COMMUNITY Action!

of the Franklin, Hampshire, and North Quabbin Regions

Community Assessment Report and Strategic Plan

FY2018 – FY2020

Re-Submission to the
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COMMUNITY Action!
of the Franklin, Hampshire, and North Quabbin Regions

Community Assessment Report and Strategic Plan
FY2018 – FY2020

I. EXECUTIVE SUMMARY

Community Action of the Franklin, Hampshire, and North Quabbin Regions (*Community Action)* is pleased to present this community and internal assessment and our resulting strategic plan for our next three years of operation. The agency's assessment and planning processes are ongoing throughout the year. Every three years we conduct an intentional and wide-ranging planning process and publish our assessment findings and agency priorities in compliance with the requirements of the Community Services Block Grant (CSBG), under which all Community Action Agencies operate. We view the assessment as a community service and welcome questions about and use of the data and conclusions presented here. We also view our plan as an important way to communicate to the communities we serve how we intend to move forward, and we welcome their input and collaboration.

The planning process documented here began in the fall of 2016 and concluded in early summer of 2017. As part of the planning process, the staff, Leadership Team, and Board all contributed to a review and revision of the agency's mission, core principles, and vision statements, and we are proud to present them here to the wider community.

The planning process aligns with the CSBG Organizational Standards, which encourage a variety of methodologies and informants in order to assure that the agency is soliciting input from constituents from all walks of life. *Community Action* gathered "primary data" directly from our community about needs and resources through three surveys of: 1) people who were or could be participants in our program; 2) our community partners in the social service and education sectors; and 3) and our staff. In addition, we conducted focus groups in seven sub-regions of our service area to examine emerging trends and to hear from a broader base of local opinion. Extensive "secondary data" – relevant information collected by others, including other organizations' needs assessments – also played a major role in our community assessment. In addition, we conducted an internal assessment of our strengths, challenges, and opportunities using information from all three surveys as well as input from the Board of Directors and the Leadership Team of department and administrative directors.

The Director of Development and Planning, a strategic planning consultant, and a Nationally Certified ROMA Trainer planned and guided this inclusive assessment and planning process. A Steering Committee, the Leadership Team, and the Board received reports on information gathered and then determined priorities and goals for the agency for the next three years.

The community needs assessment included two geographic levels of analysis. *Community Action's* federally designated CSBG service area is Franklin and Hampshire Counties, but we also provide some services in Hampden and Berkshire Counties, as well as a few towns in Worcester County. The needs assessment includes basic demographic and economic data for this entire 4+ county area, along with data for the distinct sub-regions that include towns in our service area. For the remainder of the needs assessment, we focus on the areas where we provide the majority of our services, Franklin/North Quabbin, Hampshire County, and western Hampden County.

The analysis combines secondary and primary data to provide a comprehensive look at the needs and strengths of the communities we serve. The persistent core issues for people with low incomes in our service area are the high cost of living, driven mostly by the costs of housing and child care; inadequate public transportation; a lack of living wage jobs; trauma and unmet mental health needs; and inequitable and inconsistent internet and phone connectivity. In addition, we are in the midst of an opioid epidemic that is devastating our communities. The population is aging, and this is already creating new demands on limited resources. The social service system is underfunded and strained to capacity but is strong and collaborative in its approach.

The internal assessment, based on an analysis of survey data, focused chiefly on customer service and customer satisfaction, as well as staff job satisfaction and retention. The following top priorities for improving agency operations emerged: improving internal collaboration and service integration; increasing compensation and pay equity; increasing unrestricted revenue; automating more of our internal systems; developing an interactive, mobile-friendly website; increasing our visibility in the community; and ensuring progressively stronger alignment of planning, reporting, and monitoring systems with CSBG ROMA Next Generation and the CSBG Organizational Standards.

In consideration of the near certainty that the new Administration will cut federal funding for social services, which makes up two thirds of the agency's revenues, the Board directed that the goals in the strategic plan not overextend the agency's resources. Instead, we created criteria for making decisions when cuts do occur, as well as priorities for expanding services if the opportunity arises. Thus, the goals of our strategic plan do not include adding any new services, but instead focus on improving the quality of and access to our existing services. Specifically, we have delineated strategies and benchmarks for continuing to align all systems with the new ROMA Next Generation reporting and planning systems; measuring and evaluating customer satisfaction systematically in every program; increasing compensation, pay equity, and staff retention; improving internal collaboration and service integration; increasing unrestricted revenue; working with community partners to improve public transportation; and improving access to our services in the rural "edges" of our service area.

II. Board Authorization

II. Board Authorization

This is to certify that at its duly warned meeting on June 22, 2017, the Board of Directors of Community Action of the Franklin, Hampshire, and North Quabbin Regions approved the following mission statement, as well as the Community Assessment Report and Strategic Plan included in this document.

Community Action assists people who have low incomes to achieve economic stability and security, and works to build communities in which all people have the opportunity to thrive.

6/27/17

Jackie Brousseau-Pereira
Chair, Board of Directors

Date

III. AGENCY DESCRIPTION

Community Action was originally called Franklin Community Action Corporation (FCAC) and was founded in 1965 by local activists eager to bring the national anti-poverty movement to Franklin County. We are now part of a network of over 1,000 Community Action Agencies in every county in the U.S. Our first program was Head Start. Since then, the agency has grown tremendously. From an initial service area of 727 square miles in just Franklin County, we expanded to cover four contiguous towns in Worcester County in the North Quabbin region. During our early years, we were involved in starting local organizations that are still thriving today, including the Franklin Community Co-op and the Community Health Center of Franklin County. More recently, we initiated the Communities That Care Coalition and the Franklin County Resource Network.

In a major expansion, in 2006 we were designated as the Community Action Agency (CAA) for Hampshire County, bringing us to double our original geography. Hampshire Community Action Commission had relinquished its designation as a Community Action Agency but had a long history of service and leadership in its community. We honored that by bringing as many of their programs under our wing as we could to retain their ties to the Community Action world nationwide, and by hiring many HCAC employees. (Indeed, our current Executive Director is a former HCAC employee!) In 2011 we became the Head Start grantee in western Hampden County, bringing our service area to 1,700 square miles. And over the past several years, we have carried out energy conservation services with low-income households in Berkshire County and all of Hampden County. In 2016, fifty years after our Head Start program enrolled its first 100 families, we served over 25,000 people and had a budget of $29 million.

In *Community Action's* annual reports for the past few decades, the cycles of the national economy, the pendulum swings of political responses to poverty, and state and federal budget crises are constant themes. One gets the feeling of being on a merry-go-round, but instead of riding a gently undulating pony, trying to hold on for dear life to a wildly bucking bronco. The other constant is that *Community Action* has been true to its mission. While we have been successful and have grown, we have not gone after money for the sake of growth. We have gone after money and programs that address the needs of people with low incomes or who are marginalized in other ways. We have built on the strength of our community to improve the quality of life for everyone.

COMMUNITY Action!

of the Franklin, Hampshire, and North Quabbin Regions

Building on the Strength of our Community Since 1965

IV. MISSION STATEMENT

During our strategic planning process, we completed a review of the agency's mission statement. This review involved discussions within the Leadership Team leading to an initial proposal for a new mission statement, tagline, and statement of core principles. This then went to the staff as a whole and was revised based on their feedback and sent on to the Board. The Leadership Team and Board of Directors held a joint meeting in March 2017that allowed time to articulate shared values and aspirations that should be embodied in these key agency statements. The group crafted some alternatives, which then served as the basis for a poll of Board and Leadership Team members about their choices. This resulted in a final draft of new mission and vision statements, a set of core principles, and a new tagline. The Board approved the following mission statement at their meeting June 22, 2017.

Community Action assists people who have low incomes to achieve economic stability and security, and works to build communities in which all people have the opportunity to thrive.

At this same meeting, the Board approved a new tagline for the agency that can be used in official documents, on our website, and in outreach materials.

Tagline: ***Access. Opportunity. Community.***

V. CORE PRINCIPLES AND VISION STATEMENT

Both the Board and the Leadership Team put a lot of thought into formulating a set of core principles for the agency, as well as a vision statement, and the process was a very positive one. These will be particularly helpful in orienting new staff as well as in guiding our priorities and policies in the coming years.

Core Principles

- We see people as the experts on their own lives, as individuals and families who have strengths and dreams, and who also experience barriers to their success.
- We honor everyone's right to live with dignity and to be treated with respect and appreciation for diversity.
- We partner with individuals and families to develop the resources, skills, social connection, and resilience to be economically secure and successful according to their own values and hopes.
- We partner with families and communities to grow strong and healthy children and youth.
- We value workplace practices based on mutual respect, inclusion, transparency, and leadership development for all staff.
- We believe that engaging people with low incomes in decision-making and the overall direction of the agency is essential to our integrity and success.
- We are committed to participating in community development that assures that all people are housed, well-fed, warm, safe, and stable.
- We value building collaborative partnerships to find community-based solutions to meet community needs.

VISION STATEMENT

We work toward a community that celebrates our shared humanity as well as our diversity, a community that invests in having healthy food and safe, warm, and affordable housing for all; excellent and affordable early education and care; living wage work; and high quality education for everyone, regardless of economic or social position. Community Action will listen to our constituents and base our work on what they need and want for their lives. We will carry their voices to policy-makers and advocate for policies and resources that protect the vulnerable and disenfranchised and encourage full participation in the democratic process. Working with many partners, we will create a community where children and youth are nurtured and protected and everyone achieves their potential and prospers in the fullness of life.

VI. COMMUNITY AND INTERNAL ASSESSMENT METHODOLOGY

A. CSBG ROMA AND THE ROMA PLANNING CYCLE

All Community Action Agencies (CAAs) use the Results Oriented Management and Accountability (ROMA) management system. It is a continuous cycle (illustrated below) that incorporates the core principles of Community Action nationwide. One of these core principles is that CAAs build local solutions to address local needs. In other words, leaders within CAAs are expected to base their strategies and priorities for services and advocacy on the needs and strengths in their communities. This is one of the essential and very special characteristics of the national Community Action network; we do not take a cookie cutter, one size fits all approach. We are deeply embedded in and responsive to the communities we serve. Aligned with that, we all receive funding from the Community Services Block Grant (CSBG) that is very flexible and can be used to respond to emergent needs, support administrative infrastructure, or fill in gaps in funding in state or federal contracts.

Maximizing the involvement of people with low income in the governance and development of the organization, and soliciting input from a variety of sectors in the broader community, are two other fundamentals of Community Action. ROMA is about promoting change for individuals and families, as well as communities, in a way that is directed by them. This is why all Community Action Agencies have Boards that are at least one-third people who have direct experience living with very low income.

To assist CAAs with using the ROMA cycle, the Office of Community Services within the U.S. Department of Health and Human Services has developed Organizational Standards that spell out how the core principles described earlier should be put into action. In Massachusetts, each CAA must conduct a local needs assessment and develop a strategic plan every three years. The strategic plan contained in this document is for the three-year period of October 1, 2017 through September 30,

2020. It was conducted in adherence with the following Organizational Standards:

Standard 1.2 The organization analyzes information collected directly from low-income individuals as part of the community assessment.

Standard 2.2 The organization utilizes information gathered from key sectors of the community in assessing needs and resources, during the community assessment process or other times. These sectors would include at minimum: community-based organizations, faith-based organizations, private sector, public sector, and educational institutions.

Standard 3.2 As part of the community assessment, the organization collects and includes current data specific to poverty and its prevalence related to gender, age, and race/ethnicity for their service area(s).

Standard 3.3 The organization collects and analyzes both qualitative and quantitative data on its geographic service area(s) in the community assessment.

Standard 3.4 The community assessment includes key findings on the causes and conditions of poverty and the needs of the communities assessed.

Standard 6.2 The approved strategic plan addresses reduction of poverty, revitalization of low-income communities, and/or empowerment of people with low incomes to become more self-sufficient.

Standard 6.3 The approved strategic plan contains family, agency, and/or community goals.

Standard 6.4 Customer satisfaction data and customer input, collected as part of the community assessment, is included in the strategic planning process.

B. OVERVIEW OF METHODOLOGY

ROMA and the Organizational Standards provide a methodological framework for assessing both community and internal needs and strengths, and then for developing plans to guide the agency in fulfilling its mission. Each agency may decide within these broad parameters how they will conduct their assessment and planning process.

To develop our own methodology for this three-year cycle, *Community Action* drew on past years' experience in managing this process, as well as the input of Nancy Jackson, a strategic planning consultant; Jessica Benedetto, a Nationally Certified ROMA Trainer; the Board of Directors; and volunteers from within *Community Action* who had a special interest in assessment and planning. Ann Darling, the Director of Development and Planning (known as the Planner in the parlance of the Community Action network), served as project manager.

Beginning in the fall of 2016, and through July 2017, *Community Action* used the following tools to collect "primary data" – data that is generated by us for our planning purposes.

- A survey of people who are participants in our programs, or who could be based on their income and residence.
- A survey of community partners in the social service and education sectors.
- A survey of the staff.

- Seven focus groups in each sub-region of our designated service area, made up of local leaders from a variety of community sectors including community based organizations, private sector, public sector, and faith-based organizations.

We designed surveys and focus groups to give us information on four areas of interest from the perspectives of the different players in our world:

- Underlying community needs – staff, community partner, and participant surveys; focus groups.
- The capacity of the social service system to respond to these needs – staff, community partner, and participant surveys.
- Customer satisfaction with *Community Action* services, access, and advocacy - staff, community partner, and participant surveys; focus groups.
- Staff job satisfaction and feedback on working conditions (benefits, administrative support, etc.) – staff and community partner surveys.

In the focus groups, we asked the members to discuss trends they see developing and what these could mean for the region and for *Community Action.* Each of these tools will be discussed at greater length in the sections following.

We also gathered significant amounts of "secondary data" – data that is collected by others for another purpose and provides a broader context for the primary data we gather. Examples of secondary data include U.S. Census Bureau population estimates, local wage and unemployment data from the Massachusetts Office of Labor and Workforce Development, and information about the local cost of living from the Massachusetts Institute of Technology Living Wage Calculator.

The agency's Leadership Team (all department and administrative directors), the Board of Directors, and the Strategic Planning Steering Committee all contributed to analyzing the data from these sources, determining priorities, and developing a plan to guide the agency over the next three years.

C. PRIMARY DATA

1. Participant survey

As stated above, we distributed this survey to people who are participants in our programs, or who could be given their income and residence. (We use "participant survey" as a shorthand.) A working group of staff and Board volunteers created the survey instrument with the Director of Development and Planning. It asked respondents to rate customer service for up to two agency programs they had used, what other services in the community would be helpful, how they heard about the agency, and questions specifically about the agency's website. We translated the survey into Russian and Spanish (the two major languages other than English in our area) and put it on an online survey platform, SurveyGizmo, distributing the link as widely as possible through our community partners and our staff. The survey could be completed on a computer or smartphone. In addition, we made the survey available in paper at our sites and at partners' sites. We offered respondents who completed the

survey the opportunity to enter a drawing for one of ten $50 gift cards. We had learned in past years that this made a significant difference in the number of responses we received.

While the incentive worked to motivate people to answer all the questions on the survey, the number of surveys completed was disappointingly low at 284. In past years we had gathered hundreds more. We attribute this to the fact that it was distributed during the end-of-year holiday season when everyone is very busy. This was unavoidable this year, but in future, we will follow a different timeline. On the plus side, the people who returned the surveys were more representative of our constituents with low-income than in past surveys, with an even distribution of ages; a significant portion (36%) who said they had a long-term physical or mental disability; a wide range of education levels reflective of our comparatively highly educated Massachusetts population; a range of races and ethnicities consistent with each group's presence among people with low incomes; and 19% speakers of languages other than English. Almost two thirds of the sample had income below 100% of the Federal Poverty Level (FPL), and virtually everyone had income below 200% FPL. We reached the people we wanted to reach, although not as many as we would have liked.

2. Community partner survey

Using past years' surveys as a starting point, a working group of Board and staff developed the community partner survey with the Director of Development and Planning. This survey asked about customer service based on our partners' direct work with us, as well as what they have observed with participants in their programs that also used *Community Action;* their ratings of the capacity of various aspects of the social service system; and what they saw as priorities for the community to address as a whole through community-level efforts. We used SurveyGizmo to distribute this survey also and are grateful to the 150+ community partners who took the time to complete it, despite its coming across their desks during the end-of-year rush. This number of responses is consistent with that in past years, and the sample was diverse in terms of geography, sectors of the community represented (e.g. public educators, early educators, workforce development), and the type of relationship respondents had with *Community Action* (e.g. referral, shared case management).

3. Staff survey

The staff Personnel Committee, the Human Resources Director, and the Director of Development and Planning developed the staff survey. We used SurveyGizmo as the online survey platform for this survey, as well. We received complete responses from 179 staff and partial responses from 54 (in all, 64% of all regular employees) and a good cross-section in terms of years of service, programs, and type of work (e.g. management, direct service). It was an extensive survey, and we appreciate the diligence of the staff in communicating their thoughts on job satisfaction, customer service, and the needs of participants in their programs.

4. Focus Groups

Community Action's service area is large and contains several distinct sub-regions with varying social and economic dynamics. The Steering Committee asked the Director of Development and Planning

and the strategic planning consultant to hold focus groups in seven sub-regions within Franklin County and Hampshire County, the counties for which we are the designated Community Action Agency:

Franklin County/North Quabbin

- West County
- Greenfield/Turners Falls (central)
- Athol/North Quabbin (east)

Hampshire County

- Hilltowns (west)
- Northampton (central west)
- Amherst (central east)
- Quaboag Hills (east)

Organizational Standard 2.2 requires that we include representatives of at least five sectors of the community in our assessment process: community-based organizations, faith-based organizations, private sector, public sector, and educational institutions. Since we collected substantial amounts of information from community-based organizations through our community partner survey, for the focus groups we emphasized the other sectors in our recruiting. In addition, we invited medical and mental health practitioners as well as people from the strong agricultural sector in our region. Ideas for our invitation list came from multiple sources including the Steering Committee, staff, the regional planning agencies, and websites of the organizations we wanted to include. A list of the focus group members appears in the appendices. We are very grateful for their participation and ideas.

The strategic planning consultant facilitated six of the focus groups, and the Director of Development and Planning the seventh using the same structure. The Planner attended all focus groups and took notes at six, with the assistance of the Development and Planning Associate for the focus group the Planner facilitated. In all, we heard face-to-face from 56 members of our community -- 22 from the public sector, six from the private sector, four from the faith-based community, nine from educational institutions, 11 from community-based organizations, and four from medical/mental health providers. Conversations were uniformly lively and wide-ranging and garnered invaluable information about issues in each community and how the focus group members view our work in their region. The focus groups required a large investment of time. They also brought us a very rich reward in terms of the quality and depth of information gathered, and a sense of connection with and accountability to all of our communities.

D. SECONDARY DATA

Community Action provides a wide variety of services, from food pantries to early education, from home energy conservation to free tax assistance. We also cover a very large geographic area, with dozens of municipalities functioning within complex webs of economic and social interconnection. Given these factors, exploring and documenting the need for services requires review of many sources of data. When choosing secondary data to help us understand our region, we opted for data at the most local level possible. Applying state- and national-level data to our local region does not

provide an accurate portrait but is useful as a basis for comparison. Our area is full of active organizations that conduct their own needs assessment, and we have included results of some of those here. Where possible, we present secondary data and primary data about similar topics together; each enriches the other.

E. ROLES OF STEERING COMMITTEE, SURVEY WORKING GROUPS, LEADERSHIP TEAM, AND BOARD

Strategic planning works best when people with differing perspectives have a structured, accessible way to contribute. In the end, the Board of Directors is responsible for approving the assessment and strategic plan, but many voices need to be heard and incorporated in the process leading up to the final plan. The sidebar to the right lists the names of the people who generously volunteered to assist in the needs assessment and planning process.

At the beginning of the planning cycle, the Director of Development and Planning recruited a **Steering Committee** composed of Board members, direct service providers, and members of the Leadership Team (the directors of all departments and administrative offices). This group met five times beginning in October 2016. The Steering Committee set broad methodological parameters such as the length of and areas of focus for surveys (e.g. integration of services) and the use of focus groups and their number, membership, and location. They also received training about the ROMA cycle with our consulting Nationally Certified ROMA Trainer; helped with analysis of primary data; and participated in a focus group-style "guided analysis" facilitated by the strategic planning consultant. This looked at trends in effective practices for working with our constituents, as well as challenges that we may be facing in the future.

STEERING COMMITTEE

- Karin Anderson, WIC
- Wendy Berg, Board
- Sara Cummings, Community Services & Asset Development (CS&AD)
- Ann Darling, Director of Development and Planning
- Clare Higgins, Executive Director
- Laura LaBounty, Finance Director
- Natalia Muñoz, Board
- Andrea Tomsho-Dexter, Healthy Families
- Anat Weisenfreund, PCDC
- Peter Wingate, Energy Programs
- Jane Lynch, Director of Alignment and Compliance

SURVEY WORKING GROUPS

Participant Survey

- Rob Bowen, Admin./IT
- Justin Costa, CS&AD/CSR
- Mae Ehrnfelt, PCDC
- Lee Fournier-Lewis, Youth Programs
- Remy Miller, Energy Programs
- Natalia Muñoz, Board

Community Partner Survey

- Karin Anderson, WIC
- Wendy Berg, Board
- Matthew Leger-Small, Community Services & Asset Development
- Judith McGrath, PCDC
- Emily Thomas, PCDC

Staff Survey

- Michael Aleo, Board
- Roxanne Asselin, PCDC
- Anne Barnes, Youth Programs
- Bernadette Bean, Admin./HR
- Kayla Bernier-Sontag, PCDC
- Brian Brault, Admin./IT
- Stephanie Dalton, Admin./HR
- Patricia Hanrahan, PCDC
- Sue McCarthy, Admin./Fiscal
- Remy Miller, Energy Programs
- Julie O'Connor, Admin./HR
- Janna Tetreault, Community Services & Asset Development
- JoJo Toner, Board
- Ken Vaidulas, Board

The Director of Development and Planning also recruited a **Participant Survey Working Group** and a **Community Partner Survey Working Group** to help with drafting and distributing surveys and analyzing results. These two groups met four times each beginning in October 2016. In addition, the Human Resources Director convened the staff **Personnel Committee** to assist with drafting the staff survey, encouraging staff to complete it, and analyzing the results. The previous staff survey focused solely on staff job satisfaction, but the scope of this one was expanded to also include staff perspectives on community needs, trends among different client groups, and customer service.

The **Leadership Team** played a key role in the assessment and planning process by discussing methodology and analyzing data during their regular meetings, making recommendations on priorities to the Board, and contributing to the final version of the strategic plan. They also participated in two four-hour planning sessions with the Board, facilitated by the strategic planning consultant. In early June, the Leadership Team and many key staff from their departments took part in a three-hour training about ROMA Next Generation with Jessica Benedetto, NCRT.

The Director of Development and Planning and the Executive Director informed the **Board of Directors** about ROMA requirements for the planning process. They also provided the Board with regular updates about progress in the assessment and planning process via the Director's Report every two months and during Board meetings. In addition, two Board members generously volunteered to help on the Steering Committee and two of the Survey Working Groups.

The Board and Leadership Team held two joint planning sessions, as mentioned above. In March, the group discussed basic assumptions about our participants and communities, as well as the values underlying those assumptions, and from that basis made progress in articulating a mission statement. At the second meeting in April, the group heard a summary of the survey and focus group results, agreed on criteria for planning and making decisions in the uncertain times ahead, and delineated approaches to advocacy as well as oversight of implementation of the strategic plan.

As we neared the end of our planning process, we gathered information from the Board and the Leadership Team to assist with formulating a final proposed mission and vision statement and the strategic plan itself. We polled the Board and Leadership Team via SurveyGizmo about the mission and vision statements, and we asked the Board to do a second survey about their priorities for expanding or adding services if we have the opportunity, as well as their view on the role of the Board in overseeing implementation of various aspects of the strategic plan. In addition, at one of their regular meetings, we asked the Leadership Team questions about the mission statement and priorities for expanding or adding services if we have the opportunity. The Director of Development and Planning synthesized the input from all these levels and then drafted statements of mission, core principles, and vision, as well as a strategic plan. The Steering Committee, the Administrative Team, the Leadership Team, and the Board all had opportunities to review and revise these. The Board meeting on June 22nd brought a formal end to this phase of the planning process with the vote to approve a new mission statement and a strategic plan for FY2018 – FY2020.

