Barnstable County Department of Human Services
Presentation to Assembly of Delegates

UPDATE ON SUBSTANCE USE & HOMELESSNESS INITIATIVES

Beth Albert, Director
October 18, 2017

About the Barnstable County Department of Human Services

The Department's mission is to:

1. Plan, develop, and implement programs which enhance the overall delivery of human services in Barnstable County and,

2. Promote the health and social well-being of County residents through regional efforts that improve coordination of services.

The Department has a record of organizing regional approaches that promote health and wellness for underserved populations by mobilizing a community response to needs identified through community-based research and evaluation.
Barnstable County Regional Substance Use Council (RSAC)

- Regional approach to substance abuse by addressing prevention, harm reduction, treatment, and recovery.
- Established a communication infrastructure across towns, providers, organizations, and individuals on Cape Cod related to substance use.
- Identify and address gaps and disparities in the service system, maximize interagency collaboration, and to maximize funding and resource opportunities.

RSAC Core Functions

- Establish and Maintain Cape-wide Regional Substance Abuse Council
- Convene and Support Domain-Related Workgroups
  - Prevention Workgroup
  - Harm Reduction Workgroup
  - Treatment Workgroup
  - Recovery Workgroup
- Facilitate Funding and Support of Identified Priorities
- Support Promising Practices and Programs
- Provide Surveillance, Information Management, and Technical Assistance
Baseline Assessment

Town-Specific Sub-Analyses (e.g. Brewster, Barnstable, Falmouth)

- Provides a snapshot of substance dependency, and its related costs, for Barnstable County, Massachusetts (2013)
- Inform programming and policy needs as defined by the Barnstable County Regional Substance Abuse Council (RSAC)
- Provides information on:
  - 1. Epidemiological data on the prevalence and incidence of substance use and associated mortality
  - 2. Cost analysis by substance across the domains of harm reduction, prevention, treatment and recovery, and law enforcement
  - 3. Environmental scan of existing services and resources.

Substance Use Disorders & Deaths, 2016

- ≈15,000 (7.9%) Cape residents (age 12+) are addicted to alcohol.
- ≈2,300 (1.3%) Cape residents (age 12+) are addicted to opioids.
- 59% of all substance use disorder related deaths are attributable to alcohol, 34% to heroin/opioids, and 7% to other drugs.
- Deaths from heroin and prescription opioid abuse have more than tripled since 2012 (20 deaths in 2012; 78 deaths in 2016)
BSAS Grants Support 2 Staff to Provide Technical Assistance to Towns

**SAPC**
- Awarded May 2015
- $700,000 over 7 years
- The Substance Abuse Prevention Collaborative (SAPC) grant provides staff and funding for our region in order to help prevent underage drinking and other drug use.
  - Work on the SAPC grant is implemented through the RSAC Prevention Workgroup.

**MOAPC**
- Awarded January 2015
- $500,000 over 5 years
- The Massachusetts Opioid Abuse Prevention Collaborative (MOAPC) grant provides staff and funding in order to implement local policy, practice, systems, and environmental change to prevent the misuse and abuse of opioids and to prevent/reduce the number of unintentional overdoses.
  - Work on the MOAPC grant is implemented through the RSAC Harm Reduction Workgroup.
Selected SAPC Activities
Alcohol & Drug Prevention among Youth
- Cape-wide Annual Parent Summit to Prevent Youth Substance Use
- My Choice Matters media and public education campaign
- Yarmouth Recreation Center program for reducing alcohol, tobacco, and marijuana use among youth
- Creation of Alcohol Task Force
- Dissemination of Botvin Life Skills curriculum and training for parents
  - Towns of Barnstable, Falmouth, Sandwich, Chatham/Harwich (Monomoy), Dennis/Yarmouth

Selected SAPC Activities
Alcohol & Drug Prevention among Youth
- Cape-wide Annual Parent Summit to Prevent Youth Substance Use
  - Empowers parents to support positive youth development with skills to prevent substance use
  - Communication skills for parents with teens
  - Local experts available to answer parents' questions and toolkits for parents
Selected SAPC Activities
Alcohol & Drug Prevention among Youth

- **My Choice Matters** media and public education campaign
  - Posters and flyers
  - Radio ads
  - Social Media
  - Webpage

Selected SAPC Activities
Alcohol & Drug Prevention among Youth

- **Yarmouth Recreation Center**—"Sport Prevention Plus Wellness" Program
  - A SAMHSA-approved evidence-based program for reducing alcohol, tobacco, and marijuana use among youth.
  - Increases healthy behaviors, self-control, and parent-youth communication
  - Can be used one-on-one or in group settings as a one-time intervention lesson with ongoing positive reinforcement

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Selected SAPC Activities
Alcohol & Drug Prevention among Youth

- Formed Alcohol Coalition with Alcohol Beverage Control Commission
- Implement strategies in following areas:
  - Responsible Beverage Server Training (RBS)
  - Underage drinking prevention
  - License holder education

Selected SAPC Activities
Alcohol & Drug Prevention among Youth

- Provided materials, training and facilitation of Botvin Life Skills curriculum for parents in the towns of:
  - Barnstable
  - Falmouth
  - Sandwich
  - Chatham/Harwich (Monomoy)
  - Dennis/Yarmouth
Selected MOAPC Activities
Opioid Use and Overdose Harm Reduction

- Opioid Overdose Prevention Training Corps
- Forums for employers on substance use policies (Mashpee Chamber of Commerce, and Cape Cod Human Resources Association)
- Production of Good Samaritan Law video PSA, and overdose prevention rack cards.

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Selected MOAPC Activities
Opioid Use and Overdose Harm Reduction

- **Opioid Overdose Prevention Training Corps** 10 Trainees from the following towns: Barnstable, Mashpee, Wampanoag Tribe, Bourne, Yarmouth, Nantucket, Hyannis, Falmouth
- Monthly Learning Calls (Scenario-based learning, Core Competency Development, Sustainability Model)
- On-going Required Pharmacy Outreach and Education (Increase Narcan Availability, Access and Affordability)
Selected MOAPC Activities
Opioid Use and Overdose Harm Reduction

- Forums for employers on substance use policies (Mashpee Chamber of Commerce, and Cape Cod Human Resources Association)
- Opioid Overdose Prevention Education Opportunities for Employers (including how to administer Narcan)
- Employment Policy Development, Pain Management/Injury Prevention Education, Employee Assistance Programs (EAP)
- Planning and Development through Mashpee Substance Use Taskforce

How to RESPOND to an Overdose

You can keep a person alive by following these steps:

1. Make 911
2. Lay person on their back
3. Check for responsiveness and breathing
4. Administer Naloxone
5. Provide CPR if needed

The Good Samaritan Law protects those who stay and help overdose victims.

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Selected MOAPC Activities
Opioid Use and Overdose Harm Reduction

Key Findings Analysis of Opioid-Related Overdose Deaths in Barnstable County, 2004-2014 (Report)

- Total N=281
- 51% aged 25-44 and 36% aged 45-64
- Gender – Males 81%
- 69% of opioid overdoses decedents had a high school education or less (versus 31% of Barnstable population)
- 65% of total opioid deaths (182/281) were among workers in trades/services
- Construction workers are hardest hit on a percentage basis (25% of total opioid deaths)

Substance Use Information

- Monthly E-newsletter
- Social Media
- Publications and Reports
- Resource Guide
- On-line Service Directory

www.bchumanservices.net
Regional Network to Address Homelessness

- Coordination of stakeholders, systems, & resources to address homelessness, provides training, planning & coordination of efforts, sharing of information across the region about resources, and improve access to available resources
- Provides structure required by HUD's CoC Program, allows the region to apply for federal homelessness assistance programs

Regional Network to Address Homelessness

The Regional Network Policy Board is the designated entity for setting policy regarding the CoC grant process, including approval and ranking of proposals for submittal to the U.S. Department of Housing and Urban Development under the annual NOFA process.
Regional Network Continuum of Care Key Responsibilities

- Performance Targets and Monitoring
- Coordinated Entry System
- Establish Standards
- HMIS
- Planning and submission of consolidated application for HUD Continuum of Care Program Funds

Regional Network Continuum of Care

Department’s Role:

- **Convening Agency** - Planning, Project Management, Administrative and Logistical Support

- **Collaborative Applicant** — Eligible entity designated to submit annual CoC Application on behalf of the Regional Network
Impact

- Consolidated CoC application submitted September 2017 – for $1.7M
- Last year region was awarded $1.74 M – supports 365 PSH beds across region from Bourne to Provincetown
- Established a Coordinated Entry System
- Re-established a Family Homelessness Prevention Committee and Veterans Committee
- Supported new Homeless Youth Initiative at Homeless Prevention Council, secured DHCD funding for HPC to conduct Unaccompanied Youth Survey
- Currently engaged in planning to improve HMIS capacity and data reporting capabilities including incorporating CES into the HMIS system
- Regional Network Policy Board members involved in Transitional Living Center planning which ultimately led to the transfer of the individual shelter provider from HAC to Catholic Social Services
- Regional Network Policy Board members involved in creation of Falmouth Seasonal Shelter and funding for Homeless Coordinator in Falmouth
- Regional Network Policy Board members involved in coordination of homeless outreach workers
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<td>Christopher</td>
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<td>Albert</td>
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<td>Barnstable County Dept. Of Human Services</td>
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<td>Chasity</td>
<td>Armstrong-Menard</td>
<td>Substance Abuse Coordinator</td>
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<td>Deirdre</td>
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<td>Ann Marie</td>
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<td>Mashpee Wampanoag Tribe</td>
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<td>Jamie</td>
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<td>Investigator</td>
<td>Alcohol Beverage Control Commission</td>
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<td>Shaun</td>
<td>Cahill</td>
<td>Youth Program Director</td>
<td>Barnstable County Sheriff's Department</td>
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<td>Will</td>
<td>Crocker</td>
<td>Representative</td>
<td>2nd District, Barnstable</td>
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<td>Beth</td>
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<td>Chris</td>
<td>Creeley</td>
<td>Chair</td>
<td>Yarmouth Substance Awareness Committee</td>
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<td>Elisabeth</td>
<td>Griffin</td>
<td>School Adjustment Counselor</td>
<td>Upper Cape Technical High School</td>
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<td>Lisa</td>
<td>Guyon</td>
<td>Community Benefits</td>
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<td>Suzie</td>
<td>Hauptmann</td>
<td>MSW, LICSW</td>
<td>Falmouth Human Services</td>
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<td>Paul</td>
<td>Hilton</td>
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<td>Cape Cod Collaborative</td>
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<td>Randall</td>
<td>Hoskinson, Jr.</td>
<td>Clinical Research Program Director</td>
<td>Brown University</td>
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<td>Michael</td>
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<td>John M.</td>
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<td>Judge</td>
<td>Barnstable District Drug Court</td>
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<td>Rick</td>
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<td>Cape &amp; Islands Emergency Services System</td>
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<td>Kim</td>
<td>Leman</td>
<td>Regional Director</td>
<td>Learn to Cope</td>
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<td>Mary</td>
<td>LeClair</td>
<td>At - Large</td>
<td>Former County Commissioner</td>
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<td>Donna</td>
<td>Mello</td>
<td>Harm Reduction Manager</td>
<td>AIDS Support Group of Cape Cod</td>
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<td>Patty</td>
<td>Mitrokostas</td>
<td>Prevention Program Director</td>
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<td>Heidi</td>
<td>Nelson</td>
<td>CEO</td>
<td>Duffy Health Center</td>
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<td>Cape Cod Council of Churches</td>
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<td>Ruth</td>
<td>Provost</td>
<td>Director</td>
<td>Boys &amp; Girls Club of Cape Cod</td>
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<td>Kathy</td>
<td>Quatromoni</td>
<td>Program Director</td>
<td>C&amp;I District Attorney's Office</td>
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<td>Carilyn</td>
<td>Rains</td>
<td>Dir. of Student Health, Plymouth School District (Sandwich Resident)</td>
<td>MA School Nurse Association</td>
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<td>Brian</td>
<td>Robbins</td>
<td>Director</td>
<td>Hyannis Pier Recovery Center</td>
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<td>Judy</td>
<td>Scaraffie</td>
<td>Liaison</td>
<td>Cape Cod Chamber of Commerce</td>
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<td>Sean</td>
<td>Sheehan</td>
<td>Assistant Chief Probation Officer</td>
<td>Barnstable First District Court</td>
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<td>Sam</td>
<td>Tarplin</td>
<td>Film Producer</td>
<td>&quot;What Happened Here: Untold Story of Addiction&quot;</td>
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<td>Michael</td>
<td>Trudeau</td>
<td>1st Asst. District Attorney</td>
<td>C&amp;I District Attorney's office</td>
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<td>Regina</td>
<td>Yaroch</td>
<td>Adjunct Professor</td>
<td>Cape Cod Community College, Arts &amp; Communication</td>
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October 18, 2017

To: Barnstable County Assembly of Delegates

From: Beth Albert, Director Human Services

Re: Briefing on Regional Network on Homelessness

I. Background & Description

The Cape and Islands Regional Network on Homelessness (Regional Network) was created in 2009, prior to this time the network was known as the Leadership Council to End Homelessness. The Regional Network is a broad public-private partnership of non-profit agencies, municipal leaders, state departments, philanthropy, business organizations, and other community stakeholders committed to identifying and implementing solutions to prevent and end homelessness in our region. The Regional Network fosters collaboration among its partner organizations so that all individuals and families in our region will have safe, affordable housing with supports needed to maintain their housing.

The Regional Network has another purpose in that it provides the structure required by HUD’s Continuum of Care (CoC) program. As an approved Continuum, the region is eligible to apply for the U.S. Department of Housing and Urban Development (HUD) Continuum of Care McKinney-Vento funds for homelessness services and programs. Since the early 1990s, over $26 million in HUD McKinney-Vento funds have been awarded to the region through HUD’s annual application process.

II. Structure of Regional Network

The Regional Network is comprised of a policy board, executive committee, and several work groups. Current work groups include HMIS, Coordinated Entry, Family Homelessness Prevention, Veterans, Planning, Nominating, and Grant Ranking and Review. A list of current Policy Board members is attached.
III. Policy Board

The Regional Network Policy Board is a 28-member policy making body that:

- Works closely with the designated Collaborative Applicant to fulfill major responsibilities of the CoC (Outlined in Section IV)
- Supports regional capacity building to address identified needs
- Fosters relationships and solicits participation from a broad array of sectors and agencies to support common priorities
- Ensures transparent governance
- Delegates activities to and oversees working groups and task forces as appropriate
- Designates the HMIS Lead to administer the HMIS system for the CoC
- Hosts an annual meeting and adopts network priorities

IV. Key CoC Responsibilities

The Regional Network Policy Board is the designated entity for setting policy regarding the CoC grant process, including approval and ranking of proposals for submittal to the U.S. Department of Housing and Urban Development under the annual NOFA process. In addition, the CoC is responsible for compliance with 24 CFR Part 578 Hearth Act: Interim Final Rule which includes the following components:

1. Performance Targets and Monitoring
   a. Adopt and support compliance with performance measure required by HUD
   b. Monitor performance and evaluate outcomes of ESG and CoC programs
   c. Develop a fair process for performance improvement and recommend action per that process
   d. Report to HUD as required/requested

2. Coordinated Entry System
   a. Establish and operate a centralized or coordinated assessment system in consultation with CoC and ESG fund recipients

3. Establish Written Standards
   a. Establish and follow written standards for prioritizing the most vulnerable homeless households in consultation with CoC and ESG fund recipients.
4. HMIS
   a. Designate a single HMIS for its geographic area and designate an eligible applicant to manage its HMIS
   b. Review, revise, and approve HMIS Charter, privacy, security, and data quality standards
   c. Ensure consistent participation of the CoC Program Grantee and sub-recipients in HMIS
   d. Ensure that the HMIS is administered in compliance with HUD requirements.

5. Planning
   a. Conduct a point-in-time count of homeless persons that meets HUD’s requirements at least bi-annually
   b. Provide information required to complete the Consolidated Plan(s)
   c. Consult with state and local ESG recipients in the geographic area on the plan for allocating ESG funds and reporting/evaluating performance of ESG programs

6. Application for HUD Continuum of Care Program Funds
   a. Design, operate and follow a collaborative, fair, and transparent process for developing applications and approving submission of applications in response to a HUD CoC Program NOFA
   b. Establish priorities for funding projects
   c. Determine if one or more applications will be submitted
   d. Rank multiple applications if required by HUD

V. **Role of the Department of Human Service**

Barnstable County’s Department of Human Services serves two primary roles in regard to the Regional Network/CoC.

1. **Convening Agency** is the coordination hub responsible for: providing logistical support for Regional Network responsibilities including those related to the HUD Continuum of Care (as in Interim Rule-24 CFR c.578.7); convening and facilitating the Policy Board and key working groups; monitoring strategic coherence across efforts; coordinating communication within the Regional Network; providing information and mobilizing advocacy efforts that support the Network’s priorities; responding to training needs; and annually updating the list of Network priorities. The Convening Agency is not a
“lead” entity, but rather performs the roles of planning consultant, project manager, and logistics staff.

2. **Collaborative Applicant (CA)** means the Department is the eligible applicant that has been designated by the Regional Network to submit the annual CoC Consolidated Application for funding on behalf of the Regional Network. In addition, the Collaborative Applicant is the only entity that can apply for a grant for CoC planning funds on behalf of the Regional Network.

VI. **CoC Grant Awards to the Department**

The Department currently administers 3 CoC grants:

1. CoC Planning (3% of the consolidated application – currently $50,329, next year $49,842)
2. CoC Coordinated Entry System (Currently $29,698, next year same amount)
3. CoC Coordinated Entry System Expansion (New grant fund - $55,594)

VII. **Program Support/Staffing**

The Department utilizes consultants to assist with administering the CoC program components and coordinating the Regional Network. The Regional Network Coordinator is funded through the Department’s budget ($40,000 annually). For the CoC components, this year the planning and grant writing activities have been performed by a consultant whose services are paid through the CoC Planning Grant. In addition, there is a part contracted CES Coordinator, who is paid for by the CoC CES Grant (approximately $20,000). In addition, I devote a portion of my time to these activities.

As of October 2, 2017, a full time CoC Program Manager has been hired, her position is 100% funded by a CoC planning grant and a portion of a CES grant. I plan to retain the Regional Network Coordinator position and the part time CES Coordinator position. Once the CoC Program Manager has been trained, all CoC related tasks will become her responsibility. I anticipate hiring a CoC grant writer for one more funding round.
VIII. **Regional Impact**

1. Submitted 2017 CoC Application September 2017 — for $1.7M
2. Awarded $1.74 M – supports 145 PSH beds across region from Bourne to Provincetown
3. Established a Coordinated Entry System
4. Re-established a Family Homelessness Prevention Committee and Veterans Committee
5. Supported new Homeless Youth Initiative at Homeless Prevention Council, secured DHCD funding for HPC to conduct Unaccompanied Youth Survey
6. Re-allocation process allows the Regional Network/CoC to re-purpose underutilized grant funds to create new projects
7. Enhanced on-line resource directory of housing resources and related services
8. Engaged in planning to improve HMIS capacity and data reporting capabilities including incorporating CES into the HMIS system
9. Regional Network Policy Board members were involved in Transitional Living Center planning which ultimately led to the transfer of the individual shelter provider from HAC to Catholic Social Services
10. Regional Network Policy Board members were involved in creation of Falmouth Seasonal Shelter and funding for Homeless Coordinator in Falmouth
11. Regional Network Policy Board members are involved in coordination of homeless outreach workers
12. Overall, the Regional Network and its members are continually working towards better coordination of services and improved access for clients.

IX. **Upcoming events/trainings**

**Elder Homelessness Summit** - 10/23/17 (co-sponsoring this event with South Coast Regional Network to begin identifying approaches to reducing the number of older adults in shelters)

**Housing Court Community Meeting** - 10/30 (Hosting Community Forum/ Q&A with Housing Court Chief Justice Sullivan — open to the public)

**Housing Access Training** – 10/31 (Conducted by Regional Network Coordinator)
Cape and Islands Regional Network on Homelessness
Policy Board Members
2017-2018

Beth Albert, Director, Barnstable County Department of Human Services* ++
Mark Bilton, Area Housing Coordinator, Massachusetts Department of Mental Health
Jean Challis, Lieutenant, Barnstable Police Department, Town of Barnstable
Anne Colwell, CEO, Cape Cod Child Development
Kristina Dower, Executive Director, Community Action Committee of Cape & Islands
Alana Dupuis, Therapeutic Mentor, South Bay Mental Health
John Economos, District Manager, The Community Builders, Inc.
Rose Evans, Deputy Undersecretary, Department of Housing and Community Development
Maggi Flanagan, Program Director, Homeless Prevention Council ++
Alisa Galaz, CEO, Housing Assistance Corporation ++
Gina Giambusso, Director, Cape and Islands Veterans Outreach Center
Cathy Gibson, Supervisor, Department of Transitional Assistance ** ++
Beth Hardy-Wade, Executive Director, CHAMP Homes, Inc.
Lysetta Hurge-Putnam, Executive Director, Independence House
Gina Hurley, Director of Student Services, Barnstable School District
Marc Israel, HMIS Administrator, Housing Assistance Corporation
Paul Melville, Executive Director, Cape Cod Family Resource Center – Family Continuity
Barbara Milligan, President & CEO, United Way of Cape & Islands ++
Eddie Murphy, Protective Services Program Manager, Elder Services of Cape Cod and Islands
Tom Lacey, Executive Director, Falmouth Housing Authority
Heidi Nelson, CEO, Duffy Health Center ++
Edythe Nesmith, Executive Director, Cape Cod Council of Churches
Greg Quilty, Director of Veterans Services, Barnstable District
Karen Ready, Shelter Programs Coordinator, Catholic Social Services
Dean Rosenthal, Associate Commissioner for the Homeless, Martha’s Vineyard
Brenda Swain, Executive Director, Falmouth Service Center
Mary Waygan, Affordable Housing Specialist, Town of Yarmouth
Katherine Wibby, Staff Attorney, South Coastal Counties Legal Services
David Willard, Vice President, Cape Cod Five Cents Saving Bank ++
Nantucket, TBD

Paula Schnep, Coordinator, Regional Network on Homelessness
*Denotes Chair, ** Vice-Chair, ++ Executive Committee Members
Appointed 3-27-17