health Insurance Coverage, Substance Use, Mental Health, and Food Insecurity are noted in Relationship to Poverty

Relationship to Poverty: Issues pertaining to the lack of health insurance, substance use disorders, untreated mental health issues, and food inequality can all be linked to poverty if one is not receiving the health care and support services to stabilize their lives. To address the needs identified in this report, everyone should be able to receive adequate health services as needed and are ensured of food security.

Key Findings

- ***Key Stakeholder Interviews:*** 40% identified Food Insecurity as a priority.
- ***Dukes County Focus Group:*** 100% identified Medical related issues as a priority such as lack of primary care physicians; dental and mental health care; and stress related to the need for mental health and social supports. Also noted: costs related to traveling off island for medical care including time away from employment; and the Island Food Pantry has seen a huge growth.
- ***Nantucket County Focus Group:*** 100% identified health related issues such as: limited medical clinic care; shortage of primary care physicians; increase of uninsured, especially among Spanish speaking families; and time and cost related to traveling off-island for medical care. Also reported: incomes are too high for families to qualify for WIC; and food insecurity is on the rise as the Nantucket Food Pantry has seen an increase in need.
- ***Community Needs Assessment Survey for CACCI Customers and Low-Income Community Members.***

Community Needs Assessment Survey findings regarding Health-related issues, identified health insurance, mental health services, and access to food (Food Insecurity) as a top need impacting people in their community; they also identified health care and related issues, and food insecurity as essential needs of their household. See Table 9.3 below.

Table 9.3 <i>Community Needs Assessment Survey - Health Care & Health Related Issues</i>			
	Customers	Community	All
<i>Identified as a top need impacting people in the community:</i>			
• Health insurance	55%	36%	46%
• Mental health services	50%	52%	55%
• Access to food	48%	41%	42%
<i>What keeps you or your household from feeling financially stable?</i>			
• I've had a lot of medical expenses that weren't covered by my insurance.	15%	14%	16%
• I or a family member is struggling with mental health issues.	13%	10%	11%
• I lost eligibility for benefits (SNAP, MassHealth, DTA)	12%	6%	9%
<i>Listed as one of three essential needs of household:</i>			
• Health care and health related issues	34%	35%	33%
○ Food insecurity	61%	62%	56%

South Shore Community Action Council, our community action partner, ***Community Needs Assessment*** reported Health as one of its *Top Community Needs*: 35% of survey respondents noted Health Insurance; 37% noted Mental Health Services; and 51% noted Access to Affordable Food. Additional responses from their survey: 28% reporting “*I’ve had a lot of medical expenses not covered by insurance*”; and 49% reported “*I or a family member struggles with mental health issues*”.

Strategic Plans Related to Health Care

While the December 2022 ***Blue Cross Blue Shield of MA Foundation (BCBSMA Foundation) A Focus on Health Care: Five Key Priorities for the Next Administration*** states that Massachusetts is a national leader in transforming health care coverage, affordability, and quality and has one of the nation’s highest rates of health insurance coverage and one of the most innovative Medicaid programs (MassHealth) in the country. The report notes that the COVID-19 pandemic made it clear that not all residents are able to access, afford, or experience health care equity.⁹⁴ In preparation for a change in state government, the Foundation put together a group of diverse stakeholders to identify the most pressing health care issues. The following lists the Five

⁹⁴ They also emphasized inequities in their Blue Cross Blue Shield of Massachusetts Foundation, with Stephanie Anthony, et al of Manatt Health. *Racism and Racial Inequalities in health: A Data-Informed Primer on Health Disparities in Massachusetts*. December 2021 (see Section 7 for discussion of this report)

Key Priorities identified by this group (see report for the action steps and more detail available on the BCBSMA Foundation website).⁹⁵

1. *Addressing Systemic Racism and Inequalities in Health*
2. *Ensuring Consumer Health Care Affordability*
3. *Confronting the Mental Health Crisis for Children and Youth (noted are the Mental health ABC Act and the MassHealth 1115 Demonstration)*
4. *Improving Access to Long-Term Services and Supports, Including Long-Term Care*
5. *Mitigating Critical Health Care Workforce Shortages*

Even though the above report identifies mental health crisis for children and youth and health care worker shortage, including behavioral health care workers, it is worth briefly reviewing an overview of the September **2022 BCBSMA Foundation’s report, “Creating a Robust, Diverse, and Resilient Behavioral Health Workforce in Massachusetts”**.⁹⁶ This report discusses the growing demand for behavioral health services and refers to the increase in drug overdoses and drug-related deaths and the link with co-occurring conditions (Mental Health and Substance Use Disorder). The report also emphasizes trauma and stress exacerbated by the pandemic; “The Pandemic’s toll has been particularly harmful on the behavioral health and well-being of people of color.” The report makes seven recommendations, some of which overlap with the BCBSMA Foundation’s key priorities report.

The Massachusetts Health Connector’s Health Equity Initiatives⁹⁷ addresses some of the inequalities identified in both BCBSMA Foundation reports noted above. The goal is to advance health equity objectives by including new benefits, protections, and reduced cost-sharing in its 2023 Seal of Approval plan as summarized below.

- *To address the health disparities in health status and chronic conditions by race and ethnic group:* Eliminate cost sharing for high-value medications needed for four select chronic conditions disproportionately affecting communities of color to include Diabetes, Asthma, Coronary Artery Disease, and Hypertension; and eliminate cost sharing for Primary Care sick visits.
- *To address inequalities among Health Connector enrollees to access full range of on-exchange carrier and provider choices:* Steps to require full-carrier participation in

⁹⁵ Blue Cross Blue Shield of Massachusetts Foundation, with Stephanie Anthony and Patricia Boozang of Manatt Health. *A Focus on Health Care: Five Key Priorities for the Next Administration*. December 2022. See weblink for more details at www.bluecrossblueshieldmafoundation.org

⁹⁶Blue Cross Blue Shield of Massachusetts Foundation, with Mindy Lipson, et al of Manatt Health. *Creating a Robust, Diverse, and Resilient Behavioral Health Workforce in Massachusetts*. September 2022. See weblink for more detail at <https://www.bluecrossmafoundation.org/publication/creating-robust-diverse-and-resilient-behavioral-health-workforce-massachusetts>.

⁹⁷ Massachusetts Health Connector. *Health Equity Initiatives in the 2023 Seal of Approval*. Dated March 10, 2022. Available at [Health Equity Initiatives in the 2023 Seal of Approval – Massachusetts Health Connector \(mahealthconnector.org\)](https://mahealthconnector.org)

ConnectorCare starting in 2024 to include - make the ConnectorCare program more equitable; avoid operating a two-tier system based on income; and increase state-wide access, competition, and stability in ConnectorCare by protecting against minimal carrier options.

- *To address disparities by race and ethnic group and LGBTQ+ status in mental health and/or access to behavioral health care:* Encourage carriers to incorporate recovery coaches and certified peer specialists; require carriers to contract with Community Behavioral Health Centers; and eliminate cost-sharing for mental health outpatient visits.
- *To address inconsistent or unclear access to gender affirming care and/or care for transgender residents:* Require Carriers to enhance gender-affirming care case management expertise and work toward establishment of gender-affirming care advisory councils.

Cape and Islands United Way’s Community Impact Model/Focus Areas:⁹⁸

- *Promoting Health (every individual should have the resources to become strong and reliant):* Promote healthy aging (address the physical, nutritional and mental health to age in place on CC&I); and Support prevention and recovery services (support early opportunities to prevent later substance/alcohol use in youth and young adults).
- *Improving Educational Successes (youth should have an equal opportunity to thrive):* Expand quality out of school programing (to include access to food, extracurricular activities, mentoring, and early intervention for exposure to trauma); and build social, emotional and language skills (support high quality, affordable child care for children age 0 to 6 to aid in school success and help them become ready to learn).
- *Creating Housing Stability (every individual should be safely housed):* Prevent Homelessness (assist vulnerable individuals and families with basic needs while providing pathways to self-sufficiency); and encourage innovative pathways to housing (funding permanent and innovative housing solutions).
- *Encouraging Economic Stability (to support individuals and families to become stable and self-reliant):* Provide pathways to economic self-sufficiency (secure resources for people in need, while also working to close the seasonal employment gap); and increase food and economic stability (increase affordability and accessibility of healthy foods to families and individuals in our community).

Cape Cod Healthcare’s (CCHC) 2023-2025 Community Health Needs Assessment report

notes that they reviewed different data collection sources, and utilized the Priority Community Needs to inform their Strategic Implementation Plan for 2023, 2024 and 2025 as follows: Behavioral Health; Heath Care Access; and Housing. They also identified the Cross-Cutting Themes of Health Equity and Economic Stress & Instability to be included in the objectives and/or strategies in each of the priority areas and identified Key Themes as follows:

⁹⁸ See the Cape and Islands United Way Website <https://www.capeandislandsuw.org/our-work>

- *Economic Stress and Instability* (housing costs, food, childcare, and other basic needs);
- *Food Access* (exacerbated by geographical barriers, transportation challenges and individual mobility or disability constraints);
- *Housing* (issues that most affects economic stability are both the high cost of housing and low availability of non-seasonal housing);
- *Transportation* (impact on maintaining employment, access to food and healthcare);
- *Health Care Access and Health Outcomes, Behavioral Health* (mental health issues are noted for all age groups, but youth identified most frequently coupled with lack of services to meet the needs; substance use and opioid epidemic and not enough treatment resources);
- *Health Equity* (issues of bias and discrimination and acute experiences of violence, racism and/or bullying in the community); and the impact of COVID (on employment, exacerbated the housing shortage, cost of living and mental health).

Martha's Vineyard Hospital Community Health Needs Assessment (CHNA) Plan Report 2022 identified the top four major community health challenges; the accompanying Community Health Improvement Plan (CHIP) discusses ways to address the identified health challenges and outline programmatic, staff resource, financial initiatives, and community resources to address the needs.⁹⁹ (See the report for details on Strategies).

- *Mental Health*: Identified the need to expand access to mental health services for adults and children. Strategies: Expand Outpatient Psychiatry Services for Primary Care, including hiring a new psychiatric Nurse Practitioner, and provide access to Martha's Vineyard Hospital Substance Use Disorder (SUD) team and other community partners; Refine emergency services system based on new regulations; and continue financial support for Counseling and Outreach to the Elderly (CORE), if funds available.
- *Substance Use Disorders*: Identified the need to improve access for people who need these services.
- *Housing*: Identified the need to create affordable housing including workforce housing to alleviate excessive housing costs, overcrowding, unhealthy and unsafe living conditions, instability, frequent relocations, and homelessness
- *Access to Care*: Improved service coordination and communication, particularly for seniors and diverse communities.

Nantucket Cottage Hospital Community Health Needs Assessment 2021 Plan's¹⁰⁰ goal is to identify the primary-health-related needs, understand how those needs are being addressed, and identify opportunities to address those needs in the future. It is important to note that their

⁹⁹ The Martha's Vineyard Hospital CHNA and CHIP plans were received via email from Amy Houghton, Director of Contracts and Community Projects following a zoom meeting held on April 12, 2023.

¹⁰⁰ Nantucket Cottage Hospital Community Health Needs Assessment, November 1, 2021. Available on their website at: <https://nantuckethospital.org/wp-content/uploads/2021/11/FY2021-Nantucket-Community-Health-Needs-Assessment.pdf>

research was conducted during the challenges of the COVID-19 pandemic. The report notes that four Key Themes were identified as the most pressing community health needs as follows:

- *Affordable Housing*: 40.2% of Nantucket homeowners spend over 35% of their income on housing; housing costs are among the highest in the United States; and 90% of Nantucket's year-round population cannot afford to buy a home.
- *Mental Health*: the lack of mental health providers on the island, with the lowest provider density in the state; and also highlighted by the community was the awareness of racial inequalities and impact on health.
- *Cancer*: the island has a higher cancer rate (including breast, colon/rectal, and melanoma cancers) and limited capacity for cancer care.
- *Substance Use Disorder*: since the island does not have detoxification facilities, one is required to travel off-island; while there is one provider on the island who prescribes suboxone, there is not a methadone provider.
- *Food Insecurity* was also highlighted by the community as Nantucket was identified as one of four counties that have seen their projected food insecurity rates increase by over 70%.

Community Strengths: Health Insurance and Care

BCBSMA Foundation's report "*MassHealth Matters to Massachusetts*"¹⁰¹ notes the following benefits:

- MassHealth Recipients: 67% of consumers are in low-income families; 25% of Massachusetts residents; and 42% of children of all incomes (MassHealth includes the Children's Health Insurance Program (CHIP)).
- Financial benefits to the State: MassHealth 'brings in' \$12.5 billion in federal revenue (nearly 90% of all federal revenue comes from the MassHealth program); and every dollar spent on MassHealth is reimbursed by at least 50 cents of federal revenue.
- Creates and supports jobs in the health care sector: 54% in nursing facilities; 44% in community health centers; and 38% in prenatal care.
- Fills significant gaps for Medicare Recipients: 329,000 seniors and people with disabilities, receive MassHealth support to cover for copays and deductibles, and services not covered by Medicare, including long term care.
- MassHealth is in a position to help the State address some of its most pressing challenges such as improving health equity, addressing the behavioral health crisis, and promoting insurance coverage during economic downturns.

CACCI's Access to Health Insurance & Care: certified Massachusetts Health Connector Navigators assist individuals and households of Barnstable and Nantucket Counties to apply and

¹⁰¹ Blue Cross Blue Shield Foundation of Massachusetts with the Massachusetts Medicaid Policy Institute. *MassHealth Matters to Massachusetts*. February 2023.

enroll in Massachusetts Health Connector and MassHealth insurance plans and assist consumers in maintaining their insurance. Now that the Public Health Emergency has ended CACCI's Navigator Program is resuming out-posting across their designated service delivery area in Barnstable County and continues to conduct outreach to Nantucket County. In addition to their contract with the state, CACCI also receives annual grants from BCBSMA Foundation to provide public health insurance enrollment assistance and to support outreach activities. CACCI has Navigators that speak English, Spanish, and Portuguese. In FY22, CACCI assisted 2,881 individuals to enroll in health insurance and provided assistance to maintain their health insurance; and an additional 765 enrolled individuals received assistance to maintain their health insurance. They provide assistance to link consumers to primary care; shop for plans that best fit their medical needs; and provide health literacy education. They also conduct outreach to the community to promote awareness of public health insurance in Massachusetts and the activities of the Health Connector and MassHealth.

Cape and Islands SHINE (Serving the Health Insurance Needs of Everyone): provides free health insurance information, counseling, and assistance to Medicare residents of Massachusetts and their caregivers. The program is administered by the Massachusetts Executive Office of Elder Affairs and is a State Health Insurance Assistance Program, partially funded by the Federal Administration for Community Living (SHIP) and also by Barnstable County. SHINE offers assistance at their main office in the County government complex in West Barnstable and at site locations across the Cape and Islands in partnership with local Councils on Aging and other public and private community-based organizations to help those enroll in a health insurance program that best fits their needs. A SHINE counselor can also assist those eligible to enroll in programs to help pay for health insurance costs.¹⁰² CACCI's Access to Health Insurance & Care Navigators network with SHINE counselors to serve households with people at and over the ages of 65 years of age who need assistance with MassHealth enrollments.

Barnstable County

Community Health Centers: Cape Cod has several centers that provide medical, dental, behavioral health, and support to apply for public health insurance. Those staff that assist their patients in applying and enrolling in health insurance are called certified Consumer Assistance Counselors. Some of those centers are the ***Community Health Center of Cape Cod*** with headquarters in Mashpee (they operate several sites predominately in the upper Cape), ***Harbor Health Center*** in Hyannis, ***Duffy Health Center*** in Hyannis serves the homeless and at risk of homelessness, and ***Outer Cape Health Services*** with sites in the lower/outer Cape.

¹⁰² Information on the SHINE Program was taken from the Barnstable County Department of Human Services website.

Cape Cod Healthcare: operates Cape Cod Hospital located in Hyannis with out-patient “Urgent Care” centers throughout the Cape; they also operate Falmouth Hospital serving the upper Cape.

Fishing Partnership Social Services: is the only other State contracted Navigator Organization within Barnstable County. Their Cape office is in Chatham. Fishing Partnership Navigators can help those working in the fishing industry and other Massachusetts residents under the age of 65 apply for health insurance.¹⁰³

Health Ministry USA: a faith-based organization located in Hyannis, offers services with an emphasis on the Brazilian population; however, they also have ESOL classes for Spanish and Haitian Creole speakers. Their goal is to serve as a community center offering health, social and wellness activities and to collaborate with community partners. For example, they partner with CACCI’s Health Connector Navigators who out-post monthly at the Center to assist clients in applying and enrolling in public health insurance.

Dukes County

The Vineyard Health Care Access (VHCA) Program:¹⁰⁴ offers assistance in English and Portuguese. They are one of the Commonwealth’s Certified Health Connector Navigator Organizations to provide application and enrollment assistance to community members. They also assist seniors with Medicare issues, including counseling for Medicare Part D and evaluate eligibility for additional coverage for lower income seniors. VHCA also runs financial assistance programs such as the Voucher Program for Medicine which provides short-term emergency assistance for Access Program clients only; the Prescription Assistance Program through prescription drug companies; web-based information services regarding free and low-cost medications for those without prescription coverage and/or cannot afford their medications; and other assistance programs that provide emergency medical financial assistance.

VHCA’s ***Vineyard Smiles program*** provides free dental cleaning for island residents 18 years or older, and dental exams, cleanings, and Fluoride treatment for children of all ages through their mobile dental service for children, low-income adults, and disabled adults.

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

¹⁰³ Massachusetts Health Connector lists 19 organizations as Certified Navigator organizations across the state. The Fishing Partnership is listed as one organization with four offices; the Chatham office is listed for Barnstable County; for the list of Navigator organizations go to the Health Connector link: <https://www.mahealthconnector.org/navigators> (CACCI and the Vineyard Health Care Access Program are included in this listing).

¹⁰⁴ Information for the Vineyard Health Care Access Program has been taken from their website on March 2023 – <http://mvhealthcareaccess.org/>

them.¹⁰⁵ 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).¹⁰⁶ The Council formed the *Youth Task Force* (YTF) and the coalition includes 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.¹⁰⁷ The YTF hosts community events, speaker series, parent dinners, and makes available a list of documents and resources. Parents who sign up for the Safe Homes Pledge program agree to provide a tobacco, alcohol, and drug free safe environment for their children to socialize.

Healthy Aging Martha's Vineyard (HAMV):¹⁰⁸ a community-building organization collaborated in late 2020 with Boston University's MetroBridge program to conduct an island-wide survey with Older Adults ages 60+; based on the results, HAMV developed a five year community plan for an Aging and Dementia friendly island which identified six key priorities: Ensure that the essential services Older Adults need and the workforce necessary to provide them are in place; Expand Older Adult Transportation options and raise awareness of these options; Develop a database/central clearing housing of information as a resource for the Island's Older Adult population; Support digital equity and inclusion for Older Adults focusing on ongoing education/assistance; Expand opportunities for community engagement (coordinated volunteer program, time banking, educational programs, etc.); and Address Older Adult safety/accessibility regarding infrastructure (roads, sidewalks, bike paths, beaches) to support their lifestyle aspirations. It convenes monthly meetings with the Older Adult Transportation representing over 15 service agencies; hosts bi-monthly meetings with the Falls Prevention Coalition; educates and provides educational seminars for Advance Care Planning to encourage the completion of a Health Care proxy; participated in "Project Happiness 2.0" in partnership with the Island Grown Initiative (IGI) to bring gardening projects to isolated Older Adults via the COAs. They continue to publish a newsletter to over 1,400 subscribers and to submit proposals for funding to support their initiatives.

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.¹⁰⁹

¹⁰⁵ <https://www.dchcmv.com/new-page-about>

¹⁰⁶ Information on the Rural Health Scholars Program is available on the Health Council link through the Dukes County Website <https://www.dukescounty.org/health-council/pages/rural-health-scholars-program>

¹⁰⁷ Information on the Martha's Vineyard Youth Task Force was obtained from their website accessed on March 29, 2023 at <https://www.mvyouthtaskforce.org/>

¹⁰⁸ Information on the healthy Aging Martha's Vineyard has been taken from their website at <https://www.hamv.org/>

¹⁰⁹ Information on FirstStop MV available online at <https://firststopmv.org/>

Martha's Vineyard Hospital (MVH): is a critical access, not-for-profit, community hospital on the island of Martha's Vineyard. Committed to delivering high-quality healthcare to the community and its visitors, MVH provides acute, ambulatory, and specialty services either on-site or through its affiliation with Mass General Hospital.

Nantucket County

Nantucket Department of Human Services: consists of five departments: Commission on Disability; Human Services; Our Island Home, a 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. The Town of Nantucket has allocated \$650,000 for human services spending per year. The department's Director serves on CACCI's Board of Directors.

Nantucket Cottage Hospital's (NCH) Social Services Department: provides an array of services to both hospital patients (with costs covered by the hospital) and to community members (with support from a grant from the Town which provides partial reimbursement). Some of the services include:

- Accessing public health insurance, including assisting local veterans to navigate the VA Healthcare system and seniors to apply for Medicare including prescription drug benefits during open enrollment including exploring prescription assistance foundations.
- Oversees an interpreter services program.
- Helps to identify resources and/or assist in the application process for an array of benefits including applying for subsidized housing programs.
- Mental Health: Oversees the care of behavioral health patients in the NCH Emergency Room or Med-Surge Floor awaiting transfer to a behavioral health facility; refers people to mental health services; and assists people with serious and persistent mental illness. Assists residents and/or patients to complete Department of Mental Health applications. Hospital 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 lists funding sources for traveling off-island for medical treatment and provides a link to the provider and/or NCH contact. These funds are the Emergency Medical Travel Fund, The Sailing Stork Fund, the David Glidden Fund, and the Marla Ceely Lamb Cancer Travel Fund.¹¹⁰

¹¹⁰ See Nantucket Cottage Hospital's Website for specific information these funding sources at <https://nantuckethospital.org/health-wellness-services/social-services/>

Community Strengths: Substance Use

Governor Charlie Baker signed a landmark bill on March 14, 2016, limiting first-time opioid prescriptions to seven days - the first law in the country.¹¹¹ Massachusetts received substantial ***Opioid Recovery and Remediation Funds*** which are reallocated to counties and towns across the state, including the towns in Barnstable, Dukes, and Nantucket Counties. The Massachusetts Department of Public Health press release notes that \$1.7 million is being used to expand access to naloxone; \$3 million to increase access to Medication for Opioid Use Disorder.¹¹²

The Commonwealth of Massachusetts, Executive Office of Health and Human Services, Bureau of Health Professions Licensure, has a ***Naloxone Dispensing Statewide Standing Order***, which allows licensed pharmacies to dispense naloxone rescue kits to a person at risk of experiencing an opioid-related overdose, a family member, a friend or other person in a position to assist a person at risk of experience an opioid-related overdose.¹¹³

Cape Cod Children's Place's FIRST Steps Together.¹¹⁴ This program provides recovery support for families on Cape Cod and the Islands, including specialized home visits and community-based recovery and parenting support for families affected by substance use from a community peer recovery support specialist with lived experience who is a person trained in evidence-based parenting and recovery interventions. The program offers parenting groups, referrals to other professional services, and works with families to ensure that their basic needs are met. Both males and females, those expecting a child or are a parent of at least one child five years old or younger, even if they do not live with the parent, and the parent has used opioids and/or stimulants, can qualify for these services.

Barnstable County

BCDHS Regional Substance Addiction 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,

¹¹¹ Laborers' Health & Safety Fund of North America, *Massachusetts Passes New Opioids Law*, Nick Fox, April 2016. For more information on the bill, see <https://www.lhsfna.org/massachusetts-passes-new-opioids-law/>

¹¹² See Barnstable County Department of Human Service, Regional Substance Addiction Council, Opioid Recovery and Remediation Fund <https://www.capecod.gov/departments/human-services/initiatives/substance-use-prevention/>

¹¹³ See Commonwealth of Massachusetts <https://www.mass.gov/doc/policy-2018-04-naloxone-dispensing-via-standing-order/> and Mass.gov, Standing Order for Dispensing Naloxone Rescue Kits

¹¹⁴ See Cape Cod Children's Place at <https://capecodchildrensplace.com/family-support/first-steps-together/> This program is funded through a State Opioid Response Grant through the Department of Public Health, FIRST Families In Recovery Support of the Bureau of Family Health and Nutrition's Pregnancy, Infancy, and Early Childhood, and SAMHSA (Substance Abuse and Mental Health Services Administration).

treatment, intervention, and recovery. The Council's Prevention Workgroup, in partnership with Health Resources in Action (HRiA), conducted a Substance Use Assessment report (dated January 2023); a breakdown of expenditures for 2022 is displayed in section 7.5. This report notes that "Barnstable County has a strong recovery community that supports individuals in their own paths of recovery focusing on connection and supports from those with lived experience such as recovery coaches" (page 65). Findings of the study will be used to guide a 5-year action plan for the County.

Duffy Health Center: provides an array of substance use disorder programs which includes the *Office-Based Addiction Treatment* program. This includes medications and medication management, primary and supportive physician and nursing care, Peer Recovery support, Hep C treatment, brief intervention and long-term counselling, and harm reduction resources such as Narcan. The *RecoveryBuild -Alternative Peer Group for Teens* is a six-month outpatient treatment program to include a Licensed Mental Health Counselor, a Family Therapist, a Recovery Coach, and a Peer Mentor.¹¹⁵ They also run the *Mom's Do Care* program funded by the Massachusetts Department of Public Health Bureau of Substance Addiction Services.¹¹⁶ The program provides "multidisciplinary, peer-lead, recovery oriented, wrap around support for pregnant or parents of a child 3 years or younger, who are concerned about their current or past experience with substance abuse." A licensed social worker oversees the program. The Team includes a Certified Addiction Registered Nurse, a Licensed Clinical Social Worker, and two Recovery Coaches with lived experience.

Gosnold Treatment Center: offers full, end-to-end continuum of care for behavioral health and substance use disorders. Although their two treatment centers are located in Falmouth (Gosnold Treatment Center and Emerson House) they have outpatient services in Centerville and offer other community programs throughout the region.

Yarmouth Comprehensive Treatment Center (CTC): is the only methadone clinic on Cape Cod, they also provide buprenorphine or suboxone treatment based upon intake to determine the best medication to manage withdrawals for those addicted to opioids to avoid painful withdrawal symptoms. CTC also provides individual and group counseling. Based on a recent report on substance use, Barnstable County listed transportation as one of the main barriers to accessing care. As a result, the Yarmouth CTC initiated a mobile methadone clinic which travels to

¹¹⁵ Information taken from Duffy Health Center' Substance Use Disorder Programs available on their website <https://duffyhealthcenter.org/services/substance-use-disorder-programs/>

¹¹⁶ *Perinatal Mental Health: Providing services tailored to people who are pregnant and parenting*. Duffy Doings: Season of Change pamphlet, Spring 2023.

Wellfleet (on the outer Cape) five days a week in partnership with the Outer Cape Health Services.¹¹⁷

Dukes County

Gosnold on Martha's Vineyard:¹¹⁸ is designated the Emergency Services/Mobile Crisis Intervention provider for Martha's Vineyard Hospital. They provide psychiatric emergency service 24 hours a day, 7 days a week including all holidays. The Emergency Service Providers provide a mental-functioning assessment and evaluation, treatment planning and placement recommendation, stabilization support, and grief counseling where appropriate.

Martha's Vineyard Drug Task Force: is a collaboration of island police departments that locate and investigate illicit drug distribution; all island police departments and Emergency Medical Services, have Narcan available. They use the Screening, Brief Intervention, and Referral to Treatment which is a public health approach to those using alcohol and/or prescription drugs in unhealthy ways.

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

Martha's Vineyard Substance Use Disorder (SUD) Coalition:¹¹⁹ formed by a group of concerned citizens in May 2016, the Coalition's accomplishments to date: hosted community forums, created a website with resource guidelines and social media pages; created the Martha's Vineyard Detox Treatment Referral Program with three off-island detox facilities; initiated a working group; through funding created a film titled *On Island*; conducted a needs assessment consisting of focus groups and an Island-wide survey; a program website; and part-time staff support. In collaboration with other agencies, SUD brought a Harm Reduction Center to the island housed at the Health Imperatives office. They provide free needle exchange, syringe access, Narcan training and distribution, STI and HIV/Hep C testing, and medical referrals; and through another collaboration, launched the Peer Recovery Support Center.

Peer Recovery Support Center at the Red House: is a safe place for those seeking help with drug and alcohol addiction and note that this is not a treatment or 12 step club house or a

¹¹⁷ Information taken from the Yarmouth Comprehensive Treatment Center website at: <https://www.ctcprograms.com/>; and the WCAI Weekend Edition newsletter on Cape Services, titled *Methadone's clinic's mobile unit expands to Outer Cape services*, by Brian Engles. April 27, 2023.

¹¹⁸ See Gosnold's website at <https://gosnold.org/outpatient/urgent-counseling-esp-nantucket-mv/>

¹¹⁹ Information taken from their website, March 2023: <https://www.mvsud.org/about>

drop-in center but offers structured groups, workshops, training, services and recovery-oriented social events.

Vineyard House:¹²⁰ a recovery residence, serves Island community residents through a sober living environment for those in their early stages of alcohol and drug addiction recovery. The complex can house up to 18 men and six women in three separate dwellings with an on-site house manager, and an administration building with meeting rooms. Residents are required to participate in the upkeep, pay a security deposit, and weekly rent, and are required to have insurance. Their website also provides a link to online meetings.

Nantucket County

Fairwinds Counseling Center:¹²¹ In addition to recovery services and working with Peer Recovery Counselors and other substance abuse related programs, they provide the following: Massachusetts Impaired Driving Class for first time DUI offenders; Second Offender Aftercare and Court mandated assessments to provide a mental health review when the courts suspect substance misuse or a mental health disorder is a contributing factor; and partners with the courts to provide alcohol and drug addiction treatment in groups and individually. They are now the mandated Emergency Services contact for substance abuse related emergencies 24/7.

Gosnold on Nantucket: offers Urgent/same day individual sessions from 8am-8pm M-F (virtual only); These sessions are only for 1-3 visits to help stabilize and connect individuals to services. Emergency services are referred to Fairwinds Counseling Center.

Community Strengths: Mental Health Issues

In a separate document released by MassHealth via the Massachusetts Executive Office of Health and Human Service noted that effective April 1, 2022, ***“MassHealth extended its postpartum coverage period to provide 12 months of coverage to individuals with incomes up to 200% of the federal poverty level (FPL), regardless of immigration status.”***¹²² This represents an increase from the previous policy of coverage for 60 days and was most likely driven by the crisis in Duxbury Massachusetts when a mother suffering from postpartum depression disorder after the birth of her third child “allegedly strangled to death her three children, ages 5, 3 and 8 months.”¹²³ In the Boston Globe article, Abraham notes that mental

¹²⁰ Information from website on March 28, 2023: <http://www.vineyardhouse.org/history>

¹²¹ See Fairwinds Counseling Center website at <https://www.fairwindscenter.org/>

¹²² Commonwealth of Massachusetts, Executive office of Health and Human Services, Office of Medicaid. *Extension of Postpartum Coverage for Eligible Individuals*. Eligibility Operations Memo 22-07 April 2022. Available online at the mass.gov website: [Eligibility Operations Memo \(mass.gov\)](https://www.mass.gov/info-details/eligibility-operations-memo-22-07).

¹²³ Yvonne Abraham. *Conservations beyond Duxbury*. *Boston Sunday Globe*, January 29, 2023, page B7.

health care for women suffering from anxiety and depression after giving birth can be hard to come by.

The Mental Health ABC Act: Addressing Barriers to Care became the law when signed by Governor Baker on August 16, 2022.¹²⁴ This law contains a range of critical components to expand access to mental health care to ensure that residents of Massachusetts “get the mental health care they need when they need it.” Importantly, it includes investments in the behavioral health care workforce including social workers and notes that clinical social work practice should be recognized. The components of this law are too numerous to list here as it should be read in its entirety. One crucial factor is the implementation of the 988-hotline including the expansion of 911, which promises to increase access to on-demand behavioral health and provide 24/7 suicide prevention and behavioral health crisis services.

BCDHS Children’s Behavioral Health Work Group “Recommendations and Action Plan FY22” priorities include:

- Need for a comprehensive and targeted Behavioral Health Care for Children Needs Assessment to highlight unique challenges and needs of our community.
- Continued support for mental health services within the schools.
- Active pursuit of DMH’s “Roadmap to Behavioral Health Care Reform” initiative.

Fellowship Health Resources Cape Cod and Islands: assists people of all ages to improve their behavioral health, well-being, and quality of life; their programs include Community-Based Flexible Supports, Community Clubhouse model, Peer Recovery Services, Residential/ Group Living Programs, Supportive Housing, and a Transitional Youth Program.

League of Women Voters Cape Cod Area and the YMCA Cape Cod Y Achievers held a virtual public forum on March 28, 2023, “*Preventing Youth Suicide: The Importance of Ensuring Access to Services*”. The guest panelists discussed health/mental health concerns for Cape Cod Youth and highlighted the *Mental Health ABC Law Act: Addressing Barriers to Care*, signed by Governor Baker on August 16, 2022.

National Alliance on Mental Illness (NAMI): connects people with services, offers free educational classes, and advocates for those with mental illness and their families. For people with mental illness they provide local support group meetings, speaker events, and other services. For Friends and Family of people with mental illness, group meetings are available in

¹²⁴ While a number of web links provide information of this bill, the National Association of Social Workers, Massachusetts Chapter notes that the new law makes critical investments in behavioral health workforce, including social workers, and provides a comprehensive outline of the law; available online at <https://www.naswma.org/news/614508/New-law-makes-critical-investments-in-behavioral-health-workforce-including-social-workers.htm>.

different locations across Barnstable County, some in person and some virtually; and on Martha's Vineyard and Nantucket, meetings are available virtually. For Family and Friends Supporting Borderline Personality Disorder, virtually meetings are available second Wednesday of the month and the fourth Thursday of the month.

Veterans Affairs Medical Center: a community-based outpatient clinic provides primary and mental health care to veterans residing on Cape Cod and the Islands.

Barnstable County

Allied Health Providers: offers mental health care services consisting of cognitive behavior therapy and community consultation with offices in Falmouth, West Barnstable, and Brewster.

BCDHS Children's Behavioral Health Work Group:¹²⁵ holds monthly meetings with stakeholders; serves as a liaison to behavioral health and human service agencies; monitors State and Federal behavioral health legislation; works with stakeholders on program development and promote funding opportunities; educates elected officials and legislators to advocate for needs in Barnstable County; and facilitates learning opportunities.

BCDHS Maternal Depression Task Force:¹²⁶ is a collective group of multidisciplinary agencies and private practice practitioners that meet monthly at Cape Cod Children's Place. Their goal is to help educate the public of the importance of early detection and best practices for Prenatal Mood Disorders. They host a Mother/Woman support group, and have created a brochure with references, including a list of professional and non-therapeutic sources of support.

Cape and Islands Suicide Prevention Coalition: holds forums across the Cape to create awareness of youth suicides and to enhance prevention:

- A forum was held at the Brooks Free Library in Harwich in February 2023 in the wake of two recent suicides of Harwich youth.
- On February 22, 2023. Two forums were held at Cape Cod Community College: one was in-person at 11:00-12:30; a second hybrid forum was held at 6:30-7:30.
- A forum was also held on March 16, 2023 at the Truro Community Center.

Cape Cod Children's Place: addresses two mental health issues as follows:

- Addressing Postpartum Depression includes free direct services to new parents and the creation of a sustainable support network throughout Barnstable County which includes professional development training for clinicians and human service workers.

¹²⁵ Information from the BCDHS Behavioral Health link at <https://www.capecod.gov/departments/human-services/initiatives/behavioral-health/>

¹²⁶ Information on the Maternal Depression Task Force is available online at: https://barnstable.ma.networkofcare.org/ph/services/agency.aspx?pid=MaternalDepressionTaskForce_1190_11_0

- Creating a Culture of Resilience Initiative includes tools to help deal with trauma such as build awareness of how trauma impacts children and adults; provide social emotional skills and create strategies to learning environments that help children and their families move toward resilience.

Cape Behavioral Health Center, a program of Northeast Health Service: provides outpatient services to children and adolescents; individual and group therapy; medication management; and Mental Health Telehealth Services. The First Episode Psychosis program is designed to support individuals experiencing an episode of psychosis for the first time.

Cape Cod Healthcare Centers for Behavioral Health: locations at Cape Cod Hospital Psychiatric Center in Hyannis and Cape Cod Human Services in Falmouth, provide the following services: Adult Inpatient Services; Adult Partial Hospital program; Emergency and Consultation Services for Psychiatric Care; Intensive Outpatient Program; Outpatient Mental Health Services; Child, Adolescent and Adult Outpatient Psychiatric Services; and Patient and Family Support. They also provide a 24-hour hot line for those experiencing a psychiatric crisis.

Duffy Health Center’s “Mom’s Do Care” program: Noting the serious lack of resources for women with perinatal mental health disorders, the “Mom’s Do Care” program has branched out to provide free, public Perinatal Mood and Anxiety Disorders (PMAD) resources and joined a group led by a Licensed Social Worker who is a Perinatal Mental Health certified; services are offered weekly in Falmouth, Dennis, and Cape Cod Hospital in Hyannis.

Vinfen: a non-profit human services organization providing services to adolescents and adults with mental illness and developmental disabilities, brain injuries and behavioral mental health disabilities. Vinfen also operates a Homeless Outreach Program with an office in Hyannis.

Dukes County

Martha’s Vineyard Community Services (MVCS):¹²⁷ offers mental health and other support related services:

- Mental Health Services: Counseling; Enhanced Urgent Care; Clubhouse Day Program; Senior Care; and health forums.
- 24/7 Crisis Hot Line, Survivor Advocacy, Crisis Counseling, Community Education, Supervised Visitation; and is developing a Child Witness to Violence Service.
- Disability Services Family Support Center.
- Domestic and Sexual Violence: *Connect to End Violence* – a dual domestic violence and rape Crisis Center.

¹²⁷ Information taken from their website at <https://www.mvcommunityservices.org/>

- *Peer Recovery Support Center*: at the Red House, a safe place for those with drug and alcohol addiction (not a treatment or 12 step club house or a drop-in center) offers structured groups, workshops, training, services and recovery-oriented social events.
- *Senior Services* (support, counseling and programming for seniors and family members/caregivers); CORE (Counselling Outreach and referral for the Elderly) coordinates care and outreach services.
- *First Stop MV*: reference guide for social services resources; and programs and opportunities for all ages.
- *Healthy Aging MV*: MVCS and Healthy Aging in collaboration with MV Commission to plan, build and advocate to create an aging-friendly community.
- *Caregiver Support Group*: for those caring for a loved one with a physical illness or dementia.
- *MV Transportation Access Program*: assistance to those traveling off-island due to illness; residents can apply for up to \$750 annually (all funds for FY2023 have been utilized).
- *Veterans Services Outreach Program*: resources include Veterans Support Group (Readjustment Counseling); and a Veterans Discount Card (collaboration with MVCS and Dukes County Veterans Services) which allows 10% discount at participating business or services.

Nantucket County

Fairwinds Nantucket's Counseling Center (Fairwinds): 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, couples, and family services including in-home and community-based services for youth under the Community Behavior Health Initiative treatment model. They also partner with the court system to address alcohol, drug addiction, anger issues, and mental health reviews.

As of January 3, 2023, Fairwinds and Nantucket Cottage Hospital launched a new integrated system of community-wide mental health crisis response. This collaboration grew out of the work of the Nantucket Community Behavioral Health Initiative based on their 2021 assessment of behavioral health systems on the island. Fairwinds, designated by the Commonwealth of Massachusetts as the Community Behavioral Health Center and Crisis Responder for Nantucket, will respond to crisis calls 24/7 365 days a year. While the state's contract only pertains to MassHealth patients, the system will be "payer blind" meaning that no one will be refused services. Patients who need in-patient care will be placed off-island through Mass General Brigham's central access program. Jason Bridges, Executive Director of

Fairwinds, is quoted as follows: “This collaboration between Fairwinds and the Nantucket Cottage Hospital will provide better care for those in crisis while significantly improving the overall behavioral health care for our island.” Bridges discusses the one integrated system of care, which includes first responders, schools, human services, and the broader community, “...will put people first and improve our overall level of care and well-being.”¹²⁸

Community Strengths: Enhancing Food Security

Massachusetts has *extended free breakfast and lunches in all schools* through the 2022-2023 school year. Lawmakers, advocates and families testified in the State House to promote the passing of legislature to make free meals in the schools for all students permanent¹²⁹ and Governor Healy’s Supplemental Budget included extending this program through the end of the 2023-24 school year.¹³⁰

Governor Healy’s Supplemental Budget included \$130 million for *Supplemental Nutrition Assistance Program (SNAP)* recipients to receive a state-funded extra SNAP payment starting on April 7, May 2, and June 22, 2023.¹³¹ Another \$2 million is dedicated to reimbursing SNAP benefit theft.¹³²

SNAP households can automatically participate in the *Massachusetts Healthy Incentive Program (HIP)* which reimburses a SNAP EBT card for a portion of monies used to purchase local fruits and vegetables from participating vendors. The SNAP Community Supported Agriculture (CSA) is a Department of Transitional Assistance, Pilot Project. Cape Abilities Farm in Dennis is participating in this program offered to SNAP customers who are required to complete a CSA agreement form for two seasons; once accepted, they can purchase a share of fruits and vegetables either weekly or bi-weekly. The Farm Facilities Job Coach notes the difference between food security and nutritional security; since the farm produce promotes the latter, they do their best to include recipes with the distribution.¹³³

¹²⁸ Nantucket Cottage Hospital. *NCH and Fairwinds to Launch Integrated System of Mental Health Crisis Response*, December 29, 2022. Available online at <https://nantucketcottagehospital.org/about-us/news/>.

¹²⁹ Sam Drysdale, *Bill would make free school meals permanent*. State House News Service, printed in *the Cape Cod Times*, January 29, 29, 2023 (pages A1 & A2)

¹³⁰ Boston Globe. *Healy seeks to extend free school meals*. *New England in brief*, March 19, 2023 (page B8); given current discussion around the State Budget it is not clear if this program has been extended throughout the 2023-2024 school year.

¹³¹ Massachusetts Department of Transitional Assistance. *Massachusetts Households to Receive First State-Funded Extra SNAP Payment on April 7*. Press Release dated March 31, 2023, available at Mass.gov.

¹³² Governor Maura Healy and Lt. Governor Kim Driscoll. *Governor Healy Signs \$389 Million Supplemental Budget: New law provides needed funding for shelters, food security and child care, while also extending several COVID-era programs and policies*. Executive Office for Administration and Finance Release dated March 29, 2023, available at Mass.gov.

¹³³ Denise Coffey, *Healthy meals on a budget: Schedule a box of fresh vegetables & fruit grown on Cape Cod*. *Cape Cod Times*, March 8, 2023 (pages A3 & A7). Since this is a statewide program, produce distributors, probably exists in other regions on the Cape and on Dukes and Nantucket Counties, but I could not document this.

Cape and Islands Veterans Outreach Center Food Pantry: found it necessary to relocate to a larger space in Hyannis to accommodate the increasing need for food distribution to their clients. They also serve the following areas with a Mobile Pantry at the Eastham Elks Club and on Martha’s Vineyard at the Steamship Authority Parking Lot at Vineyard Haven.

Elder Services of Cape Cod and the Islands oversees the Senior Nutrition, Meals on Wheels Programs across the Cape and Islands. The Senior Dining Centers exist in different locations across Barnstable County and the islands usually within local Senior Centers. Barnstable County sites are in Brewster, Yarmouth, Barnstable and Mashpee. Dukes County sites are in Up Island Council on Aging (covers Chilmark, West Tisbury and Aquinnah), Edgartown, Oak Bluffs, Tisbury, and Vineyard Haven; some also provide a Surplus Food Distribution. Nantucket County at the Nantucket Salt Marsh Senior Center.

Barnstable County

Barnstable County has an array of ***Food Pantries***: only one serves the entire region, some serve specific regions while others serve only their clients and/or residents of their town; and in addition to the food pantries there are also meal programs. While the list of food pantries and serving sites is too numerous to list here, the ***Barnstable County’s Cape Cod Cooperative Extension’s Cape Cod Food Access Guide***, dated May 2023 has the most current information and also includes Dukes County.¹³⁴

Barnstable County’s Cape Cod Cooperative Extension’s Nutrition Education Program: has a Food Access Coordinator and two Nutrition and Food Safety Educators. They “provide individuals, families and communities with the knowledge and skills that empower them to make informed choices about healthy diets, efficiently manage food resources, and reduce the risk of chronic diseases and foodborne illness.” The Nutrition Educators visit food pantries in Barnstable County to show low-income individuals and families how to utilize available food in healthy recipes. The website provides A Guide to Cape Cod Food Pantries, Soup Kitchens, Elder Services and Meal Sites, and link to Buy Fresh Buy Local Cape Cod which includes a list of business that sell fresh, local foods.¹³⁵ CACCI’s Immigration Resource Center Coordinator is a member of the County’s Cooperative Extension Department’s Community Leadership group that focuses on promoting equity and inclusion for the County’s residents.

In addition, the Cape Cod Cooperative Extension department offered opportunities to get involved to ensure that all of Cape Cod has access to healthy and nutritious food: *A*

¹³⁴ <https://www.capecod.gov/departments/cooperative-extension/programs/nutrition-education-food-safety/food-access-resources/>

¹³⁵ <https://www.capecod.gov/departments/cooperative-extension/programs/nutrition-education-food-safety/food-access-resources/>

Technological Platform for Finding & Distributing Food: the technology consultant’s goal is to create a streamlined solution to better help support local food producers, venders and distributors. Virtual meetings were held from May 3, 2023 through June 2, 2023 to gather input from food supplier and distributors as follows: Food Suppliers consisted of Farms/Fishing, Restaurants, and Grocers/Retailers; and Food Distributors included Food Pantries and free meal sites. ***Strategic Planning for Food Equity:*** this hybrid meeting, held on June 12 was designed to discuss takeaways and results from the previous meetings to collaboratively discuss “*How can we work together to create an equitable food system?*”¹³⁶

Cape Cod Council of Churches: ¹³⁷

- *Hands of Hope Food Pantry and Outreach Center* serves residents of the towns of Harwich, Dennis, Yarmouth, Barnstable, and Sandwich.
- *Faith Family Kitchen* serves meals on Mondays, Wednesdays, and Fridays in two settings, one for families and a second setting for individuals with a dine in or carry out option. They recently received funding for the purchase and installation of a commercial generator for the kitchen which will ensure that the food stays fresh during power outages.
- The Council will also be purchasing a refrigerated van to allow safe transportation to and from the Hands of Hope Food Pantry and meals from the Faith Family Kitchen.

CACCI’s SNAP Outreach Program: through a grant from the UMASS Medical partnership with the Dept. of Transitional Assistance staff assist customers with applying for SNAP benefits. Staff also informs clients of the benefits covered under SNAP including nutrition programs, finding local food pantries, places that offer free meals, information on the SNAP Healthy Incentives Program (HIP), and where local farmers markets take SNAP EBT cards. CACCI’s Director of Client Self Sufficiency is a member of the MASSCAP’s (the state’s association for Community Action Programs) Food Insecurity Community of Practice which started in FY23 and meets monthly.

CACCI’s “*Turkeys for Cape Codders*” (includes a turkey and a grocery gift card) and in November 2022, 241 households were served; this represented an increase from the 212 households who participated in the November 2021 event.¹³⁸ Securing donations for this event is spear-headed by St. Mary’s Episcopal faith-based community with the Yawkey Foundation donating \$10,000 (to be used primarily for this event; excess funds are used to support CACCI’s “Make a Teen Happy” December program). Many local businesses and community members also support this event.

¹³⁶ This information was available in the Community Development Partnership email from tricia@capecdp.org dated May 24, 2023.

¹³⁷ Information taken from their website at: <https://www.capecodcouncilofchurches.org/> and from the Council Enews received via email, specifically the Council-June-July 2023 edition.

¹³⁸ While the data shows an increase between the two years, in November 2020 309 households were served in the first year of the pandemic.

The Family Pantry of Cape Cod: located in Harwich is the largest pantry on the Cape; not only do they take people from across the 15 towns, but they also serve as the Greater Boston Food Bank's distribution center for the other 28 food pantries/soup kitchens on the Cape. They facilitate a satellite site at the Cape Cod Community College Family Pantry. They also sponsor a Grab and Go event at the Barnstable High School, East Parking Lot, and the Brewster Senior Center, Rear Parking Lot (dates TBA) and a Healthy Meals in Motion Mobile Food Pantry via registration.¹³⁹

Salvation Army: Their *Soup Kitchen* provides Breakfast (8:30-9:30) and Lunch (11:30 to 12:15) Monday through Friday; their *Food Pantry* is open Monday through Friday (10:00-12:00).

South Shore Community Action Council partners with the Cape Cod Fisherman's Alliance (CCFA) to offer free chowder and stew produced/donated by the CCFA to children and families in the Council's Early Education centers.

Dukes County

The First Congregational Church of West Tisbury: provides Community Suppers on Wednesdays from January through April from 4:00 to 5:00 pm; the program is committed to serving the most vulnerable; and they require advanced registration and provide meals for take-out or delivery.

The Vineyard Committee on Hunger's mission is to raise awareness and funds to assist in alleviating hunger and support¹⁴⁰

- ***Center4Living Cupboard program*** as a member of the Greater Boston Food Bank coordinates the delivery of foods to local Councils on Aging and Serving Hands Pantry.
- ***Family2Families*** provides holiday meals to needy households for three major holidays.
- ***Serving Hands Food Distribution*** is held once a month at the First Baptist Church Parish House; participants must meet income guidelines.

Martha's Vineyard's Island Food Pantry: has hours on Monday, Wednesday, and Saturdays with special hours for seniors on Friday; they deliver to individuals and families who are homebound, disabled or have compromised immune systems every other Thursday with the option of pre-ordering.

Martha's Vineyard Island Gown Initiative (IGI): works in partnership with MV Agricultural Society, West Tisbury Farmer's Market, and Slough Farm Foundation. They grow, glean, cook, and distribute to provide free food to those in need of assistance. They also run a seasonal

¹³⁹ See the Family Pantry website for updated information at: <https://www.thefamilypantry.com/>

¹⁴⁰ <http://hungercommittee.org/>

Mobile Market, July through September, with reduced-priced fresh, locally grown produce and eggs and lightly processed meals. The IGI's **Community Lunch Program** is available during the school summer break; although the target is school-aged children, the lunches are available to anyone. The lunches are served with fresh fruit and vegetables using local ingredients when possible. In addition to the Lunch Program, their **Prepared Meals** program consists of nutritious soups, meals, and pre-chopped vegetables and distribution includes the Island Food Pantry and those recovering from health challenges or are in hospice care. They also prepare baby food distributed through Visiting Nurses, The Family Center, and by referrals to families as their young children transition to solid foods.¹⁴¹

Nantucket County

Elder Services of Nantucket at the Saltmarsh Senior Center: provides Meals on Wheels, a Congregate Lunch Monday through Friday, and a Men's Breakfast on the last Friday of every month except for June, July, and August.

Nantucket Interfaith Council Food Pantry: is open three days a week and also delivers to seniors and persons with disabilities; they partner with the Sustainable Nantucket for the Share Your Harvest Program to provide produce and eggs donated by local farmers.

Recommendations to Address Identified Gaps: Health Insurance Coverage, Substance Use, Mental Health, and Food Insecurity

- Address outreach to eliminate gaps in health care insurance coverage.
- Ensure that all communities have access to a primary care physician and other health care professionals such as mental health workers.
- Ensure that health care providers receive a living-wage.
- Ensure that health care services provide bilingual staff across the spectrum.
- Address the concern that for those who do not qualify for MassHealth will no longer automatically qualify for SNAP and WIC.
- Increase reimbursement rates for substance abuse rehabilitation programs to prevent the loss of more units.
- Expand free lunches with the public school system as a permanent state budget issue.
- Make sure all communities provide lunches during the summer school break.

¹⁴¹ See <https://www.igimv.org/>

9.3. Financial Insecurity Includes Household and Community needs for Employment, Training, Economic Security, Transportation Issues, and Digital Divide.

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 fits the needs of the local workforce.

Key Findings

- ***Key Stakeholder Interviews:*** 60% noted financial stability issues: shortage of workers has been impacted by the housing crisis as especially low-income people cannot afford to live here; a need for employment beyond season offerings; limited affordable child care negatively impacts on ability to work; need for reliable transportation that encompasses all of the Cape Regions, plus limited public transportation does not allow low-income individuals from working from 3:00 pm to 11:00 pm or 11:00 pm to 7:00 am; and language barriers impact the ability to work in businesses that do not have bilingual staff.
- ***Dukes County (Martha's Vineyard) Focus Group:*** 100% noted issues related to financial stability such as: need for workforce development in the field of Certified Nurse's Aides training and the challenges in recruiting instructors; shortage of electricians and other workforce professionals; and the need to support local talent so they don't need to leave the island. They also identified digital equity/divide as a separate priority; and although noting the impact on elderly, they also noted that low-income residents are less likely to have internet access and/or not sign up for the Affordability Connectivity Program (ACP). Also noted is the limited cell phone and internet connection in certain locations on the island.
- ***Nantucket County Focus Group:*** 100% noted the need to inform residents of winter employment opportunities; and noted transportation needs as a separate priority issue.
- ***Community Needs Assessment Survey for CACCI Customers and Low-Income Community Members:*** See Tables 9.4 through 9.8 below.

The Community Needs Assessment Survey, conducted with both CACCI Customers and Community Members, findings for *Household Monthly Income*: Customers were more likely to report monthly incomes under \$2,000 and \$2,000-\$4,000 and less likely to report the higher income categories in comparison to the Community and All categories (see Table 9.4 below).

<p>Table 9.4</p> <p>Community Needs Assessment Survey</p> <p>Household Monthly Income Before Taxes¹⁴²</p>			
Amount of Income	Customer	Community	All
• Under \$2,000 a month (under \$24,000/year)	49%	20%	34.2%
• \$2000 - \$4000 a month (\$24,000-\$48,000/year)	32%	28%	30%
• \$4001-\$6000 a month (\$4,001-\$72,000/year)	17%	26%	22%
• Over \$6,000 a month (over \$72,000/ year)	2%	25%	14%

While Table 9.5 below outlines some financial stability issues, there does not seem to be a substantial difference regarding the question *Compared to before the COVID-19 pandemic, are you and your family now better off, worse off, or about the same*. However, for the following two questions, the findings relay the financial insecurity for those who identified as Customers in comparison to Community and All categories. Customers were less likely to report that they were *able to pay their bills on time* in comparison to the other categories (37%, 61%, and 53% respectively). Regarding the responses to having *at least \$500 set aside for emergencies*, the majority of Customers (64%) reported No and while the majority of the All category also reported No, this was at a lower percentage (52%). However, the opposite was true for Community members as the majority, at 54% reported that they did have at least \$500 set aside for emergencies.

<p>Table 9.5</p> <p>Community Needs Assessment Survey - Financial Stability Findings</p>			
	Customer	Community	All
<i>Compared to before the COVID-19 pandemic, are you and your family now better off, worse off, or about the same?</i>			
• Better off	16%	14%	14%
• Worse off	37%	40%	35%
• About the same	47%	46%	51%
<i>Are you able to pay your bills on time each month?</i>			
• Yes	37%	61%	53%
• No	46%	26%	34%
• Unsure	14%	13%	14%
<i>Do you currently have at least \$500 set aside for emergencies?</i>			
• Yes	33%	54%	45%
• No	64%	42%	52%
• Unsure	3%	4%	3%

¹⁴² 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.*

South Shore Community Action Council, our community action partner, ***Community Needs Assessment*** finds: 61% of respondents reporting “*I do not have at least \$500 set aside for emergencies*”; and 43% reported “*I am unable to pay my bills on time each month*”.

While the following Table 9.6 on *Sources of Income* shows that the vast majority for all three categories reported that their main source of income was from wages/jobs, the percentage for Customers at 68% was slightly lower in comparison to Community members and the All Category (80% and 75% respectively), while those reporting income from self-employment at 9% was lower for Customers in comparison to Community members and the All category (28% and 18% respectively). While 14% of Customers reported income from TAFDC, this was lower for Community members and the All category (2% and 8% respectively). More Customers reported receiving Supplemental Social Security Income at 7% in comparison to the other two categories (2% and 5% respectively); and while 5% of Customers reported income from Social Security Disability Insurance, this was lower for the other two categories (2% and 3% respectively). Although at a low percentage, 5% of Customers reported No Income, which was higher in comparison to the other two categories (1% and 2% respectively).

Table 9.6 <i>Community Needs Assessment Survey - Selected Sources of Reported Income</i>			
	Customer	Community	All
• Wages/jobs	68%	80%	75%
• Self-Employment	9%	28%	18%
• TAFDC	14%	2%	8%
• Supplemental Social Security Income	7%	2%	5%
• Social Security Disability Insurance (SSDI)	5%	2%	3%
• Social Security Retirement	4%	7%	5%
• Unemployment	2%	-	2%
• No Income	5%	1%	2%

The following Table 9.7 examines issues that respondents identified as *top needs impacting people in their community* that possibly impact on financial security such as employment, training, child care, the ability to pay heating and utility bills, transportation, and so forth. All the Customer responses are higher in comparison to the other two categories with the exception for the question, *Ability to pay heating or utility bills* which is just slightly lower in comparison to the response for Community members.

<p>Table 9.7</p> <p>Community Needs Assessment Survey</p> <p><i>What are the Top Needs Impacting People in Your Community?</i></p>			
	Customer	Community	All
<i>What do you think are the top needs impacting people in your community?</i>			
• Jobs	61%	35%	42%
• Training or education to get a job or better job.	55%	33%	41%
• Child Care	67%	57%	64%
• Ability to pay heating or utility bills.	58%	60%	55%
• Transportation	51%	39%	43%
• Financial emergencies	46%	36%	38%
• Ability to Budget	36%	19%	25%
• Discrimination Issues	32%	29%	29%
• Access to technology/internet	29%	22%	24%

South Shore Community Action Council, our community action partner, ***Community Needs Assessment*** reported Financial Security concerns as its *Top Community Needs*: 39% of survey respondents reported financial emergencies; and 31% reported transportation.