In July 2017, Community Action submitted the Community Assessment Report and Strategic Plan to our oversight agency, the Department of Housing and Community Development (DHCD). DHCD asked for some revisions to make the document more consistent with the new guidelines of ROMA Next Generation. When the Director of Development and Planning needed to take a medical leave, the Director of Alignment and Compliance and Executive Director worked with the Leadership Team and Board to complete these revisions, which DHCD approved in October 2017.

F. THE LOCAL AND NATIONAL CONTEXT OF THE 2017 PLANNING PROCESS

1. Significant changes internal to *Community Action*

Since the agency's last strategic planning cycle began in 2014, we have seen many internal changes. Some of the key ones are:

- Enhancements to policies and systems to assure compliance with the CSBG Organizational Standards.
- The move to a new system of outcome-based metrics (ROMA Next Generation) for reporting to our oversight agency
- A reduced number of Head Start/Early Head Start slots. High staff turnover was disrupting continuity of student-staff relationships, the foundation or learning and emotional safety. Absent the possibility of increasing our federal grant, our only option for raising salaries was to reduce the number of children served.
- Acquisition and development of a proprietary database (CAP60) for use by three departments.
- The beginnings of a data warehouse where data from our ten databases (many mandated by funders) can be merged and analyzed to give us a better picture of those we serve and how we serve them.
- The creation of a new administrative position, the Director of Alignment and Compliance. This Director will be a Certified ROMA Implementer, as required in the Organizational Standards. In addition, this position is responsible for oversight of CSBG ROMA reporting, compliance with the Organizational Standards, and contract compliance.
- A proposed wage and salary scale currently under review to serve as the basis for making rates of compensation consistent across the agency, and for adjusting the salary scale.

2. Significant changes external to *Community Action*

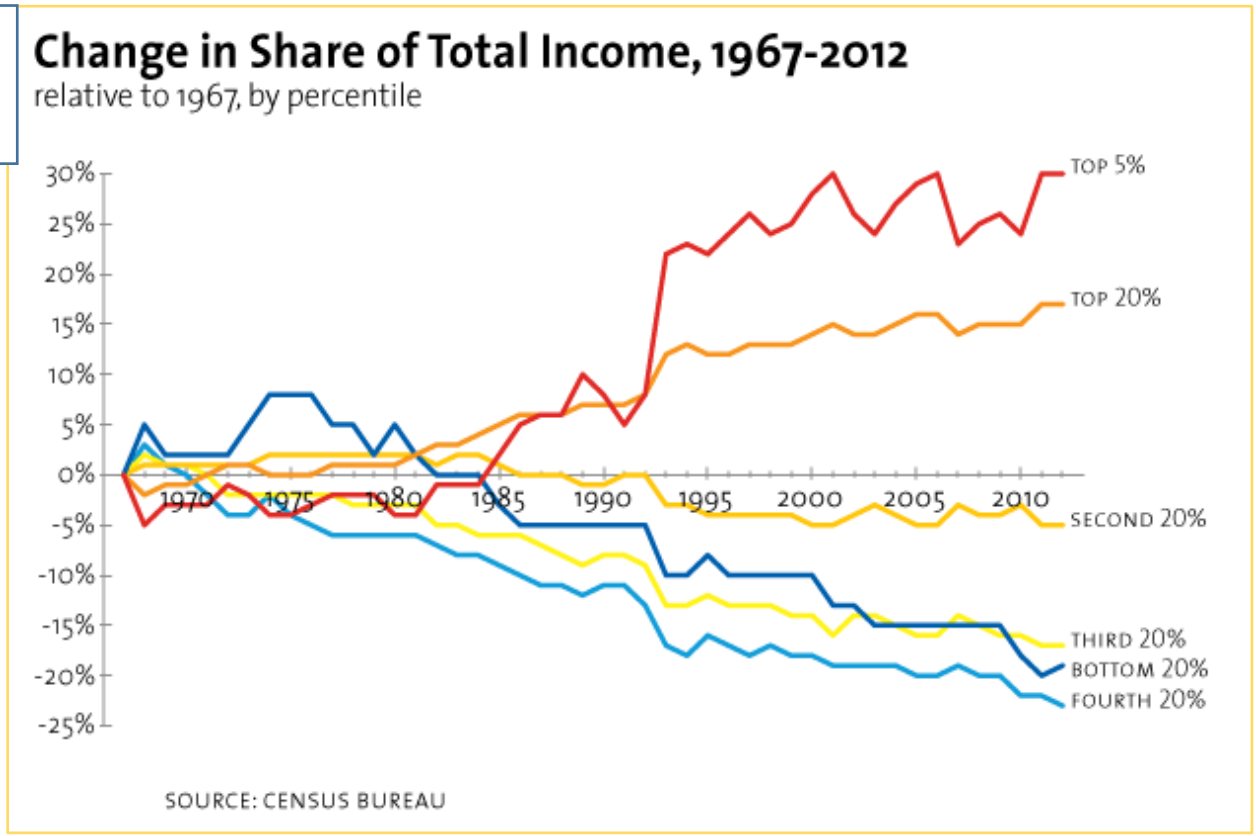
In addition, the outside world has changed. The minimum wage in Massachusetts is now at $11/hour, with more increases in the future, putting upward pressure on wages at *Community Action.* After holding steady for a few years, health insurance costs are again rising significantly, forcing some hard decisions for the agency. Unemployment has gone down, making it easier for our staff to find work elsewhere that pays more. At the same time, local wages have stagnated while the cost of living continues to rise, squeezing our lower-income constituents from two directions.

At the national level, we are seeing the unfolding of a new Administration that does not follow the "regular order" of governance, and a Congressional majority that supports the presidential methods

and priorities for the most part. This Administration has proposed a budget that eliminates many services that keep people alive and healthy and provide access to opportunity, while increasing military spending and reducing taxes for the wealthy. Besides the fact that this is unconscionable, it injects tremendous uncertainty into the future of *Community Action* and the lives of people with lower income. It has been "interesting" to conduct a strategic planning process in this context. Two thirds of the agency's revenue is federally sourced. What do we need to be ready for? In response to this uncertainty, we have chosen to set criteria for making decisions that will provide guidance as the federal budget rolls out, to articulate *priorities* rather than *goals* for adding or expanding services, and to keep new undertakings to a minimum. We do not know what is coming toward us, but we do know that we need to conserve organizational energy to deal effectively with it.

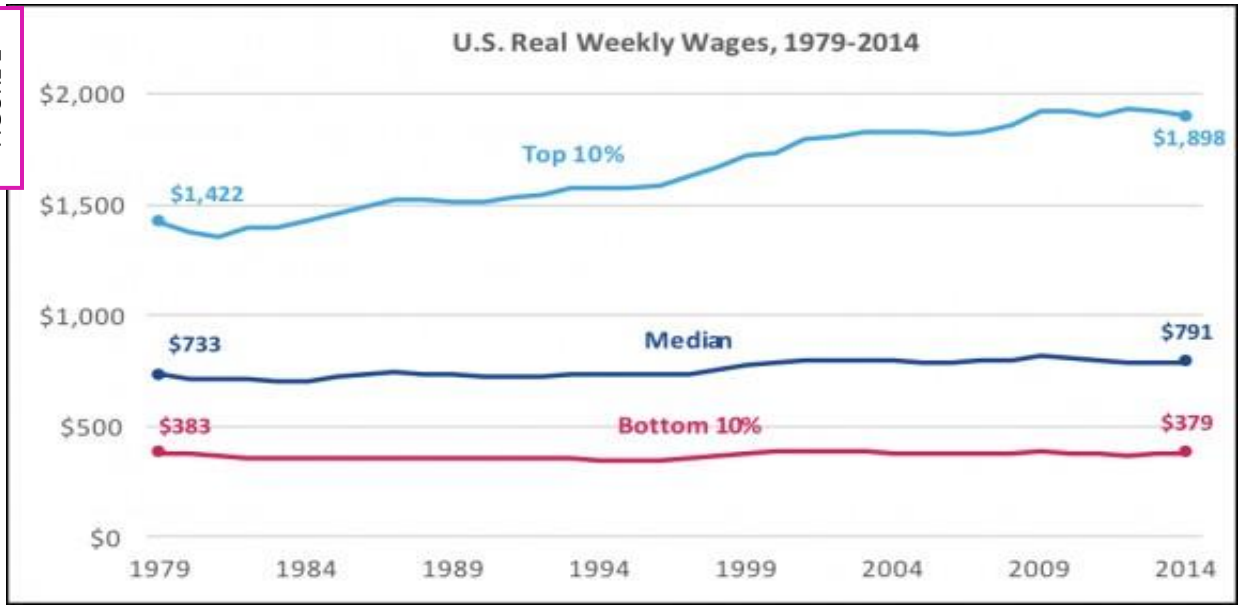
Well before Donald Trump was elected president and the Republicans became the majority party in both Senate and Congress, larger trends began developing that have significant impact on our communities and our participants. As shown in Figure 1 below, income inequality in the United States has been increasing for decades and is a clear indicator of a tightening of social mobility -- the very foundation of the American Dream.

Figure 1



As shown in Figure 2 below, we have emerged from the Great Recession to an economy in which wages have stagnated – for our constituents, at least -- while the cost of living continues to rise.

FIGURE 2



In his recently published book, Dream Hoarders, Robert Reeves, Director of the Center on Children and Families at the Brookings Institution, examines the widening gap between the upper middle class (with income in the top 20%) and "everyone else."[1] Reeves holds that people at the top of the income ladder are becoming more adept at "hoarding" opportunity because their income gives them access to the best education, the best housing, the best medical care, and the safest neighborhoods. Zoning laws, gerrymandering, changes in the tax code, and the burden of college debt, to name a few, serve to shut out those with little and to enrich the wealthy and their children. Income inequality isn't in itself a bad thing, and this isn't necessarily a conscious conspiracy. It's simply the way our social and economic system has come to function over time, with insufficient counterweight to ensure that opportunity and access are truly open to all.

At *Community Action*, we work hard every day to help our neighbors to at least mitigate the impact of poverty on their lives, and at best move to greater stability and financial security. We recognize that reducing poverty is becoming less and less of a priority for our business and political leaders. We think this is short-sighted and bad for our nation. It infuses the economy with a fundamental instability as buying power slips downward, and it corrodes the social compact implied in our historical values.

We have higher aspirations for this country. We think "reducing poverty" as a goal narrows our thinking to simply remediating income deprivation. It puts the focus on the people at the bottom, when the focus should be on reducing systematic denial of economic opportunity and political voice.

[1] Reeves, Richard, Dream Hoarders: How the American Upper Middle Class Is Leaving Everyone Else in the Dust, Why That Is a Problem, and What to Do About It, Brookings Institution, 2017

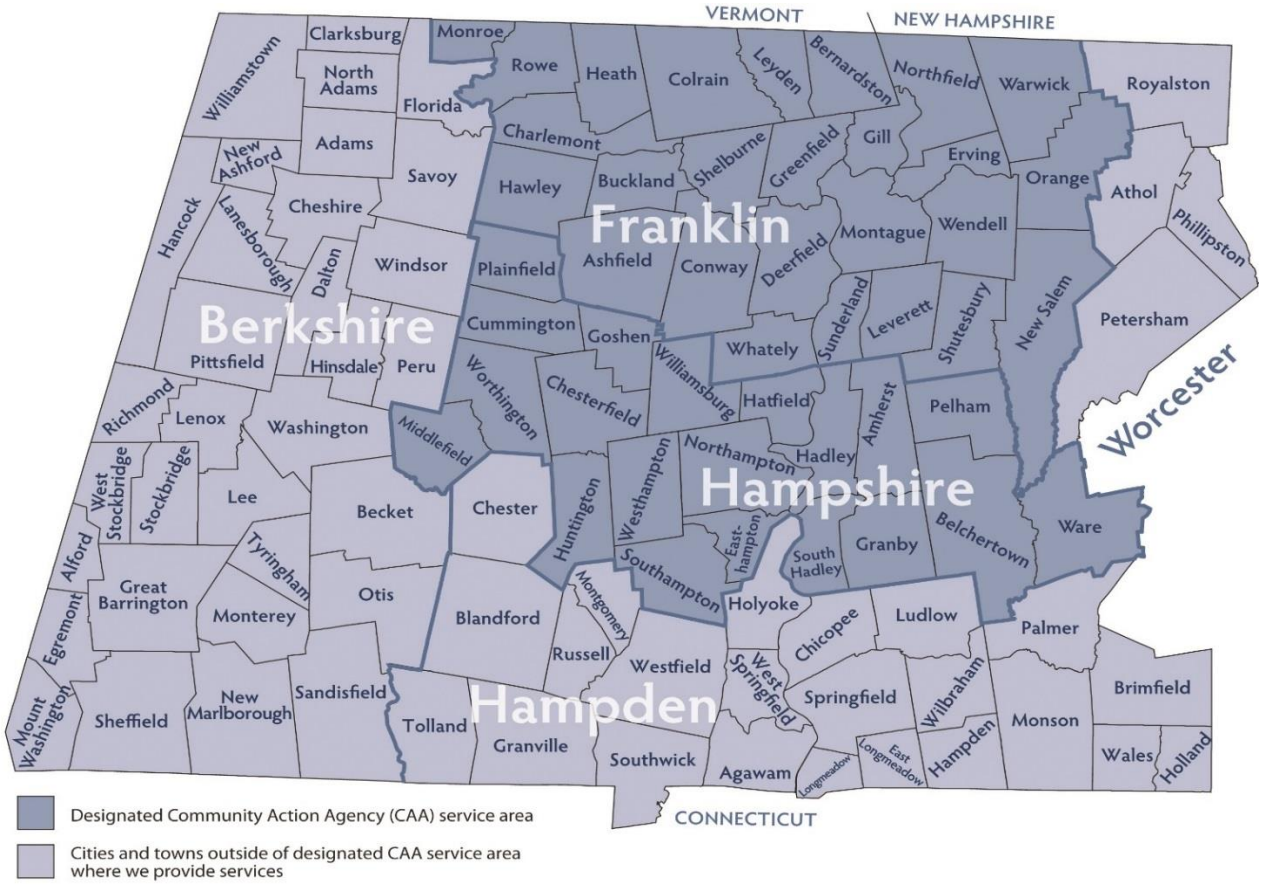
We think the goal should be an inclusive economy and an open political system that works for everyone and not just the privileged few.

In some of our focus groups, members talked about how views of government have changed. They saw the recent election as a referendum on how people treat each other, even as our political system tumbles away from compromise and civility. They talked about how more and more people seem to view government with cynicism and disengagement, as something removed from us that just takes and mismanages. The vision of our government as a promoter of opportunity and equity -- as well as competition -- is less and less in our national consciousness, they said. The Community Action network was born out of greater hope and compassion than this emerging vision can encompass.

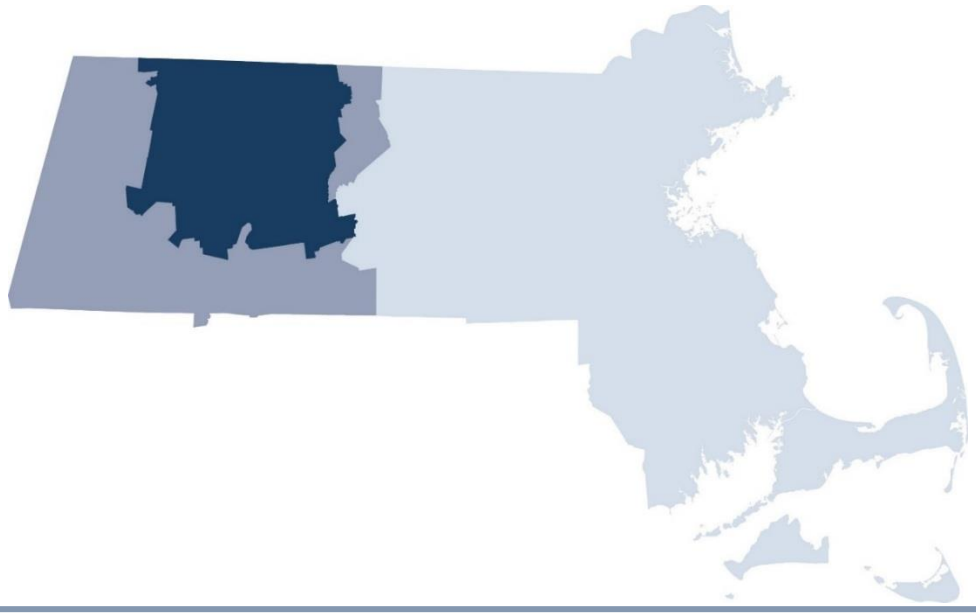
VII. COMMUNITY PROFILE AND KEY FINDINGS OF THE COMMUNITY ASSESSMENT

A. *COMMUNITY ACTION'S* SERVICE AREA

All Community Action Agencies (CAAs) have a "designated CSBG service area" in which they are responsible for providing leadership, advocacy, community development, and services that offer people with low incomes the opportunity to improve their lives. Every county in the U.S. has a Community Action Agency within it, although some towns within those counties may not be part of any officially designated CSBG service area. (For instance, western Hampden County is not part of a designated CAA area.) CAAs are also able to provide services outside their designated area as long as CSBG funds are not used to fund those services. *Community Action's* current designated CSBG service area is Franklin and Hampshire Counties, and we now provide some services in northwestern Worcester County (North Quabbin), Hampden County, and Berkshire County. This brings our combined designated and non-designated service areas to 3,000 square miles. The following map shows the towns and cities in our designated service area (dark blue) and in our full service area (light blue).



Community Action now operates programs in over one-third of the Commonwealth (darker blue areas).



Currently, *Community Action* has the following programs in the following geographies:

Franklin County	
• Head Start/Early Head Start and child care • Center for Self-Reliance Food Pantries • Community Resources & Advocacy • VITA (free tax assistance) • The Mediation & Training Collaborative • Women, Infants, and Children (WIC) • Fuel Assistance • Energy Conservation	• Youth Programs • Healthy Families • Family Center (Parent-Child Home Program, Coordinated Family and Community Engagement, Mass. Family Center) • Family Resource Center • Franklin County Resource Network
Worcester County – 4 North Quabbin towns	
• Community Resources & Advocacy • Healthy Families • Youth Programs	• VITA (free tax assistance) • Women, Infants, and Children (WIC)
Hampshire County	
• Head Start/Early Head Start and child care • Community Resources & Advocacy • VITA (free tax assistance) • The Mediation & Training Collaborative	• Women, Infants, and Children (WIC) (all cities and towns except Ware) • Fuel Assistance • Energy Conservation • Youth Programs • Healthy Families

Hampden County	
• Healthy Families – Ludlow and Chester • WIC – Chester only • Head Start/Early Head Start – 10 cities and towns on western side of county	• Energy Conservation • The Mediation & Training Collaborative - Westfield and Holyoke courts
Berkshire County	
• Energy Conservation	

Some towns in our designated service area are part of larger regions that extend outside the service area. In order to understand and serve the towns in our designated service area, we must understand the needs and perspectives of the larger regions that influence the lives of program participants and the priorities of our community partners.

- Orange, Wendell, Warwick, Erving, and New Salem in Franklin County are part of the **North Quabbin** region, which also includes four towns in Worcester County, Athol, Petersham, Phillipston, and Royalston. *Community Action* has been providing some services for the entire North Quabbin region since the early 1990s. The towns in the North Quabbin region have many common social and economic attributes, and residents share a strong sense of identity.
- Ware and Belchertown, in Hampshire County, are part of the **Quaboag Hills** region that includes 15 towns where the boundaries of Hampshire, Worcester, and Hampden Counties meet. As is true for North Quabbin, Quaboag has an integrated regional economy that is reflected in a strong local identity.
- Ashfield in Franklin County and nine Hampshire County towns (Plainfield, Cummington, Goshen, Williamsburg, Chesterfield, Worthington, Middlefield, Westhampton, and Huntington) are part of the very rural **Hilltowns** region that also includes four towns in Hampden County and eight towns in Berkshire County. Within the Hilltowns, there are southern and northern sub-regions that have somewhat different histories and needs.

In addition, some of our programs serve only part of a larger county. Our Head Start program covers 10 towns in western Hampden County. And in Franklin County, West County is a distinct region, the most rural part of a rural county. To assess needs in these sub-regions, data for the entire county does not accurately represent the nature of the sub-region.

The community profiles in the next section provide basic demographic and economic data about all parts of our service area, as well as the North Quabbin, Quaboag Hills, Hilltown, West County, and western Hampden regions as distinct units. In Section C, following, we will provide more detailed information about needs and services in the areas we serve the most intensively—Franklin County and North Quabbin, Hampshire County, and western Hampden County.

B. COMMUNITY PROFILE

1. Demographic profile (92 cities and towns in Franklin County/North Quabbin and Hampshire, Hampden, and Berkshire Counties)

a. Population and population density

Community Action operates in all of Western Massachusetts, from the Connecticut border to the south, the Vermont and New Hampshire borders to the north, and the New York border to the west. It includes large tracts of rural areas with low population density and extremely limited access to services, as well as urbanized areas, mostly in the Connecticut River Valley and the former industrial hubs in Berkshire County. Table 1 on the following page provides the current Census Bureau estimate of the population of each county and region in which *Community Action* operates, the average population density (people per square mile, PPSM), the population of the largest and smallest municipalities in each, and the range from lowest to highest density in each county or region. The spread between the lowest and highest makes it clear that using averages to describe any geography will of necessity omit salient details and needs to be interpreted with this in mind.

In each case, the municipality with the highest PPSM is far more densely populated than the next lower municipality; for the most part, there is one city or town that is the population hub in each region. One exception to this is in Hampshire County, where Amherst has the largest population due in part to the presence of thousands of students at the flagship campus of UMASS and two other colleges, while Amherst *and* its close neighbor Northampton are the economic and cultural hubs of Hampshire County. And while Belchertown is the biggest town in the Quaboag Hills region, Ware, next door, is the economic hub. The hub of West County is Shelburne Falls, a village that straddles the Deerfield River and is the business district of the Town of Buckland and the Town of Shelburne.

Population density and number of square miles in its service area play a major role in how any agency delivers services. The fact that *Community Action* serves a large geography with extensive rural areas means that we must invest a larger amount of our revenue in transportation of staff and participants than an agency in an urban area where there is good public transportation and a small territory to cover. In the very rural areas where the number of people needing our services is small, it can become cost prohibitive to have a physical presence there, and cost-effective to focus on the more urbanized areas where most people live. This financial pressure can create inequity in access for our constituents in the most rural parts of the service area, on its eastern and western edges.

Table 1: Population, land area, and population density (people per square mile, PPSM)

Geography	Total pop.[2]	Land area, sq. miles[3]	PPSM	Pop. of largest municipality[2]	Pop. of smallest municipality[2]	Range of population densities
Counties						
Berkshire County 32 cities & towns	128,288	927	139	Pittsfield 43,926	Alford 484	Pittsfield 1078 Mt. Washington 7
Franklin County 26 cities & towns	71,144	699	102	Greenfield 17,514	Monroe 104	Greenfield 807 Monroe 10
Hampden County 23 cities & towns	468,041	617	759	Springfield 153,947	Montgomery 846	Springfield 4,796 Tolland 18
Hampshire County 20 cities & towns	160,759	527	305	Amherst 39,482	Middlefield 511	Amherst 1,431 Middlefield 21
Sub-regions						
Hilltowns 22 towns	33,749	659	51	Dalton 6,709	Middlefield 512	Dalton 308 Washington 15
North Quabbin 9 towns	28,108	320	88	Athol 11,628	Warwick 730	Athol 326 Warwick 17
Quaboag Hills 15 towns	88,836	443	200	Belchertown 14,838	New Brain- tree 1,133	Spencer 357 Wales 41
West County 11 towns	12,251	301	41	Buckland 1,797	Monroe 104	Buckland 92 Monroe 10
Western Hampden 10 cities & towns	115,722	282	411	Westfield 41,480	Tolland 572	Westfield 2,476 Tolland 18

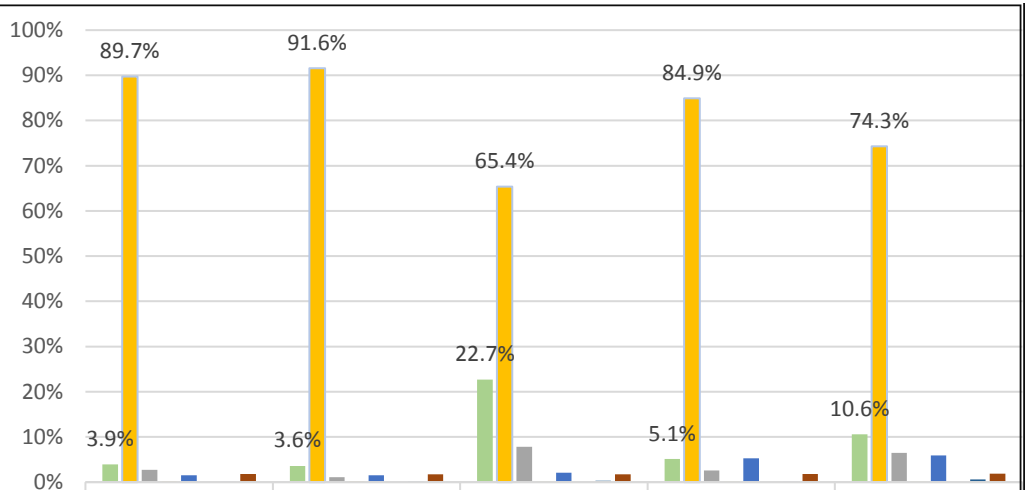
b. Race and ethnicity

The Census Bureau distinguishes between race and ethnicity as two mutually exclusive categories. The major categories of race are: American Indian/Alaska Native, Asian, Black/African American, Native Hawaiian/Other Pacific Islander, Other (a very small portion of the whole), and White, with an additional category for Two or More Races. Ethnicity is defined as Latino or non-Latino of any race. We recognize that this delineation often does not fit with the common sense way people identify themselves, and where data is available, we provide information about Latinos as a group without dividing them among different races.

The population of Western Massachusetts is predominantly White/non-Latino. There is more racial and ethnic diversity in the urbanized areas, especially in the southern parts of the service area, and this diversity is increasing over time, due in large part to immigration. Most Latino residents of our area are of Puerto Rican heritage. Figures 3 and 4 provide an overview of race and ethnicity in the four western counties, as well as the three regions that span more than one county.[2]

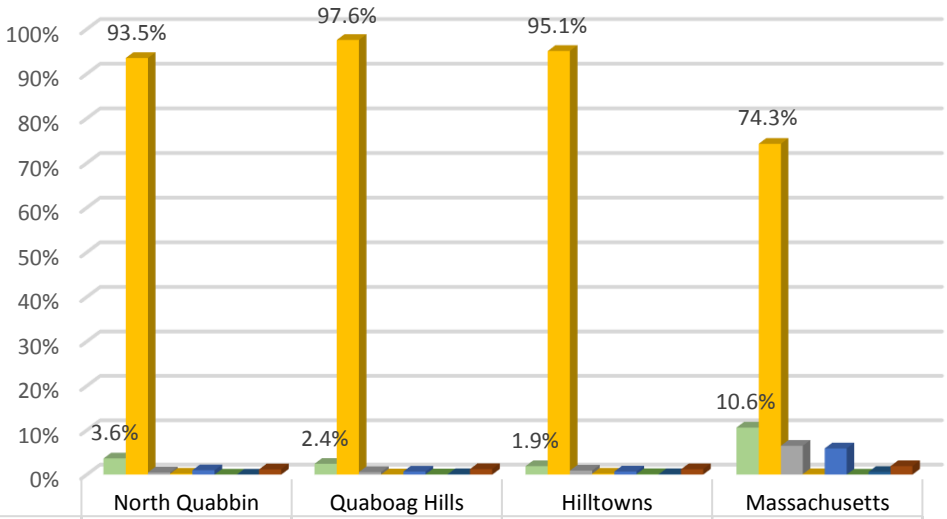
[2] American Community Survey 2011-2015 5-year estimates, Table DP05
[3] U.S. Census Bureau, 2010 data, Table DEC_10_SF1_GCTPH1.ST16

Figure 3: Race and Ethnicity in the 4 Western Mass. counties, with statewide comparison



	Berkshire County	Franklin County	Hampden County	Hampshire County	Massachusetts
Latino (of any race)	3.9%	3.6%	22.7%	5.1%	10.6%
White, non-Latino	89.7%	91.6%	65.4%	84.9%	74.3%
Black/African American, non-Latino	2.7%	1.1%	7.8%	2.6%	6.5%
American Indian, non-Latino	0.2%	0.2%	0.1%	0.1%	0.1%
Asian, non-Latino	1.5%	1.5%	2.1%	5.3%	5.9%
Pacific Islander, non-Latino	0.0%	0.0%	0.0%	0.0%	0.0%
Some other race, non-Latino	0.1%	0.2%	0.3%	0.1%	0.6%
Two or more races, non-Latino	1.8%	1.7%	1.7%	1.8%	1.9%

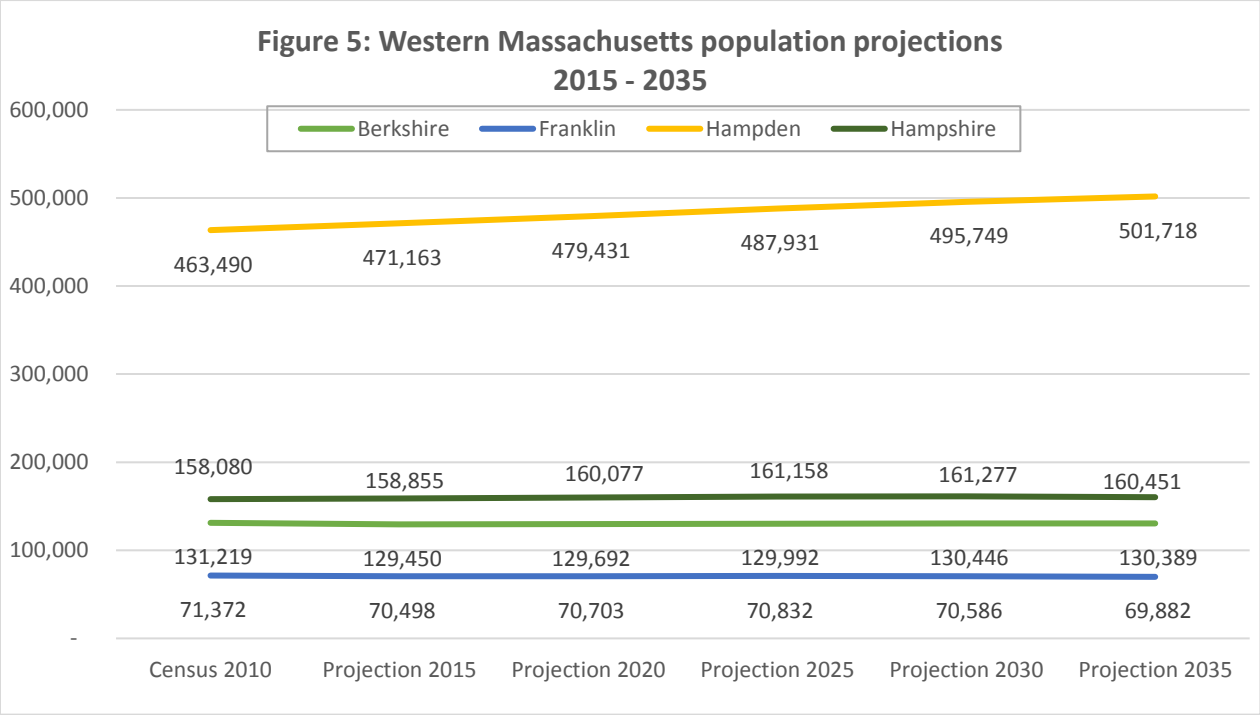
Figure 4: Race and Ethnicity in North Quabbin, Quaboag, and Hilltowns regions with statewide comparison



	North Quabbin	Quaboag Hills	Hilltowns	Massachusetts
Latino of any race	3.6%	2.4%	1.9%	10.6%
White, non-Latino	93.5%	97.6%	95.1%	74.3%
Black/African American, non-Latino	0.5%	0.6%	0.9%	6.5%
American Indian, non-Latino	0.2%	0.0%	0.2%	0.1%
Asian, non-Latino	1.0%	0.7%	0.7%	5.9%
Pacific Islander, non-Latino	0.0%	0.1%	0.1%	0.0%
Some other race, non-Latino	0.0%	0.1%	0.1%	0.6%
Two or more races, non-Latino	1.2%	1.2%	1.2%	1.9%

c. Population projections

The population of Hampshire and Hampden Counties is projected to grow very little in the next two decades, while the population of Franklin and Berkshire Counties is expected to decrease, as illustrated in Figure 5.[4]



Reflecting a national trend, the population is expected to age considerably, particularly in Berkshire and Franklin Counties.[4] Please refer to the appendices for greater detail. In the context of an overall lack of growth in population, this means we can expect to see a decrease in the number of younger people in our region. In all of our focus groups, participants mentioned this shift in age and a concomitant difficulty in keeping young adults and young families in the region. Focus group participants from the small, rural towns in the Hilltowns and western Franklin County mentioned that the aging trend is already well established there and that the tax break given to seniors to allow them to stay in their homes is good for the seniors but stresses town budgets. Berkshire Community Action Commission points out that Berkshire's population is aging at a faster rate than the rest of the state, and these older adults struggle with the rising housing and health care costs, along with inadequate access to nutrition and affordable transportation.[5]

[4] University of Massachusetts Donahue Institute Population Estimates Program, Long-term Population Projections for Massachusetts Regions and Municipalities, Prepared for the Office of the Secretary of the Commonwealth of Massachusetts, March 2015, http://pep.donahue-institute.org/

[5] Bryan House, Berkshire Community Action Commission, private communication, 06-02-2017

2. **Economic profile** (92 cities and towns in Franklin/North Quabbin, Hampshire, Hampden, and Berkshire)

   a. **Income and wages**

As shown in Table 2, income in the four counties of Western Massachusetts and in the sub-regions is on par with national averages but quite a bit lower than statewide averages, which are dominated by the higher income levels in the eastern part of the state where population is concentrated. The indicators for Hampden County show a higher level of economic stress than the other counties in our service area. Hampden County is dominated by the Springfield/Holyoke/Chicopee area. Economic indicators in western Hampden County, where we provide Head Start, are stronger than in the county as a whole. Rates of receipt of public benefits (SSI disability, cash public assistance, and SNAP) in our service area are consistent with state and national rates, again with the exception of Hampden County.

Table 2: Economic Indicators - 4 counties in Western Mass., sub-regions, Mass., and the U.S.[6]

	Per capita income (dollars)	Median household income (dollars)	Households with Supplemental Security Income	% with SSI (disability benefits)	Households with cash public assistance income	% receiving cash benefits	Households with Food Stamp/ SNAP benefits in past 12 mos.	% with SNAP
United States	**28,930**	**53,889**		**5.4%**		**2.8%**		**13.2%**
Massachusetts	**36,895**	**68,563**	**160,622**	**6.3%**	**76,066**	**3.0%**	**319,009**	**12.5%**
Counties								
Berkshire County	30,469	49,956	3,926	7.1%	1,534	2.8%	7,843	14.2%
Franklin County	30,584	55,221	2,119	7.0%	1,000	3.3%	4,255	14.1%
Hampden Cty.	26,560	50,461	20,965	11.9%	9,423	5.3%	40,030	22.6%
Hampshire Cty.	30,244	61,368	3,116	5.3%	1,380	2.4%	5,665	9.7%
Sub-regions								
Hilltowns	32,967	63,170	696	5.0%	253	1.8%	1,128	8.0%
North Quabbin	25,026	49,608	901	7.8%	284	2.5%	2,045	17.7%
Quaboag Hills	30,821	63,047	2,092	5.9%	830	2.3%	3,865	10.9%
West County	26,866	63,604	322	4.9%	193	3.0%	628	9.6%
W. Hampden	29,751	61,844	2,892	6.5%	1,370	3.1%	5,843	13.2%

For many years, wages in our area have been more on par with the national average than the statewide average. They currently range from a low of close to 45% of the statewide average in West (Franklin) County and the Hilltowns, our most rural areas, to a high of 73% of the statewide average in Hampden County. Nowhere do they come close to that statewide average of $1,277/week.[7]

[6] American Community Survey 2011-2015 5-year estimates, Table DP03

[7] Mass. Dept. of Labor and Workforce Development, http://lmi2.detma.org/lmi/lmi_es_a.asp

Average weekly wages for jobs located in the Hilltowns are $551 (43% of the state average), and for jobs located in the Quaboag Hills region, $797 (62% of the statewide average).[7] Please refer to the appendices for greater detail.

Consistent with national and state trends, local wages have stagnated since the Great Recession, despite low unemployment, continued job growth, and strong demand by employers for both skilled and unskilled labor – typically good conditions for wage growth. According to MassBenchmarks, this "anemic" wage growth is puzzling but could be attributable to the decline of labor unions, rising health insurance costs, and replacing retiring workers with younger, lower-paid workers.[8]

b. Cost of living

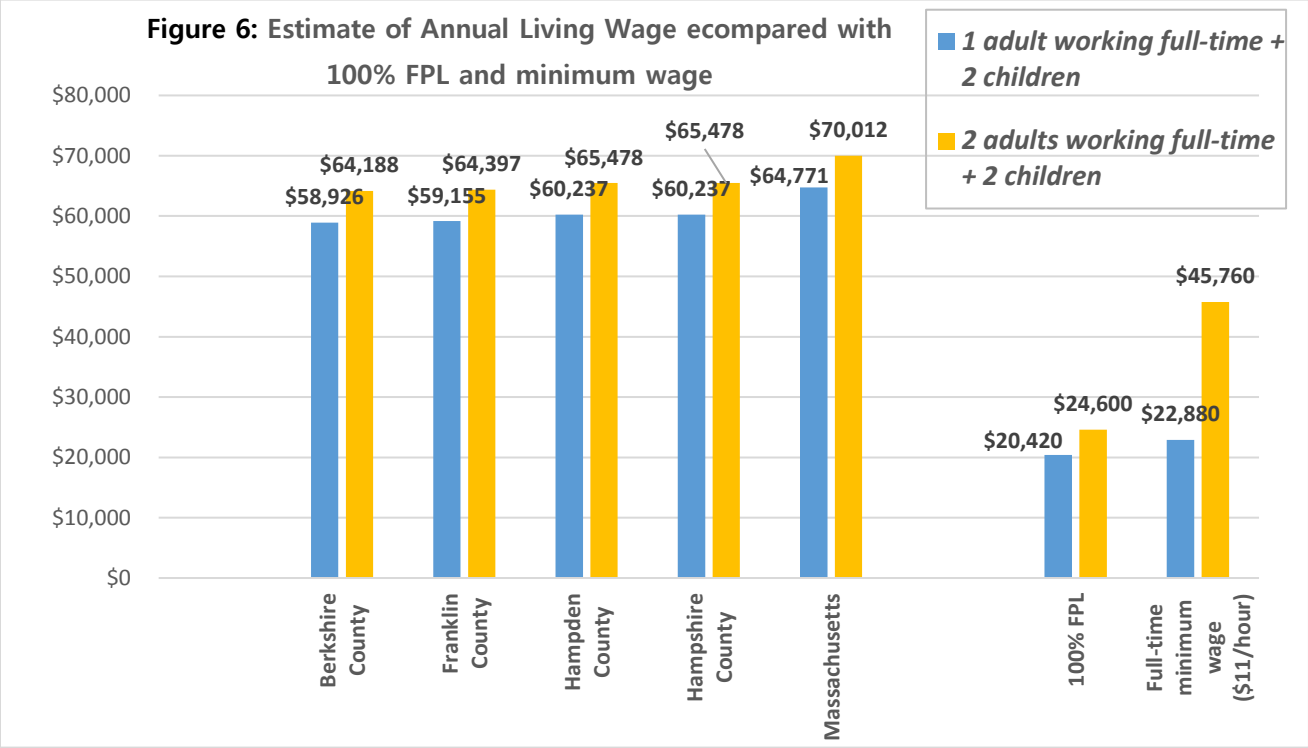
Perhaps the most salient economic fact about *Community Action's* service area from the perspective of our program participants is that wages are quite low relative to the cost of living. Public benefits like food stamps (SNAP), Fuel Assistance, or Medicaid do help a lot but are not adequate to bring household income to a sustainable financial level. The local living wage for a family with one adult and two children is roughly equivalent to 300% FPL.[9] People lose access to public benefits well before their income reaches that level. In fact, they lose ground financially as their income rises because their income cannot replace the value of the benefits they had been receiving. This is a well-known phenomenon called "the cliff effect." Sadly, there are situations where work does NOT pay.

Figure 6 shows recent estimates of annual living wage levels for the four counties in our service area compared with the state, as well as income at 100% FPL and minimum wage.[9] This chart shows graphically that the average cost of living across the state is higher than in Western Massachusetts, but not proportionally higher than wages here. In other words, as discussed in the previous section, wages in our area are 30% - 55% lower than the state average, while the cost of living here is about 10% lower. Where you live has a lot to do with how well you live.

As a Community Action Agency, we are charged with helping people achieve economic self-sufficiency. We do not see "self-sufficiency" as simply not using public benefits, since a household can have income above the eligibility level for benefits but still be in a financially precarious position. We see "self-sufficiency" more in terms of earning a living wage for our area. Given how high the cost of living here is relative to wages, our ideal is to provide services with the intensity and duration that will support upward mobility. This is not always possible within the limitations imposed by grants and the local economy.

[8] Daily Hampshire Gazette, June 29, 2017, AP article

[9] MIT Living Wage Calculator, http://livingwage.mit.edu/



c. Elder economic security

As stated previously, the elder population in our service area is expected to grow substantially in the coming decades – the so-called Silver Tsunami. Currently, most of the elders we serve use our food pantries and our Fuel Assistance and Energy Conservation programs, and we would expect this to continue. We work closely with the Area Agency on Aging for Franklin/North Quabbin, LifePath, whose services include home care, Meals on Wheels, help with public benefits, and support for local Councils on Aging. In central and western Hampshire County, as well as western Hampden County, Highland Valley Elder Services (HVES) provides these services for those that are income- and asset-eligible. Because so many elders in the Hilltowns have income or assets above the eligibility level, the Community Development Corporation collaborated with HVES to create the Hilltown Elder Network (HEN) for those who need but are not eligible for state-supported home health care. Elder Services of Berkshire County serves the Berkshire County Hilltowns.[10] Especially in the more rural areas, there are few options for supported living for elders, and many seniors are forced to leave their home communities to find a situation that can accommodate their needs. This can create social isolation at a time of life when loneliness can literally be deadly.

Researchers have developed an Elder Economic Security Index to provide policy and planning guidance related to the cost of living for people 65+ in good health in various geographies and circumstances, e.g. living alone or as a couple, owning vs. renting, etc. The Elder Index measures how much income a retired older adult requires to meet his or her basic needs without public or private assistance. The Index represents a conservative estimate of need. It does not include any "extras" such

[10] Thanks to Dave Christopolis, Director of Hilltown CDC, for this information.

as vacations, entertainment, electronics, gifts, or meals out. Those living with an income below the economic security level may be forced to go without, or make difficult choices among basic needs such as nutritious foods, prescription medications, or adequate heating or cooling.

Table 3 shows estimates of the amount of income a single elder in the four Western Massachusetts counties would need in order to meet basic needs without public benefits, and compares this amount with income at 100% of the Federal Poverty Level and an estimate of the mean amount of Social Security benefits local residents receive. This data shows that there are a substantial number of elders in our communities who do not have even half the income it would take to get by without public benefits like SNAP and Fuel Assistance.

Table 3: Economic Security Index for single elders[11]

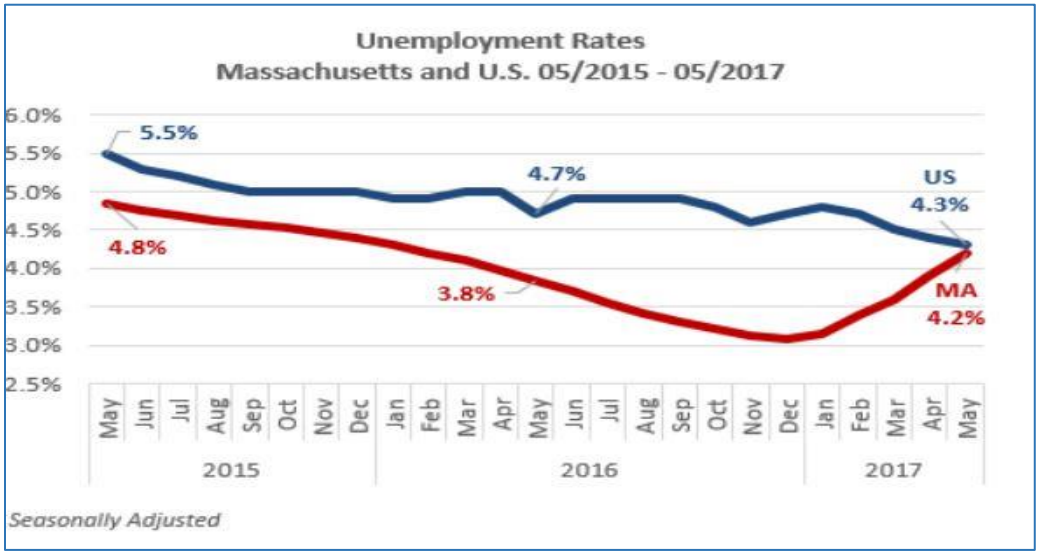
Housing Status	Elder Economic Index Per Year	Mean Social Security Income[6]	100% Federal Poverty Level	% of pop. Age 65+ with income below 100% FPL	Income at Elder Economic Security Level expressed as a % of Federal Poverty Level Income
Berkshire County		**$17,143**	**$12,060**	**8.2%**	
Owner w/o Mortgage	$ 22,980				191%
Renter, one bedroom	$ 24,516				203%
Owner w/ Mortgage	$ 34,056				282%
Franklin County		**$16,542**	**$12,060**	**7.3%**	
Owner w/o Mortgage	$ 23,400				194%
Renter, one bedroom	$ 25,248				209%
Owner w/ Mortgage	$ 33,708				280%
Hampden County		**$16,202**	**$12,060**	**9.6%**	
Owner w/o Mortgage	$ 21,936				182%
Renter, one bedroom	$ 24,408				202%
Owner w/ Mortgage	$ 30,300				251%
Hampshire County		**$16,950**	**$12,060**	**7.9%**	
Owner w/o Mortgage	$ 23,484				195%
Renter, one bedroom	$ 25,428				211%
Owner w/ Mortgage	$ 32,832				272%

d. Unemployment

As shown in Figure 7, the unemployment rate in the Commonwealth has been decreasing steadily until recent months and is currently on par with the national average.[12]

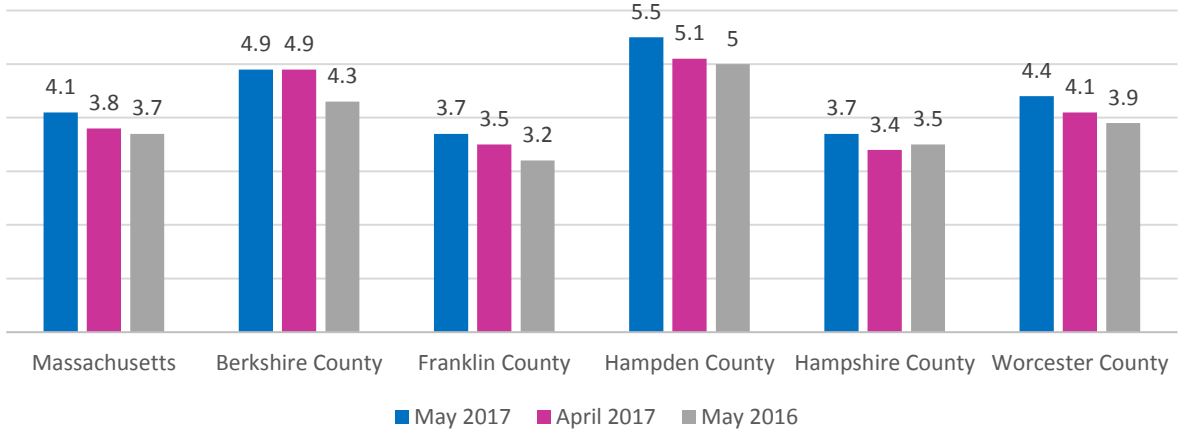
[11] Gerontology Institute at the University of Massachusetts Boston with Wider Opportunities for Women (WOW) and the National Council on Aging (NCOA), http://www.basiceconomicsecurity.org/, downloaded 07-01-2017

Figure 7: Unemployment Rates, Massachusetts and U.S., May 2015 – May 2017



Unemployment in *Community Action's* service area remains relatively low, but pockets of higher unemployment have persisted for years in Athol and Orange (North Quabbin), Ware (Quaboag Hills), Montague/Turners Falls (Franklin County), and Westfield and West Springfield (western Hampden County).[12] In the past year, these economically depressed areas have shown relative recovery but have consistently trended above the state average. Current unemployment rates for the counties appear in Figure 8. It is clear that recently, unemployment has turned upward throughout the service area, mirroring the statewide trend. Within regions, the unemployment rate by town varies widely. Overall residents in the Hilltown and Quaboag Hills regions are experiencing higher unemployment rates than the other sub-regions. As with other economic indicators, unemployment rates are lower in western Hampden County than in Hampden County as a whole. Please refer to the appendices for greater detail on unemployment in the sub-regions.

Figure 8: Percent unemployment by state and county
May 2016, April 2017, May 2017



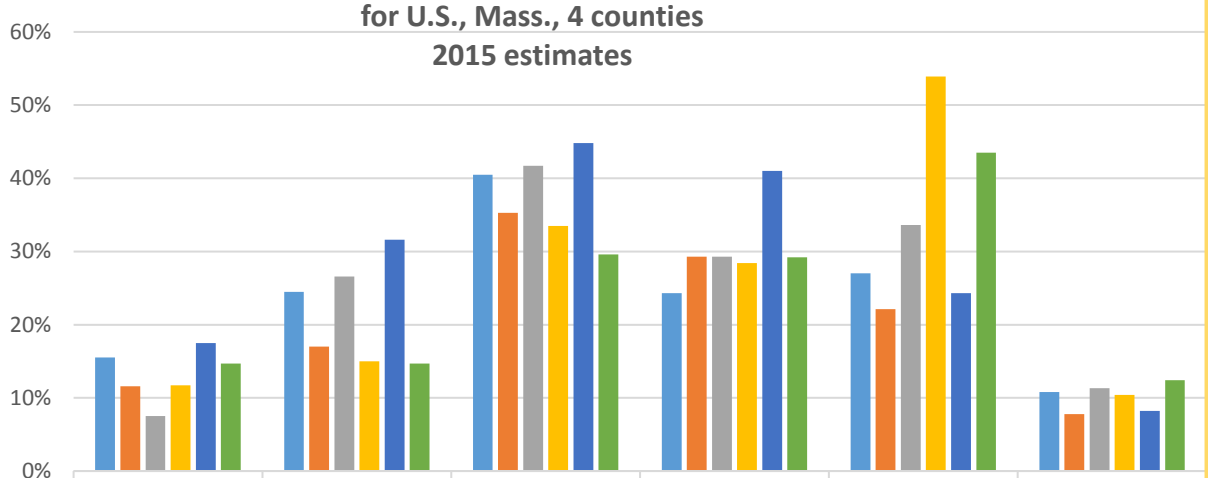
[12] Massachusetts Dept. of Labor and Workforce Development, http://www.mass.gov/lwd/economic-data/

e. Poverty

As has been the case for many years, estimated rates of poverty for all individuals in our service area are lower than the national average and closer to the statewide average. Estimated rates of poverty for children under age 5 also continue to follow this pattern, although in some towns and cities, the estimated poverty rate for young children is close to or above the national average of 24.3% and well above the state average of 17.0%, i.e. Greenfield (23.2%), Montague (39.6%), Amherst (20.1%), Ware (22.1%), and Westfield (18.1%). This geography of pockets of poverty has been consistent over time. *Community Action* has sites in all of these towns with high rates of poverty.

As is true throughout both the United States and Massachusetts, poverty is concentrated among single parent-female headed households, Latinos, people of color, people with disabilities, people for whom English is not a first language, and families with young children, particularly those with infants and toddlers. Figures 9 and 10 below show estimates of poverty rates for 2015 (the most recent data available) for some of these groups in both the counties and the sub-regions connected to our service area, compared with U.S. and state rates.[13]

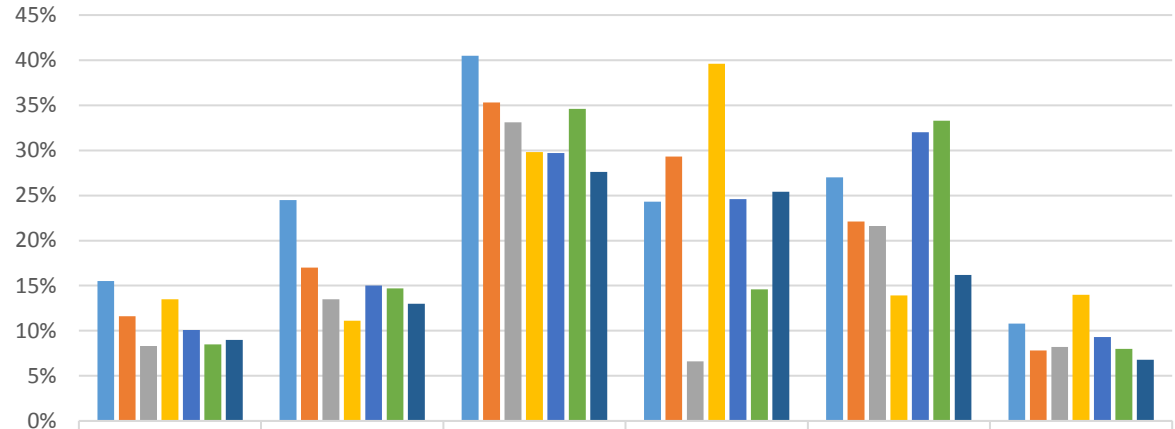
Figure 9: Poverty rates for selected groups, for U.S., Mass., 4 counties 2015 estimates



	total pop.	pop. under age 5	Single female-headed families w/ children under 18	All Latino individuals	All Black individuals of any ethnicity	White/ non-Latino individuals
U.S.	15.5%	24.5%	40.5%	24.3%	27.0%	10.8%
Massachusetts	11.6%	17.0%	35.3%	29.3%	22.1%	7.8%
Berkshire Cty.	7.5%	26.6%	41.7%	29.3%	33.6%	11.3%
Franklin Cty.	11.7%	15.0%	33.5%	28.4%	53.9%	10.4%
Hampden Cty.	17.5%	31.6%	44.8%	41.0%	24.3%	8.2%
Hampshire Cty.	14.7%	14.7%	29.6%	29.2%	43.5%	12.4%

[13] American Community Survey 2011-2015 5-year estimates, Tables S1701 and S1702

Figure 10: Poverty rates for selected groups for U.S., Mass., and sub-regions 2015 estimates

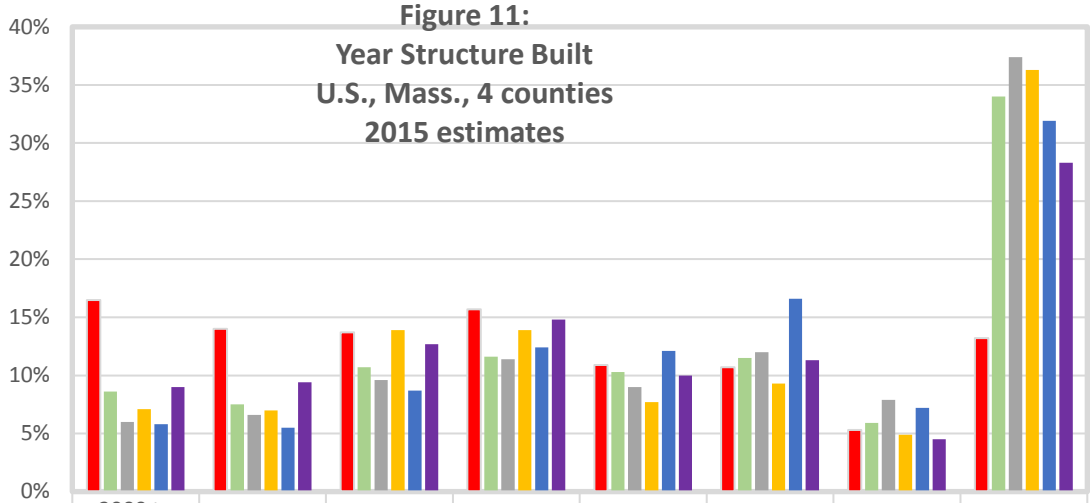


	total pop.	pop. under age 5	Single female-headed families w/ children under 18	All Latino individuals	All Black individuals of any ethnicity	White/ non-Latino individuals
U.S.	15.50%	24.50%	40.50%	24.30%	27.00%	10.80%
Massachusetts	11.60%	17.00%	35.30%	29.30%	22.10%	7.80%
Hilltowns	8.30%	13.50%	33.10%	6.60%	21.60%	8.20%
North Quabbin	13.50%	11.10%	29.80%	39.60%	13.90%	14.00%
Quaboag Hills	10.10%	15.00%	29.70%	24.60%	32.00%	9.30%
West County	8.50%	14.70%	34.60%	14.60%	33.30%	8.00%
W. Hampden	9.00%	13.00%	27.60%	25.40%	16.20%	6.80%

f. Housing stock

Community Action provides energy conservation services in all four counties of Western Massachusetts. Thus, the age of the housing stock, as well as income levels, are relevant to our work there. Overall, the housing stock in Western Massachusetts is quite old, especially when compared with the U.S. as whole. Figure 11 shows the age of housing stock in our service area compared with the state and the nation.[14] Older housing stock was not built with energy efficiency in mind, and is often in need of upgrades and repairs, particularly when the owner has not had enough income to keep up with maintenance and improvements. Aging in place is a goal of many seniors, but it can become impossible in a home that is inefficient, difficult to heat, and in need of costly repairs.

[14] American Community Survey 2011-2015 5-year estimates, Table DP04



	2000 to 2014 or later	1990 to 1999	1980 to 1989	1970 to 1979	1960 to 1969	1950 to 1959	1940 to 1949	1939 or earlier
U.S.	16.5%	14.0%	13.7%	15.7%	10.9%	10.7%	5.3%	13.2%
Mass.	8.6%	7.5%	10.7%	11.6%	10.3%	11.5%	5.9%	34.0%
Berkshire County	6.0%	6.6%	9.6%	11.4%	9.0%	12.0%	7.9%	37.4%
Franklin County	7.1%	7.0%	13.9%	13.9%	7.7%	9.3%	4.9%	36.3%
Hampden County	5.8%	5.5%	8.7%	12.4%	12.1%	16.6%	7.2%	31.9%
Hampshire County	9.0%	9.4%	12.7%	14.8%	10.0%	11.3%	4.5%	28.3%

C. NEEDS AND STRENGTHS OF THE COMMUNITIES IN OUR SERVICE AREA - 60 cities and towns in Franklin/North Quabbin, Hampshire County, and western Hampden County

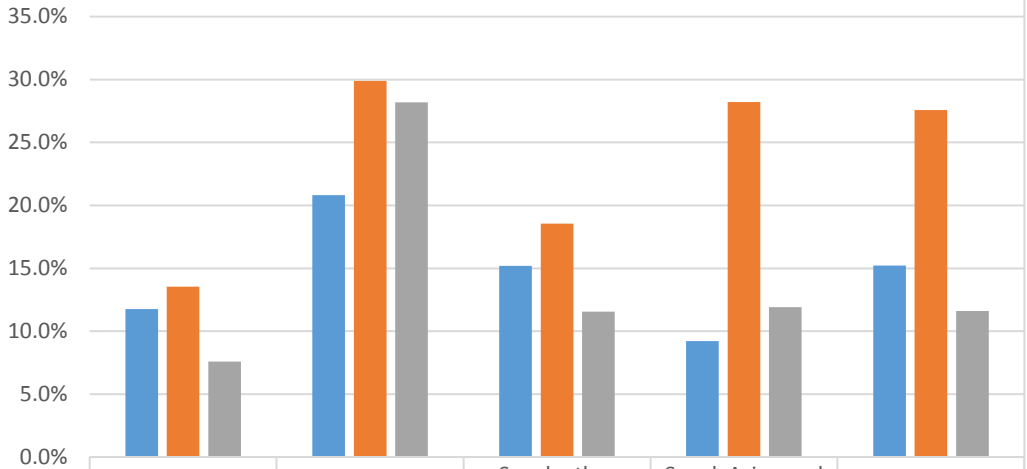
1. Languages spoken and English proficiency

Residents of our service area speak many different languages at home. English is the most common and is spoken by 85% - 94% of the population, depending on geography. Spanish is the second most common and is spoken by 2% - 3.5% of the population. In western Hampden County, there are a significant number of Russian and Nepali speakers, most of whom are fairly new in this country and speak English "less than very well." In Hampshire County, a sizable number of more recent immigrants speak Chinese, and about 40% of them speak English "less than very well." In Franklin County, there are about 300 speakers of Moldovan, who often also speak Russian. This refugee group has been here for a few decades. Please refer to the appendices for more detail. The agency seeks to attract and hire bi-lingual/bi-cultural staff but often finds it difficult, particularly with the newer immigrant groups. The demand for interpreting and translating is not huge, but it is consistent and costly.

As Table 12 below shows, speaking a language other than English at home is generally associated with higher levels of poverty.[15]

[15] American Community Survey 2011-2015 5-year estimates, Table B16009

Figure 12: Poverty rate for speakers of these languages



	Speak only English	Speak Spanish	Speak other Indo-European languages	Speak Asian and Pacific Island languages	Speak other languages
Franklin/North Quabbin	11.8%	20.8%	15.2%	9.2%	15.2%
Hampshire County	13.5%	29.9%	18.6%	28.2%	27.6%
western Hampden County	7.6%	28.2%	11.6%	11.9%	11.6%

2. Education

a. Educational attainment by age 25 and income

Educational attainment is a major factor in earning potential, and a key to upward mobility. As shown in Figure 13, more people in Massachusetts, Franklin County, and Hampshire County have some college education than the national average, and the difference is particularly evident in attainment of bachelor's degrees and above. However, In the North Quabbin and western Hampden regions, levels of educational attainment are more on par with the national average. In North Quabbin the percentage of people with only a high school diploma or GED/HiSet is especially large in comparison.[16]

[16] American Community Survey 2011-2015 5-year estimates, Table B15003

Figure 13: Estimates of educational attainment by age 25

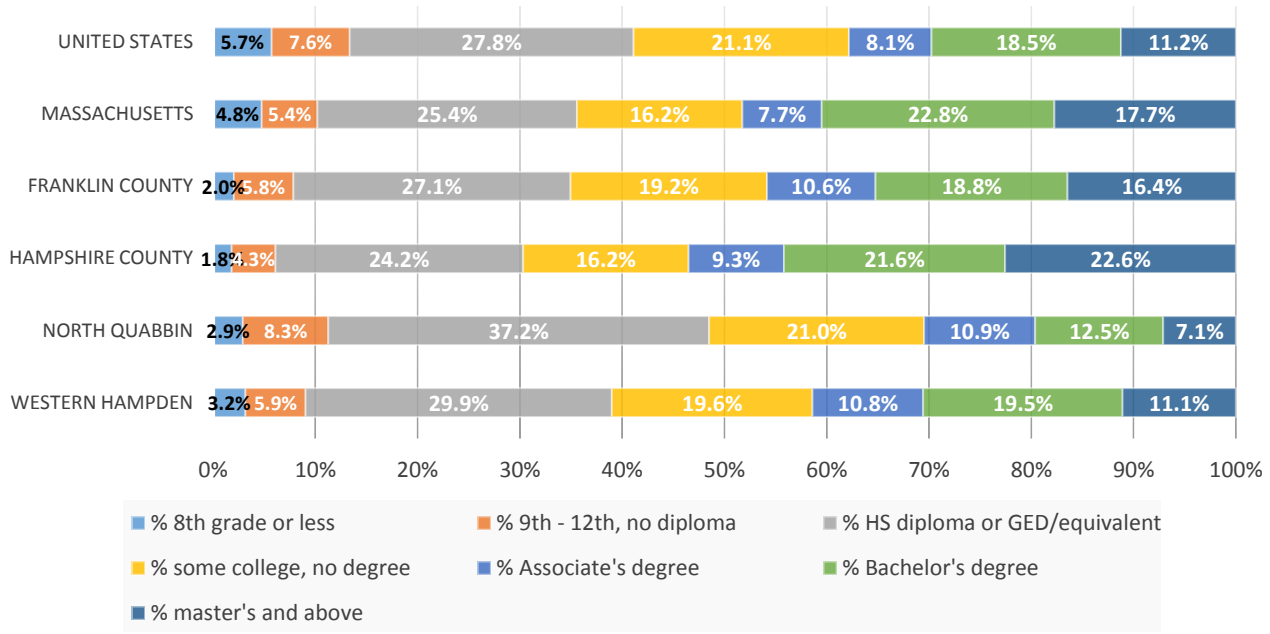
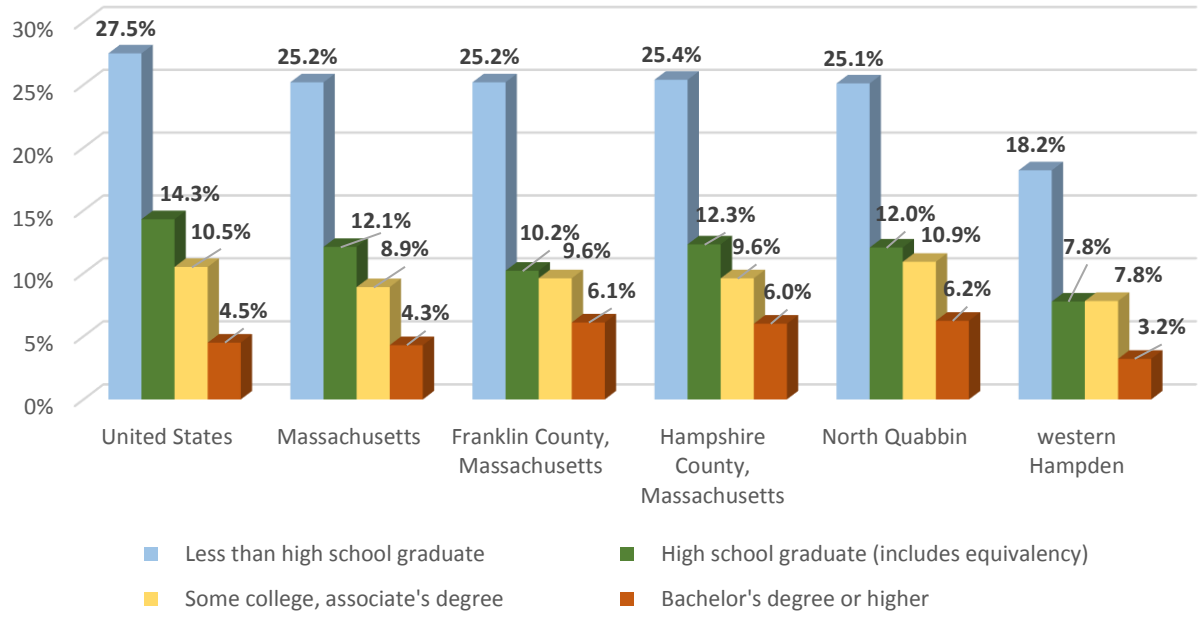


Figure 14 shows estimates of poverty rates for people with varying levels of educational attainment by age 25 in our service area. In western Hampden County, the lower poverty rates across educational levels may be attributable to a different type of job market in which people with lower levels of education are able to make higher pay than in the other areas.

Figure 14: Estimate of percent of population 25 and over at various levels of educational attainment with income below 100% FPL



b. Differential graduation rates

Across the nation and throughout Massachusetts, students from lower-income families and/or who are Latino or Black are less likely to graduate from high school than their higher income and white peers. In Massachusetts in 2016, the average graduation rate for non-low-income students was almost 95%, and for white students, 92%. For low-income students, it was 78%; for Latino students, 73%; and for Black/African American students, 79%.[17]

This pattern holds true in our service area, with some nuance. 2016 graduation rates for non-low-income and white students in Franklin County schools were almost all lower than the statewide average, particularly in North Quabbin schools. In Hampshire County and western Hampden County, graduation rates for non-low-income and white students were on par with the statewide average. Graduation rates for low-income students were less uniform. They were particularly low – in the 60%-70% range -- in Ware, Greenfield, Gill-Montague, and Athol-Royalston, and at least ten percentage points above the statewide average for low-income students in Frontier Regional (north central Franklin County), Pioneer Valley Regional (south central Franklin County), and Northampton. Both vocational schools have quite high graduation rates for students from both higher and lower income families.[17] Please refer to the appendices for more detail on graduation rates for all the public school districts in *Community Action's* service area.

Graduation rates for Latino and Black/African American students in our service area vary widely by district. In some schools, there are very few students in these groups, and it is not appropriate to draw conclusions about their graduation rates without also looking at trend data. In the towns with larger populations of Latino and black students, graduation rates for these groups ranged from 63% to 88%. In several schools in 2016, the gap between non-low-income and/or white students and low-income and/or black and Latino students was particularly pronounced. These were Ware, Amherst, Greenfield, Mohawk Trail (western Franklin County), and Athol. Agawam, West Springfield, and the Mahar district (North Quabbin) had very little difference in graduation rates for different races/ethnicities.[17]

Community Action Youth Programs does workforce and leadership development work with hundreds of low-income youth and young adults each year. Through their participation, these young people gain specific skills, as well as support and connection with peers and caring adults. They also develop a greater stake in their future and gain a sense of agency that may have been lacking. This is a very effective strategy for keeping youth in high school and continuing their education in college or a specific trade. And of course, *Community Action* starts much earlier with drop-out prevention; our Family Center, Head Start/Early Head Start, and child care programs provide developmental screening, referral for intervention, parenting education, and early education to get our youngest students off to a good start.

[17] Mass. Dept. of Elementary and Secondary Education, School and District Profiles, http://profiles.doe.mass.edu/state_report/gradrates.aspx

3. Transportation

Public transportation in our service area continues to be inadequate and creates a significant barrier to work, education, and access to services. For instance, in Franklin County, the regional transit authority has buses in the more populous areas but does not run them after 6PM or on weekends, and in Hampshire County, bus service is curtailed when students at the five colleges in the area –which provide substantial support for the transit authority – are not in session. The transit authority for Hampden and Hampshire Counties recently proposed reducing or eliminating 16 out of 63 of its routes, to much public outcry.[18] In the very rural areas there is no public transportation at all, although recently in the extreme eastern and western edges of Hampshire County, there are some restricted on-demand services being offered at reasonable rates. These are relatively new efforts and are not yet financially viable. The on-demand service in the North Quabbin region functioned well for several years but eventually was not able to sustain itself financially. Ridesharing services like Uber and Lyft may be helpful in filling the gap, but cost money that our participants may not have.

From the Community Partner Survey:

I live in one of the Hilltowns of Hampshire County. We are a 30 minute drive from anywhere you might find employment. The LARGEST barrier is NO public transportation.

Living outside Greenfield makes access difficult as there is no public transportation available.

[To improve access to living wage employment,] transportation to jobs or education for vulnerable populations, such as immigrants and formerly incarcerated people, is highly necessary.

For all health issues, getting to the services is the biggest problem.

Owning and maintaining a car is prohibitively expensive for many families with low income. Those that do have cars sometimes find they cannot afford to put gas in the tank, change the oil regularly, or do needed safety repairs.

The lack of public transportation is the result of underfunding of public transit in general, and of rural areas in particular. There is a limited amount the agency can do within our budget to counterbalance this. Our Youth Programs, Family Support, and Head Start programs all own vans and provide a significant amount of transportation to agency-sponsored activities. Staff also transport participants in their private vehicles. We have included a goal in our strategic plan to work with local transportation planners and the legislature to improve the situation. We anticipate that the Rural Policy Commission will be an ally in this. This was identified as a high need through the participant and community partner surveys.

[18] Daily Hampshire Gazette, July 10, 2017, Rebecca Mullen

4. Food Security

a. Rates of food insecurity

Food insecurity and hunger remain a problem for far too many people in our service area. Table 4 provides estimates of the rates and numbers of people who are food insecure in Franklin, Hampshire, and Hampden Counties, as well as the percentage of food insecure people whose income is above eligibility levels for federal food programs like WIC and school lunch.

Table 4: Estimates of food insecurity by county[19]

	Franklin Cty.	Hampshire Cty.	Hampden Cty.
% food insecure, total population	9.9%	10.6%	10.5%
# food insecure, total population	7,070	17,110	49,210
% children food insecure	14.4%	13.2%	16.9%
# children food insecure	1,910	3,340	18,040
% food insecure people with income above eligibility for federal food programs	21%	39%	10%

b. Food assistance programs

Community Action operates two food pantries in Franklin County (Greenfield, Shelburne Falls) and has supported a third in Orange through a CSBG sub-contract. In addition, we assist households throughout our service area to apply for and maintain SNAP benefits. We also operate the WIC program in Franklin/North Quabbin and almost all towns in Hampshire County. Within our Parent-Child Development Center, we provide thousands of meals and snacks each month for the children in our care. Many other organizations, from small churches to large Survival Centers, also gather and distribute free food. Most are tied to The Food Bank of Western Massachusetts, which convened a Task Force to End Hunger in Western Massachusetts in 2015. The Task Force has three strategic goals: 1) address the lack of understanding and education about food insecurity, and erase the stigma associated with hunger; 2) develop integrated services to help knit together the frayed safety net; and 3) advocate for public policies that will address food insecurity. The Task Force's public policy priorities for 2017 include protecting SNAP and increasing access to benefits; protecting and expanding the Earned Income Tax Credit; creating a common application portal for SNAP, MassHealth, and other state-run benefits; and promoting the Healthy Incentives Program and supporting funding of a trust fund that will sustain it.

5. Housing and homelessness

a. Cost and affordability of housing, availability of subsidized housing

The cost of housing relative to prevailing wages in *Community Action's* service area remains very high and is a major driver of the high cost of living. Housing is considered "affordable" if it is no more than 30% of total household income. Table 5 illustrates the gap between wages and housing costs in our region. For example, a breadwinner in Franklin County working full-time at a minimum wage job could afford $572 in monthly rent based on the 30% standard of affordability, but a fair market rate

[19] Feeding America, Map the Meal Gap 2017 Report (2015 data), http://map.feedingamerica.org/

two-bedroom apartment typically rents for over $900 a month. In essence, people with low income must work more than one job; double up with others in overcrowded quarters; pay over 30% of their income in rent; live in substandard housing; or, for the lucky few, have a housing subsidy. Waiting lists for public housing and housing vouchers are years long, and many people just do not bother to put their names on the lists.

Table 5: Cost of housing relative to prevailing wages and SSI benefits[20]

	Fair Market Rate (FMR) for 2-bedroom	Income needed to afford 2 bdrm FMR	Hours/week at min. wage needed to afford FMR 2 bdrm	FMR for 3-bedroom	Income needed to afford 3 bdrm FMR	Hours/week at min. wage needed to afford FMR 3 bdrm	annual income with full-time minimum wage job	Rent affordable with full-time job paying min. wage	SSI monthly pmt.	Rent affordable to SSI recipient
Springfield MSA*	$1,057	$42,280	74	$1,322	$52,880	92	$22,880	$572	$849	$255
Franklin County	$913	$36,520	64	$1,142	$45,680	80	$22,880	$572	$849	$255

**The Springfield MSA includes Hampshire and Hampden Counties.*

g. Homelessness

Given the overall economic dynamic of our service area, in which the cost of living is quite high relative to wages and to the Federal Poverty Level (which does not take regional variations in the cost of living into account), it is not surprising that our region – and indeed the entire state -- has experienced and is experiencing a crisis of homelessness. The Three-County Continuum of Care (CoC) publishes an annual Point in Time Count of Franklin, Hampshire, and Hampden County families and individuals who were homeless on one night in January each year. Figures 15 and 16 show trends in counts of homeless individuals and homeless families from 2012 to 2017. In January 2017, counts occurred throughout the region including in Greenfield, Turners Falls, and Leverett in Franklin County and Amherst, Hadley, South Hadley, and Northampton-Florence-Leeds in Hampshire County, at emergency shelters, transitional housing, and outdoors. At the Point in Time Count in January 2017, there were 85 homeless people counted in Franklin County, among them 13 young adults (ages 18 – 21), 14 chronically homeless individuals, and one veteran. In Hampshire County, there were 308 homeless people, among them 10 young adults, 49 chronically homeless individuals, and 164 veterans, 86% of whom were in transitional housing (Soldier On).[21]

[20] National Low Income Housing Coalition, Out of Reach 2017, http://nlihc.org/oor/massachusetts

[21] Western Mass. Network to End Homelessness, https://3countycoc.wikispaces.com

Figure 15: 3-Cty. CoC –PIT Rates of Family Homelessness

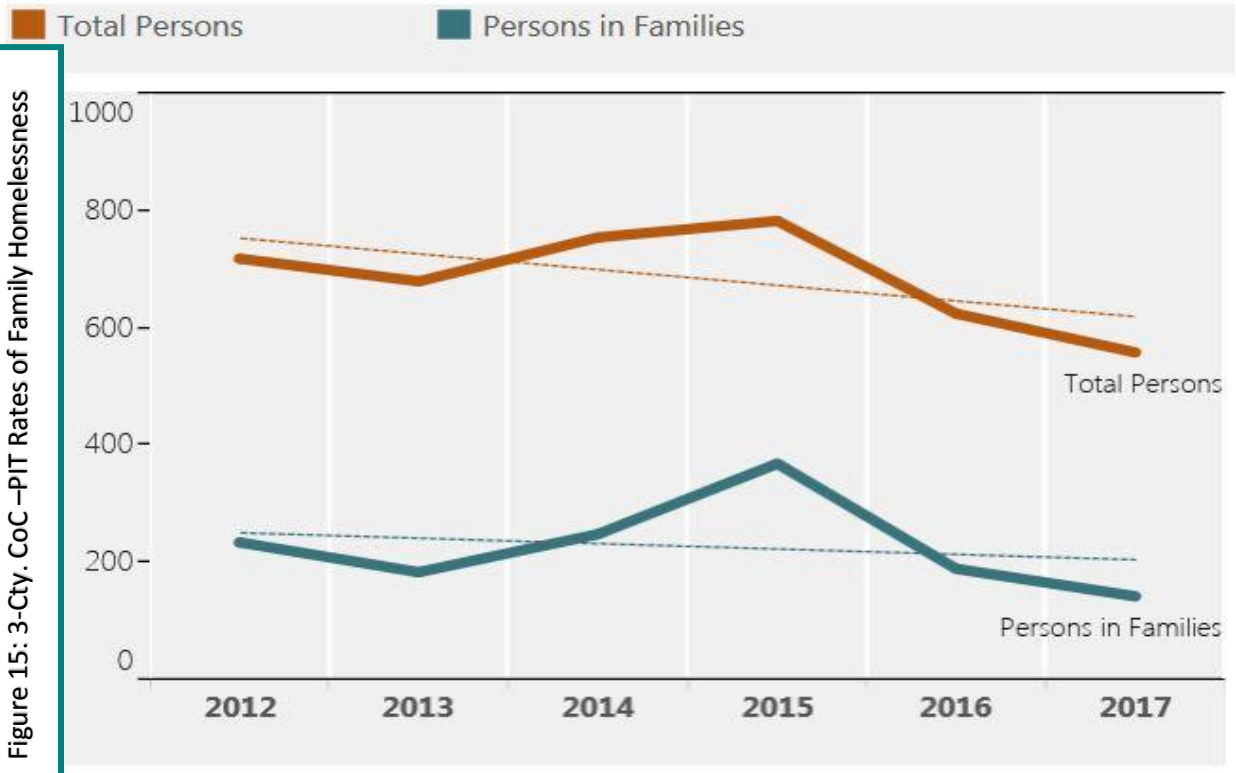
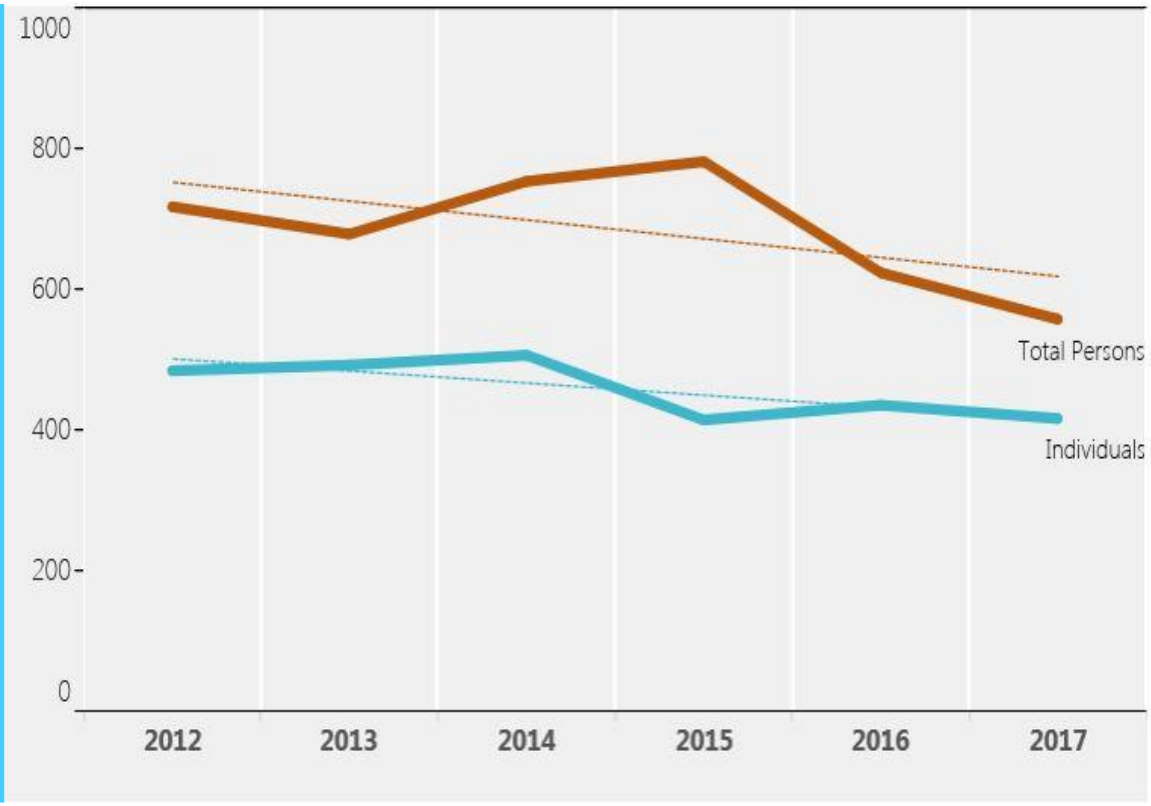


Figure 16: 3-Cty. CoC- PIT Rates of Individual Homelessness



Rates of family homelessness rose sharply several years ago, and the capacity of the shelter system was not adequate. Massachusetts is a "right to shelter" state, and the Commonwealth paid to shelter families in motels, which is not an optimal setting for taking care of children. Many families, both local and from the eastern parts of the state, were sheltered in motels in Greenfield (Franklin County) and West Springfield (Hampden County), and the local social service network worked hard to support them. The state has marshalled more resources to prevent family homelessness, and since September 2016, has not sheltered anyone in motels in our area.[21]

Nonetheless, *Community Action* serves a significant number of families who are homeless, both those living in some form of shelter and those that are "couch surfing." This latter group does not show up in the data on homelessness. To give an idea of the scope of this type of homelessness, between August 2016 and May 2017, 35 Head Start families and 15 Early Head Start families who were homeless were living with family or friends and not in any form of state-supported shelter – 80% of all families that were homeless during that time period.

Individuals, children, and families who are homeless need a significant amount of support, as well as access to a broad range of resources. Children who are homeless often experience disrupted sleep and slowed progress in learning, and exhibit behavioral symptoms related to the loss of stability and continuity of care. The staff of our Youth Programs, Family Center, Healthy Families, and Head Start programs all work hard to be a protective factor for these children and families. We also provide homelessness prevention services in Franklin/North Quabbin and Hampshire County, including landlord/tenant mediation, court advocacy, and help with utility and rent/mortgage arrearages, moving expenses, security deposits, etc. Our staff are active in the Three-County CoC, the Western Massachusetts Network to End Homelessness, and the EOHHS grant consortium. Continued focus on helping families maintain stable and safe housing was identified as needed through participant and community partner surveys.

6. Health and access to health care

a. Robert Wood Johnson Foundation County Health Rankings

Each year the Robert Wood Johnson Foundation provides extensive information about physical, social, and medical determinants of health including air pollution, preventable hospitalizations, poverty, crime, and "social associations" – the prevalence of things like civic or religious organizations, sports clubs, and even fitness centers. Table 6 shows key data points for Franklin and Hampshire Counties in comparison with statewide rates. (Ranking data for Hampden County, like other data, is dominated by the Springfield area and would not be a reliable measure of health-related variables in western Hampden County, where our Head Start program is.)

Table 6: Selected 2017 County Health Measures[22]

	Massachusetts	Franklin Cty.	Hampshire Cty.
Premature death (# deaths under 75 per 100,000)	5200	6100	4900
Adult obesity (BMI over 30)	24%	21%	19%
Primary care physicians (rate per 100,000 of patients to every PCP) (the lower the better)	950:1	1290:1	710:1
Dentists (rate per 100,000 of patients to every dentist) (the lower the better)	1050:1	1600:1	1480:1
Mental health providers (rate per 100,000 of patients to every mental health provider)	200:1	150:1	140:1
Preventable hospital stays (discharges for ambulatory-care sensitive conditions per 1,000)	53	53	44
Violent crime (rate per 100,000)	403	372	249
Excessive drinking (%, self-report)	19%	20%	19%
Alcohol-impaired driving deaths (% of driving deaths with alcohol involvement)	28%	20%	28%
Injury deaths (per 100,000)	50	53	44
Social associations (rate per 10,000)	9.4	12.1	9.3

In addition, the Foundation also ranks all counties within each state on groupings of indicators (e.g. health behaviors, quality of life). Franklin and Hampshire County prove to have quite different health profiles, as shown in Table 7. Not coincidentally, these rankings parallel the two counties' economic profiles; Hampshire County has consistently stronger economic indicators than Franklin County. Massachusetts has 14 counties, and rankings are 1 – 14, with 1 being the highest/best ranking.

Table 7: 2017 County Health Rankings for Franklin and Hampshire Counties[22]

	Franklin Cty.	Hampshire Cty.
Overall	**10**	**5**
Length of life	10	5
Quality of life	7	6
Health behaviors	7	6
Clinical Care	7	2
Social and economic factors	5	3
Physical environment	5	6

b. Hospital needs assessments

Each of the nine hospitals in our service area recently completed Community Health Needs Assessments that examined the prevalence of health conditions, social and economic determinants of health, barriers to accessing quality health care, and vulnerable populations. The key economic and social determinants that impact health identified in the assessments – including living in poverty --

[22] Robert Wood Johnson Foundation, 2017 County Health Rankings and Roadmaps, http://www.countyhealthrankings.org/

were very similar across the entire region. This data points clearly to the need to work toward greater health equity and the key role *Community Action* can play in that process. In particular, the agency needs to continue to be part of conversations growing out of the recognition of how negatively the lack of coordination among the medical, social service, and behavioral health impacts health and access to health care, especially for vulnerable populations.

The nine hospitals in our service area are:

Franklin County

- Baystate Franklin Medical Center, Greenfield

Hampden County

- Baystate Medical Center, Springfield
- Mercy Medical Center, Sisters of Providence, Springfield
- Shriners Hospital, Springfield
- Baystate Noble Hospital, Westfield
- Baystate Wing Hospital, Palmer, serving Quaboag Hills

Hampshire County

- Cooley Dickinson Hospital, Northampton, Massachusetts General Hospital Affiliate
- Baystate Mary Lane Outpatient Center, Ware, serving Quaboag Hills

Worcester County

- Athol Memorial Hospital, part of Heywood Healthcare, serving North Quabbin

The high priority health and health access concerns identified in the nine Community Health Needs Assessments were:[23,24,25,26,27,28,2930,31]

►**Health Conditions**

- **Mental health disorders and substance abuse** – These were consistently identified as the most urgent health needs/problems across every region. Tobacco use is higher than state averages in

[23] Community Health Needs Assessment 2016, prepared for Baystate Franklin Medical Center by Partners for a Healthier Community, the Collaborative for Educational Services, and Pioneer Valley Planning Commission
[24] Community Health Needs Assessment 2016, prepared for Baystate Medical Center by Partners for a Healthier Community, the Collaborative for Educational Services, and Pioneer Valley Planning Commission
[25] Community Health Needs Assessment 2016, prepared for Mercy Medical Center by Partners for a Healthier Community, the Collaborative for Educational Services, and Pioneer Valley Planning Commission
[26] Community Health Needs Assessment 2016, prepared for Baystate Noble Hospital by Partners for a Healthier Community, the Collaborative for Educational Services, and Pioneer Valley Planning Commission
[27] Community Health Needs Assessment 2016, prepared for Shriners Hospitals for Children Springfield by Partners for a Healthier Community, the Collaborative for Educational Services, and Pioneer Valley Planning Commission
[28] Community Health Needs Assessment 2016 prepared for Cooley Dickinson Health Care by Partners for a Healthier Community, the Collaborative for Educational Services, and Pioneer Valley Planning Commission
[29] Community Health Needs Assessment 2016 prepared for Baystate Mary Lane Hospital by Partners for a Healthier Community, the Collaborative for Educational Services, and Pioneer Valley Planning Commission
[30] Community Health Assessment of North Central Mass. May 2015 and Community Health Priority Areas and Improvement Strategy 2016 – 2018, prepared for Heywood Healthcare in partnership with the Joint Coalition on Health, the Montachusett Public Health Network, Community Health Connections, and the Center for Health Impact
[31] Community Health Needs Assessment 2016 prepared for Baystate Wing Hospital by Partners for a Healthier Community, the Collaborative for Educational Services, and Pioneer Valley Planning Commission

our area. Please refer to the next section for more information on the opioid epidemic.

- **Chronic health conditions** – Every hospital identified asthma, diabetes, obesity, and cardiovascular disease as primary health conditions prevalent in their areas. Some also included hypertension, high cholesterol, and chronic pulmonary obstructive disease (COPD). Many reports noted racial and ethnic disparities in these conditions, for instance, Blacks and Latinos have disproportionately high rates of asthma-related Emergency Room visits in the Cooley Dickinson Hospital service area.
- **Need for increased physical activity and a healthy diet** – Low rates of physical activity and healthy eating contribute to high rates of chronic disease and also impact mental health.
- **Infant and perinatal risk** – The rate of smoking during pregnancy and lack of utilization/access to prenatal care were called out in every needs assessment as particular issues.
- **High rates of unsafe sexual behavior** were identified in the Baystate Medical, Shriners, and Mercy needs assessments as a priority issue.
- **High rates of teen pregnancy** were called out by Shriners, Mercy, Cooley Dickinson, Baystate Franklin, and Athol Memorial/Heywood.

►**Community level social and economic determinants that impact health:**

- **Lack of resources to meet basic needs**—In each community, there are significant numbers of people who have levels of income low enough to have a negative effect on their health.
- **Housing--**Poor housing conditions, housing insecurity/high housing cost burden, homelessness.
- **Food insecurity and food deserts** – Many people with low income experience restricted access to adequate amounts of healthy food because of low income, lack of transportation to sources of good food, and/or lack of availability of grocery and other stores that sell affordable, healthy food.
- **Lack of community safety** was identified as a priority issue for Hampden County by Springfield-based hospitals, where they cited violent crime rates almost 50% higher than statewide rates. Youth bullying was also identified as a concern.
- **Air pollution** – The Springfield-based hospitals cited air pollution as a concern, particularly as it impacts morbidity of chronic diseases with a high prevalence in Hampden County, i.e. asthma, cardiovascular disease, and diabetes.
- **Institutional racism** – The Springfield-based hospitals identified institutional racism, especially residential segregation, as a structural factor driving health inequities. Latinos and Blacks, in particular, have reduced access to goods, services, and opportunities such as quality education, housing, employment opportunities, medical care and facilities, and a healthy physical environment.
- **Domestic violence/partner abuse** – This was identified as a top priority in only one needs assessment (Baystate Mary Lane Outpatient Center). This, of course, does not indicate that domestic violence is not a major issue in our service area. It has been and continues to be both here and across the nation and around the globe. Because of the illness of the Director of

Development and Planning, we were not able to include detailed information about domestic violence in our region in this version of our assessment. We intend to add it as soon as possible.

►**Barriers to accessing quality health care**

- **Lack of care coordination** – Every assessment recognized a need for improved coordination among medical providers and between medical, social service, behavioral health, and treatment providers, as well as schools and faith communities. This requires focusing on the whole person and the context in which they live as a way to improve health outcomes. Many mentioned the particular need for increased coordination in managing co-morbid substance use and mental health disorders.
- **Lack of availability of providers** – This includes lack of mental health and addiction services for acute, maintenance, and long-term care; shortages of dentists that accept adult MassHealth insurance; and high ratios of patients to primary care providers, resulting in long waits and unnecessary use of emergency rooms. There are officially designated Healthcare Professional Shortage Areas within all of the counties in our service area.
- **Insurance-related challenges** – The complexity of navigating the health insurance system; MassHealth policies that negatively impact access to providers and contribute to siloed care delivery; and the high cost of co-pays and deductibles were mentioned as particular barriers.
- **Lack of transportation** – This is a problem even in the more urban areas.
- **Poor health literacy**
- **Language barriers** – Assessment cited the need for more bilingual/bicultural staff and greater translation/interpreting capacity.
- **Lack of training in culturally sensitive care**

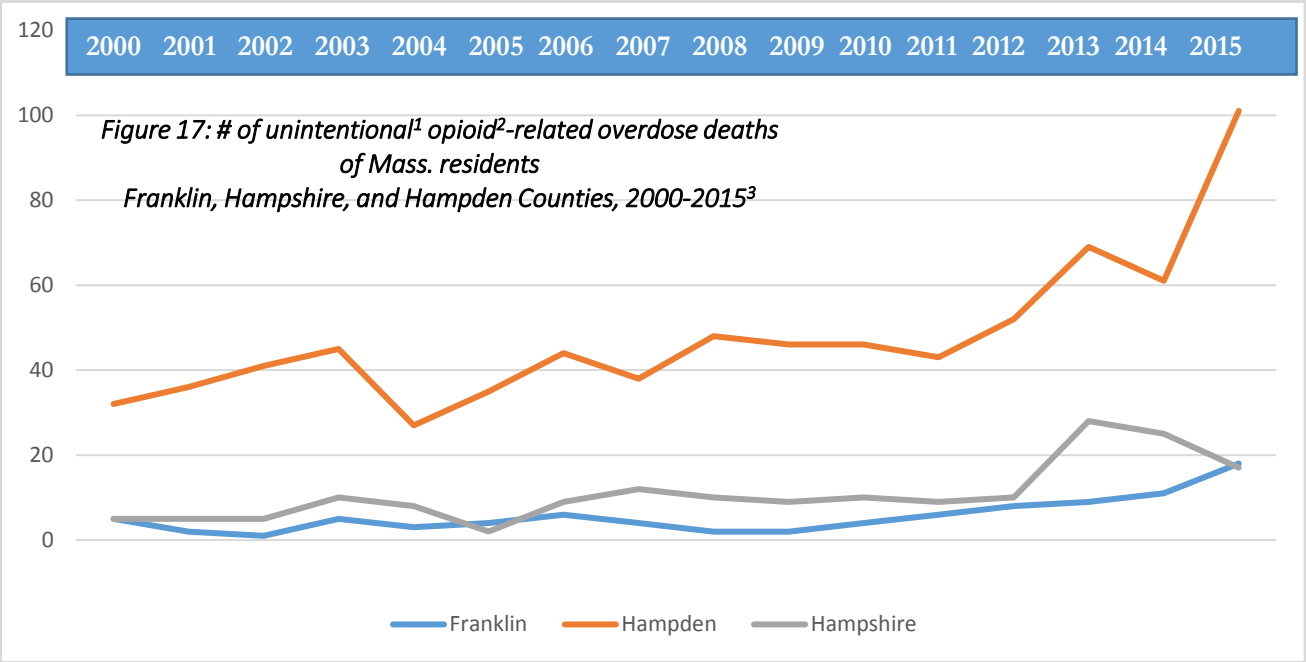
►**Vulnerable populations**

Certain groups of people have disproportionately high rates of some health conditions or associated morbidities when compared to that of the general population. Every needs assessment included people with low income, people of color (especially Blacks and Latinos), people who are homeless, children and youth, and older adults in this list. Some also included veterans and LGBTQ youth and adults. There was agreement across assessments that more investigation is needed into the link between the different groups and the health conditions that are more prevalent for each. Community Health Improvement Planning groups in both Franklin and Hampshire Counties are using an economic and racial justice lens to understand patterns and root causes of health inequities. This requires historical analysis and mapping of differential educational opportunity and outcomes, as well as where different groups of people were permitted to live (or not) by such practices as redlining, discrimination in hiring, and exclusionary banking practices.

c. The opioid epidemic in Western Massachusetts

According to the Robert Wood Johnson Foundation, across the nation, premature death rates are rising because of an increase in deaths among 15 – 44 year olds. While many issues have contributed

to this, the drug overdose epidemic is the leading cause of death among 25 – 44 year olds and is a "clear driver" of this trend. Overdose deaths among 15 – 24 year olds are also on the rise.[32] Western Massachusetts is part of this trend and is deep in the throes of an opioid epidemic. The state and local communities are developing coordinated responses for treatment and prevention, and these seem to be having a positive impact; the increase in death rates appears to have slowed. Based on estimated numbers, in 2014 there was a 40 percent increase in the opioid-related overdose death rate from the prior year; in 2015 there was a 31 percent increase; and in 2016 there was a 16 percent increase.[33] Still, we are clearly not anywhere near the end of this terrible curve. The epidemic has taken an even more lethal turn lately with the appearance of drugs laced with fentanyl, even as the presence of heroin and prescription opioids in opioid-related deaths has declined.[33] See Figure 17 for trend data about opioid deaths in *Community Action's* service area.[34]



[1]Unintentional poisoning/overdose deaths combine unintentional and undetermined intents to account for a change in death coding that occurred in 2005. Suicides are excluded from this analysis.
[2] Opioids include heroin, opioid-based prescription painkillers, and other unspecified opioids.
[3] Please note that data for 2000-2013 have been updated following a review of cases that did not receive an official cause of death at the time the file was closed. Data for 2014-2015 death data are preliminary and subject to updates. Case reviews of deaths are evaluated and updated on an ongoing basis.

This data is in many ways the tip of the iceberg of the opioid crisis; for every person who dies, many more do not, but do continue using. Their lives are unstable, and if they are parents, they may not be able to fulfill their responsibilities to their children. In our Parent-Child Development Center between

[32] Robert Wood Johnson Foundation, http://www.rwjf.org/
[33] Mass. Dept. of Public Health, First Quarterly Report of 2017 on Opioid-Related Deaths in Massachusetts, http://www.mass.gov/eohhs/gov/newsroom/press-releases/dph/first-quarterly-report-of-2017-on-opioid-related-deaths.html
[34] Massachusetts Department of Public Health, Registry of Vital Statistics, Office of Data Management and Outcomes Assessment, posted November 2016

August 2016 and May 2017, we were aware of 23 children who were no longer living with their parent because of substance abuse (most often opioid use) and instead were with their grandparent or in foster care. We knew of seven parents in recovery, and of one parent who died from an overdose. Because of the shortage of foster care homes locally, children have been forced to leave the area, and are sometimes separated from siblings. Children's behavior reflects what they are living through. They may have been born addicted to drugs and had to go through withdrawal as newborns. They may be aggressive or extremely emotionally fragile and anxious and exhibit hypervigilance and separation difficulties. Behavior can escalate quickly, and they may lose progress in their development.

On the staff survey, we asked what staff members have noticed in regards to opioid use among participants and its impact on families. They mentioned the increase in drug use they have seen in the past three to five years, the "derailing" and fracturing of families that results, and the behavioral changes in children and youth, as well as their need for more training. One staff member summed it up this way: *"It is profound and sad. Nearly all participants are affected in some way. Our community is smitten…. It is difficult to obtain meaningful treatment. Kids know about opioid use from young ages. Super present for our whole community. Awful."*

7. Mental health and access to treatment

Massachusetts has one of the highest levels of residents with medical insurance in the country. While there are far higher rates of mental health providers per resident in our area than the national or state average,[32] these providers restrict the types of insurance they accept, and insurance companies restrict the types and amounts of mental health treatment available. There are often long waiting lists for outpatient mental health treatment, and the types of treatment available are not necessarily designed with the needs of lower income people in mind.

On the staff survey, we asked what respondents see as the primary behavioral/mental health needs or problems of participants. They perceive an increase in the number of people with mental health issues of a more profound nature, and in our focus groups, several educators echoed this – more children with more profound needs. The mental health-related issues staff mentioned most often were depression, anxiety, trauma (current and in the past), and

From the Community Partner Survey

There's a gap when someone finally decides to seek help for addition. There's a [short] window during which they're receptive, but they have to wait for help.

We see a need for mental health/ substance abuse support services for young people that are affordable and accessible. Some providers come to our school, and that can be very helpful. We've definitely seen families struggle to get affordable mental health/substance abuse support for their children.

From the Staff Survey

The depression is often brought on by economic conditions that seem insurmountable.

Poverty is a force of unbearable stress.

Many of our participants live in constant crisis due to poverty or domestic violence.

substance abuse. Staff clearly tied depression and anxiety to the stresses of living in poverty. (Please refer to the sidebar.)

The impacts of mental health problems are far-ranging, from children who act out aggressively or withdraw, to significant disorganization and lack of follow-through, to homelessness and an inability to meet other basic needs. Staff also mentioned the need for greater access to support for developing healthy stress and anger management skills; being able to get counseling without waiting a long time; the limitations placed by insurance companies on length of treatment; the barrier that lack of transportation creates; and the shortage of therapists and psychiatrists qualified to work with young children and their parents.

Often, they said, mental health counseling is not delivered in a way that is responsive to the entire situation the participant finds themselves in. The therapist may not recognize or address poverty-related root causes of depression or anxiety. Often, even when the counseling is going well, it takes more than talk or play therapy sessions in an office for it to take hold, and it is very difficult to gain access to in-home therapeutic support for managing stress, changing routines, and generally staying organized.

Community Action does not provide mental health counseling directly, although staff in our youth and family support programs certainly provide group and individual support that is beneficial to our participants' mental health. For instance, one of the biggest risk factors for mental health problems is being gay, lesbian, bisexual, or transgender, and in our Generation Q groups, youth and young adults find a sanctuary of acceptance. At the Parent-Child Development Center (PCDC), clinicians (both our staff and outside contractors) advise teachers and parents about the best methods to work with children's mental health issues. Staff are also trained to help participants access mental health treatment when needed, including problem-solving around things that could get in the way. In PCDC, social workers on staff help parents identify a course of intervention that would work for them and then make sure that they develop a good connection with a provider. In the Family Resource Center, we partner with a mental health agency to not only provide assessments and "warm hand-off" referrals, but also to provide in-home therapeutic support for families.

8. Health and welfare of young children

a. Perinatal indicators

In our service area, rates of **premature birth**, and to a lesser extent **low birth weight**, have trended higher among lower income women than for all women in the area. Table 8 shows a comparison of data from local WIC programs to rates for all women taken from the state vital statistics program. WIC data is a good proxy for understanding the prevalence of perinatal risk factors among lower-income women and children; income eligibility for WIC is generally 185% FPL, while all other data from the state Department of Public Health does not differentiate based on income.

Table 8: Comparison of rates of prematurity and low birth weight, all births (2015) vs. WIC participants under one year of age (2017)

	Rate of prematurity	Rate of Low Birth Weight
Massachusetts [35]	**8.4%**	**7.5%**
Franklin County[35]	**6.2%**	**5.5%**
Greenfield WIC office[36]	16.4%	8.8%
Orange WIC office[36]	13.0%	11.0%
Hampshire County[35]	**6.0%**	**4.7%**
Northampton WIC office[36]	9.7%	4.3%
Amherst WIC office[36]	14.5%	8.7%
Ware WIC office[37]	9.5%	3.2%
Western Hampden County[35]*	**9.6%**	**7.1%**
Westfield WIC office[38]	19.0%	7.6%

**Data from West Springfield, Westfield, and Agawam only*

As shown in Table 9 below, WIC data about **risk factors related to weight during pregnancy** reveal that women enrolled in WIC have about the same weight profile prior to pregnancy as the statewide average in most parts of our service area. Being overweight prior to pregnancy and high maternal weight gain during pregnancy are more often the problem than underweight or low maternal weight gain. Women enrolled in WIC in the early spring of 2017 from the areas around Ware and Westfield were overweight more often than the statewide average. Being underweight before and/or during pregnancy increases risks of prematurity and low birthweight.[39] Being overweight before and/or during pregnancy increases risks for high blood pressure, preeclampsia, and blood clotting problems, gestational diabetes, premature birth, and miscarriage or stillbirth, and for the baby increases risks of macrosomia (excessive birthweight) and neural tube defects.[39]

[35] Mass. Dept. of Public Health, Registry of Vital Records and Statistics, Massachusetts Births 2015, published March 2017, http://www.mass.gov/eohhs/docs/dph/vital-records/birth-report-2015.pdf
[36] Point in time data for 02/04/2017 from Franklin/Hampshire/North Quabbin WIC, *Community Action*
[37] Point in time data for 04/01/2017 with our thanks to South Central WIC, a program of Harrington Hospital
[38] Point in time data for 04/01/2017, with our thanks to Valley Opportunity Council WIC program
[39] March of Dimes, http://www.marchofdimes.org/pregnancy/weight-gain-during-pregnancy.aspx, downloaded 6/9/17

Table 9: MA DPH and WIC data on weight-related risk factors for all women (pregnant, breastfeeding, post-partum/not breastfeeding)

WEIGHT-RELATED RISK FACTORS	Mass. [35]	WIC data from regional offices					
		Greenfield[36]	Orange[36]	Amherst[36]	North-ampton[36]	Ware[37]	Westfield[38]
Prior to pregnancy							
Underweight	3.6%	2.5%	7.4%	7.4%	2.2%	2.3%	5.8%
Overweight/obese	44.8%	56.2%	34.0%	34.0%	54.4%	67.8%	50.3%
Normal weight	51.6%	41.4%	58.5%	58.5%	43.3%	29.9%	43.9%
During pregnancy							
High Maternal Weight Gain		42.0%	26.6%	26.6%	43.3%	43.7%	38.0%
Low Maternal Weight Gain		14.2%	15.2%	13.8%	6.7%	20.7%	29.6%
Maternal weight loss		4.6%	13.4%	13.9%	3.5%	NA	7.0%
Normal maternal weight gain		39.2%	44.8%	45.7%	46.5%	NA	25.4%

Smoking during pregnancy increases risk of miscarriage, pre-term delivery, low birthweight, certain birth defects, and learning disorders.[40] Statewide, rates of smoking during pregnancy have gone down from a high of about 20% of all pregnant women in 1990 to just under 6% in 2015.[34] In some parts of *Community Action's* service area, particularly Franklin County, rates of smoking during pregnancy have been far above the statewide average, although they are coming down. About 17% of pregnant women enrolled in *Community Action's* WIC program in Franklin County in February 2017 smoked, about 9% of pregnant women in central Hampshire County,[36] and approximately 9.9% in the Westfield area.[38] Statewide in 2015, the rate of smoking during pregnancy was twice as high for women who had Medicaid/MassHealth (11.5%) than the overall average. Within the cohort of women with MassHealth, the rate of smoking during pregnancy for white non-Latina women was 21.3%, for Latina women, 4.4%, Black non-Latina women 5.2%, and Asian women 3.7%.[35] Local resources for quitting are sparse and generally delivered online or over the phone.

As is true for the United States as a whole, the **teen birth rate** in Massachusetts has been coming down steadily over the past two and a half decades, from 35.4 births out of 100,000 in 1990, to 10.6 per 100,000 in 2014.[35] In 2015, 3% of all births statewide were to girls 15 – 19. For *Community Action's* entire service area, that average was 2.2% (Franklin County, 2.6%; Hampshire County, 1%; Hampden County 3.1%). There were four municipalities in which the percentage of teen births was at or above the statewide average, Orange in Franklin County (7.7%) and its neighbor Athol in Worcester County (5.3%), Westfield, (3.0%), and West Springfield (5.6%).[35]

[40] U.S. Centers for Disease Control and Prevention, https://www.cdc.gov/tobacco/

Throughout Massachusetts, Healthy Families programs are available for pregnant and parenting young people under 21 and their children up to age 3. Healthy Families is based on years of research about what prevents child abuse and second teen pregnancies and is replicated with fidelity throughout Massachusetts. While the teen birth rate has been coming down, early parenting is still associated with a greater likelihood of not completing school and/or living in poverty. *Community Action* has provided Healthy Families in Franklin /North Quabbin since 1997 and in Hampshire County and Ludlow since 2010. In western Hampden County, Square One and the Massachusetts Society for the Prevention of Cruelty to Children have Healthy Families programs.

In 2015, 81.8% of all women who gave birth in Massachusetts had **adequate pre-natal care**, as defined by the Department of Public Health. For women who gave birth at one of the five hospitals in *Community Action's* service area, this rate ranged from 82.1% to 87.8%.[35] Only 68.3% of smokers received adequate pre-natal care statewide. Among the group that had MassHealth, 74.6% received adequate pre-natal care, while 87.6% of women with private insurance did. This differential between MassHealth and private insurance held true for all race/ethnicity groups. The rates of adequate pre-natal care among women using MassHealth were consistent with the statewide average across race and ethnicity, with the exception of Black non-Hispanic women, whose rate of adequate pre-natal care was 10 percentage points lower.[35]

These data point to the vital importance of support, education, and services geared to pregnant women with low incomes to assist them with obtaining adequate pre-natal care and having healthy pregnancies and good birth outcomes. *Community Action's* WIC, Head Start/Early Head Start, Healthy Families, and Family Center will continue to provide this support within the limits of funding.

b. Child abuse and neglect, children 0 – 5

As of the first quarter of state FY2016 (July-September 2015), there were 361 children under age 6 in foster care under supervision of the three area offices of the Department of Children and Families (DCF) serving our catchment area.[41] (This number includes several larger towns that are not in our service area; unfortunately, data on a town-by-town basis is not available.) In FY2016, in our Early Head Start (EHS) program, we served 21 children who were in foster care (11% of all EHS children), and in Head Start (HS), 30 (6% of all HS children).

Many children enter foster care following allegations of abuse or neglect that were investigated and supported by DCF. In the first quarter of state FY2016, our local DCF offices supported between 50% and 68% of all complaints.[42] In this same quarter, there were 1,896 children under supervision by the three DCF area offices that operate in *Community Action's* service area. (See Table 10.) Over 100 of these involved sexual assault/exploitation or serious physical abuse/injury. Almost 40% of all DCF

[41] http://www.mass.gov/eohhs/researcher/family-services/dcf/dcf-quarterly-reports.htm
[42] http://www.mass.gov/eohhs/researcher/family-services/dcf/data-profiles.html

services are for 0-6 year olds.

Table 10: Children under age 6 in placement or under supervision, by DCF Area Office
1st quarter FY2016 (07/01/2015 – 09/30/2015)[43]

Area Office	Van Wart		Holyoke		Greenfield		TOTALS	
Age group	Foster care	DCF supv.	Foster care	DCF supv.	Foster care	DCF supv.	Foster care	DCF supv.
0 - 2	62	508	278	341	59	170	184	956
3 - 5	40	502	63	265	74	173	177	940
TOTALS	**102**	**1,010**	**126**	**543**	**133**	**343**	**361**	**1,896**

Children who are under DCF supervision have a high priority for enrollment in the Parent-Child Development Center (PCDC) Head Start (HS) and Early Head Start (EHS) and child care services. In Program Year (PY) 2016-17 through May 30, 2017 in Franklin County, PCDC had enrolled 18 EHS children with open DCF cases in DCF-funded "supportive slots" (45% of center-based EHS children in Franklin County) and 32 in HS (25% of center-based HS children in Franklin County). In PY2016-17 through May 30, 2017 in Hampshire County, PCDC enrolled 21 EHS children with open DCF cases in supportive slots (36% of center-based EHS children in Hampshire County) and 24 in HS (13% of center-based HS children in Hampshire County). In addition, PCDC provided care via DCF-funded supportive slots for 16 additional children in Franklin County and 14 other children in Hampshire County who were not enrolled in HS/EHS. It is important to note that this is not a count of the total number of children with DCF involvement in PCDC. There are fewer supportive slots than there are children under supervision or in foster care, and there is a waiting list for supportive slots. Moreover, PCDC does not have a contract to provide supportive care in western Hampden County. Our Family Center, Family Resource Center, and Healthy Families programs all screen for abuse and provide parenting education and support for families with young children.

c. Availability of high quality, subsidized early care and education

Table 11 shows estimates of the number of children 0 - 2 and 3 – 5 years old in each county of our service area and the number of children 0 – 5 with all parents in the workforce. This forms the basis of estimates of the total number of children 0 – 5 that are in need of child care because all parents are working. Parents may have other service needs such as work search or attending school, so this is an undercount.

Also in Table 11, we provide an estimate of the *maximum* total slots in licensed and public school facilities available in each county. It is not possible to precisely identify the number of slots available for any age group since many facilities have mixed age groups and can accept children of any age within their license, including school age children.

[43] Mass. DCF Quarterly Data Profile, FY2016 quarter 1, http://www.mass.gov/eohhs/docs/dcf/reports/data-profiles/dcf-quarterly-data-profile-2016-q1.pdf

Table 11: Estimates of children 0 – 5 with service need for child care based on parents' work status, and availability of licensed early education and care

	Franklin Cty.	Hampshire Cty.	Western Hampden Cty.
# children under 3[44]	2,034	3,227	3,356
# children 3 - 5[44]	1,789	4,106	3739
% of children 0 – 5 with all parents in workforce[45]	68.2%	71.8%	66.5%
# children 0 – 5 with all parents in workforce[45]	2,607	5,265	4,718
Estimate of max. possible licensed I/T & preschool slots[46]	571	2,147	1,126
Public Pre-Kindergarten enrollment 2015-2016[47] (Most are for 4 and 5 year olds and part-day or part-week)	509 5 schools	476 14 schools	529 5 schools

These are of course very "high level" estimates in that they group the number of slots for an entire county together, and the number of all children ages 0 – 5 from an entire county together. All slots throughout the county are not "equal." Children from the eastern side of Hampshire County do not actually have access to facilities in the western part, which is one hour away by car. Many providers who are licensed to care for infants and toddlers do not chose to do so. These data are presented here to show the scope of how inadequate the supply of licensed child care is to meet the need among families with parents in the workforce. The fact that many of the licensed slots included in these counts are in preschool settings that are half-day and/or only a few days a week makes the gap between need and supply all the more stark.

The cost of child care in Massachusetts is among the highest in the nation. According to Child Care Aware of America, Massachusetts has the highest average cost in the country for center-based care for 4-year olds and for infant care. In the Northeast, child care costs average more than housing costs[48] and are a major driver in the high cost of living here, along with housing and transportation. In 2014, the number of children receiving child care assistance in the U.S. fell to a 16-year low of 1.4 million, and overall federal spending on child care assistance was at a 12-year low.[49] Funding has not kept pace with rising costs, and parents are being squeezed from two directions: there is less money to help pay for child care, and the money that is available pays for less and less.

Table 12 below shows the number of children whose parents received state subsidy for child care either in the form of a voucher or by being accepted for a contracted slot subsidized by the state.

[44] American Community Survey 2011-2015 5-year estimates, Table B09001
[45] American Community Survey 2011-2015 5-year estimates, Table B23008
[46] Mass. Dept. of Early Education & Care, http://www.eec.state.ma.us/ChildCareSearch/activeproviders.aspx, downloaded 06-10-2017
[47] Mass. Dept. of Elementary and Secondary Education, School and District Profiles, profiles.doe.mass.edu
[48] Child Care Aware of America, Parents and the High Cost of Child Care 2016, http://www.usa.childcareaware.org/advocacy-public-policy/resources/reports-and-research/costofcare/
[49] Coalition for Human Needs, Child Care Assistance Outcomes updated for June 2016, https://www.chn.org/outcomes/

The waitlist for state subsidy was open from September 2015 to May 2016 and has been closed since, and it will probably re-open in September 2017.[50] When we examine this data on the availability of state subsidy for child care, it is clear that many parents with low income are shut out of licensed care because it is unaffordable. It is impossible to know where these children are being cared for and how well, or how many parents have opted not to work because the benefits of working are less than what it costs to put their children in care.

Table 12: Children whose parents received state subsidy for child care 7/1/2015 – 6/30/2016

	Franklin	Hampshire	Western Hampden
# 0 - 5 for whom voucher was billed during state FY16[51]	90	344	277
# children in contracted slots for state FY16[51]	161	242	117

The world of licensed child care and child care subsidies in Massachusetts is extremely complex and fluid. It is impossible to say exactly what the capacity of the system to provide care for infants, toddlers, and preschoolers is at any given moment, or how many vouchers are or will be available for what age group. What we do know is that there is not enough licensed child care available, there are many more children age- and income-eligible for Head Start/Early Head Start than can access it, and there is nowhere near enough financial help available for parents who work or go to school. Our Parent-Child Development Center provides high quality early education for over 600 young children a year, and we are the largest early education provider in our region. We have blended our Head Start/Early Head Start programs with EEC early education funds to provide full day full year slots for families. The families may have to pay a fee in accordance with applicable state and federal regulations. In our Family Center Programs, we assist parents to find quality care and access state subsidy. Increasing the quality and supply of early education and care slots were identified as high needs through the participant and community partner surveys. In addition, programming that supports parents was identified as a need through participant and community partner surveys.

d. Early intervention and special education with children 0 – 5

In each of our family support programs (Parent-Child Development Center, Family Center, and Healthy Families), we work with many children with special needs and their families. We screen for developmental delay and support parents whose children receive services, and we are sometimes included in the children's support and educational plans. There are three Early Intervention programs in our service area, the REACH Program of ServiceNet, Thom Westfield Infant Toddler Program, and Criterion. Last year in our Parent-Child Development Center, we served 46 children from birth through two years old who had Individual Family Service Plans (IFSPs) to address disabilities and develop-mental delays. The school systems provide special education for children ages 3 – 5 with identified disabilities or delays. PCDC has formal Memoranda of Understanding with each of the school districts

[50] Barbara Agosta, New England Farm Workers Council, Region I CCR&R, 05-04-2017
[51] Mass. Dept. of Early Education and Care, provided by Jennifer Louis 05-04-2017

in our service area to support smooth processes for referral, evaluation, and intervention. The most recent Massachusetts Department of Elementary and Secondary Education school district profile reports show 514 children 3 - 5 years old with Individual Education Plans (IEPs) in the towns we serve.[52] Forty-nine of them were enrolled in PCDC this year, or 9.5% of all 3 – 5 year olds with IEPs. Of these, 15 had a speech and language delay, four autism, and 30 developmental delay.

9. Youth

In Franklin/North Quabbin, as well as Hampshire County, the community has mobilized to collectively promote positive youth development. The Communities That Care Coalition (CTC) in Franklin/North Quabbin and the Strategic Planning Initiative for Families and Youth (SPIFFY) in Hampshire County both use a risk and protective factor framework. This is a research-based, data-driven approach that helps a community understand its unique profile of what promotes or hinders pro-social behavior on the part of local youth and compares it with the national norm. Based on this, the community can then develop and implement plans that will work in their area to shift the risk and protective factors in positive directions. Such shifts eventually result in shifts in actual behavior.

Communities That Care is co-sponsored by *Community Action* and the Franklin Regional Council of Governments (FRCOG) Partnership for Youth. SPIFFY is sponsored by the Collaborative for Education Services. CTC and SPIFFY have helped more local prevention coalitions form in Greenfield, Gill-Montague, Northampton, and Quaboag Hills. The county-wide organizations survey all eight, tenth, and twelfth graders at regular intervals and generate plans with specific strategies and goals.

To give a "flavor" of risk and protective factors for youth in our service area, here we will summarize risk and protective factors for 12th graders in Franklin County from 2008 through 2015 and in Hampshire County for 2011-2015. (CTC has been operating longer than SPIFFY.) There is a wealth of information on the CTC and SPIFFY websites:

- www.communitiesthatcare.org
- www.collaborative.org/programs/community-health/spiffy-coalition

For **Franklin/North Quabbin** 12th graders as a whole, the following are some of the risk factors for which there have been higher percentages of youth at risk than the national norm since 2008:[53]

- ✓ Community laws and norms favorable drug use.
- ✓ Exposure to adult antisocial behavior.

From the Community Partner Survey:

I am chronically appreciative of the service that Community Action *offers our youth in Franklin County.*

Our youth need direct transportation to community college options, and our youth need career training programs that are geographically accessible, affordable, and have clear access/application processes.

So many truly needy kids and so few resources and partners to help them thrive and find community and connection!

[52] Mass. Dept. of Elementary and Secondary Education, 2016 Special Education Report
[53] Communities That Care Coalition, Prevention Needs Assessment Summary 2015, www.communitiesthatcare.org

- ✓ Early initiation of drug use.
- ✓ Attitudes favorable to antisocial behavior.
- ✓ Peer and/or own attitudes favorable to drug use. This took a huge jump up from 2012 to 2015.
- ✓ Low perceived risk of drug use. This also took a huge jump up from 2012 to 2015. In some of our focus groups, and within the coalitions, there has been concern about the message that legalizing marijuana sends to youth about the risks of drug use.
- ✓ Rewards for antisocial behavior.
- ✓ Depressive symptoms.
- ✓ Rate of "high risk youth," i.e. those with seven or more risk factors operating in their lives: 65%. The national norm is about 40%.

Following are some of the protective factors that have increased substantially since the initiation of the Communities That Care mobilization and were above the national norm in 2015:[53]

- ✓ Family attachment.
- ✓ Opportunities for prosocial involvement.
- ✓ Belief in the moral order.
- ✓ Prosocial involvement.
- ✓ Rewards for prosocial involvement.
- ✓ Rate of "high protective youth," i.e. percentage of youth with four or more protective factors operating in their lives: 70%. The national norm is about 48%.

CTC has made 2016 data available on disparities for all survey respondents for lower vs, higher income youth; LBGTQ vs. heterosexual youth; and white vs. youth of color. For almost every behavior and risk and protective factor measured through the Franklin/North Quabbin Prevention Needs Assessment Survey in 2016, there was a disparity favoring higher income youth. Among the variables that showed the strongest statistical significance were:

- ♦ Parent in jail or prison now or in the past.
- ♦ Usually sleep elsewhere other than at home with parents/guardians.
- ♦ Kicked out or ran away from home in the past 12 months.
- ♦ Tried smoking cigarettes before age 13.
- ♦ Smoked cigarettes daily in the past 30 days.
- ♦ Tried marijuana before age 13.

LGBTQ youth are subject to social pressures that can literally be deadly. There were many dramatic disparities between LGBTQ and heterosexual youth on the following risk factors:

- ♦ Bullied, past 12 months
- ♦ Missed school because felt unsafe, past 30 days
- ♦ Hurt self on purpose, past 12 months.
- ♦ Signs of depression, past 12 months.
- ♦ Seriously considered suicide, past 12 mos.
- ♦ Planned suicide attempt, past 12 months.
- ♦ Suicide with injury, past 12 months.
- ♦ Threatened/injured at school, past 12 mos.
- ♦ Subject to unwanted sexual contact
- ♦ Forced into sexual activity
- ♦ Use of heroin, cocaine, meth, ecstasy,

prescription narcotics, and/or prescription sedatives

Youth of color are significantly more at risk in the following ways than white youth:

- Parent in jail or prison now or in the past.
- Signs of depression, past 12 months.
- Suicide with injury, past 12 months.
- In a physical fight at school, past 12 months.
- Bullied, past 12 months.
- Missed school because felt unsafe, past 30 days.
- Tried smoking cigarettes before age 13
- Used marijuana at school, past 30 days.
- Use of prescription sedatives and/or prescription tranquilizers.

For **Hampshire County** 12th graders as a whole, the following are some of the risk factors for which there have been higher percentages of youth at risk than the national norm since 2011:[54]

- Community laws and norms favorable to drug use. This has decreased but is still above the national norm.
- Parent attitudes favorable to drug use.
- Peer and/or own attitudes favorable to drug use. This rate has decreased since 2011 but is still above the national norm.
- Low perceived risk of drug use. This rate has been consistent since 2011.
- Rewards for anti-social behavior.
- Rate of high-risk youth–down to 48% in 2015 from 58% in 2011, national norm in 2015 was 40%.

Following are some of the protective factors that have increased substantially since the initiation of SPIFFY and were above the national norm in 2015:[54]

- Family attachment.
- Opportunities for pro-social involvement
- Belief in the moral order.
- Prosocial involvement.
- Rewards for pro-social involvement.
- Rate of "high protective youth" – up to 70% in 2015. The national norm is about 48%.

Youth Programs has been an important part of *Community Action's* portfolio since 1972. We have been on the leading edge locally of support for LGBTQ youth and young adults, as well as youth workforce development and leadership development, all delivered through evidence-based approaches. *Community Action* initiated the Communities That Care Coalition and has been one of its backbone organizations. The Youth Programs Director is CTC's chair. Youth Programs staff have been key players in CTC and SPIFFY and in the local prevention coalitions. Continuing high quality youth programming, including youth workforce development programs, was identified as significant eeds

[54] Strategic Planning Initiative for Families and Youth, Collaborative for Educational Services, Prevention Needs Assessment Summary 2015, www.collaborative.org/programs/community-health/spiffy-coalition

through the participant and community partner surveys. Because of the illness of the Director of Development and Planning, we were not able to include more detailed information about youth employment in our region. We intend to add this as soon as possible.

10. Capacity of the Social Service System

In January 2017, *Community Action* surveyed our community partners about their observations of the capacity of local services to meet the needs of people with low incomes in our communities. Respondents rated the availability and capacity of specific services within four major categories (employment and education, basic needs, housing and homelessness, and access to medical care) using a three-point scale: 1) Services are adequate to meet need and free or affordable; 2) Existing services are free or affordable, but strained to capacity; 3) Services don't exist, are inaccessible, or are unaffordable. The largest number of respondents rated the services we asked about as **"Existing services are free or affordable, but strained to capacity,"** with a heavy leaning toward **"Services don't exist, are inaccessible, or are unaffordable."** There do not appear to be any major differences between the counties in the ratings. In each category of services, the agency asked about access issues (transportation, interpreting, and coordination with other needed services), and also asked similar questions of program participants. Overall, transportation and parking as well as access to interpreting and/or bi-lingual staff rose to the top as issues.

Community Action has a strong culture of collaboration with our community partners, and the community shares that culture, keeping the needs of participants (rather than programs) uppermost for the most part. Even though services are stretched, there are many available, and we work together to stretch our limited resources – or perhaps because we have limited resources.
Please refer to the appendices for more detail from the results of the surveys related to the capacity of the social service system.

11. Strengths of our communities

The communities in our service area have many challenges, and they also have many strengths. The crime rate is relatively low, and people enjoy a fairly high level of safety on the streets and in their homes. There are six colleges and universities in the Franklin/Hampshire/western Hampden area that contribute greatly to the quality of life, and also provide interns for our programs and training opportunities for staff. Two excellent community colleges provide education geared toward working adults trying to better their lives. Hampshire County has never had a community college within its borders, but Greenfield Community College has recently added classroom options in Amherst and Northampton, and Holyoke Community College is now offering classes in Ware.[55] The four community hospitals and two Community Health Centers are strong and make major contributions to public health and public access. The Quaboag Hills and Hilltown regions have put together some locally controlled transportation options that may become sustainable. The crime rate is relatively low.

[55] Daily Hampshire Gazette, January 13, 2017, Richie Davis

The agricultural sector is strong. There are many Community Supported Agriculture (CSA) farms, and the BUY LOCAL movement is widespread. Through the activities of thousands of farms, the Massachusetts Food System Collaborative, the Federation of Massachusetts Farmers Markets, and the Massachusetts Department of Agricultural Resources, the state is a national leader in farm-to-consumer sales.[56] There are many affordable opportunities for enjoying music, art, and dance, as well as family-friendly venues for outdoor activities. We are surrounded by natural beauty.

To the ultimate benefit of our lower income constituents, there is growing recognition of the role of social determinants of health (SDOH) and the importance of coordinating care among the medical, behavioral health, and social service sectors. While the imprint of classism, homophobia, racism, sexism, and ableism is quite evident here, our communities are comparatively accepting of diverse lifestyles, cultural heritages, and socioeconomic backgrounds. There are many civic and activist groups working to improve the quality of life -- people who will speak out against discrimination to build a stronger community. They are doing this work with an increasing awareness of the intersections of the many forms of bias and the need for equity in outcomes, not only equality of opportunity.

From the Community Partner Survey:

Communities of color need better understanding of their specific needs on top of basic needs. Poor service is caused by a system that truly doesn't wish to spend the necessary money, time, and energy to boost folks out of the poverty level.

Currently, racism against immigrants has become increasingly visible.

From a focus group member:

Poverty is inherited. Since legislated racism was exclusionary in access to opportunity, it follows that Black people would be disproportionately negatively impacted in health, wealth, wellness, education, etc. outcomes – systemically. Why not state it as a root cause and address the issue – especially using SDOH factors as a means to build and coordinate different systems of whole person inclusionary care.

D. Themes from the focus groups and surveys

In our *focus groups*, conversations were wide-ranging. Several themes emerged at a broader or higher level that provide context for the more detailed needs assessment.

- Lack of broadband and cell phone service in the rural eastern and western edges of our service area is a major impediment to economic development, access to services, communication with the broader world, and attracting and keeping young families. It is a major economic equity issue for our region of the state and affects every aspect of life. The state has recently released funding

[56] Greenfield Recorder, January 4, 2017, Richie Davis

to bring broadband to these unserved rural areas, which is good news indeed. Now towns must find ways to generate revenue for their share of the costs. There is still a long road ahead before access is universal.

- As will be discussed in more detail, the focus groups in the rural areas gave us a clear message that we need to have a stronger presence in their communities. Our limited resources make this a real challenge. Broadband access paired with a new, interactive website for the agency could go a long way to better serving these areas cost effectively. Of course, even when there is better broadband and cell phone service, many of our lower-income constituents may not have better access because they are not always able to afford service.
- The uncertainty, and often anxiety, created by life under the new Republican Administration is a major phenomenon in itself. People don't know what will happen, from health insurance to state budgeting to business regulation to our role on the world stage. They talked about feeling a sense of chaos and "waiting for the next shoe to drop." Some believe that UMASS will be impacted "big-time" by loss of federal research funding, which will have many ripple effects into the larger community. In addition, the uncertainty in immigration policy could negatively affect health care here. Many practitioners in our region are immigrants, and in an area that is already short on health care professionals, even uncertainty-- let along any actual changes to policy -- could make recruitment and retention even more challenging.
- Small businesses are the backbone of the local economy, and they are having a hard time staying afloat these days because of competition from internet sales and rising costs of insurance and regulation. They often have a hard time finding qualified workers, including workers that have basic employment skills like punctuality, group interaction skills, etc.
- The physical infrastructure is crumbling, and we have inadequate resources to keep up with needed repairs. Some big deferred bills are coming due.
- The civic infrastructure is also under stress. This came up in all the focus groups and was especially pronounced for the rural towns with a limited tax base. The small towns are run by volunteers, and they are increasingly being expected to fill professional roles for which they are not adequately prepared. At the same time, the Baby Boomers that have traditionally had a lot of civic engagement are retiring and slowing down. The younger folks – if they can stay local and make a living -- need to work long hours and drive long distances just to make ends meet, and they simply don't have the energy to volunteer.
- Extreme weather events and climate change also came up frequently in the focus groups. Tropical Storm Irene taught people a lot about the power of extreme weather and the necessity for emergency preparedness and planning for resilience. They believe that more is in store and that people in coastal areas may migrate inland as sea level rises. We can grow food here in Western Massachusetts, but can we accommodate an influx of people from the east? People with lower incomes and fewer resources will suffer the most in these climate change scenarios.
- Local faith communities are emerging more strongly in our area as community resources. They

are working together with each other more and are natural partners for *Community Action* because of our shared values of caring and support for those in need.

In the *staff survey*, we asked about trends staff had noticed among program participants. They identified an **increase in**: 1) the number of people whose primary language is not English (and the need to have greater capacity in the programs for translating/interpreting); 2) immigrants and refugees and the attendant legal issues; 3) people struggling with addiction and recovery (and related to that, more grandparents raising their grandchildren); and 4) mental health problems with very young children. Staff also noted that transportation and housing continue to be major problems for participants, and that many working people simply cannot make ends meet. These trends are all visible in responses to the community partner survey as well as in the secondary data we collected for the needs assessment that follows.

In the *participant survey*, 21% of respondents answered our question about what other services are needed in our area. Quite a few said the area needs services that we already provide, indicating a marketing issue for the agency. Respondents mentioned the need for better and more affordable transportation more than any other issue or need, and many of those indicated that the services were out there but inaccessible because of lack of transportation. Other needs mentioned included full-day child care, centralized intake for *Community Action,* education around trauma issues, "real jobs," training in money management, and more activities for parents and children together.

Echoing the staff and participant survey results, respondents to the *community partner survey* identified lack of transportation to access services and maintain jobs as a major issue in our area. Grouped together, securing well-paying jobs and the training and education to obtain them, were frequently identified by respondents. Following these top two need areas, support for immigrants and people for whom English is their second language, addressing the opiate/drug addiction crisis, affordable housing, and parenting support were also frequently identified as local needs.

E. Summary and Agency Priorities

The persistent core issues for people with low incomes in our service area are the high cost of living, driven mostly by the costs of housing and child care; the inadequate supply of both high quality, full-day, full-year child care and state subsidies to pay for it; restricted access to services in some parts of our service area; inadequate public transportation; a lack of living wage jobs; trauma and unmet mental health needs; and inequitable and inconsistent internet and phone connectivity. In addition, we are in the midst of an opioid epidemic that is devastating our communities. The population is aging, and this is already creating new demands on limited resources. The social service system is underfunded and strained to capacity but is strong and collaborative in its approach.

The agency's current portfolio of services responds to many local needs documented in this assessment, and our services are critical to the well-being of thousands of people. Continuing to provide these services is of the highest priority. Each issue or problem creates needs that the agency

addresses on the family or individual level, as well as on a community level.

In reviewing, this needs assessment, The Board and Leadership Team set priorities for adding or enhancing programs whenever we have the opportunity. Priorities for expanding current services are:

- More affordable, high-quality childcare, especially for infants and toddlers, youth programming and family support services.
- Expand homelessness prevention services through financial assistance programs including: asset development services; Energy Efficiency/energy conservation services; VITA clinics; WIC and Family Support Services
- Training opportunities and job matching that lead to employment, which provides a living wage.
- Work with community to support the continued improvement of public transportation.

Priorities for new services (in order from higher to lower) are:

- Workforce development with adults that have barriers to employment.
- Financial capability and asset development services.
- Energy efficiency/energy conversation services that we cannot do with current funding.

In our planning, we asked ourselves *how* we would make decisions about what to do, about the *criteria* we think are important to keep in mind. These are based in the agency's values and its assessment of local needs and, priorities.

The Board and Leadership Team decided on the following guidance:

- ❖ Truth to our mission is paramount.
- ❖ Wherever possible, we need to integrate and structure services to streamline access and create efficiencies. This is addressed in one of our strategic objectives.
- ❖ If we have to cut services, cut in such a way that the vital core of the service remains and can serve as a foundation for re-growth when that is possible. There are pieces within programs that are less vital than others.
- ❖ We can maximize impact by concentrating services in more urbanized areas. If we want to do our work WELL, we might have to do it in one location or just a few, or not so well in lots of places. (Do we want a restaurant or a food truck?) In more rural areas, we may have to pare down to only doing basic needs services while keeping some of the more developmental types of service going in the population centers. We should also keep in mind that integrating our services with services provided by other organizations in the more rural areas can extend our reach without overextending ourselves. We value equity in access, not only cost efficiency.
- ❖ Keep building community. We're all in this together. Refuse to compete.
- ❖ Whatever we do, do it well, even if it means doing less.
- ❖ Hire and keep good staff. Pay them living wages.
- ❖ Engage with the recently retired who want to contribute.
- ❖ Be pro-active in going after private and corporate donors to raise unrestricted funds.

- Do a careful cost-benefit analysis. Will what we are required to do cost more than what we are being given or what we have? If yes, then let's not do it. Emphasize programs that can generate income, like Weatherization or the Family Resource Center.
- Some of our sister organizations may fail, i.e. they will have a little money but not enough to survive. We should be ready to decide if it is worthwhile to take them on if they are within our mission and will help stabilize the agency. We want to protect services for our participants, but we cannot take on things that are not self-sustaining.
- Examine what we do from the lens of leveraging new funding streams. We are doing community and economic development, not "just" social services. We are addressing the social determinants of health. We are reducing costs to other sectors. Find ways they could support our work financially.

As will also be discussed in Section IX, the Board of Directors reviewed this needs assessment and decided that, given the uncertainty of federal and state funding and the potential ramifications of looming funding cuts, the agency would not actively plan to add services in the next three years. While there are many unmet or partially met needs in the communities we serve, we must shepherd our resources to ensure the agency's sustainability, using the capacity we do have to respond to cuts to services that now seem inevitable, and to improve the quality of and access to our current services wherever possible. (See Section IX.A.)

VIII. KEY FINDINGS: INTERNAL ASSESSMENT

A. LEADERSHIP TEAM ASSESSMENT

During the strategic planning process, the Leadership Team did its own assessment of the agency's strengths and opportunities. This provides an appropriate context for framing the larger internal assessment.

The Leadership Team considers the following to be organizational strengths:

- High quality of services.
- Know-how and experience of staff.
- We make a difference. Impact! Results!
- Collaboration – especially in Franklin County.
- Well respected.
- Judgment-free, safe place for our constituents.
- Strengths-based approach.
- Diversity of funding and programs.
- Creativity, flexibility, innovation.
- Leveraging and combining many sources of funding.
- Positive workplace culture.
- Discipline as a business: strong internal processes and budget and financial management.

In addition, the Leadership Team sees the following ways we can build on these strengths to improve our reach and impact:

- Increase capacity for marketing, branding, visibility, and through that, advocacy.
- Tell a better story with infographics, billboards, bus ads, public TV, brochure, website!!!!
- Increase donor fundraising capacity.
- Systematize volunteer recruitment and management.
- Continue to automate systems.
- Continue to improve internal collaboration and Integration of services. This may require a new organizational structure.

B. ASSESSMENT OF CUSTOMER SERVICE AND CUSTOMER SATISFACTION

1. Participant Survey results on customer service

Overall, the people who completed the participant survey rated their experience at *Community Action* very positively. This held true regardless of the program the respondent rated, and results were equally positive for people of any gender, race/ethnicity, disability status, or education level. Ratings for each program were compiled and passed along to each program director. Areas where we could improve included our capacity to communicate with participants in their preferred language (about 60% said an interpreter was easily accessible) and internal (intra-agency) coordination of services (20% said they had not received information about other agency services). (See Table 13.)

Table 13: Customer service -- 2016-2017 participant survey results

I was treated with respect.	
Strongly agree	73.1%
Agree	24.4%
I felt welcomed.	
Strongly agree	69.9%
Agree	26.5%
I felt the staff understood my needs and culture.	
Strongly agree	63.2%
Agree	29.5%
If I needed an interpreter, one was easily available for me.	
Strongly agree	26.2%
Agree	31.1%
I trusted that my privacy/confidentiality would be respected by *Community Action* staff.	
Strongly agree	66.7%
Agree	28.1%
I got the information/services I needed.	
Strongly agree	69.7%
Agree	26.8%
The building was clean.	
Strongly agree	57.1%
Agree	38.0%
I was informed about other services within Community Action that might be helpful to me.	
Strongly agree	47.6%
Agree	31.9%
I was informed about services outside of Community Action that might be helpful to me.	
Strongly agree	38.0%
Agree	34.8%
Staff took the time to find out what might get in the way of following through with their referral to other services and then helped me figure out what to do.	
Strongly agree	42.7%
Agree	39.0%
I would recommend this program to my friends.	
Strongly agree	76.4%
Agree	20.6%

As stated in the needs assessment section, people in *Community Action's* service area speak a wide variety of languages. Agency staff have access to translation and interpreting services, but problems inevitably arise when interpreting is not immediately accessible. The best way to improve communication with participants in their preferred language is to hire staff that speak that language. However, since there are so many languages spoken, and often only a few speaking a given language at any given site, this goal will be difficult to reach. The agency has an effective policy on language access and will continue to build capacity as funding allows.

The participant survey results on internal collaboration and integration of services are similar to those in years past. The agency has been aware that programs have tended to operate too much as "silos" and has been working on improving cross-training, internal referral systems, and communication. Some of our programs are now posting staff at other agency program sites in order to facilitate easy access. In an ideal world, we would have a unified data system, or a data warehouse, to support internal collaboration and case management. Funders often mandate that we use their data system, and these do not "talk" with each other. We are in the beginning stages of developing a data warehouse. The strategic plan includes a goal related to internal collaboration and services integration.

We are very proud of the feedback on customer service from the participant survey. Some, but not all, of our programs have systematic ways of regularly measuring customer satisfaction and adjusting procedures as needed, and some do not. As required by the CSBG Organizational Standards, in FY2018, the agency will implement systems for gathering customer input, analyzing it, and reporting it to the Board for all programs at least once a year.

Survey respondents also told us what made it hard for them to access services. (See Table 14 below.) Parking and transportation stood out as issues. We heard about transportation problems elsewhere in our primary data collection, and our strategic plan includes a goal to work with other local organizations and at the state level to improve public transportation in our service area.

From the Participant Survey

Everything is running nice. Although the parking is a bit hard. There should be more parking spaces or separate just for Community Action.

Get your own van to pick people up.

I don't think there needs to be any improvement, but if there was transportation to WIC, it would help a lot.

[Could you] Offer Saturday morning office hours?? Later hours for working class would be helpful, or a weekend timeframe.

I think you guys are amazing and shouldn't change a thing for the time being.

Table 14: Was there anything that made it hard to get to or use the services of this program? Check all that apply.	
Parking	13.3%
Transportation	12.1%
Hours	6.3%
Too much paperwork	5.5%
Embarrassed/overwhelmed	4.3%
Other - Write In	4.3%
I wasn't told how long it would take to hear back.	3.5%
Tired of answering the same questions over and over.	3.5%
Disability	2.7%
Child care	2.0%
I couldn't understand what the staff person was saying.	1.2%
Immigration or citizenship status.	0.8%
None of the above	40.6%

We also asked questions about how respondents had heard about our services. These results indicate very clearly that our website, our positive reputation among our participants, and strong relationships with our referring community partners are keys to access for our participants.

►How many ways have you heard about services offered by *Community Action*? (Check all that apply.)

- 59.8% -- Family/friends told me about the services.
- 33.0% -- Another social service agency/professional told me about *Community Action.*
- 23.2% -- I saw a sign/poster/brochure about an event or service.
- 21.9% -- I used a computer or laptop or iPad and found the website.
- 17.4% -- I used a smart phone and found the website.
- 10.7% -- I read about *Community Action* in the newspaper.
- 8.0% -- I saw something on Facebook about *Community Action* or one of its programs.
- 2.2% --I saw information about *Community Action* on TV.
- 1.8% --I heard about *Community Action* on the radio.

In addition, we asked more specific questions about the agency website. Respondents agreed that it was easy to find and navigate. We ourselves feel otherwise, perhaps because we can imagine an interactive website that is mobile-friendly and serves as an effective portal to our services by offering online tools for making appointments, determining eligibility, initiating the intake and application process, and linking to referrals. We have included developing such a website as part of several strategies to reach larger objectives related to rural access, visibility/marketing, and fundraising.

2. Community partner survey results on customer service

We were also quite pleased with the feedback from our community partners about our level of customer service and the quality of our services. We first asked them to rate the agency as a whole. Results were uniform across geographies. This was different from years past, when ratings from Hampshire County, where we have been the designated Community Action Agency only since 2006, had been somewhat lower.

"Community Action is perfectly named."

- ☆ Across all the types of relationships that respondents have with the agency (e.g. working on collaborative projects together, mutual referrals), ratings of the agency were consistent. The type of relationship did not have an impact on the levels of satisfaction with our work.
- ☆ Almost everyone said that the agency "almost always" or "usually" does a good job of connecting people with low incomes to the services they need.
- ☆ Over 90% of respondents said we "almost always" or "usually" collaborate well with other organizations to address local needs. About 9% said we "sometimes" do.
- ☆ About 85% of respondents said we "almost always" or "usually" provide information about our programs and initiatives to other service providers. The other 15% said that we "sometimes" do.
- ☆ 17% of respondents said we are "somewhat visible" in the communities we serve. 52% said we are "visible," and 31% said we are "very visible."
- ☆ 97% of respondents "agree" or "strongly agree" that we have a good reputation in the communities we serve.
- ☆ 100% of respondents 'agree" or "strongly agree" that we are fiscally responsible.
- ☆ Virtually all respondents "agree" or "strongly agree" that we play a leadership role in advocacy with policy makers.

From the Community Partner Survey:

There are so many arms and so much area covered by Community Action, *it can be confusing for an outside partner to figure out who serves what communities/groups.*

The agency as a whole does a good job, but there are areas for improvement for getting the word out about some services offered.

Make information more available to the greater community. Most people I speak to about you, do not know who you are.

We then asked respondents to rate our programs grouped in three categories: basic needs; energy; and child, youth, and family.

Our **basic needs programs** are the Center for Self-Reliance Food Pantries, Community Resources & Advocacy, VITA free tax assistance, and The Mediation & Training Collaborative's court-based mediation services. Our community partners generally rated the service provided by our basic needs programs highly, and ratings for staff knowledge about their program area were especially strong. There is room for improvement in coordinating services with other agencies.

These are some of our most purely "transactional" programs; staff do not typically form long-term relationships with participants or do joint case management or coordination with other agencies. Nonetheless, we do expect staff to be aware of what other services participants are using, as much as is feasible, and to coordinate whenever possible. "

From the
Community Partner Survey

Sometimes I wonder how much programs with Community Action *know about other programs within the agency.*

I appreciate how respectful and collaborative *Community Action* folks are. They
communicate well.

In addition to providing assistance that is needed by low-income people, the staff is extremely respectful, approachable, and professional.

Whenever I am at a *Community Action* program, or co-facilitating with a *Community Action* staff member, it's always clear how much time, effort, and heart they put into serving the clients they work with. They offer individualized and knowledgeable support. I also really appreciate the cultural competency they display, and the social justice minded lens from which they view the work.

Exceptional staff are the norm at Community Action!

Our **energy programs** are Fuel Assistance and Energy Conservation. Again, these are "transactional" services. We certify eligibility for Fuel Assistance and issue checks and may never actually see a client face-to-face. We perform energy audits and work with vendors to make improvements in people's homes, but direct contact is limited. Overall, our community partners gave us positive ratings. Very few people said that only "sometimes" do participants have a positive experience, and very few said that only "sometimes" are the programs effective in meeting participant needs. The vast majority of respondents said that participants they refer "almost always" or "usually" had a positive experience and that the programs "almost always" or "usually" were effective in meeting participant needs. Respondents had particularly positive regard for the expertise of the staff. These ratings were consistent across geographic region, and across both programs.

Our **child, youth, and family programs** are Women, Infants, and Children (WIC); Healthy Families; Family Center; Youth Programs; and the Mediation & Training Collaborative's student mediation program. (Ratings for the Parent-Child Development Center were in their own section of the survey.) Regardless of the geography, or the type of relationship, or the program, our community partners think highly of the service that *Community Action* staff in these programs provide. Staff are able to develop longer-term relationships with participants in these five programs, and they uniformly received high ratings of their effectiveness in coordinating services with other programs. Community partners also gave staff high marks for their knowledge in their program area and said the people they refer have a positive experience with us. The Parent-Child Development Center, which often

serves families for three to five years in Early Head Start and Head Start, also garnered strong positive feedback. Respondents wanted to learn more about PCDC so their referrals to the program could be most effective.

3. Staff survey results related to customer service

In some very important ways, the staff feel very good about the quality of service they provide -- the respect for diversity and confidentiality here, the trust participants place in us, the respect community partners have for us, our mission-driven approach. Virtually everyone would recommend their program to their friends. Places they would like to see improvement are in the areas of internal collaboration and service integration, and being able to speak with participants in their primary language if it is not English. Staff need to know more about the agency's other programs and how to refer, and even in programs that provide services with intensity and duration, a significant number of staff thought their intake and assessment process could be improved.

Mirroring the results of the participant survey, most specific comments from staff about how to improve advocacy and the quality of services focused on services integration, language access, and transportation, in that order. Two thirds said they would like to have more information-sharing meetings with other agency programs as well as standard intake and release of information forms that include all agency programs. This would make it easier to coordinate services within the agency. Over half wanted to see an agency brochure that could be widely distributed and regularly updated. All staff have access to SharePoint as our internal website, and staff thought this could be used more routinely to give updates about programs and staff. The strategic plan contains objectives that respond to this feedback from staff.

4. Focus group feedback about customer service

Access to our services by residents of the most rural communities on the geographic edges of our service area was the major customer service-related theme that arose in the focus groups. In the Greenfield, Amherst, and Northampton focus groups in the center of our service area, there was no particular mention of access to our services. But in North Quabbin, Quaboag Hills, West County, and the Hilltowns -- all rural and isolated from larger economic hubs where social services tend to be located -- the desire to maintain and increase connection with *Community Action* was clear and strong. In North Quabbin, where we have been providing services for decades and own a building that houses most of our services, the message was "Keep doing everything you're doing. Stay in Orange." They wanted us to be more public about what we do and work more closely with civic leaders. Members of the other three focus groups urged us to be more present in their communities and to partner with local services, civic leaders, and faith communities to amplify what both they and we can do. We need to step outside our typical social service circles and build new alliances that recognize the layers of interconnection in very rural areas, they said. In Ware, the group spoke of the difficulties that staffing our office there very few hours each week presented for people with transportation or telephone issues. The Hilltowns and West (Franklin) County are on the front edge of

the aging population curve, and focus group members wanted us to be especially cognizant of the access-related needs of rural elders and their support networks.

In addition, the Hilltowns and Quaboag Hills group members wanted us to be more aware in our planning of something we have understood well in North Quabbin for quite awhile: economic and social regions do not fit neatly within the county boundaries of our designated CSBG service area. To serve the five Franklin County towns in the North Quabbin region, we have had to work within the four Worcester County towns, as well. Similarly, to work effectively in the two Quaboag Hills towns in our service area, we have to understand the entire 15-town Quaboag Hills region that spans parts of three counties. To serve the nine Hampshire County towns in the Hilltown region, we have to know about the interconnections in the entire 22-town Hilltown area. We have begun this by including information about these distinct regions in our community needs assessment, and the strategic plan includes an objective on improving access to our services in the most rural parts of our service area.

C. STAFF JOB SATISFACTION AND RETENTION

Mirroring results from past staff surveys, we learned that 95% of all staff who completed the survey like their job. Overall, they feel the work environment is collaborative and that their work is both rewarding and appreciated. In general, staff are pleased with the leave policies and comprehensive benefits the agency offers (health, dental, disability, and life insurance; retirement match), although quite a few would like to see an increase in the retirement match. There were also many comments that the leave time benefits are excellent, but it is difficult to actually take the time off. As has been true for years, the major negative for the staff was around pay; 45% do not agree that they are paid fair and adequate compensation. This rate is about ten percentage points lower than the last staff survey three years ago.

A large percentage of supervisors reported feeling confident and effective in their supervisory role, and staff reported feeling generally supported by their supervisors in their job performance and professional development. There was some ambivalence about the current performance evaluation system (only 50% agreed it supports professional development) as well as a desire for more training about conducting evaluations, as well as follow-up by managers if evaluations are not completed regularly. Respondents stated that core administrative functions (fiscal, IT, data management, maintenance, grantwriting, planning, HR, etc.) support their work at an optimum or adequate level. Staff want a better external website and expressed some difficulty with the transition to SharePoint as our internal website and file storage.

Agency wages are on par with those at other social service agencies in Western Massachusetts. Staff in lower paid jobs do not make a living wage and are often eligible for the services we provide – an irony that is not lost on us. In the higher wage brackets, managers at *Community Action* are compensated at much lower rates than in other industries. When unemployment is low, as it is now, retaining staff becomes increasingly difficult. Staff may like their jobs a lot and want to stay but leave anyway because their first priority is financial stability and taking care of their family. Recently,

managers have been reporting difficulty not only in retaining staff, but also in attracting qualified candidates. When positions remain unfilled, or when there is frequent turnover, the quality of services suffers. In our work, relationship is the key to participant success. When a position is unfilled and other staff are doing double duty, or when someone leaves, the disruption can be damaging to a participant's progress. This is especially true for our youngest participants, whose very brain development is dependent on consistency of caregiving.

The agency has been developing a wage and salary scale to bring like jobs into similar pay levels and to make pay levels competitive with other sectors of the economy. Refining and implementing this are part of our strategic plan.

From the Community Partner Survey:

Community Action seems to be fiscally responsible within the community, but the organization would be well-served to offer a more substantial pay rate for employees.

Staff turnover is quite high, which makes for front-line staff who are not as invested or informed as they might be. I believe higher staff salaries might help this.

D. MARKETING AND VISIBILITY

From every angle – the focus groups, the three surveys, the Leadership Team and Board – we heard again about the need for the agency to be more visible to potential participants, prospective donors, our community partners, and the community-at-large. This has been the case for many years. We – and indeed the entire Community Action network --are a well-kept "secret." The agency simply has not had enough money and capacity to do everything it would like, and providing services to people in need has always taken a higher priority than branding and marketing. The two priorities are not mutually exclusive. Being more visible helps people who might need or want our services to find us easily, and helps our community partners refer people to us. With good marketing, we can attract new donors, which has become a higher priority in the uncertainty of the Trump presidency. Mission-driven marketing can tell the story of living in poverty to people who could become our allies in advocacy for systemic change. In our strategic plan, improving marketing and visibility is part of several strategies in objectives related to donor fundraising, internal collaboration, and access in the most rural parts of our service area.

E. FINANCIAL CAPACITY AND STABILITY

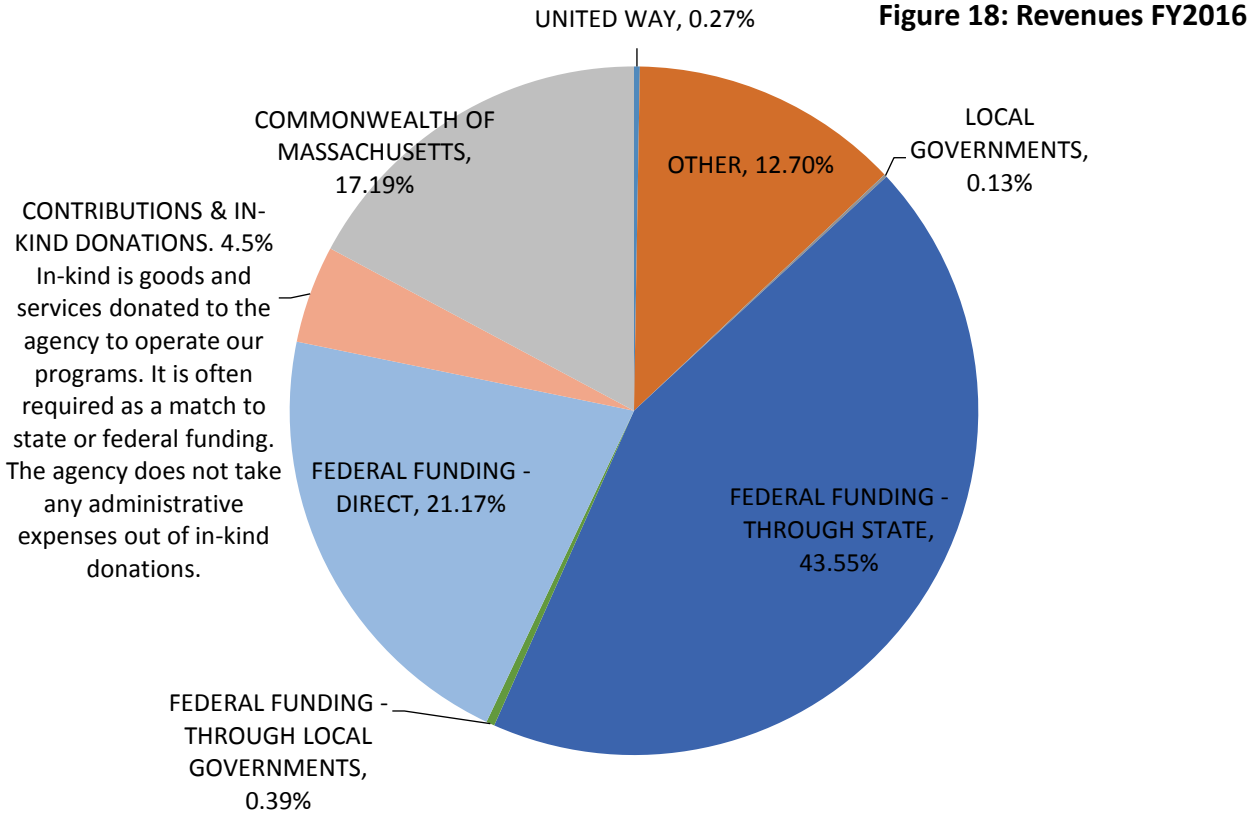
Community Action is a stable, mature organization with a history of clean audits, strong internal controls, and a well-deserved reputation for fiscal responsibility. The agency is very adept at blending or braiding funding streams and managing each of them within funder restrictions. As we demonstrate good outcomes from these interwoven services, we position ourselves well to leverage other funding. The experience for participants is virtually seamless. For instance, our Parent-Child Development Center combines Head Start funding (which pays for half a day of care) with state child care funding to make it possible to provide full-day care for working parents. Community Action Youth Programs has multiple government sources of funding for intensive youth workforce

development programming. On the basis of this, they have attracted private foundation funding to offer some lighter touch options that can engage youth who might be scared off by having to make a commitment to the more intensive level of service.

Community Action, like most non-profit agencies that provide services to individuals and families living with low incomes, is heavily reliant on public funding. As is demonstrated in the chart below, two-thirds our revenues came from the federal government in FY2016. While Head Start funding comes directly from the federal government to us, the funding from our other federally financed programs is administered and dispersed by the Commonwealth of Massachusetts. These programs include early education and care, youth workforce development, WIC, LIHEAP (Fuel Assistance), Department of Energy Weatherization Assistance Programs, and all of our Community Services Block Grant-funded activities. Municipalities fund some of our work through their federal Community Development Block Grant funds. United Way of Massachusetts Bay is the conduit for early education Quality Rating and Improvement System (QRIS) funds that originate from the federal level.

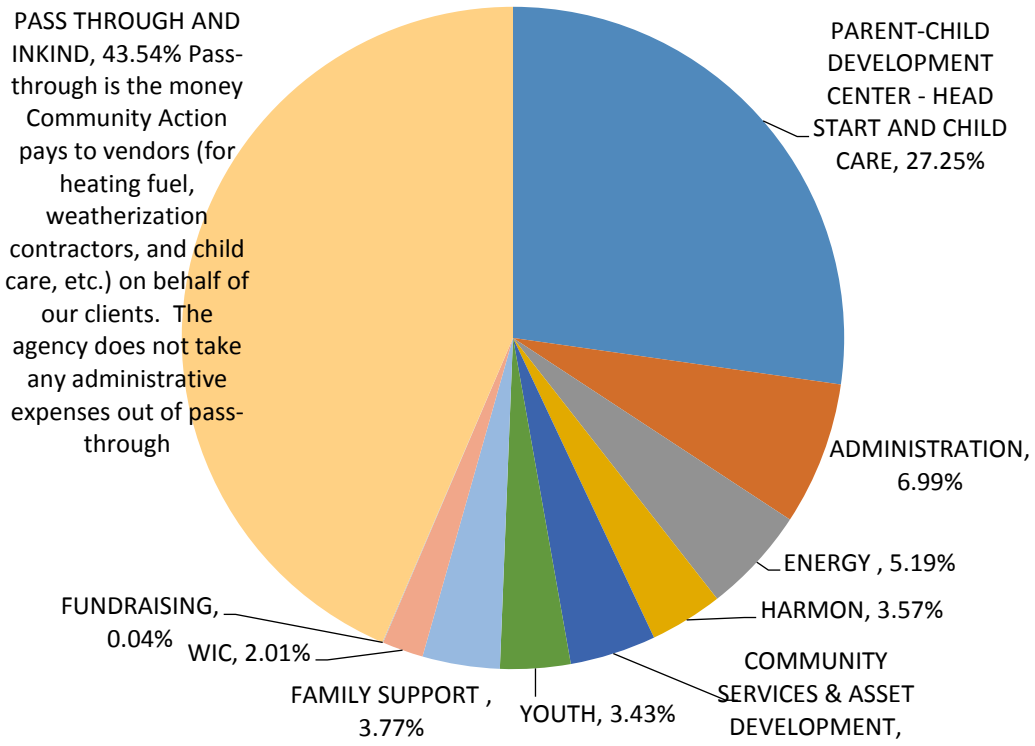
The "Other" category in the pie chart below (Figure 18) reflects the growth of our energy conservation work funded by surcharges on utility bills and channeled to us through utility companies. While we receive less than 1% of our funding from the United Ways of Franklin and Hampshire Counties, this flexible funding allows us to expand the reach of programs that have government contracts, which may not cover all costs or be completely responsive to local needs.

Figure 18: Revenues FY2016



During FY2016, almost 44% of the revenues that *Community Action* received were pass-through funds. These go directly to vendors on behalf of members of our community (e.g. to pay family child care providers or to purchase heating fuel).

Figure 19: Uses of Funds, FY2016



The majority of *Community Action's* contracts are "cost reimbursement." We bill the state up to a maximum amount after services are rendered and receive a dollar-for-dollar reimbursement. Such contracts pay only for what the agency has spent and do not allow us to generate any surplus, as performance-based contracts or being able to bill insurance would. Often, cost reimbursement contracts do not pay the full cost of providing a service, and many come with a pre-condition that the agency not charge for essential "indirect" expenses such as bookkeeping, information technology, or required planning activities, or they restrict what the agency can request to a level far below actual cost. The agency's "indirect rate" is generally between 12% and 13%, which is quite modest, while we are often offered grants that allow between 2% and 8% for indirect expenses. Many state contracts are multi-year and are level-funded throughout the life of the contract, regardless of increases in the costs of doing business. Some contracts require the agency to raise matching funds as a condition of receiving state or federal funding.

Given the restrictions that come with cost reimbursement contracts, the agency has historically had a smaller fund balance than is ideal for a business of our size. However, careful management of available cash coupled with the economies of scale that come from our size have allowed us to succeed in an increasingly challenging funding environment.

In addition, *Community Action* has taken steps to increase revenues from unrestricted, or flexibly restricted, non-governmental sources in order to ensure that our services remain of high quality. As Massachusetts has increased regulations and incentives for investing in energy conservation, we have seen an increase in revenue from utilities to our Energy Conservation program. A recently issued state funding opportunity requires that a portion of revenues from new electric generation and transmission directly benefit low-income ratepayers, and the Community Action network is well positioned to be part of moving the money where it is needed. In addition, we have quadrupled our fundraising for our *Heat Up!* Campaign over the past several years, and have made it a priority to continue growing donor fundraising. The lack of large corporations and the dominance of the non-profit and education sectors, along with the depressed wages in our area, present major challenges for our fundraising efforts. Nevertheless, we continue to prioritize raising money that we can direct flexibly where it is needed most to fill in gaps in budgets and to support people who are in crisis.

In this regard, *Community Action's* Community Services Block Grant (CSBG) funding is absolutely critical. CSBG funding is very flexible; as long as it is used to support services to people in our designated CAA area with income below 125% FPL, we may direct where it is needed most. The agency uses CSBG to support programs and administrative capacity in strategic ways based on community need and on our priorities for increasing agency capacity. Our CSBG grant has been critical to our ability to serve as "the place to go" when you need help of any kind; to continue providing youth development programming when state priorities shifted; and to assist with the crisis of homelessness, to name a few. On the more administrative side, our CSBG grant has played a key role in positioning ourselves well with funders by being able to document what we have accomplished with increasingly more sophisticated data management systems and in mobilizing various groups within our community to collectively solve problems.

F. LEVEL OF BOARD ENGAGEMENT

In the past few years, the executive leadership and the Board have worked together to increase the level of Board engagement. The agency benefits from their increased insight into how we operate and their ability to represent us well in the community. They benefit from feeling useful and effective as leaders of a vibrant organization that does good work. The Board now has committees on governance, personnel, finance, and fundraising. Attendance at meetings is strong, and Board members complete extensive background reading before meetings so that they are well prepared to move through the agenda. During the DHCD site review of our compliance with the CSBG Organizational Standards, our program representative saw an engaged, informed, and thinking Board of Directors. The strategic plan includes a goal to increase unrestricted revenue, including through donor fundraising, and the Board has committed to play a significant role in this effort.

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G. TOP PRIORITIES FOR INTERNAL IMPROVEMENT

The following top priorities for improving agency operations emerged during our planning process:

- Improving internal collaboration and service integration.
- Increasing compensation and pay equity.
- Increasing unrestricted revenue.
- Automating more of our internal systems.
- Developing an interactive, mobile-friendly website that supports remote access to our services and stimulates donor and community interest in the agency.
- Increasing marketing to potential participants, community partners, and the community-at-large.
- Ensuring progressively stronger alignment of planning, reporting, and monitoring systems with CSBG ROMA Next Generation and the CSBG Organizational Standards.

Implementing these improvements will help the agency function better, with the ultimate end of improving quality of and access to services for our constituents.

IX. STRATEGIC THREE YEAR GOALS

A. STRATEGIC PLAN FOR FY2018 – FY2020

The overarching purpose of the goals we have set for ourselves for the next three years emerged from the agency's assessment and planning process: **to improve the quality of and access to our services.** We have chosen eleven goals from eight need areas with corresponding objectives, strategies, timeframes, and identified project managers/key players. Each goal and its corresponding objectives and strategies help steer us in this three-year cycle. We are excited to continue with projects/changes already underway, as well as new activities that will bring us closer to meeting the needs identified.

Need #1a: The agency needs a stable and well-compensated workforce in order to provide and expand high quality services.		
Strategic Three-Year Goal Statement		
Identify funding sources (new and existing) that will ensure the ability to hire qualified staff at competitive wages, and provide annual raises that will increase staff retention.		
Program Manager: HR Director **Key Players:** Department Directors/ Dir. of Dev. and Planning		
Indicate whether the goal addresses (check all the apply): Org. Standard 6.2 ☒ Reduction of Poverty ☒Revitalization of low-income communities ☒ Empowerment of people with low incomes to become more self sufficient		
Indicate whether it is a (check all that apply): Org. Standard 6.3 ☐Individual/Family Goal ☐Community Goal ☒Agency Goal		
Indicate which CSBG Service Category applies (check one): Org. Standard 4.2 ☐Employment ☒Education ☐Income/Asset Dev. ☐Housing ☐Health and Social /Behavioral ☐ Civic Engagement ☐ Services Supporting Multiple Domains ☐Linkages ☐ Agency Capacity Building ☐Other:		
Specific Objective		
Fiscal Year 2018	***Fiscal Year 2019***	***Fiscal Year 2020***
Decrease staff turnover throughout the agency, from 19% to 15%.	Decrease staff turnover throughout the agency, from 15% to 13%.	Maintain staff turnover at no greater than 13%
Strategies	Strategies	Strategies
HR will create a wage and salary scale with parity throughout the agency and competitive within the community	Reassess wage and salary scale with parity thought-out the agency and competitive within the community	Reassess wage and salary scale with parity thought-out the agency and competitive within the community
HR will implement the new wage and salary scale and reassess throughout the year		
CA will look for additional funding to support increased salaries to ensure available staff for current programming and any expanded programming.	CA will look for additional funding to support increased salaries to ensure available staff for current programming and any expanded programming.	CA will look for additional funding to support increased salaries to ensure available staff for current programming and any expanded programming.

Need #1b: Individuals and families need increased access to quality early education and care services, Head Start/Early Head Start, youth programming, and family support services.		
Strategic Three-Year Goal Statement		
Families with low income will have increased access to early education and care/Head Start slots (full and part day), youth programming, and family support services.		
Key Players: Department Directors		
Indicate whether the goal addresses (check all the apply): Org. Standard 6.2 ☒ Reduction of Poverty ☒Revitalization of low-income communities ☒ Empowerment of people with low incomes to become more self sufficient		
Indicate whether it is a (check all that apply): