

Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2026 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2026 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2026 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

1A-1. CoC Name and Number: MA-503 - Cape Cod Islands CoC

1A-2. Collaborative Applicant Name: Barnstable County

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Barnstable County

1B. Coordination and Engagement–Accountable Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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- Frequently Asked Questions

1B-1.	Accountable Structure and Participation.	
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In the chart below for the period from June 1, 2025 to May 31, 2026:

1.	select 'Yes' or 'No' in the chart below if the entity listed participated in CoC meetings or select 'Nonexistent' if the entity does not exist in your CoC's geographic area, and
2.	enter the number of persons on the board for each category where you answered 'Yes' in the Participated in CoC Meetings column.

You must click Save at the bottom of the form before entering the number of persons for each category where you answered 'Yes'.

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	Yes	1
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	2
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	1
4.	Community Mental Health Center (CMHC)	Yes	2
5.	Disability Advocate(s)	Yes	1
6.	Disability Service Organization(s)	Yes	0
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	0
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	0
9.	Faith-based Organization(s)	Yes	1
10.	Homeless or Formerly Homeless Person(s)	Yes	4
11.	Hospital(s)	Yes	1
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	2
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes	1
14.	Law Enforcement	Yes	2
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	2
16.	Local Government Staff/Official(s)	Yes	3

17.	State Government Staff/Official(s)	Yes	1
18.	State or Local Elected Public Official(s)	Yes	3
19.	Local Jail(s)	Yes	1
20.	Mental Health Service Organization(s)	Yes	4
21.	Mental Illness Advocate(s)	Yes	3
22.	Organization(s) led by and serving people with disabilities	Yes	0
23.	Other homeless subpopulation advocate(s)	Yes	19
24.	Other nonprofit homeless assistance provider(s)	Yes	14
25.	Other social service provider(s)	Yes	2
26.	Public Housing Agencies	Yes	0
27.	Recovery Housing or Sober Living Provider(s)	Yes	2
28.	School Administrators/Homeless Liaison(s)	Yes	1
29.	School District(s)	Yes	1
30.	Street Outreach Team(s)	Yes	3
31.	Substance Abuse Advocate(s)	Yes	3
32.	Substance Abuse Service Organization(s)	Yes	1
33.	Universities	Nonexistent	
34.	Veteran Serving Organization(s)	Yes	1
35.	Agencies Serving Survivors of Human Trafficking	Yes	0
36.	Victim Service Provider(s)	Yes	1
37.	Domestic Violence Advocate(s)	Yes	1
38.	Other Victim Service Organization(s)	No	
39.	State Domestic Violence Coalition	Nonexistent	
40.	State Sexual Assault Coalition	Nonexistent	
41.	Youth Advocate(s)	Yes	3
42.	Youth Homeless Organization(s)	Yes	2
43.	Youth Service Provider(s)	Yes	4
44.	Other Homeless Assistance Provider(s)	Yes	13
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	1
	Other: (limit 50 characters)		
46.	Cape Cod Community College	Yes	1
47.	Dept. of Transitional Assistance	Yes	1

1B-2.	Open Invitation for New Members.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

(limit 2,500 characters)

The Cape & Islands Regional Network on Homelessness Policy Board (PB) maintains a transparent, publicly available process to invite new members to participate in the Continuum of Care (CoC). At least annually, the PB issues a public invitation for new members and encourages participation from individuals and organizations representing diverse geographic areas, populations, and perspectives throughout the CoC's region. The annual invitation is communicated through multiple public and community-based channels, including postings on the County website and announcements in the County e-newsletter, which has a circulation of more than 2,000 subscribers. Invitations are also distributed by email to a broad network of community organizations, municipal partners, and other stakeholders involved in preventing and ending homelessness throughout the CoC's geography. In addition to the annual recruitment process, the PB provides year-round opportunities for interested community members and organizations to express interest in participating in CoC planning and governance. Policy Board and CoC meetings are open to the public, further supporting transparency and providing opportunities for community stakeholders to learn about and engage in CoC activities. Through these practices, the CoC ensures that opportunities to join are publicly communicated, accessible across the CoC geography, and offered at least annually.

1B-3.	CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.	
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to solicit and consider opinions regarding the CoC's general performance, strategies, and priority setting process from a broad array of individuals and organizations that have knowledge of homelessness or an interest in preventing or ending homelessness in the CoC's geographic area.
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(limit 2,500 characters)

The Cape & Islands Regional Network on Homelessness Policy Board (PB) uses a transparent and inclusive process to solicit and consider stakeholder opinions regarding the CoC's general performance, strategies, and priority-setting process. The PB includes representatives from the Youth Action Board (YAB), persons with lived experience of homelessness, nonprofit agencies, domestic violence providers, disaster planning and prevention agencies, funders, municipalities and other government entities, public housing agencies, school districts, social service providers, medical and mental health professionals, the community college, affordable housing developers, law enforcement, veterans' service organizations, and faith-based groups. The CoC seeks input from individuals and organizations throughout its geographic area with knowledge of or an interest in preventing and ending homelessness. Community input is solicited through Policy Board and other CoC meetings, stakeholder engagement, presentations on new initiatives and best practices, and participation in trainings, housing summits, conferences, and public forums addressing homelessness and housing needs. Meeting information is publicly disseminated to provide community stakeholders with opportunities to participate and provide input. Feedback from these engagement opportunities is considered by the PB as part of ongoing assessment of CoC performance, development of strategies, identification of community needs and service gaps, and priority-setting. This process supports informed, data-driven planning and helps the CoC identify effective approaches, address emerging needs, and align resources and priorities with local conditions and the goal of reducing and ultimately ending homelessness.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
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Describe your CoC's transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding including faith-based organizations.

(limit 2,500 characters)

CoC Program funding opportunities are publicly announced through the CoC's established distribution list and the County websites, providing organizations with access to information regarding eligibility requirements, application procedures, deadlines, and applicable HUD requirements. These notification methods are used to ensure that organizations that have not previously received CoC Program funding, including eligible faith-based organizations, have an opportunity to learn about and participate in the competition. During the FY 2026 competition, the CoC received proposals from organizations that had not previously received CoC Program funding. New applicants were provided the same publicly available competition information and an opportunity to submit proposals for consideration. Proposals from new applicants were reviewed through a separate process established for organizations without prior CoC Program funding. This review considered the applicant's eligibility, organizational and project capacity, proposed approach, alignment with CoC priorities and identified community needs, and ability to contribute to the CoC's coordinated community response to homelessness. The separate review process allows new organizations to demonstrate their capacity and proposed impact without relying on prior CoC funding performance. Proposals were considered using established criteria and applicable HUD requirements, with documentation maintained to support transparency and consistency in the review and decision-making process. Recommendations from the review are incorporated into the CoC's established project selection, ranking, and funding recommendation process.

1B-5	Plan for Comprehensive Strategies for Reducing Homelessness.
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Describe how your CoC will incorporate comprehensive strategies for reducing homelessness, including interventions in 42 U.S.C. 11386b(d) and other targeted projects for specific subpopulations, by providing a plan to address a gap in the CoC's current homelessness system.

(limit 2,500 characters)

Two priority gaps were identified through local data and stakeholder feedback: targeted prevention and housing connections for youth and young adults and improved access to housing-related resources for older adults.

State-funded Unaccompanied Homeless Youth and Young Adult (YYA) providers, the YHDP Youth Action Board, and the YYA Homelessness Committee identified a gap in connections to schools and systems of care for youth under age 18 who are unstably housed and young adults aging out of services. FY2025 Community Needs Assessment data identified a “cliff effect” for YYA leaving schools and child welfare systems, and youth with lived experience reported that they often did not know where to seek assistance. Using YHDP and state YYA resources, the YYA Homelessness Committee will continue providing presentations and “grab-and-go” resource materials to schools throughout the project period. Progress will be measured by the number of schools engaged, presentations completed, and resource materials distributed. The YYA Homelessness Committee will oversee implementation and review progress at least annually.

The second gap was identified through HMIS data and stakeholder feedback regarding older adults. In FY2026, more than 38% of people served in HMIS were age 55 or older, and Area Agencies on Aging and community partners reported increased requests for housing assistance. The Older Adult Housing Workgroup, coordinated through the Collaborative Applicant’s Healthy Aging Cape Cod initiative, is addressing the needs of older adults who are homeless or at risk of homelessness by identifying resources and funding streams, improving cross-system coordination, and expanding provider training. The Workgroup has developed a prevention-focused training, “Let’s Talk About Tomorrow.” A partner delivered the training in one subregion, and the goal is to provide a pilot in at least one additional subregion by July 2027. Progress will be measured through the number of trainings, participating organizations, and subregions reached. Planned activities will use existing partner resources, and an Older Adult Outreach project has been submitted for funding through the FY2026 CoC Program competition. The Older Adult Housing Workgroup will oversee implementation and monitor progress.

1B-5a	Confirmation of Plan Coverage.
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Select ‘Yes’ or ‘No’ in the chart below to indicate whether your narrative in question 1B-5 addresses the following aspects of your plan to address a gap in the CoC’s current homelessness system.

1. Identifies the gap, using data or stakeholder feedback	Yes
2. The strategy to address the needs of all relevant subpopulations	Yes
3. Sets quantifiable performance measures	Yes
4. Identifies timelines for the completion of specific tasks	Yes
5. Identifies specific funding sources for planned activities	Yes
6. An individual or body responsible for overseeing implementation of specific strategies	Yes

1C. Coordination and Engagement

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1C-1.	Treatment and Recovery Services—On-site Substance Use Treatment Availability.	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	94%

If you are a rural CoC, describe what substance use treatment is available in your CoC and how people you serve access those services.

(limit 2,500 characters)

94% of the CoC's TH/RRH/PSH projects have substance use treatment available on-site. The Cape and Islands Continuum of Care permanent supportive housing is predominantly scattered site units. 5 of the 6 permanent supportive housing projects provide on-site substance use treatment to program participants with a substance misuse history through formal matching of services and/or ongoing partnerships with substance use focused agencies and visiting nursing. Based on participant needs, preferences, and clinical appropriateness, substance use services are delivered to participants "where they are at", including in their housing units, in an office setting or in other locations based on participant choice. Agencies providing on-site substance use services include Duffy Health Center, a federally recognized Healthcare for the Homeless provider, CoC grantee and Cape and Islands Regional Network on Homelessness Policy Board member, Gosnold Behavioral Health, Vinfen's Program for Assertive Community Treatment, Relief Home Healthcare and Cape Cod Healthcare Visiting Nursing. Available services include in-home therapeutic interventions, outpatient and inpatient treatment, medication management, medication assisted treatment, recovery supports, and other behavioral health services based on participant needs and preferences.

1C-1a. Treatment and Recovery Services—Outpatient Treatment for Mental Health and Substance Use Disorders.

Describe how your CoC partners with, or has projects that provide, outpatient treatment for mental health and substance use disorders with a range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports.

(limit 2,500 characters)

Individuals experiencing homelessness have access to outpatient treatment and recovery services for mental health and substance use disorders through CoC-funded projects and community partnerships. The Cape and Islands Regional Network on Homelessness includes members from agencies providing mental health services, including Duffy Health Center, the Massachusetts Dept. of Mental Health (DMH), Cape Cod Healthcare and Outer Cape Health. Duffy provides outpatient substance use treatment and mental health related services, including medication assisted treatment, peer support and ongoing clinical and psychiatric care. Outer Cape Health provides mental health treatment services, including outpatient services and in-school counseling for youth and young adult experiencing family and unaccompanied homelessness. DMH provides behavioral health services and operates a 16-bed inpatient psychiatric unit within the CoC geographic area. DMH also operates long term inpatient beds in the southeast area of the state, where Cape and Islands residents are placed. The CoC also works with community partners, including Vinfen, to connect participants with behavioral health services and other supports. Vinfen provides mental health services at a variety of care levels including peer support, residential treatment, homeless outreach, case management and clubhouses and participates in CoC workgroups. Vinfen also provides match to CoC grantees through its Program of Assertive Community Treatment (PACT) and Adult Community Clinical Services (ACCS) teams. Through Coordinated Entry, case conferencing, referrals, and ongoing provider coordination, participants are connected to services based on their individual needs and eligibility, including outpatient mental health and substance use treatment, psychosocial interventions, medication management, suicide prevention resources, and recovery supports. Providers coordinate with housing focused programs to support continuity of care and address behavioral health or substance use needs that may affect housing stability. Participants may be connected to appropriate levels of care as needs change, including outpatient treatment and additional behavioral health or substance use services available through community partners. These partnerships allow the CoC to leverage existing behavioral health and substance use treatment resources while maintaining a coordinated, housing-focused response for individuals experiencing homelessness.

1C-1b. Treatment and Recovery Services—Peer Support and Recovery Navigation.

Describe how your CoC partners with, or has projects that provide access to, peer recovery specialists or other forms of peer support and recovery navigation.

(limit 2,500 characters)

Peer support and recovery navigation are incorporated into the CoC's coordinated response through partnerships with providers that have staff with lived experience and expertise in recovery services. The CoC encourages and, through its project review and scoring process, recognizes the inclusion of staff with lived experience as a component of project capacity and service delivery. Homeless Prevention Council and Housing Assistance Corporation (HAC), who are both CoC grantees and members of the Cape and Islands Regional Network on Homelessness Policy Board, the governing body of the CoC, have hired staff who have previously been services recipients, in outreach and case management positions. HAC also has a state funded Peer Recovery and System Navigator position who serves in a leadership capacity on the Cape and Islands Youth Action Board. Duffy Health Center and Vinfen, who both support peer recovery staff, have outreach staff who actively participate in Coordinated Entry (CES), providing an established point of connection between individuals experiencing homelessness and peer-based recovery and support services. Through CES participation, outreach staff engage participants, identify needs, provide navigation and referrals, and coordinate with housing and service providers to support connection to appropriate resources. Duffy provides recovery-oriented services, including peer support and recovery coaching, while Vinfen provides access to peer based behavioral health and recovery supports, including on their Program for Assertive Community Treatment (PACT) and their Adult Community Clinical Services (ACCS) teams. These partnerships allow individuals to receive support from providers with expertise in recovery and lived experience while navigating housing, treatment, and other community-based services. Coordination through CES and case conferencing helps providers identify barriers to engagement and maintain communication as participants move through the homelessness response system. By incorporating peer support and recovery navigation into Coordinated Entry and project design, the CoC promotes access to recovery supports alongside housing and other services that contribute to housing stability and successful outcomes.

1C-1c. Treatment and Recovery Services—Connecting Individuals Experiencing Serious Mental Illness with the Services Necessary to Promote Stability.

Describe how your CoC identifies individuals experiencing Serious Mental Illness and connects them with the services necessary to promote stability, such as Assertive Community Treatment teams and other models that combine intensive care coordination and assertive outreach with comprehensive treatment.

(limit 2,500 characters)

The CoC partners extensively with agencies engaging individuals experiencing homelessness and housing instability with mental health conditions and connecting them with appropriate levels of resources. For those who need the most intensive levels of care, the Massachusetts Dept. of Mental Health, a member of the Cape and Islands Regional Network on Homelessness Policy Board, the governing body of the CoC, funds the Vinfen Homeless Outreach and Engagement Team (HOET). HOET partners with all outreach teams across the region and meets with any individual experiencing homelessness who may be experiencing a mental health condition for initial engagement. When level of care warrants an application for formal DMH services, HOET's licensed clinician engages with the individual for diagnoses, care planning and completing applications for formal DMH services. As a follow up to these services, the DMH supervisor who oversees intake and service determination, attends CE case conferencing to coordinate care with all CoC partners. When an individual is determined eligible, DMH offers a wide variety of care options, from crisis stabilization, inpatient psychiatric care, case management, Vinfen's Program for Assertive Community Treatment (PACT) and the Adult Community Clinical Services (ACCS) teams. ACCS is modeled on PACT, with the only difference being that a psychiatrist is not embedded on the team, which instead works with multiple outpatient clinics. This model allows for all other facets of PACT to be delivered to a larger number of individuals. DMH also funds 15 residential homes across the entire area of the CoC, including on Nantucket and Martha's Vineyard. For those individuals who's severe and persistent mental health condition is best addressed in community settings, CoC partners including Duffy Health Center, Cape Cod Healthcare, Outer Cape Health and multiple outpatient providers coordinate on long-term recovery planning, resource acquisition and support in navigating systems for those who mental health condition presents challenges in communication and information processing.

1C-1d. Treatment and Recovery Services—Coordination with Providers in Connection with Drug or Other Specialty Courts.

Identify at least one partnership the CoC has with a provider or entity providing services in connection with Drug Courts and other specialty courts serving individuals with mental and substance use disorders, Assisted Outpatient Treatment (AOT) programs, and inpatient civil commitment.

(limit 500 characters)

The CoC coordinates with specialty courts through cross-representation. A member of the Drug Treatment Court serves on the CoC Policy Board. Additionally, the Cape and Islands Veterans Outreach Center (CIVOC), a CoC member, is connected to the Veterans Treatment Court. These partnerships streamline referrals and ensure individuals with mental health and substance use needs receive targeted recovery services.

Describe how your CoC coordinates with the provider or entity identified above to support housing stability and movement towards independence, including by leveraging court orders.

(limit 2,500 characters)

The CoC works with the Barnstable House of Corrections reentry Bridge Center to coordinate care for individuals connected to specialty courts, including mental health and recovery (drug) courts in three districts across the CoC's geographic area. The Bridge center works directly with those who have previously been incarcerated, but also provides coordination with any individual who has had interactions with the legal system, with the goal of intervention and prevention prior to incarceration. Reentry staff attend all specialty court sessions to engage with individuals who may not have previously been aware of services and resources. Additionally, representatives from Probation, who also coordinate with specialty courts, sit on the Regional Network on Homelessness Policy Board, the governing body of the CoC, and facilitates communication between CoC partners, court systems, law enforcement and community partners to maximize opportunities for services and resources to be deployed to those who need assistance in systems navigation. Outreach teams operated by multiple CoC partners participate in monthly law enforcement led Community Crisis Intervention Team (CCIT) meeting, where individual cases are discussed and partners collaborate on how to best meet the needs of individuals with high levels of engagement with systems of care. CCIT teams cover the entire geographic area of the CoC and also include representatives from the District Attorney's office, probation, police officers interacting directly with homeless individuals, housing providers, public health staff, elder services, physical and mental health providers and additional partners providing sub-regional specific resources. The CoC also participates in Veteran's case conferencing led by the Cape and Islands Veteran's Outreach Center (CIVOC) which is directly connected to Veteran's Treatment court. Veteran's case conferencing is attended by representatives of the federal Veteran's Administration (VA), state Executive Office of Veteran's Services (EOVS), town Veteran's Services departments, Supportive Services for Veteran's Families (SSVF) providers and additional Veteran's focused outreach and case management teams. These partnerships, across multiple specialty court systems, provide opportunity for court involved individuals to move toward independence and coordinate leveraging court orders and probation conditions when necessary.

1C-1e. Treatment and Recovery Services—Partnership with Local Crisis System of Care.

Identify at least one partnership the CoC has with the local crisis system of care including 988 and crisis contact centers, mobile crisis and outreach services, and crisis stabilization services.

(limit 500 characters)

The CoC and its partners work extensively with the Dept. of Mental Health funded Baycove Human Services, which provides 24/7 mobile crisis intervention, a crisis stabilization unit and operates the designated Community Behavioral Health Center. CoC partners also work with first responders through Community Crisis Intervention Teams, coordinating care during and after emergency situations. The CoC Collaborative Applicants also disseminates information on 988 at public tabling events.

1C-1f.	Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use.	
	You must upload the List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment attachment to the 4A. Attachments Screen.	
	Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	0

1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.	
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Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?	Yes
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1C-1h. Treatment and Recovery Services—Formal Partnership with Behavioral and Mental Health Facilities.

Identify at least one formal partnership the CoC has with a Certified Community Behavioral Health Clinic (CCBHC), Community Mental Health Center (CMHC), SAMHSA Projects for Assistance in Transition from Homelessness (PATH) provider, Grants for the Benefit of Homeless Individuals (GBHI) provider, or a similar facility if none of the above are located in the geographic area.

(limit 500 characters)

The CoC and its partners work extensively with Baycove Human Services which operates the designated Community Behavioral Health Center. Additionally, the Mass. Dept. of Mental Health is a member of the CoC governance board and provides behavioral and mental health services, including inpatient treatment. Duffy Health Center, a federally recognized Healthcare for the Homeless provider, is also a member of the CoC board and provides a variety of behavioral and mental health services.

1C-1i. Treatment and Recovery Services—Sober Housing Availability.

Identify at least one new or existing CoC Program-funded project that operates sober housing in accordance with 24 CFR 578.93(b)(5).

(limit 500 characters)

The Barnstable County Dept. of Human Services, the CoC Collaborative applicant, provides funding to Champ Homes, a sober housing provider. Additionally, a CoC grantee and another agency that is a member of the CoC's governance body operate sober housing projects for individuals referred through homeless outreach teams.

1C-1j. Treatment and Recovery Services—Warm Hand-Offs to Stable Housing Providers.

Describe how your CoC coordinates with the programs named in questions 1C-1a through 1C-1i to facilitate warm hand-offs to stable housing providers and prevent entry into homelessness.

(limit 2,500 characters)

The CoC, its grantees, and partners funded through other sources collaborate with the agencies identified in 1C-1a through 1C-1i through the following monthly, quarterly, and seasonal meetings:

- **Coordinated Entry (CE) Case Conferencing:** Outreach teams, housing and behavioral health providers, the Department of Mental Health, Health Care for the Homeless, and other agencies coordinate warm handoffs, housing documentation, service connections, and systems navigation for individuals and families moving toward stable housing.
- **Youth and Young Adult (YYA) CE Case Conferencing:** Participants coordinate resources and warm handoffs for unstably housed YYA. In addition to CE partners, meetings include YYA sober living providers, supports for pregnant and parenting YYA, the Department of Children and Families liaison, and the Host Homes Services Coordinator. The team also discusses the use of state YYA grant flex funds to address basic needs.
- **Veterans Case Conferencing:** Led by the Cape and Islands Veterans Outreach Center, these meetings coordinate warm handoffs, basic needs, housing options, and veteran-specific resources regardless of discharge status. Participants include the U.S. Department of Veterans Affairs, Massachusetts Executive Office of Veterans Services, municipal veterans' services, and Supportive Services for Veteran Families providers. Available housing resources include sober transitional housing.
- **Community Crisis Intervention Team (CCIT):** CoC partners participate in monthly law-enforcement-led meetings focused on supporting people who frequently use crisis services. Participants include the District Attorney's Office, probation, housing and public health agencies, elder services, physical and behavioral health providers, and organizations offering subregional resources.
- **Emergency Response:** Winter and as-needed summer meetings coordinate first responders, outreach teams, faith-based organizations, municipal services, emergency planning, shelters, crisis stabilization programs, state behavioral health and developmental disability agencies, visiting nurses, correctional reentry services, and other partners.

Additional warm handoffs and service coordination occur through Regional Substance Addiction Coalition and Children's Behavioral Health Workgroup meetings.

1C-2.	Supportive Services Investment.	
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	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$3,420,397
2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	\$1,826,664
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	53%
4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD.	\$253,386
5. Percent of your CoC's FY 2026 ARD (from element 1 above) that is the supportive services funding in proposed projects (from element 2 above) plus the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services (from element 4 above).	61%

1C-3.	Participation Requirements for Supportive Services.
	You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.

What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?	94.00%
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1C-4. Consulting with ESG Recipients.

Describe how your CoC has and will continue to consult with ESG recipients in the planning and allocation of ESG funds.

(limit 2,500 characters)

No entitlement community exists within Cape Cod and the Islands, and there is no local ESG allocation to the CoC. However, a CoC grantee receives ESG funding through the Massachusetts Executive Office of Housing and Livable Communities to operate inclement weather beds in the region. The provider participates in the CoC's emergency response meetings, shares information about shelter capacity and availability, and coordinates ESG-funded emergency shelter resources with the broader community response during severe weather and periods of increased shelter demand. The Collaborative Applicant also communicates regularly with the Massachusetts Executive Office of Housing and Livable Communities regarding ESG to support compliance with the HEARTH Act and the strategic inclusion of ESG resources in CoC-level planning. Planning activities will continue to include advocacy for ESG funding allocated specifically to Cape Cod and the Islands.

1C-4a. Coordination with Emergency Shelter Providers.

Describe how your CoC coordinates with shelter providers to connect individuals and families with CoC assistance.

(limit 2,500 characters)

MA-503 maintains robust coordination with state and local emergency shelter providers to connect individuals and families experiencing housing instability with CoC assistance. While family and individual shelters on the Cape and Islands are funded and administered regionally through the Massachusetts Executive Office of Housing and Livable Communities (EOHLC) using statewide intake pathways outside of the CoC's local Coordinated Entry System (CES), MA-503 bridges this gap through active, ongoing operational collaboration. EOHLC supports this framework by holding bi-weekly coordination meetings to provide system-level information on shelter access, policy updates, statewide data, and training opportunities for homelessness providers. Catholic Charities Diocese of Fall River (provider of the region's only year-round individual shelter), Housing Assistance Corporation (the local family shelter provider), and Harbor Homes of Martha's Vineyard are all members of the Cape and Islands Regional Network on Homelessness Policy Board the CoC governance entity and its Executive Committee, which analyzes data to provide recommendations on system improvements. Additionally, staff who directly oversee these shelters participate actively in emergency planning, case conferencing, and ongoing coordination meetings to ensure households seeking or requiring CoC-funded interventions are properly assessed, referred, and linked to permanent housing solutions. Seasonal shelter providers from Nantucket and Martha's Vineyard participate directly in winter and emergency planning. The CoC scales up this coordination during the winter season by convening additional planning and operational meetings with shelter providers to manage inclement weather beds and streamline transitions from seasonal shelters into stable housing. Furthermore, connections to the CoC are expanded through outreach program collaborations with law enforcement, first responders, public health entities, area agencies on aging, all area school districts, and other community partners during Community Crisis Intervention Team (CCIT) meetings.

1C-5. Data Sharing to Inform the Homelessness Response System.

Describe how your CoC has or will share PIT, HIC, HMIS, and System Performance data with state and local government as permitted by law in order to inform the homelessness response system.

(limit 2,500 characters)

The CoC shares PIT, HIC, HMIS, and System Performance data with state and local government partners, as permitted by law and consistent with the CoC's HMIS Privacy Notice, Privacy Plan, and Security Plan. Aggregate data and reports are used to inform community planning, identify gaps in housing and services, evaluate system performance, support resource allocation, and coordinate efforts to prevent and end homelessness. PIT and HIC data provide information on the number of people experiencing homelessness and the availability and utilization of housing resources, while HMIS and System Performance data are used to evaluate service utilization, housing outcomes, exits, returns to homelessness, and overall system effectiveness. The CoC uses these data to identify emerging needs and trends and to support data-informed discussions and decision-making with government and community partners. When information is shared outside of HMIS, the CoC follows applicable privacy and security requirements and limits disclosures to information authorized under the HMIS Privacy Notice. Aggregate and de-identified information may be shared for planning, reporting, and system evaluation purposes, while personally identifying information is protected and is not disclosed without appropriate authorization or consent, unless otherwise permitted or required by law. This approach allows state and local government partners to use reliable homelessness data to better understand community needs, coordinate resources, monitor progress, and strengthen the homelessness response system while maintaining participant privacy and confidentiality.

1C-5a. Using Other Data Sources Alongside HMIS to Improve Care.

Describe how your CoC utilizes other data sources alongside HMIS to improve care (e.g., health care utilization and claims data, electronic health care record data; admission, discharge, and transfer data; and law enforcement and corrections system data).

(limit 2,500 characters)

HMIS data is uploaded to the Massachusetts Rehousing Data Collective (RDC), a statewide repository that aggregates and deduplicates homelessness data from participating Continuums of Care. Through the Commonwealth's partnership with MassHealth, information maintained in the statewide repository can be used to identify MassHealth members experiencing homelessness and support coordination between housing and healthcare systems. This cross-system data sharing helps connect information about housing instability with health-related needs and supports continuity of services and benefits for individuals experiencing homelessness.

At the local level, HMIS data are used alongside information available through the statewide system to better understand housing and service needs, monitor outcomes, and support coordination among participating providers. The integration of homelessness data with health system information provides a broader picture of the circumstances affecting individuals experiencing homelessness and can help inform connections to appropriate healthcare and supportive

1C-6. Employment and Workforce Development Partnership.

Identify at least one partnership the CoC has with employment and workforce development programs and organizations such as the Local Workforce Development Board, State Workforce Agency, American Job Center (also known as One-Stop Career Centers), registered apprenticeship program, community and technical college, union training program, adult education provider, or State Vocational Rehabilitation agency.

(limit 2,500 characters)

The CoC and all partner agencies work with MassHire and the Cape and Islands Career Center. These programs offer employment, education and career development resources as well as up to \$15,000 in scholarships to skills training certification programs.

1C-7. Street Outreach—Cooperation with First Responders and Law Enforcement.

Describe in the field below how your CoC's street outreach projects (including co-response) cooperate with first responders and law enforcement to increase positive interactions in order to increase housing and service engagement and promote use of CoC services.

(limit 2,500 characters)

All area outreach teams participate in law enforcement led Community Crisis Intervention Teams (CCIT) that cover every town on the Cape and both Islands. Police departments lead monthly CCIT meetings where human service agencies, first responders, representatives from the district attorney's office, probation officers, public health staff, relevant state agencies and additional partners coordinate service and resource delivery for those experiencing homelessness. Specific cases can be presented by any of the participants, and agencies establish specific plans for addressing the unique needs of each individual and how partners can best support the coordinated efforts by providing resources and linkages, even when not working directly with the identified individual experiencing homelessness. Additionally, the Barnstable County Dept. of Human Services CoC program manager and representatives from multiple CoC outreach partner agencies deliver training to officers from all area Police Departments on homelessness services and resources, and best practices in coordination with first responders, as part of the two-week CCIT orientation. These ongoing initiatives enhance full understanding of resources and services provided by both homelessness service providers and first responders and leads to positive interactions with those experiencing homelessness in the community by exhibiting trusting relationships and facilitating warm hands offs.

1C-8. Family or Support Network Reunification.

Describe how your CoC, or your recipients, assist with family or support-network reunification efforts for individuals experiencing homelessness or living in CoC Program-funded housing (e.g., case management, travel costs, arrangement of assistance in another geographic area).

(limit 2,500 characters)

Staff from all homelessness serving agencies have been trained in Housing Problem Solving, which is described on the HUD Exchange as, “a person-centered, cost-effective approach to quickly resolve housing crises and prevent homelessness. Guided by proven, evidence-based practices, it avoids standardized system queues and instead empowers individuals to identify creative, immediate solutions through their own strengths and resources”, including family counseling and mediation, reunification, doubled-up arrangements and shared housing. When barriers such as transportation and/or service needs to be initiated in another geographic area, the CoC utilizes blended federal, state and local funding to facilitate reunification and its network of partners across Massachusetts to facilitate warm hand offs to providers. Additionally, the YHDP Host Homes program works with CoC funded and non-CoC funded partners on reunification focused kinship Host Homes placements to provide stipends to mitigate costs for familial and natural support network housing options with financial barriers. Five kinship Host Homes are currently in place.

1C-9	Partnering with Public Housing Agencies—Agreement to Enable Transition to HUD Assisted Housing.		
	Does your CoC have an agreement with at least one public housing agency to enable participants to transition from Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing to HUD assisted housing?	Yes	

1C-10. Protecting Public Safety—Cooperation with Law Enforcement.

You must upload the Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety attachment to the 4A. Attachments Screen.

Describe how your CoC cooperates and does not interfere with or impede local efforts to advance the objectives below, and assists first responders in providing services to homeless individuals.

(limit 2,500 characters)

All homelessness outreach programs participate in law enforcement led Community Crisis Intervention Teams (CCIT) that cover every town on the Cape and both Islands and do not interfere or otherwise impede law enforcement efforts. Police departments lead monthly CCIT meetings where human service agencies, first responders, representatives from the district attorney's office, probation officers, public health staff, relevant state agencies and additional partners coordinate service and resource delivery for those experiencing homelessness. Specific cases can be presented by any of the participants, and agencies establish specific plans for addressing the unique needs of each individual and how partners can best support the coordinated efforts by providing resources and linkages, even when not working directly with the individuals experiencing homelessness. Additionally, the CoC program manager and staff from multiple partner agencies deliver training to officers from all area Police Departments on homelessness services and resources, and best practices in coordination with first responders, as part of the two-week CCIT orientation.

1C-10a. Protecting Public Safety—Plan to Quickly Clear Tents and Encampments.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to quickly clear tents and encampments on public property and connect individuals who are camping in public with appropriate services and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Regional laws prohibiting public camping include-Barnstable §147-3, Falmouth §103-1, Mashpee §63-1, Bourne §3.1.21, Sandwich §3.35, Yarmouth §112-4, Dennis §138-6, Harwich §214-3, Brewster §77-1, Chatham §208-20, Orleans §124-5, Eastham §42-1, Wellfleet §129-1, Provincetown §13-2-9, Oak Bluffs §15.A, Aquinnah §C.1.page 3, Nantucket §64.1-20, Truro §3-4-1. Four towns on Martha's Vineyard ban public camping through formal Articles, property regulations and zoning laws.

Outreach teams report 24 encampments, with many occupied by single individuals who frequently move tent sites. Our outreach teams report that in addition to those staying in encampments, they regularly interact with those sleeping in cars or other places not meant for human habitation.

In instances where encampment are cleared, staff from homeless serving agencies are on-site with public entities, including law enforcement and dept. of public works, to provide services and resources to those living unsheltered. Staff from CoC funded agencies participate in law enforcement led Community Crisis Intervention Teams (CCIT) in every community within the CoC.

Our Coordinated Entry Case Conferencing prioritizes those living outside or in other places not meant for human habitation for housing, including those not CoC funded.

1C-10b. Protecting Public Safety—Current Status of Tents and Encampments.

Describe the current status of tents and encampments in the CoC's geographic area.

(limit 2,500 characters)

Outreach teams from CoC partners have identified 24 tent sites/encampments across the 545 square miles of the Cape and Islands. The vast majority of these are either one or two individuals living in tents, which are located in wooded areas specifically so as not to be easily seen by the public. These sites are regularly moved to avoid detection. One site that consisted of six individuals was identified within a state forest.

1C-10c. Protecting Public Safety—Plan to Decrease the Public Use of Illicit Drugs.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to decrease the public use of illicit drugs and quickly connect individuals who are using illicit drug in public with appropriate services and/or law enforcement and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Public illicit drug use is prohibited in all towns in the CoC's geographic area under Massachusetts General Law (M.G.L.) c.94C, §34. The Barnstable County Dept. of Human Services (BCDHS), the CoC Collaborative Applicant, leads efforts across the region using data to address illicit substance use and overdose incidents and ensure resources are available to support recovery. The Cape and Islands uses the Critical Incident Management System (CIMS), an interactive database and tracking software used by local law enforcement, healthcare providers, and social services to log, monitor, and coordinate responses to drug overdoses and behavioral health crises and activate service providers for delivery of supportive services. The most recent CIMS report indicated 222 total incidents in calendar year 2025, including 109 non-fatal overdoses (32% less than 2024), 8 fatal overdoses (53% reduction), 10 at-risk incidents (29% reduction) and 95 behavioral health incidents (a 764% increase). Using information from CIMS, the DA's office, first responders and support agencies use a Situation Table model to work collaboratively to ensure crisis prevention and follow up support services are proactively available for those who experience an overdose at both the town and individual level.

BCDHS also leads the Regional Substance Addiction Council (RSAC), which brings together individuals representing municipalities, community organizations, and a variety of professional disciplines. RSAC works collaboratively to identify systemic service gaps and leverage resources across multiple areas, including prevention, treatment, harm reduction, and recovery. This regional capacity has been further strengthened through the MassCALL3 (MC3) Grant, which is designed to help communities prevent and reduce substance misuse, specifically among youth. Together, MC3-supported planning, RSAC coordination, CIMS, and the Situation Table create an established, data-driven regional framework for monitoring substance-use risks, preventing crises, and protecting public safety. This coordinated infrastructure enables the CoC and its partners to identify emerging needs, intervene proactively, and connect individuals, including those experiencing or at risk of homelessness, with timely treatment, recovery, behavioral health, and supportive services.

1C-10d. Protecting Public Safety—Current Status of Overdoses and Illicit Drug Use in Public Spaces.

Describe the current status of overdoses and illicit drug use in public spaces in the CoC's geographic area.

(limit 2,500 characters)

Public illicit drug use is prohibited in all towns in the CoC's geographic area under Massachusetts General Law (M.G.L.) c.94C, §34. The Barnstable County Dept. of Human Services (BCDHS), the CoC Collaborative Applicant, leads efforts across the region using data to address illicit substance use and overdose incidents and ensure resources are available to support recovery. Although public illicit drug use and overdose events are not separated out by local law enforcement and emergency services, the Cape and Islands uses the Critical Incident Management System (CIMS), an interactive database and tracking software used by local law enforcement, healthcare providers, and social services to log, monitor, and coordinate responses to drug overdoses and behavioral health crises and activate service providers for delivery of supportive services. The most recent CIMS report indicated 222 total incidents in calendar year 2025, including 109 non-fatal overdoses (32% less than 2024), 8 fatal overdoses (53% reduction), 10 at-risk incidents (29% reduction) and 95 behavioral health incidents (a 764% increase). Using information from CIMS, the DA's office, first responders and support agencies use a Situation Table model to work collaboratively to ensure crisis prevention and follow up support services are proactively available for those who experience an overdose at both the town and individual level.

1C-10e. Protecting Public Safety—Standards to Address Danger to Self or Others.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to utilize standards that address homeless individuals who are a danger to themselves or others (e.g., involuntary commitment) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

All homelessness serving agencies and partner organization of the CoC address instances when an individual is an immediate threat to self, others, or demonstrates an inability to care for self, consistent with Massachusetts General Law (M.G.L.) c.123, §12, which states: "This emergency mental health law allows qualified professionals or police to have an individual involuntarily hospitalized for up to three business days if they are deemed a serious risk to themselves or others due to mental illness". Commonly referred to as a "Section 12", the law states that, "Qualified professionals (such as licensed physicians, psychologists, advanced practice registered nurses, and licensed independent clinical social workers) can authorize the restraint and transport of a person to a hospital or psychiatric facility if an examination reveals that failing to do so would create a "likelihood of serious harm" by reason of mental illness. If a mental health professional is unavailable in an emergency, police officers are also permitted to initiate this".

Similarly, all CoC partner agencies follow M.G.L. c.123, §35, which, "allows a court to involuntarily commit a person to a substance abuse or alcohol treatment facility for up to 90 days if their disorder poses an immediate, serious threat to their health or physical safety".

1C-10f. Protecting Public Safety—Share Information in Accordance with SORNA.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to comprehensively share information, including location information, in accordance with the Sex Offender Registry and Notification Act (SORNA) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

All homelessness serving agencies follow federal Sex Offender Registry and Notification Act (SORNA) and Massachusetts Sex Offender Registry Board (SORB)- Massachusetts General Law c. 6, §§ 178C through 178Q- requirements and guidelines for any homeless individual who has been convicted of offenses requiring registration. Additionally, all homelessness agencies participate in Community Crisis Intervention Team (CCIT) meetings that are led by Police Departments covering the CoC's entire geographic region and include representatives from probation, specialty courts, the District Attorney's office and a variety of local agencies. In circumstances involving individuals required to follow SORNA and SORB registration, systems are in place for coordination between agencies on information and location sharing.

1C-11. Outreach Strategy.

Describe your CoC's strategy to outreach to all individuals and families experiencing homelessness across your geographic area.

(limit 2,500 characters)

Outreach is conducted through a coordinated network of homeless service providers, emergency shelters, housing programs, and community partners to identify and engage individuals and families experiencing homelessness throughout the CoC's geographic area. Outreach providers engage directly with individuals in shelters, unsheltered locations, and other community settings, while also building relationships with organizations that may not traditionally participate in the homeless services system, including faith-based organizations, law enforcement, and other community-based agencies. These partnerships broaden the network of organizations able to identify individuals and families experiencing homelessness, provide referrals, and share information about locations where outreach may be needed.

Outreach providers coordinate with the Coordinated Entry System to connect individuals and families to assessment, housing resources, and supportive services. This includes accepting referrals from community partners and conducting follow-up engagement with individuals who may not otherwise seek assistance or have an established connection to homeless services. Outreach staff use a person-centered, low-barrier approach and continue engagement when individuals initially decline services or are difficult to locate.

The CoC also uses emergency response meetings to strengthen communication among providers regarding individuals experiencing homelessness, shelter capacity, severe weather needs, and emerging outreach needs. These meetings provide an additional mechanism to coordinate responses and identify gaps in coverage. The CoC continues to strengthen targeted outreach and community partnerships to reach populations that may be less likely to access traditional services, including people experiencing unsheltered homelessness and older adults. Together, these efforts expand the community's ability to identify people experiencing homelessness, connect them to available resources, and improve access to Coordinated Entry and housing interventions.

1C-12.	Collaboration Related to Children and Youth—Written Agreements with Early Childhood Services Providers.	
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Select 'Yes' or 'No' in the chart below to indicate whether your CoC or HUD-funded projects in the CoC have written agreements with the listed providers of educational supports and services for children ages 0-5:

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	Yes
2.	Early Childhood Providers	Yes
3.	Early Head Start	Yes
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No
5.	Head Start	Yes
6.	Healthy Start	No
7.	Public Pre-K	Yes
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	

9.		
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1C-12a.	Collaboration Related to Children and Youth—Formal Partnerships with Schools and Youth Education Providers.	
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Select 'Yes' or 'No' in the chart below to indicate the youth education providers your CoC has a formal partnership with:

1.	McKinney-Vento Liaison(s) (including State Education Agency (SEA) or Local Education Agency (LEA))	Yes
2.	School District(s)	Yes
3.	General Education Development (GED) Program(s)	Yes
4.	Community College(s)	Yes
5.	Technical College(s)	No
6.	Other Post-Secondary Education Provider(s)	No

1C-12b.Collaboration Related to Children and Youth—Informing Individuals and Families who Become Homeless about Eligibility for Educational Services.

Describe your CoC's written policies and procedures to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

The CoC follows the MA Executive Office of Housing and Livable Communities (EOHLC) policy requiring all Emergency Shelter (ES) and ESG providers to inform families and unaccompanied youth of their educational rights and to ensure collaboration with local school districts, which is reflected in the CoC's Coordinated Entry Policies and Procedures. EOHLC administers the statewide family shelter system and maintains a centralized by-name list to refer families from any part of Massachusetts into available shelters beds throughout the state based on household eligibility and availability of units. Consequently, families might be placed into Family Shelters that are not in their hometowns or even in the same county where they had been living. All families in ES, including those in temporary placements under the "temporary verification waiver" while awaiting placement in their community of origin, are provided information for school enrollment and work directly with districts to ensure educational resources and services.

When a family with children who are (1) in primary and/or secondary school, or (2) at least two years of age and receiving or in need of early intervention, is placed in ES in the CoC region, the McKinney-Vento Liaisons (MVL) work with the family to coordinate the children's academic needs. They work with providers to ensure that children are enrolled in schools and connected to appropriate services such as counseling, after school programs, and Head Start. The local ES provider, a CoC grantee and member of the Regional Network on Homelessness Policy Board, the CoC governance body, coordinates with MVL from any all school districts in the region when a family is place in ES. The MVL from the region's largest school district is also member of the Policy Board and disseminates information to the districts during monthly School Counselor and regional planning meetings. Travel services are ensured for every child as schools are required to provide transportation for up to 50 miles to keep children within the same school district. MVLs collaborate with the Department of Children and Families and Dept. of Early and Secondary Education to support family services plans and work directly with unaccompanied youth to refer them to the appropriate services. MVL and ES staff work closely with DV shelter staff to provide educational services to and ensure the safety of children in households fleeing domestic violence.

1C-12c. Collaboration Related to Children and Youth—Coordination with Foster Care or Child Welfare Services.

Describe how your CoC coordinates with foster care or child welfare services to assist youth transitioning from public systems of care.

(limit 2,500 characters)

The CoC has established strong partnerships with the Massachusetts Department of Children and Families (DCF), which is the state child welfare service overseeing foster care systems. The CoC Collaborative Applicant funds a DCF Liaison position at Housing Assistance Corporation, who is a member of the Regional Network on Homelessness Policy Board, the governance body of the CoC and is the local family shelter provider, through the state Unaccompanied Homeless Youth and Young Adult (YYA) grant. The DCF Liaison receives referrals directly from the state and links YYA with services and resources, including HUD FYI vouchers, to support stable long-term housing for those exiting DCF services. Whenever needed, the Massachusetts Executive Office of Health and Human Services, which includes the Homeless Youth Services department and oversees the Unaccompanied Homeless YYA grant facilitates direct connections between the Cape's CoC partners and DCF. Additionally, the Cape and Islands DCF Area Director participated on the Youth Homelessness Demonstration Program planning team and was a signatory on the Coordinated Community Plan (CCP), which includes multiple objectives and action steps designed to provide services and resources needed for those leaving foster care and other DCF programs.

The Barnstable County Dept. of Human Services, the Collaborative Applicant, also leads the Children's Behavioral Health workgroup that partners with multiple agencies across the region that provide services to children and YYA who are in foster care or other DCF services. The partner agencies provide after school programs, in-home behavioral health services and individual and family counseling.

These multiple partnerships build a network of resources for YYA in foster care, so services are in place in advance of aging out of systems of care.

1C-12d. Collaboration Related to Children and Youth—Coordination with Runaway and Homeless Youth (RHY)-funded Providers.

Describe how your CoC coordinates with RHY-funded providers including Street Outreach Programs, Basic Center Programs, Transitional Living Programs, and Maternity Group Homes where such providers exist.

(limit 2,500 characters)

No U.S. Department of Health and Human Services Runaway and Homeless Youth (RHY) programs exist in the CoC's geographic area.

1C-13. Collaboration Related to Families with Children—TH or RRH Project Dedicated to Serving Families with Children.

Identify at least one Rapid Rehousing (RRH) or Transitional Housing (TH) project in the CoC that primarily or exclusively serves families with children experiencing homelessness in accordance with 24 CFR 578.93(b).

(limit 500 characters)

Empowered Survivors is a current CoC funded joint Transitional Housing (TH)/Rapid Rehousing (RRH) project that primarily serves families with children experiencing homelessness. The project provides housing assistance and supportive services to help families obtain and maintain safe, stable permanent housing. The project collaborates with community partners to connect families with resources and services that support housing stability and successful transitions to permanent housing.

1C-13a. Collaboration Related to Families with Children—Supportive Services to Improve Income to Pay Rent.

Describe how the project(s) identified in 1C-13 provides supportive services focused on improving incomes to pay rent, such as workforce development, job training, or registered apprenticeship programs.

(limit 2,500 characters)

Independence House's Empowered Survivors, a CoC-funded domestic violence victim service provider identified in 1C-13 as serving families with children, provides individualized supportive services designed to help survivor families increase income and build the financial stability necessary to obtain and maintain permanent housing. Staff work directly with participants on resumes, online job searches, employment readiness, and identifying employment opportunities that align with each survivor's skills, interests, education, childcare needs, and individual circumstances.

For survivors with limited formal education, employment history, or traditional job qualifications, staff take an individualized and creative approach to identifying strengths and exploring alternative pathways to income. Rather than viewing limited credentials as a barrier, staff work with survivors to identify skills and interests they already possess or would like to develop and connect them with opportunities to build those skills into potential sources of income.

For example, through Independence House's partnership with LatinX in Action, survivors have accessed workshops and classes in sewing, makeup, painting, jewelry and bracelet making, bouquet making, and other creative skills. Some participants learn these skills for the first time, while others strengthen abilities they already have. These opportunities also build community connections and expose survivors to local festivals, pop-up markets, and other venues where they may sell their work and generate additional income.

Because lack of affordable childcare can also be a significant barrier to employment, Independence House works with local childcare resources to identify affordable placements and assist survivors in accessing childcare voucher programs. By addressing education and employment barriers, developing participants' existing strengths, creating alternative pathways to income, and addressing childcare needs, Empowered Survivors helps parents increase their ability to earn income, contribute toward rent, and achieve long-term housing stability.

1C-13b. Collaboration Related to Families with Children—Leveraging Funding from Mainstream Family Service Systems.

Describe how the project(s) identified in 1C-13 leverages funding from mainstream family service systems, such as Temporary Assistance for Needy Families (TANF).

(limit 2,500 characters)

Independence House's Empowered Survivors, a CoC-funded domestic violence victim service provider identified in 1C-13 as serving families with children, leverages mainstream family service systems to supplement CoC-funded housing assistance and help survivor households maximize available resources. Independence House maintains an established working relationship with the Massachusetts Department of Transitional Assistance (DTA). With participant authorization, staff communicate directly with DTA and provide documentation confirming residency and survivor status. For eligible households, this coordination can help facilitate access to SNAP, cash assistance, childcare resources, and other benefits.

Staff assess the needs of the whole household and actively assist participants in connecting to additional mainstream resources, including MassHealth, primary and dental healthcare, childcare, food assistance, clothing, and other basic needs. Rather than providing participants with referral information alone, staff obtain appropriate releases and, with participant consent, contact agencies directly to help establish services.

Independence House also connects participants to food and material resources shortly after entry. Relationships with local food resources and Second Glance Thrift Store provide families access to food, clothing, furniture, and household necessities. When participants transition to permanent housing, these resources can help furnish their homes while reducing out-of-pocket household expenses. By leveraging public benefits and community resources alongside CoC housing assistance, the project helps survivor families preserve limited income for rent and other essential expenses while working toward long-term financial and housing stability.

1C-13c. Collaboration Related to Families with Children—Combining Housing Assistance with Parental Support.

Describe how the project(s) identified in 1C-13 combines housing assistance with childcare, parenting support, pregnancy-related and child healthcare, and education.

(limit 2,500 characters)

Independence House's Empowered Survivors, a CoC-funded domestic violence victim service provider identified in 1C-13 as serving families with children, combines housing assistance with individualized supports that address the needs of the entire survivor family. When a family enters the program, staff assess needs beyond housing, including childcare, school enrollment, health insurance, primary and dental healthcare, counseling, food, diapers, and other basic needs. Staff do not simply provide referral information; with the survivor's permission, they contact providers directly and help families establish connections to services.

For childcare, Independence House works with the local Childcare Network to identify openings, connect children to care as quickly as possible, and help families access childcare vouchers and other resources. Staff also advocate when displacement caused by domestic violence creates educational barriers. For example, Independence House has worked directly with Chatham Public Schools when families experienced difficulty securing school placement because of circumstances beyond their control, helping children obtain appropriate placements.

Families with infants and young children are connected to community resources for diapers and other necessities, including through the Childcare Network. Independence House also connects parents and children with IH counselors and community providers including Bay Cove, Baby Center, Outer Cape Health Services, and other resources for healthcare, counseling, and family needs.

By coordinating these services alongside housing assistance, Empowered Survivors addresses the needs of the whole family so parents can focus on safety and housing stability while children maintain access to childcare, education, healthcare, counseling, and essential supports. This coordinated approach helps families become empowered, connected, and stable as they transition toward permanent housing.

1C-14. Collaboration with Veteran Serving Organizations—Partnership with the U.S. Department of Veterans Affairs or Veteran Serving Organization.

Identify at least one partnership the CoC has with the Department of Veterans Affairs or other Veteran Serving Organizations.

(limit 500 characters)

MA-503 partners with the Barnstable County Veterans Services Officer (VSO), who serves on the CoC Policy Board, and the Cape and Islands Veterans Outreach Center (CIVOC). The CoC convenes biweekly veteran case conferencing uniting the VA, SSVF grantees, CIVOC, and regional VSOs to review by-name lists, coordinate targeted outreach, and expedite permanent housing placements for homeless veterans.

1C-14a	Collaboration with Veteran Serving Organizations.	
	Select 'Yes' or 'No' in the chart below to indicate whether the partnership(s) identified in 1C-14 does the following:	

1.	Refers veterans identified by the CoC to VA or other Veteran Serving Organizations for assistance?	Yes
2.	Coordinates the provision of emergency shelter, supportive services, and housing for veterans?	Yes
3.	Ensures access to a full spectrum of employment and career pathway opportunities?	Yes
4.	Shares data with the Department of Veterans Affairs as appropriate?	Yes
5.	Identifies service gaps for veterans?	Yes
6.	Fills service gaps for veterans?	Yes

1C-15. Collaboration with Organizations who Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.

Identify at least one partnership your CoC has with victim service providers, state domestic violence coalitions, state sexual assault coalitions, anti-trafficking service providers or other organizations who help provide shelter, housing, and services to individuals and families of persons experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking.

(limit 500 characters)

The CoC partners with Independence House, a domestic violence victim service provider and CoC grantee, to address the housing and safety needs of survivors and their families. Through its Transitional Housing/Rapid Re-Housing project, Empowered Survivors provides trauma-informed, survivor-centered services and housing assistance to individuals and families fleeing or experiencing domestic violence. The provider also participates in CoC coordination and emergency response activities.

1C-16. Collaboration with Justice System Re-entry Partners.

Identify at least one partnership your CoC has to prevent homelessness among people transitioning from prisons, jails, or court-ordered programs.

(limit 500 characters)

The Barnstable County Dept. of Human Services (BCDHS) partners with the Barnstable House of Corrections (BHC) reentry team through their Bridge Center, located in an adjacent building to BCDHS. Additionally, the BHC and probation officers are members of the Regional Network on Homelessness Policy Board, the governing body of the CoC.

1C-17. Collaboration with Partners to Address High Utilizers of Healthcare Systems.

Identify at least one partnership or project your CoC has to provide specialized supportive services for homeless individuals with a high level of medical needs.

(limit 500 characters)

Duffy Health Center, a federally recognized Healthcare for the Homeless provider, CoC grantee, and member of the Regional Network on Homelessness Policy Board, operates a Medical Respite program for individuals experiencing homelessness transitioning out of hospital level of care. Duffy and Relief Home Healthcare (a visiting nurse program) provide direct support to homeless individuals in need of specialized medical care in the community.

1C-18. Collaboration with Partners to Address the Needs of Aging and Elderly Individuals Experiencing Homelessness.

Identify at least one partnership or project your CoC has to serve aging and elderly individuals experiencing homelessness, such as with a provider of residential care, assisted living, or medical respite services.

(limit 500 characters)

Duffy Health Center, a federally recognized Healthcare for the Homeless provider, CoC grantee, and member of the Regional Network on Homelessness Policy Board, operates a Medical Respite program for individuals experiencing homelessness transitioning out of hospital level of care. Additionally, the Barnstable County Department of Human Services, the Collaborative Applicant, leads an Older Adult Housing workgroup addressing the needs of older adults experiencing housing instability.

1C-19. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Project that Prioritizes Individuals Experiencing Chronic Homelessness.

Identify at least one Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH) project that prioritizes individuals experiencing chronic homelessness.

(limit 500 characters)

All Permanent Supportive Housing projects funded through the CoC prioritize individuals experiencing chronic homelessness. Our Coordinated Entry system also prioritizes those experiencing chronic homelessness for all projects, including non-CoC funded Transitional Housing.

1C-19a. Permanent Supportive Housing for Chronically Homeless Individuals and Families—On-site Behavioral Healthcare.

Describe how the project(s) identified in 1C-19 provides on-site behavioral healthcare.

(limit 2,500 characters)

All CoC funded Permanent Supportive Housing programs provide on-site behavioral healthcare through either supportive services or partnerships with agencies for match. As an example, the Cape Cod Supported Housing project partners with Vinfen's Program for Assertive Community Treatment (PACT) which includes a multidisciplinary team of specialists who provide highly individualized services in the areas of psychiatry, social work, nursing, peer support, and vocational rehabilitation – all to help people reduce or prevent psychiatric relapse and continue on their journey of recovery. Vinfen has also provided match for other grantees. Similarly, Duffy Health Center, a federally recognized Healthcare for the Homeless provider, CoC grantee and member of the Regional Network on Homelessness Policy Board, the CoC's governance body, provides match to multiple PSH programs including on-site behavioral healthcare, medication management and peer support. CoC grantees also work with visiting nursing programs, which collaborate with program case management to administer medication and other medical care on-site and provide an additional resource for assessment in the event of acute exacerbation of mental health symptoms, potential relapse for substance use and medical emergencies.

1C-19b. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Need for Higher Level of Care.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant need for higher level of care (i.e., assisted living, residential treatment).

(limit 2,500 characters)

As stated in 1C-19, all Permanent Supportive Housing (PSH) projects funded through the CoC prioritize “chronically homeless” individuals. The CoC maintains robust relationships with health care providers for assessment for higher level of care, including Duffy Health Center, the federally recognized Healthcare for the Homeless provider and Regional Network on Homelessness Policy Board (PB) member, Cape Cod Healthcare, the largest medical provider in the region and a PB member, Outer Cape Health, a PB member, the Mass. Dept. of Mental Health, a CoC grantee and PB member and community health centers across the region. Elder Services of Cape Cod is also a PB member. As an example, Housing Assistance Corp. (HAC) and Sandwich Housing Authority operate PSH projects and partner with Duffy for match, on-site behavioral health, substance use treatment and medical services. Grantees also connect residents with wrap around medical and behavioral health services provided by Duffy for primary care, outpatient therapy and psychiatry, peer recovery and medication assisted treatment. Duffy also operates a medical respite program in collaboration with Cape Cod Healthcare. All PSH projects work with several visiting nursing agencies, including Cape Cod Healthcare, for additional on-site medical support including medication management and monitoring of chronic health conditions indicative of need for higher level care. These connections between grantees and health resources ensure that those living in PSH have access to services and multiple levels of medical assessment documentation needed for assisted living, medical respite or other higher level of care.

For those who experience acute exacerbation of a mental health condition, all CoC grantees work directly with the Dept. of Mental Health for assessing need for higher level of care and access to programs they fund. DMH operates an inpatient psychiatric facility, 15 residential programs, a crisis stabilization unit, a safe haven, a respite program for those awaiting residential placement and a variety of case management service models, including a Program for Assertive Community Treatment (PACT) team that is the supportive service provider for their PSH project. In instances when individuals require more intensive residential mental health support, the CoC’s connection with DMH facilitates psychiatric evaluation and care coordination to meet determine if higher level of care is necessary

1C-19c. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Readiness for Moving On.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant readiness for moving on to unsubsidized or other permanent housing.

(limit 2,500 characters)

All CoC Permanent Supportive Housing (PSH) projects begin discussion on “moving on” with participants upon program entry. Each program develops treatment/action plans with participants, which include housing specific goals, including obtaining market rate units and/or submission of applications for subsidized housing, given the significant time associated with housing waitlists. Applications include local housing lotteries, the Common Housing Application for Massachusetts Programs, a standardized application for public housing opportunities across the Commonwealth, and any other opportunities that may arise, including the “Cape Cod Ready Renter” list. Many of those who enter PSH have begun completion of these applications while working with outreach teams. The CoC reviews program turnover during annual site visits and encourages programs to assess participants for other housing options including financial status, maintaining safe housing, history of bill payments, medical and behavioral health, need for ongoing supportive services, makeup of household, childcare needs and other areas related to successfully remaining in housing. Additionally, the CoC has worked with grantees, such as Sandwich Housing Authority, which operates the Fresh Start PSH project, to adopt formal “moving on” policies. As a Public Housing Authority, Sandwich’s strategy for moving program participants to other housing options includes preference for those in PSH for Housing Choice Vouchers.

1D. Project Capacity, Review, and Ranking–Local Competition

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

1D-1.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question along with the required attachment as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
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You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.

Select 'Yes' or 'No' in the chart below to indicate how your CoC reviewed, rated, and ranked project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 50 percent of the total available points were based on objective criteria to review, rate, and rank project applications.	Yes
3.	At least 25 percent of the total available points were based on system performance measures to review, select and rate project applications.	Yes
4.	Considered returns to homelessness in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
5.	Considered employment income in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
6.	Considered supportive service participation requirements in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes

1D-2.	New Proposals.	
	Does your CoC invite new proposals from entities that have not previously received funding, if such eligible entities exist?	Yes

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	
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	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application, and 2. Project Priority Listings.	09/29/2026
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1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	
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	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/29/2026
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1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes
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1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
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1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	No
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1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	08/10/2026
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1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
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	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

MA-503 reviews CoC projects annually during site visits, examining grant spending, project performance, and compliance with program requirements. During the local competition, the Review and Ranking Committee also reviews APRs, project performance, project setup and HMIS data, and alignment with local and HUD priorities. These reviews help identify projects with performance concerns or funding that may be less needed. The CoC considers the nature of each concern, whether the provider can address it with support, the continuing need for the project, and whether reallocating its funds to a proposed new project would improve system performance. This year, the review identified some underperforming projects. The CoC identified the issues and offered assistance to help those projects get back on track. No lower performing or less needed projects were reallocated during this year's local competition. The CoC retained their funding because it determined that addressing the identified issues with the providers was appropriate at this stage, while the projects continue to meet a local need. The CoC will continue to monitor their performance through its project review process.

1D-3a.	Reallocation Between FY 2021 and FY 2026.	
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	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	No
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2A. Homeless Management Information System (HMIS) and System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

2A-1.	HMIS Vendor.	
	Not Scored–For Information Only	

	Enter the name of the HMIS Vendor your CoC is currently using.(limit 75 characters)	Wellsky
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Single CoC
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2A-3.	PIT Count–Methodology Change.	
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	Describe:
1.	any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and
2.	how the changes affected your CoC's PIT count results.

(limit 2,500 characters)

There were no changes to the CoC's methodology for conducting the 2026 unsheltered PIT count compared to 2025. The CoC continued to use the same approach to identify and count individuals experiencing unsheltered homelessness. As a data quality improvement, the CoC broadened outreach to community providers and other organizations to increase participation and identify individuals who may not have otherwise been captured through the PIT count process. This expanded outreach strengthened coordination with providers and improved the completeness of information available for the count. As a result, the 2026 PIT count provides a more comprehensive and accurate representation of the number of individuals experiencing unsheltered homelessness in the CoC compared to the prior year.

2A-4. Reduce Encampments—Actions to Reduce Encampments.

Describe in the field below the actions your CoC took to reduce the number of encampments or the number of people residing in encampments during your evaluation period.

(limit 2,500 characters)

During the evaluation period, street outreach providers worked to reduce the number of people residing in encampments by conducting outreach throughout the CoC's geographic area and engaging individuals at known encampments and other unsheltered locations. Staff assessed each individual's housing and service needs; connected people with emergency shelter, health and behavioral health care, Coordinated Entry, and available housing resources; and coordinated with municipalities, law enforcement, health care providers, housing providers, and other community partners. Individuals were also reviewed through Coordinated Entry case conferencing to facilitate referrals and housing placements. Outreach staff documented known locations and continued engaging individuals who moved between locations or communities, since displacement from one location did not necessarily mean an exit from homelessness. These efforts helped individuals maintain connections to shelter, services, and housing resources. During the evaluation period, the number of encampments decreased by 13 from an estimated 25 at the beginning of the period, while the number of people residing in encampments decreased by 22 from an estimated 55. Information gathered through outreach also supported regional coordination and planning to address unsheltered homelessness and winter shelter needs.

2A-4a.	Reduce Encampments—Number of Encampments.	
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1. Enter the estimated number of encampments in the beginning of your evaluation period.	25
2. Enter the reduction in the number of encampments during your evaluation period.	13

2A-4b.	Reduce Encampments—Number of People in Encampments.	
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1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	55
2. Enter the reduction in the number of people in encampments during your evaluation period.	22

2A-4c.	Reduce Encampments—Plans to Reduce Encampments.	
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If there has been no reduction in encampments or persons in encampments in your CoC, describe the plans your CoC has to participate in efforts to reduce these numbers.

(limit 2,500 characters)

The CoC recorded reductions in both the number of encampments and the number of people residing in them during the evaluation period. To continue this progress, the CoC plans to expand housing-focused outreach through new project applications and transition grants. These efforts will focus on engaging individuals experiencing unsheltered homelessness and connecting them to Coordinated Entry, permanent housing opportunities, mainstream benefits, and supportive services. Outreach providers will continue coordinating with the CoC to support referrals and connections to available resources.

2A-5. Reducing the Number of First Time Homeless—CoC's Plan.

Describe your CoC's plan to decrease the number of individuals and families becoming homeless for the first time.

(limit 2,500 characters)

The Cape Cod Islands CoC (MA-503) uses its Coordinated Entry System (CES) and Homeless Management Information System (HMIS) to guide a data-informed plan for reducing first-time homelessness. Per HDX 2.0 System Performance Measure 5.2, the number of persons experiencing homelessness for the first time decreased from 329 in FY2024 to 268 in FY2025, a reduction of approximately 19%. The CoC's plan builds on this progress through continued investment in the following core strategies.

At CES access points, intake staff engage households at risk of housing loss in case-by-case diversion conversations, working with each household individually to explore options such as flexible financial assistance, mediation, or conflict resolution to resolve the housing crisis before shelter entry.

The CoC continuously monitors HMIS inflow data to track households entering emergency shelter, transitional housing, and permanent housing with no prior system enrollment in the previous 24 months. This data allows the CoC and its provider network to identify emerging pressure points and demographic shifts in real time, and to direct resources accordingly.

CES assessment workflows prioritize households with high vulnerability and imminent risk for rapid re-housing and community-based prevention resources, preventing acute instability from escalating into chronic homelessness.

Going forward, the CoC will sustain these practices through ongoing HMIS data quality monitoring, regular review of diversion outcomes, and continued coordination across CES access points, maintaining a structured framework to intercept housing crises early and continue reducing first-time entries into homelessness region wide.

2A-6. Reducing Length of Time Homeless—CoC's Plan.

Describe your CoC's plan to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

Reducing length of time homeless on Cape Cod is shaped by two structural factors largely outside the CoC's direct control. State-funded emergency shelter beds operate with extended stay limits beyond 90 days, functioning more like Transitional Housing than traditional emergency shelter, which increases average bed nights reported in Metric 1.2. In addition, Cape Cod's housing market is defined by high seasonal demand and limited affordable inventory, constraining exits to permanent housing for individuals and families alike. Between FY2024 and FY2025, average length of time homeless rose from 286.30 to 393.90 bed nights, and median length of time rose from 92.00 to 142.00 bed nights, consistent with these conditions.

To actively counteract these structural barriers, the CoC's plan is anchored in Coordinated Entry System (CES) workflows and monthly case conferencing. The CoC convenes three separate, population-specific monthly case conferencing tracks dedicated to unaccompanied youth, adults, and veterans where participating agencies actively leverage diverse non-CoC resources, mainstream benefits, and local funding streams to secure flexible housing exits. HMIS data is monitored continuously to track system-wide lengths of stay and flag households approaching extended durations for immediate case conferencing review and resource alignment.

Going forward, the CoC will continue utilizing these continuous HMIS data reviews, population-specific case conferencing tracks, and CES prioritization protocols to identify and fast-track households at risk of prolonged homelessness toward permanent housing solutions.

2A-7.	Successful Permanent Housing Placement—Exits to Unsubsidized Housing.	
Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	29.00%	

Describe how you calculated the data for this response.

(limit 2,500 characters)

The CoC calculated this percentage using HMIS data for the 12-month reporting period of October 1, 2024 through September 30, 2025. The universe included all program participants who exited Transitional Housing (TH), Rapid Re-Housing (RRH), and Permanent Supportive Housing (PSH) projects during the reporting period, for a total of 62 program participant exits. The numerator included participants whose HMIS Data Element 3.12 (Exit Destination) indicated one of the four unsubsidized permanent housing destinations specified in the NOFO: Staying or living with family, permanent tenure; Staying or living with friends, permanent tenure; Rental by client, no ongoing housing subsidy; or Owned by client, no ongoing housing subsidy. There were 18 program participant exits to these qualifying destinations, consisting of 7 exits to family with permanent tenure, 2 exits to friends with permanent tenure, 9 exits to rental by client with no ongoing housing subsidy, and 0 exits to owned by client with no ongoing housing subsidy. The CoC calculated the percentage by dividing the 18 qualifying exits by the 62 total exits from TH, RRH, and PSH and multiplying by 100, resulting in 29%.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
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	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/27/2026
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2A-8a.	HIC and PIT Count Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes
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2A-8b.	Longitudinal System Analysis (LSA) Data—HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST?	Yes
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2A-8c.	System Performance Measures (SPM) Data—HDX 2.0 Submission Date.	
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	Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT?	Yes
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2A-9.	HMIS and Comparable Database Participation—Bed Coverage Rate.	
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Using the FY 2026 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	219	13	232	100.00%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	124	2	60	47.00%
4. Rapid Re-Housing (RRH) beds	28	9	27	72.97%
5. Permanent Supportive Housing (PSH) beds	204	0	0	100.00%
6. Other Permanent Housing (OPH) beds	0	0	0	0.00%

2A-9a.	Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.	
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	For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type, and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

HMIS bed coverage is below 85% for Transitional Housing (TH) and Rapid Re-Housing (RRH). The decline reflects staffing capacity changes at organizations that previously entered data into HMIS. Over the next 12 months, the HMIS Lead will continue engaging the affected TH and RRH providers to identify what support they need to resume participation. We will review each provider's current staffing and data entry barriers, offer HMIS training and assistance with onboarding new staff, and work with providers to establish a manageable plan for entering project data. The HMIS Lead will follow up with providers throughout the year and review bed coverage as inventory and HMIS participation are updated. These steps are intended to restore reporting for the affected beds and increase coverage for both TH and RRH to at least 85%.

3A. Policy Initiatives

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

3A-1.	Supporting Activities within an Opportunity Zone.	
	You must upload the HUD-2996 Certification for Opportunity Zone Preference Points attachment to the 4A. Attachments Screen.	

1.	Will the proposed activities/projects occur within Opportunity Zone Census Tracts?	No
2.	Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?	No

3A-2	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.
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Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?

No

4A. Attachments Screen For All Application Questions

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

1. You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
2. You must upload an attachment for each document listed where 'Required?' is 'Yes'.
3. We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
4. Attachments must match the questions they are associated with.
5. Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.
6. If you cannot read the attachment, it is likely we cannot read it either.
 - . We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).
 - . We must be able to read everything you want us to consider in any attachment.
7. After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.
8. Only use the 'Other' attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	List of Providers...	09/28/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	List of Programs ...	09/28/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	Project Supportiv...	09/28/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	Evidence of Coord...	09/28/2026
05. 1D-1. Local Competition Scoring Tool	Yes	FY26 Scoring	09/28/2026

06. 1D-2c. Local Competition Selection Results	Yes	Local competition...	09/28/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	2026 HDX Competit...	09/28/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No		
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No	MA-503 Statement ...	09/28/2026
11. Other	No		

Attachment Details

Document Description: List of Providers with On-Site Substance Use
YTreatment

Attachment Details

Document Description: List of Programs Requiring Substance Use
Treatment

Attachment Details

Document Description: Project Supportive Services Agreements

Attachment Details

Document Description: Evidence of Coordination and Non-Interference
with Local Efforts to Advance Public Safety

Attachment Details

Document Description: FY26 Scoring

Attachment Details

Document Description: Local competition Selection Results

Attachment Details

Document Description: 2026 HDX Competition Report

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: MA-503 Statement on Advancing Recovery

Attachment Details

Document Description:

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. CoC Identification	09/25/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/28/2026
1C. Coordination and Engagement	09/28/2026
1D. Project Review/Ranking	09/28/2026
2A. HMIS Implementation	09/28/2026
3A. Policy Initiatives	09/25/2026
4A. Attachments Screen	09/28/2026
Submission Summary	No Input Required

List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment

Project Name	Applicant	Project Type	Application Type	Number of Beds	Substance Use Treatment Provider(s)
Cape Cod Supported Housing	Massachusetts Dept. Of Mental Health	Permanent Supportive Housing	Renewal	20	1) Vinfen Program for Assertive Community Treatment
Cape Homes V	Housing Assistance Corp. (HAC)	Permanent Supportive Housing	Renewal	40	1) Duffy Health Center 2) Gosnold Behavioral Health 3) Relief Home Healthcare 4) Cape Cod Healthcare Visiting Nursing
Fresh Start Renewal	Sandwich Housing Authority	Permanent Supportive Housing	Renewal	13	1) Duffy Health Center 2) Vinfen Adult Community Clinical Services
Youth Supportive Housing	HAC	Permanent Supportive Housing	Renewal	6	1) Duffy Health Center 2) Gosnold Behavioral Health 3) Relief Home Healthcare 4) Cape Cod Healthcare Visiting Nursing
Housing First	HAC	Permanent Supportive Housing	Renewal	8	1) Duffy Health Center 2) Gosnold Behavioral Health 3) Relief Home Healthcare

List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment

					4) Cape Cod Healthcare Visiting Nursing
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Total TH/RRH/PSH Beds in Continuum of Care: 93

Total TH/RRH/PSH Beds with On-Site Substance Use Treatment Available: 87

The 6 beds of Transitional Housing being applied for as a Transition Grant by Independence House does not have on-site substance use treatment, as they are a Domestic Violence provider and cannot disclose the location of their scattered site units. They provide referrals to treatment providers to any program participants in need of substance use treatment.

The MA-503 Cape Cod and the Islands Continuum of Care does not currently have any Transitional Housing, Rapid Rehousing or Permanent Supportive Housing, funded through the CoC, that require substance use treatment. There are five programs funded through other streams that are operated by CoC partners, and provide data either in HMIS or for the HIC, that require sobriety.

Cape Homes Supportive Housing Program

In order to be eligible and maintain eligibility for this program, it is necessary that participants fulfill the obligations established by Housing Assistance Corporation. If a participant fails to meet any of these obligations, they may be terminated from the program.

The individual shall:

1. Supply any information that Housing Assistance Corporation determines to be necessary to verify identity such as picture ID, social security card or statement, and or birth certificate.
2. Supply any certification, release, information and documentation, that HAC determines to be necessary in the administration of the program, including the participants income and household composition.
3. Provide written notification to HAC before vacating or terminating the lease
4. Comply with all terms and or tenant responsibilities covered in the lease agreement and program rules.
5. Participant must be the sole occupant of the unit, unless given express permission by HAC
6. Pay the participants share of rent to the landlord in accordance with the lease.
7. Grant access to the unit as requested by the landlord and HAC for annual inspections
8. Pay for any damages or fees that are a direct result of your or your guest's actions.

I hereby certify that I understand the household obligations and that a violation of these obligations may result in termination from the SHP program.

Participant Signature

Date

Staff Signature

Date

Youth Supportive Housing Program

In order to be eligible and maintain eligibility for this program, it is necessary that participants fulfill the obligations established by Housing Assistance Corporation. If a participant fails to meet any of these obligations, they may be terminated from the program.

The individual shall:

1. Supply any information that Housing Assistance Corporation determines to be necessary to verify identity such as picture ID, social security card or statement, and or birth certificate.
2. Supply any certification, release, information and documentation, that HAC determines to be necessary in the administration of the program, including the participants income and household composition.
3. Provide written notification to HAC before vacating or terminating the lease
4. Comply with all terms and or tenant responsibilities covered in the lease agreement and program rules.
5. Participant must be the sole occupant of the unit, unless given express permission by HAC
6. Pay the participants share of rent to the landlord in accordance with the lease.
7. Grant access to the unit as requested by the landlord and HAC for annual inspections
8. Pay for any damages or fees that are a direct result of your or your guest's actions.

I hereby certify that I understand the household obligations and that a violation of these obligations may result in termination from the SHP program.

Participant Signature

Date

Staff Signature

Date

Permanent Supportive Housing

Rules and Requirements

1. You are responsible for maintaining a quiet, safe, and clean-living environment
2. You are required to access supportive services which can assist you in realizing goals of
3. You agree to treat others and their property with respect.
4. You are responsible for your guests and their actions
5. You agree to pay your rent on time
6. You agree to abide by all tenant responsibilities set forth in the lease/occupancy agreement.

Grounds for Termination from the Program

1. **Non-Payment of rent**
 2. **Repeated or intentional disturbing of other tenants**
 3. **Willful or intentional damage to property**
 4. **Possession and or distribution of illegal drugs on premises**
 5. **Criminal activity and physical violence on premises**
 6. **Failure to meet your tenant's responsibilities in your lease**
 7. **Occupancy agreement or lease violation by a guest, you are responsible for your guests' actions}**
- **Threats of violence towards a staff person will result in immediate termination from the program**

Depending on the severity of the violation(s), the issue may be resolved by a meeting with your case manager and the Supported Housing Manager. By signing below, you are stating that you understand and agree to abide by the rules above.

Occupant

Date

Witness

Date

Housing First Supportive Housing Program

In order to be eligible and maintain eligibility for this program, it is necessary that participants fulfill the obligations established by Housing Assistance Corporation. If a participant fails to meet any of these obligations, they may be terminated from the program.

The individual shall:

1. Supply any information that Housing Assistance Corporation determines to be necessary to verify identity such as picture ID, social security card or statement, and or birth certificate.
2. Supply any certification, release, information and documentation, that HAC determines to be necessary in the administration of the program, including the participants income and household composition.
3. Provide written notification to HAC before vacating or terminating the lease
4. Comply with all terms and or tenant responsibilities covered in the lease agreement and program rules.
5. Participant must be the sole occupant of the unit, unless given express permission by HAC
6. Pay the participants share of rent to the landlord in accordance with the lease.
7. Grant access to the unit as requested by the landlord and HAC for annual inspections
8. Pay for any damages or fees that are a direct result of your or your guest's actions.

I hereby certify that I understand the household obligations and that a violation of these obligations may result in termination from the SHP program.

Participant Signature

Date

Staff Signature

Date

Housing Assistance Corporation
Permanent Supportive Housing

Rules and Requirements

1. You are responsible for maintaining a quiet, safe, and clean-living environment
2. You are required to access supportive services which can assist you in realizing goals of
3. You agree to treat others and their property with respect.
4. You are responsible for your guests and their actions
5. You agree to pay your rent on time
6. You agree to abide by all tenant responsibilities set forth in the lease/occupancy agreement.

Grounds for Termination from the Program

- 1. Non-Payment of rent**
 - 2. Repeated or intentional disturbing of other tenants**
 - 3. Willful or intentional damage to property**
 - 4. Possession and or distribution of illegal drugs on premises**
 - 5. Criminal activity and physical violence on premises**
 - 6. Failure to meet your tenant's responsibilities in your lease**
 - 7. Occupancy agreement or lease violation by a guest, you are responsible for your guests' actions}**
- **Threats of violence towards a staff person will result in immediate termination from the program**

Depending on the severity of the violation(s), the issue may be resolved by a meeting with your case manager and the Supported Housing Manager. By signing below, you are stating that you understand and agree to abide by the rules above.

Occupant

Date

Witness

Date

**Department of Mental Health / Vinfen PACT
Cape Cod Supported Housing Program**

Occupancy Agreement

1. Participant:

Name: _____

Address: _____

Telephone Number: _____

2. Other Household Members (if applicable):

Name(s): _____

3. PROPERTY:

I (participant) understand that the housing unit located at _____
_____ (unit) is being made available to me as the tenant
pursuant to a lease I hold with the property owner _____ (Property
Owner). I also understand that the property has been approved as a Qualified Unit for the purpose of the HUD
CoC Program and that a portion of my rent each month will be subsidized by Housing Assistance Corporation
(HAC).

I further understand that my eligibility for the HUD CoC subsidy is dependent upon my

- (1) participation in services coordinated by the Department of Mental Health, including, but not limited to, PACT, Case Management;
- (2) Individual Service Plan reflecting the need for affordable housing and services through PACT, DMH Case Management.
- (3) Having applied for and actively pursuing a mainstream housing subsidy (e.g., Section 8, Public Housing)
- (2) payment of my Occupancy Charge (portion of the rent) and if applicable utilities;
- (3) meeting the income standards for HUD CoC PSH Program;
- (4) completing the initial and annual re-certification income eligibility requirements as required; and
- (5) maintaining my tenancy in the unit.

I also understand that the subsidy is temporary and that I need to apply to other State/Federal subsidy programs as a condition of receiving a subsidy from the HUD CoC Program and that my refusal to accept services may be grounds for the termination of the rental subsidy.

4. Effective Date of the Lease:

Start Date - _____ End Date- _____

As the Tenant my obligations are as follows:

5. Rent

I am responsible for paying my Occupancy Charge (share of the rent) as determined by the Administrating Agency (AA). My share is indicated below:

Total Rent My	_____
Share	_____
CoC Subsidy (paid via HAC)	_____

6. Pay monthly Rent Share in the amount of _____

7. UTILITIES:

I am responsible for the timely payment of the following utilities and putting them in my name:

Heat	
Hot Water	
Electricity	
Cooking Fuel	
other	

8. Permission for HAC to Enter the Unit for Inspection Purposes

Upon reasonable notice, I agree to allow DMH, PACT, HAC and Property Owner to enter my unit to inspect the property pursuant to CoC Program Regulations.

9. Loss of HUD CoC Rental Subsidy

If I lose my rental subsidy, I understand I will be responsible for the full amount of the rent and that it will be necessary for me to leave the unit if I am unable to pay the rent. I also understand PACT/DMH will notify the Property Owner if my rental subsidy is terminated.

9. DMH/PACT/Owner/HAC Communication

I agree to allow DMH/PACT/HAC to speak to the Property Owner on my behalf on specific matters related to my tenancy and subsidy.

10. Additional Requirements

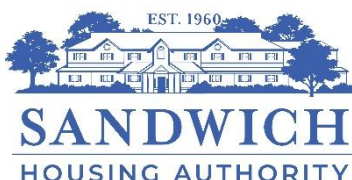
I acknowledge that should I receive another State/Federal subsidy I must use that subsidy and that my HUD CoC subsidy will cease. If this occurs, it may be necessary for me to move out of my unit.

I agree to the terms of this participant agreement.

Client / Tenant
Signature

Print or Type Name

Date



FRESH START SUPPORTIVE SERVICES ENGAGEMENT AGREEMENT

Welcome to Fresh Start. As part of this program, you are required to participate in the supportive services offered to help you maintain safe, stable housing and achieve your goals for self-sufficiency. This agreement explains the support services available and expectations for you as a participant enrolled in this program.

Fresh Start is funded through the U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) Program. In alignment with federal regulations (24 CFR 578.75 (h)), participants in Fresh Start are expected to engage in supportive services that will help you maintain your housing. Participation requirements are individualized and based on your strengths, needs, preferences, and goals identified in your Individualized Service Plan (ISP).

There are limitations on what services this program may require you to participate in. The federal regulations referenced above (24 CFR 578.75 (h)) state that this program may require you to take part in supportive services that are not disability-related as a condition of continued participation in the program. If you are a person with a disability, that means that this program may provide but cannot require you to participate in disability-related services to address a condition caused by the disability to stay enrolled in this program.

Fresh Start provides the following supportive services to help participants obtain and retain permanent housing:

- Housing Search and Placement
- Employment Search, Job Training, and Benefits Advocacy
- Medical, Behavioral Health, and Psychiatric Services
- Supportive and Clinical Case Management
- Substance Abuse Treatment
- Mental Health Support Groups
- Disability Advocacy
- Food and Nutrition Services

As a participant in Fresh Start, I agree to:

☐ Meet or communicate with my assigned case manager at least monthly.

- ☐ Participate in regular case management or service planning focused on maintaining housing, increasing independence, and connecting to needed supports.
- ☐ Work with program staff to create, review, and update my Individualized Service Plan and Housing Stability Plan.
- ☐ Work with my case manager to pursue employment and/or benefits that will help support my housing stability and self-sufficiency.
- ☐ Tell program staff about major changes that may affect my housing, income, household, health, safety, or ability to participate in services.
- ☐ Let program staff know if I cannot attend a scheduled meeting and work with staff to reschedule.

If I have a disability that makes it difficult for me to meet Fresh Start's service participation requirements, I may request reasonable accommodation. A reasonable accommodation may include a change in how services are provided, a different meeting format or location, or help with communication that allows me to participate in the program. Program staff will explain how to request accommodation and will work through the reasonable accommodation process.

If I stop participating in required services, staff will try to contact me and understand what is making participation difficult. Staff may offer different meeting options, additional support, referrals, changes to my service plan, or other reasonable steps to help me re-engage.

Failure to participate in services does not automatically result in termination from the program or loss of housing assistance. If I continue not to participate after staff have made reasonable efforts to help me re-engage, Fresh Start may consider further action including a written warning, a corrective plan, a review meeting, or possible termination from the program or housing assistance. I will receive notice of any action and will have the opportunity to respond or appeal according to program policies.

By signing below, I acknowledge that this agreement was reviewed with me, that I had the opportunity to ask questions, and that I received or was offered a copy.

Participant Signature

Date

Program Staff Signature

Date



TRIAL COURT OF THE COMMONWEALTH

District Court Department

Orleans Division

Probation Office

237 Rock Harbor Road

Orleans, Massachusetts 02653

Tel: 508-255-4704

Fax: 508-240-1150

September 28, 2026

To Whom It May Concern:

I am pleased to provide this letter describing the collaboration between the Massachusetts Probation Service at Orleans District Court and the Housing Assistance Corporation (HAC) through the Community Crisis Intervention Team (CCIT).

I have been actively involved with CCIT and currently serve as the chair of our monthly meetings. CCIT brings together representatives from multiple community agencies, including law enforcement, probation, housing services, mental health and substance use providers, elder services, DDS, the District Attorney's Office, and other community partners. The goal of this collaboration is to improve communication and coordination among agencies serving individuals with complex and often overlapping needs.

Housing instability is frequently intertwined with behavioral health concerns, substance use, involvement with the criminal justice system, and other challenges. HAC's participation in CCIT provides an important connection between the criminal justice system and the housing resources and outreach services available within our community.

Through our ongoing collaboration, CCIT provides an opportunity for participating agencies to communicate about individuals who may be struggling to access appropriate services and to identify resources and potential solutions. From a Probation perspective, this collaboration is particularly valuable when an individual under court supervision is experiencing housing instability or other circumstances that may interfere with their ability to successfully comply with court conditions and engage in services.

The relationships developed through CCIT also allow agencies to better understand one another's roles, resources, and limitations. This helps us respond more effectively when an individual requires assistance from multiple systems. Rather than addressing each need independently, CCIT encourages agencies to work together toward a more coordinated response and to identify community-based supports whenever appropriate.

I have found the participation of Housing Assistance Corporation to be an important component of this collaborative effort. HAC's knowledge of housing resources, homelessness services, and housing stabilization supports provides an essential resource for individuals whose housing circumstances are



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contributing to or exacerbating other challenges.

The strength of CCIT is its commitment to collaboration. The individuals we encounter often do not fit neatly within the responsibility of a single agency or service system. By maintaining consistent communication and developing relationships among community partners, CCIT creates a forum where agencies can work together to address these complex situations more effectively.

The Orleans District Court Probation Department values our partnership with Housing Assistance Corporation and the other agencies participating in CCIT. I look forward to continuing this collaborative work and strengthening the connections between the criminal justice system, housing providers, behavioral health services, and other community resources.

Please feel free to contact me if any additional information regarding our participation in CCIT would be helpful.

Sincerely,

Angela Ricard
Probation Officer
Orleans District Court
Massachusetts Probation Service

Angela Ricard | Probation Officer
Orleans District Court
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F | (508) 240-1150
E | angela.ricard@jud.state.ma.us

MA-503 CAPE COD AND ISLANDS CONTINUUM OF CARE
FY2026 NEW PROJECT SCORING METHODOLOGY

GRANTEE:		PROJECT NAME:		POSSIBLE POINTS
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Scoring Data Sources: Applicant Surveys, Applications, Letters of Intent, Attendance Rosters

INTRODUCTION: PROJECT QUALITY/ THRESHOLD CRITERIA (PASS/FAIL)

A. Applicant meets CoC Program eligibility requirements	PASS
B. Applicant demonstrates financial and management capacity	PASS
C. Required certifications submitted	PASS
D. Population served meets eligibility requirements	PASS
E. Application submitted by deadline	PASS
F. Project applicant affirms they will not engage in illegal racial discrimination, consistent with 2 CFR 200.300.a.	PASS
G. Project applicant affirms they will not operate drug injection sites or "safe consumption sites," knowingly permit the use or distribution of illicit drugs on property under their control, or knowingly distribute drug paraphernalia on or off of property under their control.	PASS
F. Project applicant affirms they will not engage in illegal racial discrimination, consistent with 2 CFR 200.300.a.	PASS
G. Project complies with the requirements of the Coe Interim Rule (24 CFR part 578): Project participates in the Cape Cod and Islands CoC HMIS (or for DV projects, in a comparable DV homeless information database).	PASS
H. Existing grants demonstrate satisfactory capacity and performance.	PASS
I. Existing grants demonstrate timely drawdowns (at least quarterly)	PASS
J. Existing grants have timely APR submissions	PASS
K. No outstanding HUD and/or OIG Audit Findings where Grantee response is overdue or unsatisfactory (with approval from CoC, Grantee may be in process of working to resolve Findings)	PASS
L. EXPANSION PROJECTS ONLY - describe project being expanded; demonstrate project is not replacing other funding sources	PASS
M. Demonstrates ability to meet timeliness standards	PASS
INTRODUCTION	PASS

PART A: PROJECT QUALITY/ PROGRAM POPULATION

(1) Organization's Experience - select as many as apply	6
a. Serving homeless populations - for DV projects, experience providing services to victims of domestic violence	1
b. Administering HUD grants (infrastructure)	1
c. Track record of successful fiscal management	1
d. Capacity to participate in Homeless Management Information System (HMIS) - for DV projects, capacity to participate in database comparable to HMIS	1
e. Capacity to participate in Coordinated Entry System (CES) - for DV projects, capacity to participate in CES following protocols that ensure client safety and confidentiality	1
f. Currently operating a program within the Cape Cod and Islands geographic area	1
(2) Participation in CoC / Regional Network on Homelessness - select as many as apply	2
a. Applicant has attended at least one CoC / Regional Network technical training within the previous 6-month period	1

b. Applicant has attended at least one CES working group meeting within the previous 6 months	1
(4) Does Grantee actively recruit persons with Lived Experience of Homelessness to serve in policy-making capacity or	5
a. Yes (N/A if governmental entity)	5
b. No	0
(5) How many persons with Lived Experience serve on boards, committees, or working groups?	5
a. 5 (N/A if governmental entity)	5
b. 4	4
c. 3	3
d. 2	2
e. 1	1
f. 0	0
SUBTOTAL TRUE	19
PART B:	
(6) Support Services Identified and Clearly Defined	1
a. Yes	1
b. No	0
(7) Demonstrates understanding of client needs	1
a. Yes	1
b. No	0
(8) Support services designed to meet client needs	1
a. Yes	1
b. No	0
(9) Number and configuration of units will fit needs of program participants	1
a. Yes	1
b. No	0
(10) Project will assist clients in obtaining mainstream benefits	1
a. Yes	1
b. No	0
(11) Support services will assist clients in obtaining and retaining permanent housing	1
a. Yes	1
b. No	0
(12) Demonstrates additional supportive services to assist clients in remaining housed (transportation, safety planning,	1
a. Yes	1
b. No	0
(13) Demonstrates established performance measures that are objective, measurable, and trackable	1
a. Yes	1
b. No	0
(14) Demonstrates client engagement strategies	1
a. Yes	1
b. No	0
(15) Type of Project - select only one	2
a. Transitional Housing	2
b. Transitional Housing - Permanent Housing/ Rapid Re-Housing	2
c. Permanent Supportive Housing	1
d. DV Bonus- PH/RRH	2
e. DV Bonus- Joint TH/RRH	2
f. DV Bonus- SSO/CE	1
g. Expansion	1
h. Dedicated HMIS	1
h. SSO	1

h. SSO/CE	1
h. YHDP Replacement - Joint TH/RRH	1
h. YHDP Replacement - PH/RRH	1
i. YHDP Replacement - SSO/CE	1
(16) Geographic Diversity - select only one	1
a. Upper Cape	1
b. Lower Cape	1
c. Nantucket	1
d. Martha's Vineyard	1
(17) What percentage of beds will be dedicated Chronically Homeless or DedicatedPLUS?	5
a. 100%	5
b. 75%	4
c. 50%	3
d. More than 25% but less than 50%	2
e. Less than 25% but more than 0	1
f. None or N/A	0
(21) Required Participation - select as many as apply	2
a. 20% or greater	1
b. 10% to 19%	1
(22) Project will provide enough RRH assistance to ensure that at any time, program participants may move from TH to PH	1
a. Yes or N/A	1
b. No	0
SUBTOTAL	20
PART C:	
(23) Application components are accurate and complete - Errors refers to substantive errors in data entry; inaccurate, incomplete, or missing information	3
a. Application has no errors	3
b. Application has between 1 and 3 errors	2
c. Application has between 4 and 6 errors	1
d. Application has more than 6 errors	0
SUBTOTAL	3
PART C	
TOTAL	42

MA-503 CAPE COD AND ISLANDS CONTINUUM OF CARE
FY2026 RENEWAL PROJECT SCORING -1 or more APRs

GRANTEE:		PROJECT NAME:		POSSIBLE POINTS
INTRODUCTION: PROJECT QUALITY/ THRESHOLD CRITERIA (PASS/FAIL)				
A. Applicant meets CoC Program eligibility requirements				PASS
B. Applicant demonstrates financial and management capacity				PASS
C. Required certifications submitted				PASS
D. Population served meets eligibility requirements				PASS
E Application submitted by deadline				PASS
F. Project applicant affirms they will not engage in illegal racial discrimination, consistent with 2 CFR 200.300.a.				PASS
G. Project applicant affirms they will not operate drug injection sites or "safe consumption sites," knowingly permit the use or distribution of illicit drugs on property under their control, or knowingly distribute drug paraphernalia on or off of property under their control.				PASS
F. Project applicant affirms they will not engage in illegal racial discrimination, consistent with 2 CFR 200.300.a.				PASS
G. Project complies with the requirements of the CoC Interim Rule (24 CFR part 578): Project participates in the Cape Cod and Islands CoC HMIS (or for DV projects, in a comparable DV homeless information database).				PASS
H. No outstanding HUD and/or OIG Audit Findings where Grantee response is overdue or unsatisfactory (with approval from CoC, Grantee may be in process of working to resolve Findings)				PASS
I. Project is consistent with the Regional Network on Homelessness Strategic Plan and the Consolidated Plan				PASS
INTRODUCTION				PASS
PART A: PROJECT QUALITY/ PROGRAM POPULATION				
(1) Project Type				2
a. Permanent Supportive Housing				2
b. Transitional Housing - Permanent Housing/Rapid Re-Housing				2
c. Transitional Housing				1
d. SSO				1
(2) Bed and Unit Inventory: Number of beds in project				2
a. 20 or more				2
b. Fewer than 20				1
(3) Bed and unit inventory: % of dedicated Chronically Homeless or DedicatedPLUS beds				5
a. 100% or N/A				5
b. 75%				4
C. 50%				3
d. 25%				2
e. Less than 25% but more than 0%				1
f. None				0
(6) Does Grantee require participants to participate in support services?				5
a. Yes				5
b. No				0
(7) Does Grantee offer Domestic Violence services or referrals to Domestic Violence provider agencies to participants who report a history of Domestic Violence?				1
a. Yes				1
b. No				0
(8) Does Grantee actively recruit persons with Lived Experience of Homelessness to serve in policy-making capacity or to represent Grantee agency in community collaborations?				5
a. Yes (N/A if governmental entity)				5
b. No				0
(9) How many persons with Lived Experience serve on boards, committees, or working groups?				5
a. 5 or more (N/A if governmental entity)				5
b. 4				4
c. 3				3
d. 2				2
e. 1				1
f. 0				0
SUBTOTAL PART A				25
PART B: PROJECT QUALITY/ POLICIES & PROCEDURES				
(10) Does Grantee follow CoC Coordinated Entry Policies and Procedures for (check as many as apply):				3
a. Prioritizing the most vulnerable individuals and families as outlined in Written Standards				1

b. Accepting and responding to referrals	1	
c. Reporting unit vacancies	1	
(11) Does Grantee follow all data security and privacy standards as outlined in the MA-503 CoC HMIS Policies and Procedures manual, including submission of annual HMIS Security Self-Certification?	1	
a. Yes	1	
b. No	0	
(12) Does Grantee follow HUD-approved Financial Policies and Procedures for management of CoC funds?	1	
a. Yes	1	
b. No	0	
(13) Has Grantee provided documented 25% Match for current project?	1	
a. Yes	1	
b. No	0	
(14) Does Grantee have "Move On" policy to help participants apply for and obtain mainstream vouchers?	2	
a. Official written policy	2	
b. No written policy, but participant service plans include assistance in obtaining mainstream vouchers	1	
c. No Move On policy	0	
SUBTOTAL PART B		8
PART C: PROJECT QUALITY/ COST EFFECTIVENESS		
(15) Average length of time in PSH - Leavers (if no Leavers, maximum points)	3	
a. 180 days or greater	3	
b. 90 to 179 days	2	
c. Fewer than 90 days	1	
(16) Average length of time in PSH - Stayers	3	
a. 180 days or greater	3	
b. 90 to 179 days	2	
c. Fewer than 90 days	1	
(17) Utilization Rate - Average Daily Utilization During Operating Year/ Beds	4	
a. 90% or higher	4	
b. 80%-89%	3	
c. 70%- 79%	2	
d. 60%-69%	1	
e. Less than 60%	0	
(18) Cost per Permanent Housing Outcome (STAYERS and LEAVERS) is at or below regional average	2	
a. Yes	2	
b. No	0	
SUBTOTAL PART C		12
PART D: PROJECT QUALITY/ SYSTEM PERFORMANCE - METRIC 2: RETURNS TO HOMELESSNESS FROM PH		
(19) Percentage of LEAVERS who exited Permanent Housing to return to homelessness (unsheltered or Emergency Shelter)	6	
a. 0%or N/A	6	
b. Greater than 0%	0	
(20) Percentage of STAYERS In Permanent Housing and LEAVERS exiting to PH destination	6	
a. 100% (excluding exceptions)	6	
b. 90%-99%	4	
C. 80%-89%	2	
d. 70%-79%	1	
e. Less than 70%	0	
SUBTOTAL PART D		12
PART E: PROJECT QUALITY/ SYSTEM PERFORMANCE - METRIC 4: CASH INCOME AND BENEFITS		
(21) Mainstream Benefits:% Households with CASH INCOME of any kind during MOST RECENTLY COMPLETED CONTRACT YEAR	3	
a. 90% or more	3	
b. 75%-89%	2	
C. 60%- 74%	1	
d. Less than 60%	0	
(22) Mainstream Benefits: % Households with INCREASED CASH INCOME OF ANY KIND during MOST RECENTLY COMPLETED CONTRACT YEAR	3	
a. 20% or greater	3	
b. 10%to 19%	2	
C. 1%to9%	1	
d. No Households	0	
(23) Mainstream Benefits: % Households with EARNED INCOME during MOST RECENTLY COMPLETED CONTRACT YEAR	3	
a. 90% or more	3	
b. 75%-89%	2	

C. 60%- 74%	1
d. Less than 60%	0
(24) Mainstream Benefits:% Households with INCREASED EARNED INCOME during MOST RECENTLY COMPLETED CONTRACT	3
a. 20% or greater	3
b. 10%to 19%	2
c. 1%to9%	1
d. No Households	0
(25) Mainstream Benefits:% Households with NON-EMPLOYMENT INCOME of any kind during MOST RECENTLY COMPLETED CONTRACT Year	3
a. 90% or more	3
b. 75% - 89%	2
c. 60%- 74%	1
d. Less than 60%	0
(26) Mainstream Benefits:% Households with INCREASED NON-EMPLOYMENT INCOME during MOST RECENTLY COMPLETED CONTRACT Year	3
a. 20% or greater	3
b. 10% to 19%	2
c. 1% to 9%	1
d. No Households	0
(27) Mainstream Benefits: % Households with NON-CASH BENEFITS of any kind	3
a. 90% or more	3
b. 75% - 89%	2
C. 60% - 74%	1
d. Less than 60%	0
(28) Health Insurance: % of Total Participants enrolled in health insurance of any kind	3
a. 90% or more	3
b. 75% - 89%	2
C. 60% - 74%	1
d. Less than 60%	0
SUBTOTAL PART E	
	24
PART F: PROJECT QUALITY/ DATA QUALITY	
(29) Data Quality: Personally Identifiable Information (PII)	2
a. 100%	2
b. 80% - 99%	1
c. Below 80%	0
(30) Data Quality: Universal Data Elements	2
a. 100%	2
b. 80% - 99%	1
c. Below 80%	0
(31) Data Quality: Income and Housing Data Quality	2
a. 100%	2
b. 80% - 99%	1
c. Below 80%	0
(32) Data Quality: Chronic Homelessness	2
a. 100%	2
b. 80% - 99%	1
c. Below 80%	0
(33) Data Quality: Entry Assessments - Coverage	2
a. 100%	2
b. 90% - 99%	1
c. Below 90%	0
(34) Data Quality: Entry Assessments - Completeness	2
a. 100%	2
b. 90% - 99%	1
c. Below 90%	0
(35) Data Quality: Annual Assessments Completed	2
a. 100%	2
b. 80% - 99%	1
c. Below 80%	0
(36) Data Quality: Annual Assessments On Time	2
a. 100%	2
b. 80%-99%	1

c. Below 80%	0
(37) Data Quality: Exit Assessments Completed	2
a. 100% (or N/A)	2
b. 80% - 99%	1
c. Below 80%	0
(38) Data Quality: Exit Destinations Recorded	2
a. 100% (or N/A)	2
b. 80% - 99%	1
c. Below 80%	0
(49) Data Quality: Positive Exit Destinations	2
a. 100% (or N/A)	2
b. 50% - 99%	1
c. Below 50%	0
SUBTOTAL PART F	22
PART G: PROJECT QUALITY/ PROGRAM OPERATION	
(40) Timely expenditure of funds - total spend down of most recently completed contract	2
a. Greater than 90%	2
b. Between 80 and 89%	1
c. Less than 80%	0
(41) Timely expenditure of funds - average quarterly draw down of current contract	2
a. 25% or more	2
b. 15% to 24%	1
c. Less than 15%	0
(42) Grantee submitted Annual Performance Report (APR) within 90 days of Contract End Date OR within deadline of APR extension	1
a. Yes	1
b. No	0
(43) Grantee has attended at least one CoC/ Regional Network technical training within the previous 12-month period, such as HMIS New User training, Point in Time Count, Tenant Preservation, Policy Board, DV/CES, HUD TTA webinars,	1
a. Yes	1
b. No	0
(44) Grantee participates in Coordinated Entry meetings and Case Coordination meetings as requested by CoC	1
a. Yes	1
b. No	0
(45) Grantee follows CPD operational guidance (check as many as apply)	7
a. Grantee maintains homeless documentation in accordance with program requirements	1
b. Grantee has written intake procedures which require documentation of participant's length of time homeless and qualifying disability	1
c. Grantee prioritizes proof of homelessness as: (1) 3rd party documentation, (2) staff observation, (3) client self- certification	1
d. Grantee conducts an annual assessment of service needs of program participants and adjusts services accordingly	1
e. Grantee follows occupancy policies as outlined in CPD 6509.2, Chapter 29-3	1
f. Grantee maintains a drug-free workplace	1
g. Grantee has undergone Environmental Review within the past 5 years	1
SUBTOTAL PART G	14
PART I: PROJECT QUALITY/ QUALITY OF APPLICATION	
(46) Application components are accurate and complete - Errors refers to substantive errors in data entry; inaccurate,	3
a. Application has no errors	3
b. Application has between 1 and 3 errors	2
c. Application has between 4 and 6 errors	1
d. Application has more than 6 errors	0
SUBTOTAL PART I	3
TOTAL POINTS	120

MA- 503 FY 26 Project Ranking

Ranking	Applicant	Score	Project Name	# Beds	New/ Renewal	Project Type	Target Population	Funding Type	Amount Requested from HUD	Amount approved for
1	Barnstable County		Coordinated Entry System FY2024	-	Renewal	CE	N/A- All Subpopulations	RENEWAL	\$85,292	\$85,292
2	Barnstable County		MA-503 HMIS FY2024	-	Renewal	HMIS	N/A- All Subpopulations	RENEWAL	\$126,170	\$126,170
3	MA Department of Mental Health	97	Cape Cod Supported Housing	20	Renewal	PH/Rental Assistance	CH, Mental Health	RENEWAL	\$353,742	\$353,742
4	Housing Assistance Corporation	91	Cape Homes V	40	Renewal	PH/Leasing	CH, Mental Health	RENEWAL	\$805,233	\$805,233
5	Sandwich Housing Authority	80	Fresh Start Renewal FY2024	13	Renewal	PH/Rental Assistance	H, HIV/AIDS, Mental Health, DV, Youth, Substance U	RENEWAL	\$334,717	\$334,717
6	Housing Assistance Corporation	75	Youth Supportive Housing	6	Renewal	PH/Rental Assistance	CH, Youth- 24 and under	RENEWAL	\$165,714	\$165,714
7	Housing Assistance Corporation	59	Housing First	8	Renewal	PH/Rental Assistance	Chronically Homeless, HIV/AIDS, HEP C	RENEWAL	\$168,125	\$168,125
8	Homeless Prevention Council	89	Host Homes	-	Renewal	SSO	Youth- 24 and under	RENEWAL	\$239,333	\$13,245
TIER 1 SUBTOTAL									\$2,278,326	\$2,052,238
8- Tier 2	Homeless Prevention Council	89	Host Homes	-	Renewal	SSO	Youth- 24 and under	RENEWAL	\$239,333	\$226,088
9- Tier 2	Independence House	35	Empowered Survivors	6	New	TH	DV- Families with children, Older Adults	Reallocation	\$176,371	\$176,371
10- Tier 2	Homeless Prevention Council	34	Mobile Youth Outreach	-	New	SSO	Youth- 24 and under	CoC Bonus	\$319,095	\$319,095
13- Tier 2	Homeless Prevention Council	32	Bridge Forward: Pathways to Self- Sufficiency for YYA	-	New	SSO	Youth- 24 and under	Reallocation	\$452,845	\$452,845
11- Tier 2	Duffy	31	Project Reach	-	New	SSO	N/A- All Subpopulations	Reallocation	\$262,460	\$262,460
12- Tier 2	Housing Assistance Corporation	30	HAC Older Adult Mobile Outreach	-	New	SSO	Older Adults, Substance Use, Mental Health, CH	Reallocation/ CoC Bonus	\$283,076	\$283,076
TIER 2 SUBTOTAL									\$3,772,173	\$1,719,935
Not Ranked	Barnstable County		MA-503 Planning Project FY2024	-	Renewal	SSO	N/A - All Subpopulations		\$87,500	\$87,500
TOTAL REQUESTED									\$3,859,673	\$3,772,173

MA-503 Advancing Recovery by Prohibiting Illicit Drug Enablement Statement

The Cape and Islands Continuum of Care (CoC) prohibits CoC-funded housing projects from operating drug injection sites or “safe consumption sites”, knowingly distributing drug paraphernalia on or off property under their control, knowingly permitting the use or distribution of illicit drugs on property under their control, or conducting, permitting, encouraging, or allowing any of these activities under the pretext of “harm reduction.”

All CoC-funded housing project grantees and subrecipients shall:

1. Not knowingly permit the use or distribution of illicit drugs within or on property under the control of the CoC-funded project;
2. Not allow any CoC-funded housing project or property under the control of the project to operate as a “safe consumption site” or drug injection site for the use of illicit drugs, including intravenous drug use;
3. Not knowingly distribute drug paraphernalia to program participants or other individuals within or on property under the control of the CoC-funded project, or through project-sponsored activities;
4. Not conduct, permit, encourage, or allow any of the above activities under the pretext of “harm reduction.”

None of the above constitute a requirement that program participants must be sober in order to receive assistance, participate in substance use treatment in order to receive assistance, or be evicted or exited from assistance for a first-time violation of a drug-related program policy or lease requirement. In responding to first-time violations of drug-related policies or lease requirements, CoC-funded projects are encouraged to leverage supportive interventions to help clients maintain stable housing and avoid returns to homelessness whenever possible. Appropriate responses may include, but are not limited to, participant meetings, lease warnings, adjusting case plans, referrals to substance use treatment, recovery supports, increased supportive services, or other appropriate corrective actions consistent with HUD and project requirements.

Projects determined by the CoC to be in violation of this policy may be subject to corrective action, reduced ranking score, conditional funding recommendations, reallocation consideration, or other remedies deemed appropriate by the CoC.

The Cape and Islands Continuum of Care encourages the provision of a wide range of options for unstably housed individuals and families throughout the region to meet their individual preferences and needs, including sober living and recovery housing. The Cape and Islands Continuum of Care will not restrict or prohibit CoC-funded housing projects that require program participants to be sober or to participate in treatment as a condition of assistance in accordance with 24 CFR 578.