Table 9.8 below identifies issues that directly impact on the financial security of respondents. For the question, “*What keeps you or your family from feeling more financially stable*, regarding the question, *I work full-time but my pay doesn’t cover my expenses*”, Customer responses were not very different in comparison to the other two groups; in fact, the 40% tied with the All category. When comparing the other items in this table, two startling differences are noted regarding Customer responses as they were more likely to identify the need for *more education or training to get work or better work* (26%,13%, and 18% respectively) and being on a *fixed income* (20%, 10%, and 14% respectively).

Regarding the analysis of issues *Identified as an essential need of their household*, again, Customer were more likely to respond at a higher percentage in comparison to Community members and the All category as follows; Financial Security (43%, 34%, and 35% respectively), Child Care (21%, 16%, and 19% respectively), and Transportation (21%, 19%, and 8% respectively).

Table 9.8 <i>Community Needs Assessment Survey</i> <i>Issues of Financial Stability and Identified Essential Needs</i>			
	Customer	Community	All
<i>What keeps you or your family from feeling more financially stable?</i> <ul style="list-style-type: none"> I work full-time but my pay doesn't cover my expenses. I can only find part-time work. I can't find a job. I need more education or training to get work or better work. Child care is too expensive and/or interferes with my ability to work. I don't have reliable transportation. I am on a fixed income (Social Security, pension, etc.) and my income is limited. I lost eligibility for benefits (i.e., SNAP, MassHealth, DTA). 	40% 12% 12% 26% 25% 22% 20% 12%	39% 7% 4% 13% 23% 14% 10% 6%	40% 9% 8% 18% 24% 16% 14% 9%
<i>Identified as an essential need of their household:</i> <ul style="list-style-type: none"> Financial Security Issues Child Care Transportation 	43% 21% 21%	34% 16% 19%	35% 19% 18%

South Shore Community Action Council, our community action partner, ***Community Needs Assessment*** survey respondents reported: 43% “*I work full-time but my pay doesn't cover my expenses*”; and 19% “*I need more education or training to get work or a better job*”.

Strategic Plans Related to Enhancing Financial Security

Blue Cross Blue Shield of Massachusetts Foundation (BCBSMA Foundation), with Stephanie Anthony and Patricia Booze of Manatt Health: *A Focus on Health Care: Five Key Priorities for the Next Administration*, December 2022 includes the need to develop a 10-year workforce plan to address the critical health care workforce shortages to support paraprofessionals and behavioral health workers.

BCBSMA Foundation report, titled Creating a Robust, Diverse, and Resilient Behavioral Health Workforce in Massachusetts, dated September 2022 includes the following:

- Establish and maintain a Behavioral Health Workforce Center; and ensure payment is equal to other similar medical services.
- Expand the paraprofessional workforce and ensure they are paid a living wage, have opportunities for career advancement, and can obtain insurance reimbursement.

Cape and Islands United Way’s Community Impact Model/Focus Areas includes *Encouraging Economic Stability*: to support individuals and families to become stable and self-reliant; to provide pathways to economic self-sufficiency by securing resources for people in need including affordable and accessible healthy foods; and to work to close the seasonal employment gap.¹⁴³

CCHC’s Community Health Needs Assessment Report and Implementation Plan – 2022-2025 identified four Priority Areas which included the following which impacts financial security:

- *Housing* - both the high cost of housing and low availability of non-seasonal housing and impact on economic stability.
- *Health Equity* – noted the impact of COVID on employment.
- *Transportation* – impact on maintaining employment.

Martha’s Vineyard Hospital Community Health Needs Assessment Plan Report 2022, approved on September 30, 2022, identified the top four major community health challenges; and the accompanying Community Health Improvement Plan discusses ways to address the identified needs and outlined programmatic, staff resources, financial initiatives, and community resources.¹⁴⁴

- Expand outpatient psychiatry services – hiring new psychiatric Nurse Practitioners.
- Explore the expansion of specialty services to reduce off-island travel (urology, ophthalmology, pulmonology, palliative care).
- Build partnerships with Hospice and Palliative Care.

Community Strengths: Financial Stability

The ***Federal Communication Commission’s Affordable Connectivity Program (ACP)***¹⁴⁵ “helps ensure that households can afford the broadband they need for work, school, healthcare and more.” The program can offer up to \$30 per month for eligible households toward internet services and up to \$75 per month for households living on qualifying Tribal lands. A one-time discount of up to \$100 if they contribute more than \$10 and less than \$50 toward the purchase price of a laptop, desktop computer or tablet from participating providers. The ACP is limited to one monthly service discount and one device discount per household. Income eligibility is at or below 200% of the Federal Poverty Guidelines or meets other criteria (see weblink for more detail and additional information available in English and Spanish).

¹⁴³ <https://www.capeandislandsuw.org/our-work>

¹⁴⁴ The Martha’s Vineyard Hospital CHNA and CHIP plans

¹⁴⁵ See the FCC website for more information at: <https://www.fcc.gov/acp>

CACCI received \$534,500 CARES Act funds in 2020 and created an *Emergency Financial Assistance COVID-19 Case Management Program* that assisted over 200 households on the Cape and Islands impacted by COVID to maintain their housing with rental and utility payments to landlords and utility companies, grocery store and gas station gift cards, and payments to local businesses for car repairs. The program ended when funds were expended in June of 2022. However, **CACCI continues to have a designated Self-Sufficiency Case Manager** to provide information and referral to community resources for those seeking financial assistance and other services.

Cape Cod Five Foundation has awarded educational mini-grants to 83 schools across Barnstable, Dukes and Nantucket Counties and Southeastern Massachusetts for a total of \$122,556. The 255 awards to 300 teachers covered a wide array of subjects, including digital innovation, community advocacy and civic engagement, diversity and inclusion, social emotional learning, environmental sustainability, and sensory engagement.¹⁴⁶

MassHire Cape and Islands Career Center: located in Hyannis provides services to Adults, Young Adults, and Veterans. They hold Job Fairs, and in office and online workshops in the following areas: Career and Job Search Services (How to Write a Resume and Cover Letters; Developing a Job Search Strategy; and Interviewing Tips and Techniques including a Mock Interview Webinar). Employment Readiness Training can include funding for free training, on the job training, and paid internships. They also offer services designed specifically for eligible veterans and their spouses and have on staff a Veterans Employment Representative. The Career Center offers Assistive Technology Programs available for those with vision impairment, the blind, the deaf and hard of hearing, and people with mobility limitations.¹⁴⁷

MassHire also offers the following additional services for Young Adults:

- *Out of School Youth Program* offers assistance to those ages 16 to 24; about 75% sign up to get their high school equivalency diploma through the HiSET (High School Equivalency Test). come for the certification and licensing programs which can offer skills training, paid work experience, career readiness, and job placement.^{148]}
- *Young Parent Program* for pregnant and parenting teens ages 14 to 23 ½ who have left school without a high school diploma offers preparation classes to pass the

¹⁴⁶ Denise Coffey. *Thousands of students benefit from mini-grants.* Cape Cod Times, March 14, 2023 (page A-3); and Cape Cod 5 website, Cape Cod 5 Supports Local Schools with over \$120,000 in Educational Mini-Grants, Press release dated March 7, 2023 at <https://www.capecodfive.com/cape-cod-5-supports-local-schools-over-120000-educational-mini-grants>

¹⁴⁷ Information from the MassHire Cape and Islands Career Center is from their website at <https://www.masshire-capeandislands.com/>

¹⁴⁸ Dennis Coffey. *MassHire helps Cape youth with education, jobs.* Cape Cod Times, March 12, 2023 (page 1A & 2A).

HiSET exam and either go onto further training or enter employment. The required number of hours meets the DTA compliance requirements.¹⁴⁹

CACCI has a partnership with Job Training and Employment Corporation's (JTEC).

JTEC oversees the Career Center. As CACCI is located at the Career Center, cross referrals to services from both organizations make for “one stop” shopping for their customers.

SCORE Cape Cod and the Islands is the nonprofit arm of the US Small Business Administration and collaborates with Chambers of Commerce and other SCORE Chapters (there are more than 250 across the country). The goal is to help ensure the success of small businesses. They facilitate workshops in-person or online to help start small businesses. To receive the free SCORE Mentorship service, one must be a citizen or permanent resident; SCORE Mentors serve as an advisor to help set goals and provide ongoing support. Mentors are available at two locations within Barnstable County, and on Martha's Vineyard and Nantucket; meetings can be held virtually, by phone or email, and in-person.

SCORE also holds community events such as the Immigrant Entrepreneurship and Small Business Expo, held on March 11, 2023, and Perfect Pitch MV Contest held on March 29, 2023, where contestants presented their business ideas in a “Shark Tank” setting to a panel of judges to potentially win a cash grant. They also hold an annual Cape and Islands Small Business Awards Breakfast where they present excellence awards to small businesses of the year and to a nonprofit of the year.¹⁵⁰

Barnstable County

Amplify People of Color (POC) on Cape Cod:¹⁵¹ in partnership with the Barnstable County Bar Association presented a series of workshops for small businesses titled, *Know Your Rights to Justice Series*. CACCI's Immigration Resource Center's attorney participated on the panel. Their mission is to eliminate the racial wealth gap by removing barriers that create systemic racism. They offer workshops on Financial Empowerment and other business development workshops, and a Monthly Business Networking Event. Community events include: A-Way With Words, a poetry and spoken word in solidarity held on the Hyannis Village Green on May 27, 2023; an Amplify POC Holiday Vender Market; and an Amplify Summer Market. Their website includes a Business Directory and list of Community resources.

¹⁴⁹ Information on Young Adults is from: <https://www.masshire-capeandislands.com/youth/>

¹⁵⁰ Information available at the SCORE website at <https://www.score.org/capecod>

¹⁵¹ Amplify People of Color on Cape Cod information taken from their website at <https://www.amplifypoccapecod.com/>

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 (supported by the Family Pantry of Cape Cod) and conducts a winter coat drive.

CCCC's Business and Professional Excellence Program (CCPE): offers a wide range of education resources 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. The 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.

Cape Cod Healthcare (CCHC): as the largest employer on Cape Cod, they work with the Cape Cod Community College's Nursing Program to fill positions at the hospitals through their *Registered Nurse Residency Transition Program*; this allows graduates from the nursing program to enter a 12-week on-the-job training as noted by Michelle Skarbek, CCHC Vice President of Human Resources. The article notes that CCHC has 22 registered nurses and recent graduates from the community college joining this year.¹⁵²

Community Development Partnership: They serve the eight towns of the Lower-Outer Cape (Brewster, Chatham, Eastham, Harwich, Orleans, Provincetown, Truro, and Wellfleet) and offer the following: five-year Micro Loans up to \$50,000 to qualified small businesses, and smaller loans for a few months or a year to help businesses manage short term needs; one-on-one technical assistance programs to small businesses; and development workshops. Appointments can be made remotely via phone or video conference or in-person at the Provincetown Commons, the Harwich Cultural Center, and Chatham Works.¹⁵³

Cape Organization for the Rights of the Disabled (CORD): is the State's Independent Living/Vocational Rehabilitation (LV/VR) Program on the Cape. Their *Achieve Your Goals*, staff works with the Massachusetts Rehabilitation Commission to assist people with disabilities in achieving their independent living goals. They provide peer counseling and skills training in financial management, benefits counseling, applying for transportation services, and assistance with housing applications. To make the community at large accessible, CORD also provides

¹⁵² Rasheek Tabassum Mujib. *It's Best if I Can Stay*. *Cape Cod Times*, June 18, 2023 (pages A1 & A7).

¹⁵³ Information available on Community Development Partnership's website at www.capecdp.org

Employer Awareness Workshops on Disability Laws and Regulations by educating businesses on disability rights to create an equal employment opportunity work environment.¹⁵⁴

Falmouth High School Credit for Life Fair: held on March 10, 2023, was a three-step process, starting with the Cape Cod Five Financial Program Manager Jim Curran speaking to the students a few weeks before; following his talk students had the option of completing an online certificate from FitMoney regarding financial literacy; and the 3rd step was the fair which included students going through a process of selecting their career options and then based on expected salaries, go through a series of booths where they select housing, transportation, health care, food, retirement and fun expenses with related costs to determine if their selections are affordable. The overall goal is to teach financial literacy that students can apply to their real-life experiences. Curran discusses financial literacy to other student groups youth groups, area business employees, community college students and seniors.¹⁵⁵

Falmouth Service Center Vocational Assistance: offers partial financial assistance to Falmouth residents age 25+ who are clients of the service center. They must be pursuing or considering a vocational training or educational certificate program to advance their career.¹⁵⁶

Housing Assistance's Family Self Sufficiency Program: allows their clients receiving a Section 8 rental assistance to participate in this five-year program to assist families to build assets, create a roadmap to achieve specific goals such as, establishing a savings account. They provide counseling to help build employment skills and workshops to increase financial literacy. Personal coaches work individually with clients.

Homeless Prevention Council's Reach Project:¹⁵⁷ is a four-month action-oriented program to work with individuals to set goals, practice mindfulness, and receive individualized coaching to chart a path to success. At the end of the four months participants receive a \$2,000 stipend to help them move toward their desired goals. The participant stories consist of returning to school to enhance their career, growing organic vegetables and flowers to sell at farmers' markets, and beginning a landscaping business.

Lower Cape Outreach Council: has a micro-loan program designed to specifically address the needs of those who are self-employed such as house painters, landscapers, carpenters, and shop

¹⁵⁴ See <https://www.cordcapecod.org/what-we-do/community-services/>

¹⁵⁵ Denise Coffey. *Falmouth students learn about credit, budgets and decision-making*, *Cape Cod Times*, March 14, 2023 (pages A1 & A2). (A Cape Cod Five volunteer, and graduate of the Sturges Charter School, credits this fair with teaching him the importance of saving and having a budget)/

¹⁵⁶ Information available at the Falmouth Service Centers' website

<https://www.falmouthservicecenter.org/financial-assistance>

¹⁵⁷ See Homeless Prevention Council's website at <https://www.hpccapecod.org/>; see the direct link to the Reach project at: <https://www.hpccapecod.org/reach-project>

owners to help pay for equipment and supplies, especially to get their businesses up in running for the spring to be ready to make their summer profits. Their website notes the following: “It takes money to make money, especially when you are self-employed, especially when credit is an issue.”¹⁵⁸

Salvation Army Social Services: a faith-based organization includes an array of services to support youth, families, and individuals. It operates a Thrift Shop located in West Yarmouth on Rte. 28.

WE-CAN: their goal is to empower women.¹⁵⁹ Although the main office is in Harwich, they also have an office in Hyannis. They offer an array of services including:

- Legal Services: one on one session and workshops on Family Law, Wills and Estate, Landlord-tenant Disputes, Immigration, Bankruptcy, Elder Law, Business Law, Grandparent’s Rights, and Real Estate.
- Work & Career Support: job search resume building; and career/business related issues.
- Small Business Support for women in business and women-owned businesses.
- Financial Empowerment: budgeting; debt management; and financial knowledge.
- Mentoring and Personal Development: PathMakers mentoring program.
- Workshops on variety of topics such as job search techniques and managing stress.

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, 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.”¹⁶⁰ Classes provide access to educational opportunities 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 on Social Justice awareness). ACE MV was recently awarded a grant from

¹⁵⁸ Information available on the Lower Cape Outreach Council’s website <https://lcoutreach.org/micro-loan-program/>

¹⁵⁹ Information taken from WE-CAN’s website on April 11, 2023 at: <https://www.wecancenter.org/>

¹⁶⁰ 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.

MassCEC (Massachusetts Clean Energy Center) to support Offshore Wind Tech Certificate program. All classes are offered online.

Dukes County Social Services: employs a Case Worker to assist individuals and families in applying for public benefits such as SNAP (Supplemental Nutrition Assistance Program), WIC (Women, Infants, and Children-nutrition program), and Fuel Assistance. The County works in partnership with Vineyard Health Access to provide services. The Case Worker also assists individuals and families to connect with other community resources including services provided by CACCI. CACCI partners with Dukes County Commissioners and provides partial funding for the Dukes County Social Service Case Worker. The Dukes County Manager serves on the CACCI Board of Directors.

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 Community School: Although they offer a range of adult classes, this summary will focus on employment-related classes: Adult Driver's Ed' Conversational Spanish; Real Estate Sales Pre-License; and, in partnership with the Council on International Educational Exchange - Teaching English as a Foreign Language (CIEE TEFL), offers new teacher certifications in ESL. All classes have a fee and are offered virtually.

Recommendations to Address Identified Gaps: Financial Security

- There is a continuing need for year-round jobs at a living wage.
- Address the need for more workforce development training to fill necessary jobs, such as Certified Nurses Aides and other skills where they are lacking across the geographic area.
- There is a need for a comprehensive public transportation system to ensure workers can get back and forth to jobs, especially health care and/or service industry jobs that are off hours.
- Provide free bus passes for low-income residents to ensure access to health care, child care and employment.
- Ensure that all, especially low-income residents, have access to the internet and reliable cell phone service so they can job search and/or work remotely if possible.
- Need for social service agencies to create programs to assist low-income residents to apply for the Affordability Connectivity Program (ACP) as the application process can be complicated.

9.4. 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

- **Key Stakeholder Interviews:** 50% of persons interviewed identified child care as a priority and further noted: the need for available and affordable child care; the need to expand Universal Pre-Kindergarten and after school programs; and the need for child care that matches the schedules of workers in the service industries.
- **Dukes County (Martha's Vineyard) Focus Group:** 100% were in agreement that child care is a priority need, especially in relationship to stabilizing workforce needs.
- **Nantucket County Focus Group:** 100% were in agreement that child care is a priority need. Noted: the gap in providers including only one licensed provider on the island for infants and, currently Head Start Program is not available; and because of the limited reimbursement for child care vouchers, programs are unwilling to participate, especially because they have waiting lists for paying customers. They also reported the lack of affordable child care and transportation issues for parents getting to and from the child care provider.
- **Community Needs Assessment Survey for CACCI Customers and Low-Income Community Members.**

The following Table 9.9 shows that the majority of Customers, Community Members, and the All category identified Child care and 'After school and summer programs for children and youth' as a top need impacting people in the community. However, the responses to the question, 'child care is too expensive and/or interferes with ability to work' as an issue that keeps their household from feeling financially stable was substantially lower with responses for all three categories very similar (25%, 23%, and 24% respectively). While 21% of the customers who identified child care as one of the three essential needs of their household was slightly higher, there was not a substantial difference in noting that 16% of community members and 18% of the All category also identified this as an essential need.

Table 9.9 <i>Community Needs Assessment Survey - Child Care Findings</i>			
	Customers	Community	All
<i>Identified as a top need impacting people in the community:</i>			
• Child care	67%	57%	63%
• After school and summer programs for children and youth	63%	57%	51%
<i>What keeps you or your Household from feeling financially stable?</i>			
• Child care is too expensive and/or interferes with my ability to work.	25%	23%	24%
<i>Listed as one of three essential needs of household:</i>			
• Child care	21%	16%	18%

South Shore Community Action Council, our community action partner, ***Community Needs Assessment*** reported Child Care as one of its *Top Community Needs*: 30% of survey respondents noted After School/Summer Programs for Children and Youth; and 30% noted Childcare/Early Childhood education. Additional responses from their survey: 80% of respondents reporting “I need child care for the full day so I can work/go to school”; 71% reported “I need child care for the whole year”; and 64% reported “I cannot afford my child’s preschool”.

Strategic Plans and Reports Related to Child Care Needs

The Cape and Islands United Way Community Impact Model, Improving Educational Success: includes building social, emotional and language skills by supporting increased access to high quality, affordable child care for children age 0 to 6 to aid in school success and help them become ready to learn.¹⁶¹

Cape Cod Healthcare’s (CCHC) 2023-2025 Community Health Needs Assessment Report: Community survey respondents noted child care services as the second highest priority (second only to housing). The high cost of child care was noted as a high concern, including limited availability for weekends and/or evening working hours. Respondents on the Outer Cape identified distance to closest provider as a barrier. Under “Economic Stress and Instability” the report notes that child care is included under the high cost of living in Barnstable County.

¹⁶¹See the Cape and Islands United Way website for more detail <https://www.capeandislandsuw.org/>
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Community Strengths: Child Care

On January 26, 2023, the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services, announced the awards of nearly \$300 million grants to 42 states for the development of new preschools for birth to five -years of age. The ***Massachusetts Department of Early Education and Care was the recipient of a Preschool Development 3-year Renewal Grant for \$11,987,518.***¹⁶² In February 2, 2023, the U.S. Department of Health and Human Services announced that through the ACF, they were launching a *National Early Care and Education Workforce Center*; the result of a \$30 million investment to support research and technical assistance.¹⁶³ As noted above, UMass-Boston's Institute for Early Education Leadership and Innovation is one of six core partners selected to lead this project. They note that enhancing early childhood workforce development involves removing racial and gender barriers.¹⁶⁴

The Supplemental Budget signed by Governor Maura Healy on March 29, 2023 and enacted into law included an allocation for ***\$68 million to continue the Commonwealth Cares for Children grants*** to stabilize the state's child care providers through the end of the fiscal year.¹⁶⁵

The Massachusetts Department of Early Education and Care provides ***Coordinated Family and Community Engagement (CFCE)***¹⁶⁶ grants to communities: for Barnstable County, Cape Cod Children's Place serves the Lower-Outer Cape towns (Provincetown, Truro, Wellfleet, Eastham, Orleans, Brewster, Chatham, and Harwich), plus the Mid-Cape Towns of Dennis, Yarmouth, and Barnstable; the Coalition for Children serves Falmouth and Mashpee; the Town of Sandwich Public Schools serves Sandwich; the Town of Bourne Public Schools serves Bourne; for Dukes County, Martha's Vineyard Community Services serves the towns on the island; and for Nantucket County, services are provided by the town. Each CFCE provides resources such as workshops, parenting support, and referrals tailored to their community.

CACCI's Child Care Network (CCN) provides childcare information and referrals and administers the State's subsidized voucher program for eligible families. They provide services

¹⁶² U.S. Department of Health and Human Services, Administration for Children and Families (ACF), ACF Announces Close to \$300 Million Awarded for New Preschool Development Birth to Five Grants to 42 States, Press Release dated January 26, 2023.

¹⁶³ U.S. Department of Health and Human Services. *HHS Launches the First National Early Care and Education Workforce Center*. Press Release dated February 2, 2023.

¹⁶⁴ UMass-Boston, Institute for Early Education Leadership and Innovation, *U.S. Department of Health & Human Services to Create National ECE Workforce Center*, Office of Communications, February 6, 2023.

¹⁶⁵ *Governor Healy Signs \$389 Million Supplemental Budget: New law provides needed funding for shelters, food security and child care, while also extending several COVID-era programs and policies*. Executive Office for Administration and Finance Release dated March 29, 2023, available at Mass.gov.

¹⁶⁶ See <https://www.mass.gov/service-details/coordinated-family-and-community-engagement-cfce-network>

on the Cape and Islands and in 14 Towns in Plymouth County. In FY22, 926 families for a total of 2,888 individuals were served and 1,710 children received voucher subsidies. A CCN report providing examples of changes made to improve services, notes the use of Zoom as a method of delivering services during the pandemic. CCN's survey of customers in May 2022 found that even though in-person appointments were now available, only 22.2% preferred this option and 55% reported that they found using Zoom easy and convenient; one customer commented that this resulted in saving money on gas. CCN provides potential child care providers information about accepting vouchers in their program. More information on CCN's services for Families, Providers, and the Community is located on CACCI's website.

CACCI attended the Cape Cod Children's Place (CCCP), *SAFE Child Community Resource Fair in Yarmouth* coordinated in partnership with Children's Cove, on April 26, 2023.¹⁶⁷ The goal was to introduce the public to services that can help reduce child abuse and promote healthy families as part of an initiative through the Children's Trust (the funding source for CCCP's Safe Child Communities grant). The Children's Cove community engagement and education manager, Jacob Stapledon, commented that they experienced a 48% increase in referrals during the last fiscal year. This free event allowed community members to connect with over 40 government and nonprofit organizations serving families and children. CACCI also attended the *SAFE Child Community Resource Fair hosted by the Mashpee Wampanoag Tribe* on April 29, 2023.

Barnstable County

Cape Cod Chamber of Commerce: has coordinated a ***Child Care Task Force***¹⁶⁸ of which CACCI is a member. Their goal is to shape statewide and local early childhood education and child care policies. One initiative is to promote preschool subsidies and universal preschool or day care programs as referred to in the Renee Center's *Cape Cod & Islands Early Education and Child Care Needs Assessment: Final Report*.¹⁶⁹ The Chamber's Chief of Staff, Noelle Pina, stated that the Task Force will review the Renee report to see if the Commission can expand on the research and also work with the Massachusetts Business Coalition for Early Childhood Education (MBCECE) to help businesses figure out what employees need and how businesses can implement support. The growing Coalition is, "... founded by CEO's and leaders of Massachusetts employers to make early child education more accessible, affordable, and stable for Massachusetts workers, more rewarding for early childhood professionals, and a point of

¹⁶⁷ Rasheek Tabassum Mujib, *SAFE Fair*, Cape Cod Times, April 26, 2023 (page A6).

¹⁶⁸ Denise Coffey. *Want to help solve early education and child care issues on the Cape? Task force is forming.* Cape Cod Times, January 3, 2023; available online at: <https://www.capecodtimes.com/story/business/2023/01/03/new-education-task-force-by-cape-cod-chamber-of-commerce-forming-childcare-preschool-subsidies>

¹⁶⁹ Renee Center for Education Research & Policy. *Cape Cod & Islands Early Education and Child Care Needs Assessment: Final Report*, June 30, 2022 (The Renee Report was prepared for the Cape Cod Commission and a link is available on their website at <https://www.capecodcommission.org/our-work/childcare/>).

differentiation in attracting and retaining a strong workforce across the Commonwealth”.¹⁷⁰ The website also addresses the challenges of the “long-standing child care sector crisis” further exacerbated by the pandemic. They identify the challenges as the decline in programs, and the resulting impact on employers and parents; all points noted elsewhere, but it is interesting to see the business sector take notice even if it is due to necessity. The Coalition also advocates for increased funding for Early Care and Education (ECE) and have submitted letters of support to the Conference Committee and to then Governor Baker on February 9, 2022, expressing disappointment that he did not include funding to continue the Child Care Stabilization Grant in his FY2023 Budget.

Cape Cod Children’s Place (CCCP): located in Eastham, offers Early Childhood Education and Care Programs, such as the Learning Center, playgroups, and parent education; and provides assistance such as, food, clothing and diaper distributions. Some of their programs consist of the following:¹⁷¹

- *Cape Cod for All* component incorporates multicultural programs, services, and supports. It includes extended outreach to the Spanish and Portuguese speaking families. Three parent leaders from various nationalities accepted the responsibility to be “Families First Ambassadors” with the responsibility of designing the program.
- *Family and Parenting Education Workshops* covering topics such as Kindergarten Readiness, Dealing with Divorce or Separation, Keeping Kids Safe, Positive Discipline, and Raising Healthy Boys.

CCCP oversees the following ***tuition subsidy and local scholarship programs*** for households with one or more working parents or documentation of extenuation circumstances:

- ***Lower Cape Emergency Child Care Fund:*** short term help for families who live in the eight Lower and Outer Cape towns.
- ***Town of Brewster Childcare Scholarship Program:*** for Brewster families with children ages birth to five years.
- ***Wellfleet Infant/Toddler Childcare/Pre-School Voucher Program:*** includes children from the age of one month through five years for the children of Wellfleet and the children of the town of Wellfleet’s year-round employees. The town’s website notes that funding is limited with a maximum of \$7,000 per fiscal year.¹⁷²

Cape Cod Community College: offers an associate degree in early childhood education which provides training for child care workers.

¹⁷⁰ Massachusetts Business Coalition for Early Childhood Education website at: <https://www.maroundtable.com/mbcece/>

¹⁷¹ Information taken from their website and from their Annual Report for 2021: <https://capecodchildrensplace.com/>

¹⁷² Information also available on the Town of Wellfleet Website including application forms.

Housing Assistance Corporation's THRIVE: offers financial rental assistance for childcare workers and those who work with people with disabilities to receive a fixed subsidy of \$450 per month for up to 24 months to be paid to their landlords (see more information under Housing Section 9.2 on Prevention Programs).

South Shore Community Action Council (SSCAC): provides Early Education and Care (EEC) subsidized preschool at West Yarmouth and Dennisport Centers, and a subsidized school-age program at their Hyannis center. They also provide Early Head Start, Head Start Preschool (ages 3 to 5 years), Full Day Childcare, and School Aged Child Care at Marshfield, Plymouth, and Wareham centers. Some programs provide includes Home-based options.

YMCA Cape Cod: offers eight Early Education programs across Barnstable County with individual programs covering an array of ages including Head Start: three in the Lower Cape (none of these programs exist on the Outer Cape); three in the Mid Cape; and two in the Upper Cape. Families can apply for financial assistance for the Early Education programs.

Other Child Care Financial Assistance & Child Care/After School Programs:

- *Baily Boyd Associates:* offers child care assistance for families living in Provincetown, Truro, Wellfleet, Eastham, Brewster and Dennis.
- *John A. Henry Trust:* provides emergency financial assistance for Provincetown families with children ages birth to 18.
- *Provincetown School, Early Learning Center:* provides programs for Infant (ages 8 weeks to 15 months), Toddler (ages 15 months to 36 Months), and Preschool, and a program for Prekindergarten, and Kindergarten from 8:15am to 4:15 pm. The *Town's Voucher Program* is available for resident and town employee families.
- *Truro Central School:* offers an afterschool program which runs till 4:00 pm.
- *The Eastham Schools:* offers After School and Summer Programs.
- *The Orleans School System:* has a Universal Pre-K Program.
- *Chatham Monomoy Community Services Chatham Childcare Voucher Program:* for eligible town residents and those who work in Chatham, intended to help local working families with temporary short-term assistance for the Licensed School Age Child Care program. They also offer the following Youth Enrichment Programs: Full-Time Summer Child Care; School Vacation Care; Toddler Occasional Care; and Early Childhood Recreation Activities.
- *Mashpee School System:* has an Integrated Preschool (for three-years olds), a Universal Pre-K (for four-year olds), and Kindergarten (for five-year olds).

Dukes County

Martha's Vineyard Community Services' Early Education and Care Center (EDCC): provides care for children ages three months through five years; they are open 52 weeks a year and offer 9-hour days. EDCC also offers a home-based Head Start Program, free for income eligible households and those experiencing special circumstances such as homelessness. They are the only program on the island that currently accepts the State's subsidy vouchers administered by CACCI's Child Care Network; and they have a waiting list. Their website also provides a local childcare directory of programs licensed by the Massachusetts Department of Early Education & Care.¹⁷³

While there are other preschool programs on the island, the ***Vineyard Montessori School*** is the only other non-profit program. They offer preschool and kindergarten programs for children 2 years and 9 months to six years old.

YMCA of Martha's Vineyard: runs an After School Program Monday through Friday until 6:00 PM for kindergarten through fifth grade student and provides bus service from school; they offer financial assistance for those who qualify.¹⁷⁴

Martha's Vineyard's ***Adult and Community Education's Center for Education and Training (MVCET)*** provides training for certification of child care providers in partnership with Cape Cod Community College's Early Childhood Education program.

Nantucket County

The Rising Tide Preschool: serves ages 2-3, ages 3-4, and ages 4-5; and provides a scholarship for tuition assistance for minority students and low-income families and can award \$20,000 to recipients. They currently have a waiting list.

Town of Nantucket School System: is a recipient of the Coordinated Family and Community Engagement 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.

Montessori Children's House of Nantucket: a non-profit offers preschool for children 2 years and 9 months to six years old.

¹⁷³ See Martha's Vineyard Community Services, Youth and Family Services at <https://www.mvcommunityservices.org/services/youth-family-services/>

¹⁷⁴ Information taken from the YMCA's website at <https://www.ymcamv.org/after-school-program>

Nantucket Community School: offers a year-round Extended Day Program located in the Elementary School.

Recommendations to Address Identified Gaps: Child Care

- Ensure that affordable child care does not exceed 7% of a household's median income.
- Address the concern that child care programs have not fully recovered from the impact of COVID-19, thus reducing the number of available programs and shortage of child care workers.
- Ensure that the work to increase affordable and available child care providers continues.
- Ensure that child care providers can accommodate the schedule of service industry workers, especially because of the demands of the Cape and Islands tourist industry.
- Ensure that child care providers and workers earn a living wage.
- Ensure the availability of bilingual child care providers and child care workers to address the growing immigrant and multilingual population on the Cape and Islands.
- Ensure that every community has a Head Start program.
- Address the need to eliminate the gaps in Universal-PK programs and after school programs.

9.5. 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. There is a need to ensure that Immigrants receive English Language Learner training so they can be gainfully employed.

Key Findings:

- **Key Stakeholders Interviews:** although not identified as a top priority need, the following concerns were noted: language barriers of immigrants can keep immigrants from working in businesses that do not have multilingual staff; organizations need to have more multilingual staff and/or interpreters; need more familiarity with customs and cultures of the immigrant populations; and the need to incorporate the immigrant population as child care providers.
- **Dukes County (Martha's Vineyard) Focus Group:** identified as a priority need. The robust discussion included the need for multilingual/bilingual staff, translation services, especially within the court system. They noted the high number of English Learner Portuguese speaking students in the public schools.
- **Nantucket County Focus Group:** identified Immigration as a priority based on the robust discussion of immigration issues as follows: the need for bilingual staff across the health care and social services spectrum; need for information to be aware of cultural differences; and the need to develop trust within the immigrant population.
- **Community Needs Assessment Survey for CACCI Customers and Low-Income Community Members**

The following Table 9.10 shows that although few identified Immigration Services and/or English classes as an essential need for their household, the percentages differed when identifying both Immigration Issues and English Classes as a *top need impacting people in their community*. For example, Customers rated Immigration issues slightly lower in comparison to Community members but higher than the All category (41%, 43%, and 39% respectively), and rated the need for English Classes substantially higher in comparison to the other categories (58%, 32%, and 42% respectively).

Table 9.10 <i>Community Needs Assessment Survey - Immigration Findings</i>			
	Customers	Community	All
<i>Identified as a top need impacting people in their community:</i>			
• Immigration Issues	41%	43%	39%
• English Classes	58%	32%	42%
<i>Identified as an essential need of their household:</i>			
• Immigration Services	9%	3%	10%
• Need for English Classes	8%	-	4%

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Immigration Policy Changes

Federal Policy Changes

The Biden Administration has approved the following changes to the Homeland Security Department regarding ***Ukrainian refugees***. Ukrainians who came to the U.S. on a humanitarian parole status from February 24, 2022 through April 25, 2022, can now apply to extend their stay for an additional year which will impact around 20,000 Ukrainians within this one-year group.

A ***new Temporary Protected Status (TPS) parole program*** for certain countries, including Haiti, Cuba, Venezuela, and Nicaragua allows people to sponsor friends and family to legally enter the U.S. and stay for up to two years. Once here, parolees may apply for work permits and certain benefits. They may also file other immigration applications, such as asylum or traditional family petitions. The new parole program is similar to the program put in place for Ukraine in 2022. In addition, there have been recent extensions and redesignations of TPS for those leaving Haiti. Immigrants in TPS programs, depending on what country they are from, may have access to MassHealth and SNAP benefits and some will have access to TAFDC and EAEDC (Massachusetts cash benefits programs).

Massachusetts Policy Proposals, Changes and Services

Senator Jason Lewis, and Representatives Jack Patrick and Mindy Domb, in collaboration with the Massachusetts Immigrant and Refugee Advocacy (MIRA) Coalition, ***introduced legislation (SD 1823/ HD 3112) to allow doctors trained outside of the U.S. to continue practicing medicine.***¹⁷⁵ The legislation “...would allow these physicians to be issued a one-year limited license under the mentorship of a federally-qualified or other community health center or hospital.” While this legislation states the need to expand care in underserved areas where primary care physicians are limited, with a focus on western and central Massachusetts, it is important to note that the Dukes and Nantucket Focus Group participants also noted the shortage of primary care physicians on both islands.

Driver’s License for Undocumented Immigrants: Although the Massachusetts State Senate overrode Governor Baker’s Veto and approved legislation to allow undocumented immigrants to apply for a Massachusetts Driver’s License,¹⁷⁶ Question No. 4 was put on the November 19, 2022 Ballot with the intention that voters would repeal the Senate’s approval, but instead votes

¹⁷⁵ Sam Drysdale, *Bill Seeks Limited Licenses For Those Trained Outside U.S.* State House News Services, dated February 1, 2023 – available on the Massachusetts Immigrant & Refugee Advocacy Coalition’s website at <https://www.miracoalition.org/news/foreign-trained-docs-eyed-to-plug-workforce-gaps/>. It is unclear whether this or a similar bill has passed.

¹⁷⁶ Sarah Betancourt. *Mass. Senate overrides Baker veto: Undocumented immigrants will be able to get driver’s licenses.* WGBH News, email GBH News, June 9, 2022.

approved the legislation. Hence, as of July 1, 2023, undocumented immigrants are able to legally apply for a driver's license in Massachusetts. They are required to provide certain documentation, pass a driver's test, and obtain insurance if they own a car.¹⁷⁷ To quench concerns expressed by those against this legislation, undocumented immigrants will not be allowed to register to vote through the driver's license process. While it is estimated that around 200,000 undocumented immigrants will be eligible to apply, Governor Maura Healy's office stated that "the cost to implement the new law will be largely offset by transaction fees."¹⁷⁸

Community Strengths: Immigration

CACCI's Immigration Resource Center (IRC): Since there is no other comprehensive immigration services program offering free legal assistance whose home base is on the Cape and Islands, the IRC fills a significant gap by offering full-time legal representation and case management. Staff provide culturally sensitive and linguistically appropriate free legal counseling and assistance for immigrants and their families. The IRC is primarily funded through CACCI's Community Services Block Grant. Since 2019, the IRC has been awarded annually a small reimbursement grant with the Massachusetts Office for Refugees and Immigrants "Citizenship for New Americans" program. This grant supports assisting people who are ready to become citizens with the U.S. Citizenship and Immigration Services (USCIS) Naturalization application. IRC services include: help to navigate immigration laws and regulations; and provides free assistance for applications and petitions to USCIS such as, applying for a Green Card, work visas, naturalization, family reunification, Temporary Protected Status, Violence Against Women Act (VAWA- the Violence Against Women Act created opportunities for individuals to get protection from deportation, among other benefits, if they have suffered abuse from a spouse or certain family members); and visa renewals. The IRC, as capacity allows, also provides representation before the immigration courts in matters of asylum and removal defense. Throughout the year, it conducts Citizenship Preparation classes which include interview and test preparation.

CACCI is a member of the Massachusetts Immigrant & Refugee Advocacy Coalition. At the local level, the IRC attorney attends the Cape Cod Council of Churches, Refugee and Immigration Ad Hoc Committee and the Barnstable County Extension Community Leadership

¹⁷⁷ Steve LeBlanc. *Massachusetts voters keep new immigrant driver's license* Associated Press, November 9, 2022: Available through WGBH online at: <https://wgbh.org/news/politics/2022/11/09/massachusetts-voters-keep-new-immigrant-drivers-license-law>

¹⁷⁸ Sam Drysdale. *What will it cost to issue drivers licenses to undocumented immigrants in Mass.* State House News Service, reprinted in WBUR Local Coverage, March 16, 2023 available online at: <https://www.wbur.org/news/2023/03/16/drivers-license-immigrants-massachusetts-registry-motor-vehicles>

Committee (an information exchange addressing multicultural and immigrant issues such as equity in services). IRC staff also attend community events and meetings to inform the public about Immigration Rights and IRC activities often partnering with Independence House and the District Attorney's office. On Nantucket, the IRC outposts at Fairwinds Counseling Center and visits monthly to offer free immigration services. The IRC engages immigrant attorneys, educators, interns, and volunteers to support its activities. In September, when the Venezuelan immigrants landed on Martha's Vineyard, the IRC volunteer attorney living on the island, who speaks Spanish, assisted other community members by providing translation services, engaged directly with the immigrants, and traveled with them to the Joint Base Cape Cod, located in Bourne where a team of immigration lawyers, brought in by the state, worked with the people from Venezuela. In addition, a CACCI Navigator certified by the Massachusetts Health Connector whose first language is Spanish, was called by the state to be at the base and coordinated a small group of MassHealth representatives, Navigators, and Consumer Advocates to assist this group with applying for health insurance.

In FY2022 the IRC served 468 individuals; 368 individuals received legal assistance such as, to obtain a green card, to submit citizen application forms, and to file various legal status forms. Citizenship Preparation classes included two six-week session with individuals participating; and 19 individuals obtained U.S. Citizenship. So far in 2023, there have been 3 Citizenship Preparations Series including one held at the Eastham Public Library.

Catholic Social Services (CSS), Immigration Law Education & Advocacy Project (ILEP): operates out of Fall River which covers the Cape and Islands. They provide free and low-cost legal services for low-income refugees and immigrants. Although the main office is in Fall River, they can generally make appointments at other area CSS offices, including Hyannis on Cape Cod, as needed. Their multi-lingual staff consists of four attorneys, a DOJ-Accredited Representative, four paralegals, and two AmeriCorps members.

South Coastal Counties Legal Services (SCCLS): provides immigration-related legal services through its subsidiary, the ***Justice Center of Southeast Massachusetts***. The Center, located in Brockton, immigration team provides legal assistance throughout the SCCLS service area covering the Cape and Islands, Bristol County, Plymouth County (except for Hingham, Hull, Scituate and Norwell), and the towns of Avon and Stoughton in Norfolk County. The Center has a particular focus on "... helping survivors of domestic or sexual violence, victims of crime and human trafficking, and those eligible for asylum, temporary protected status, or special immigrant juvenile status achieve the humanitarian-based relief to which they are entitled. In addition, they represent individuals in family-based immigration cases, removal proceedings, and other types of immigration petitions. The immigration team regularly provides trainings,

community outreach and education, and community clinics, and engages in systemic advocacy on behalf of our client communities.”¹⁷⁹

Barnstable County

Elimination of the ICE Program within Barnstable County’s Correctional Facility: Within hours of taking office, Donna Buckley the newly appointed Barnstable County Sheriff, signed a letter terminating an agreement with the U.S. Immigration and Customs Enforcement (ICE) Agency, known as the 287(g) agreement which ended immediately upon signature of the letter.¹⁸⁰ Buckley is quoted as saying, “It’s time for us to move beyond doing the work of Immigration and Customs Enforcement and focus on our core mission, which is correction, rehabilitation and treatment.” Barnstable County was the only remaining Sheriff’s office in Massachusetts and within New England to continue an agreement with ICE as both Plymouth and Bristol County sheriff’s offices ended their agreement after lawsuits were filed against them.¹⁸¹ This agreement with ICE used what is referred to as “a jail enforcement model to identify and process removable noncitizens with criminal or pending criminal charges who are arrested by state or local law enforcement agencies.” According to Oren Sellstrom, litigation director for Lawyers for Civil Rights, argued against this policy because “it was both costly and divisive” as not only do local law enforcements pay to participate, but it undermines trust in local law enforcement, especially within immigrant communities. Bergeron called the agreement “discriminatory and unconstitutional.”

Cape Cod Community College’s Center for Corporate and Professional Education: 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.

¹⁷⁹ Email communication with Raymond Yox, Managing Attorney for South Coastal Counties Legal Services; Information for the Justice Center of Southeast Massachusetts taken from <https://sccls.org/immigration/>.

¹⁸⁰ Denise Coffey, *Sheriff Donna Buckley fulfills a promise on first day on the job: Here’s what happened*. Cape Cod Times, January 6, 2023 online (review this article for the detailed information on what the trained, certified sheriff’s officers’ have power and authority to implement under the ICE contract).

¹⁸¹ The Massachusetts Department of Correction is the only remaining state agency to maintain their 287(g) contract with ICE.

Dukes County

CACCI's Immigration Resource Center: in partnership with Martha's Vineyard Community Services Youth Collaborative provides legal immigration services monthly on the island. In June 2023, CACCI was awarded \$20,000 from the Martha's Vineyard Foundation to increase IRC legal services on the island. With these funds, CACCI's will have a paid immigration lawyer to provide consultations at the Martha's Vineyard Community Services Youth Collaborative.

Martha's Vineyard Public Schools: English Language Learners (ELL) services provides language assistance to students and their parents across the public school system. Their recent numbers show that 427 ELL students were served in 2022 with the vast majority with Portuguese as their native language; they also provided 167 written translations and 150 oral interpretations to parents. Leah Palmer, the director of the ELL program also facilitates the Martha's Vineyard Communication Ambassador Partnership, an interagency group which coordinates with the Brazilian population to train Translators.¹⁸²

Nantucket County

CACCI's Immigration Resource Center: in partnership with Fairwinds, Nantucket's Counseling Center provides legal immigration services monthly on the island.

The Nantucket Immigration Resource Center: is a nonprofit organization run by volunteers. Their goal is to provide support to recent immigrants on Nantucket offering information and referrals.

The Nantucket Literacy Volunteers of the Atheneum (LVA) Library: offers Group Conversation Classes – for English Language Learners (ELL)¹⁸³ to improve their English language skills at Beginner and Intermediate levels; classes are also available online. Volunteer tutors also work one-on-one with English Learners and can also help them prepare for the U.S. Citizenship Test, write a business letter, or get ready for a job interview. Their website includes an array of online Resources for English Learners (General Study materials, Working Online, News for English learners, Pronunciations, and links to the USCIS Citizenship Resource Center website); and also includes Additional Resources for Tutors. They also offer a Language Café in an array of languages including Portuguese and Spanish but also in French, Italian and, Russian; and note that these are not courses (this is seasonal as it is not offered in the summer).

¹⁸² Information is based on a report sent by Leah Palmer titled, *Who are our Martha's Vineyard Public Schools ELLS?* The report uses October 2021 data; Information on the Ambassador Partnership program is based on the Martha's Vineyard Focus Group Meeting discussion.

¹⁸³ Information taken from their website at <https://nantucketatheneum.org/programs/>; Information was also confirmed via phone call to the Atheneum.

The Nantucket Public Schools provides an English Learner Program: which follows the Sheltered English Immersion (SEI) model to ensure that English Learners rapidly develop the skills necessary to succeed. This contains two structural components: the Sheltered Content Instructions, taught by licensed content teachers who are SEI endorsed; and English as a Second language (ESL), taught by ESL licensed Teachers.¹⁸⁴

Recommendations to Address Identified Gaps: Immigration

- Ensure that multilingual staff are available within housing, medical, and child care (both providers and staff) to address the needs of non-English speaking clients/customers.
- Ensure that children who are English Language Learners get the services and supports needed within each school system across the region.
- Ensure that English Language Learner programs are available for adult learners as well as through the public school system.
- Ensure that service providers develop an understanding of cultural differences and customs of the clients/customers they serve and to provide clear, uncomplicated easy-to-read materials in the languages of their customers.

¹⁸⁴ Information taken from the Nantucket Public Schools English Language Learners website at <https://www.npsk.org/domain/289>.

9.6. Top Priority Individual/Family and Community Level Needs Statements

The top individual/family and community level needs identified that relate to the Cape and Islands causes and conditions of poverty and the needs of our community are:

Access to Affordable and Available Housing - including Utilities

Priority Individual/Family Needs: There is a lack of affordable and available housing. Community Needs Assessment findings also note the “*inability to pay for utilities*” as a key issue related to housing; and the ability to pay heating or utility bills supports residents to “*feel more financially stable*”. There is a connection between the lack of affordable housing and workforce and the overall economic health of the Cape and Islands. There is a need for those who find themselves “on the street” assistance to access shelters with case management and housing search supports.

Priority Community Level Needs: There is a lack of affordable and available housing. Key stakeholders noted the need for housing for town employees and other workforce housing; they also noted that the housing crisis is linked to the shortage of doctors and police officers; and there is a need for more year-round housing. There is a need for projects to serve a range of housing; those in domestic violence situations often stay because there is nowhere to go. There is a need for more shelters and transitional housing as key stakeholders noted that “shelters are full”.

Health Care – including Health Insurance Coverage, Substance Use, Mental Health, and Food Insecurity

Priority Individual/Family Needs: Community Needs Assessment findings identified health insurance, mental health services, and access to food (Food Insecurity) as top essential needs of households. According to recent census data, the *population without health insurance* is higher for Barnstable, Dukes, and Nantucket Counties (3.3%, 6.2%, and 6.1%, respectively) in comparison to State data of 2.8%. Key stakeholders note the need for support for the increasing immigrant populations without health insurance. The *food insecure rates* for Barnstable, Dukes, and Nantucket Counties are 8.6%, 8.2%, and 7.8% respectively. *Cape and Islands United Way’s Community Impact Model/Focus Areas* notes the “need to increase food and economic stability (increase affordability and accessibility of healthy foods to families and individuals in our community).”

Priority Community Level Needs: There is a lack of primary care physicians, dental, and mental health care that leads to stress related to the need for mental health services and social supports. Some communities are seeing an increase in people being uninsured. There is an ongoing increase in people using food pantries throughout the region. With the inflationary

costs of food, rent, and utilities there is a need for community supports as one key stakeholder noted “*it comes down to heating or eating*”. *Cape Cod Healthcare’s (CCHC) 2023-2025 Community Health Needs Assessment’s Priority Community Needs*: Behavioral Health, Health Care Access, and Housing. They also identified the Cross-Cutting Themes of Health Equity and Economic Stress & Instability. Also noted is the need for “*Food Access* (exacerbated by geographical barriers, transportation challenges and individual mobility or disability constraints).”

Financial Insecurity - including Household and Community Needs for Employment, Training, Economic Security, Transportation Issues, and Digital Divide

Priority Individual/Family Needs: There is a need for households who are cost-burdened to receive adequate financial support. Community Needs Assessment findings note that 35% of households considered themselves to be “*worse off*” compared to before the COVID-19 pandemic with 51% reporting to be “*about the same*” noting that “*My living expenses (rent/mortgage, heat, food) are too high*”. Also reported: 34% are “*not able to pay bills on time each month*”; and 52% reported “*not having \$500 set aside for emergencies*”.

Priority Community Level Needs: Noted in key stakeholder interviews: there is a continuing need for year-round jobs at a living wage; a need for a comprehensive public transportation system to ensure workers can get back and forth to jobs; and low-income residents are less likely to have internet access, and there is limited cell phone and internet connection in certain locations. *Cape and Islands United Way’s Community Impact Model/Focus Areas* notes the need to encourage “Economic Stability (to support individuals and families to become stable and self-reliant)” and to “Provide pathways to economic self-sufficiency.”

Child Care

Priority Individual/Family Needs: There is a need for available and affordable quality child care in order for households to be gainfully employed and is a particularly important service for children from low-income households. Community Needs Assessment findings note: “*Child care is too expensive and/or interferes with my ability to work*”; and notes the need for “*after school and summer programs for children and youth.*” The Rennie Center’s *Cape Cod & Islands Early Education and Child Care Needs Assessment Report* notes that 46% of households with an adult found it necessary to make significant changes to their employment based on child care issues, “such as shortening work hours, reducing to part-time work, working from home, or quitting their job due to the lack of open child care seats.”

Priority Community Level Needs: Key stakeholders noted the need to increase available child care providers and pay a living wage. Data shows that there is a limited number of

Child Care Centers in the region and both Barnstable and Dukes Counties show a higher Child Care Cost Burden in comparison to the State (43%, 41% and 39% respectively). There is the need for child care providers to accommodate the schedule of service industry workers, especially because of the demands of the Cape and Islands tourist industry. There is also a need to have the availability of bilingual child care providers and child care workers to address the growing immigrant and multilingual population on the Cape and Islands.

Immigration

Priority Individual/Family Needs: Community Needs Assessment findings identified “*immigration issues*” and “*immigration services*” as top needs along with the need for “*English as a second language classes*”. With new federal policies that allow more migrants to be eligible for work authorizations, there is a need for them to have access to legal assistance to file applications. There is also a need for immigrants to have ongoing support for legal assistance in applying for more permanent green cards, family petitions, and, eventually, citizenship.

Priority Community Level Needs: Key stakeholders noted the need for organizations to have multilingual staff and translation services available within housing, medical, court system, schools, and child care to address the needs of non-English speaking adults and children. Staff and/or interpreters need more familiarity with customs and cultures of the immigrant populations. Also noted was the need to develop the “the linguistically and culturally competent workforce needed to effectively serve immigrant and refugee families.”

9.7. Customer Satisfaction Reviews

Community Needs Assessment Survey Customer Satisfaction Evaluations:

The Community Needs Assessment Survey contained a section at the end of the survey where 92 survey respondents identified themselves as a Community Action Committee of Cape Cod & Islands (CACCI) customer. Not all 92 respondents reported on services they received; therefore, some questions were unanswered.

Responses to the question, ***How Did you learn about CACCI?*** were as follows:

The majority (59%) heard about CACCI through another person; 33% were referred by another agency or organization; 6% found information on CACCI's website; 5% saw a flyer or poster; 1% heard about CACCI on the TV or radio; and 6% reported Other. Among the comments, one person noted they heard about CACCI through their church, one person conducted a website search, and another person heard about CACCI through a former employer.

Respondents were asked to rate CACCI services they received within the last year. The ratings were from 1 to 5:

1 'Least Satisfied'; 2 'Somewhat Dissatisfied'; 3 'Neutral'; 4 'Somewhat Satisfied'; and 5 'Most Satisfied'

The following represents percentages for those who rated **CACCI's Services** either '***Somewhat Satisfied***' or '***Most Satisfied***' as noted below. If comments were available, they are noted below the ratings.

- Child Care Network Voucher Program, 76%
Comment: They need more help.
- Health Insurance Navigator Program, 87%
Comments: Excellent help; I'm so glad for this service as I benefited so much; Very friendly
- Immigration Resource Center, 77%
Comments: I'm so glad for this service, as I benefited so much.
- Safe Harbor Shelter, 77%
- SNAP Assistance, 67%
Comment: Very friendly.
- VITA Services, 77%
Comment: Fantastic and friendly.
- CACCI Emergency Financial Assistance, 71%
Comment: Funds ran out too fast.
- CACCI Thanksgiving Turkey Distribution, 94%
Comments: Very much appreciated; Second time using this program and it is great; My budget is impacted by any extra expense and this program allows me to have a dinner on Thanksgiving without having a deficit to start December; Very caring team.

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- CACCI Toys for Tots Distribution, 82%
Comment: Very helpful.
- CACCI Teen Gift Program, 79%
Comment: Hope it is repeated this year.

Responses to additional questions are noted below, along with comments when available:

Did you receive Language assistance if needed? 57% respondents stated ‘Yes’; language assistance noted was Portuguese, Haitian Creole, and Spanish.

My situation is better because of the help CACCI gave me, 74% responded ‘Yes’, 6% responded ‘No’, and 21% responded ‘No Opinion’.

Comments: of the 19 persons who responded, eight persons expressed appreciation for the Thanksgiving Turkey Distribution; one person noted that “The turkey will feed me for a while.” Some people also expressed appreciation for the holiday gifts, and one person noted that because of this program, “My child has a gift.” A few people also noted appreciation for the Child Care Network, the Immigration Resource Center, and the Health Insurance Navigator Program; one person noted that CACCI “helped me find insurance the fits my reality.”

How could CACCI improve?

Of the 19 responses, five customers noted the need for more CACCI staff. Other responses were as follows: Provide more services; Provide more information about community resources; and help find a job. One person noted “The staff there is pleasant and as helpful as they can be given the restrictions they have to work around.” Another person noted, “Very satisfied, keep up the good work.”

What other help would you like CACCI to offer in the future?

Some of the responses included the following: More financial assistance; School supplies; Help with car repairs and lights; Help paying rent and utilities; Rides for the disabled to social events; More housing; More food; More face-to-face services; English classes and computer courses in Spanish; and Job search assistance.

Internal Customer Satisfaction Evaluations:

CACCI also collects Evaluations as part of their service delivery and results are reported quarterly to CACCI’s Board of Directors. The Client Self Sufficiency Department uses a Customer Satisfaction Survey. The Safe Harbor Shelter uses an Exit Survey given when a resident leaves shelter. The Child Care Network uses a Customer Preference Survey. Below is a sampling covering different periods during FY23.

The Client Self Sufficiency (CSS) Department (Access to Health Insurance & Care, Immigration Resource Center, SNAP Outreach) received 134 surveys completed by their customers from January 2023 through March 2023. They responded to the following questions:

1. *I was greeted and treated in a professional manner. I felt welcome, comfortable & respected in reception.*
95% rated this as outstanding.
2. *I was treated professionally and courteously by staff.*
95% rated this as outstanding.
3. *I was seen within one week of requesting an appointment.*
89% rated this as outstanding.
4. *My phone calls and/or emails were responded to in a timely manner.*
92% rated this as outstanding.
5. *I received information about my CSS issues or concerns.*
95% rated this as outstanding.

Safe Harbor Shelter four exit surveys covering October 1, 2022 through December 31, 2022 using a ranking scale of 1 to 5 with 5 being the highest (outstanding):

1. *Overall, I would rate my experience at Safe Harbor -* Rated 3.8
2. *How would you rate the courtesy and respect that you were shown by staff during your stay?*
Rated 4.6
3. *The dinners that were provided at Safe Harbor were healthy and adequate for me and my family.*
Rated 3.8

Overall average rating was 4.9 out of 5.0.

Child Care Network Customer Preference Survey covering July-December 2022:

How have you received voucher appointment services over the past year?

56% via email; 34% by phone; 6% via Zoom; 3% Other; and 1% in- person

Did you prefer to have your appointment in this way?

94% yes

What is your preferred method of appointment?

Phone, 53%; Email, 27%; Zoom, 10%; in person, 9%; and Other, 1%

How did you submit your required documentation?

Email, 57%; signature document, 38%; in-person, 2%; Fax, 1% mail, 1%; and onsite drop off box, 1%.

Did you receive information about any of the following community resources during your appointment?

Education/Career info, 24%; Transportation Assistance, 22%; Food Programs 20%; SNAP, 15%; Housing, 11%; and Medical Assistance, 6%.

The Child Care Network Customer Preference Survey report concluded that the findings continue to indicate that families prefer virtual/remote appointments and sending documentation electronically rather than attending in-person appointments.

The Customer Satisfaction Evaluation results will be reviewed and considered as part of CACCI's strategic planning, along with the Key Findings in this Community Assessment Report.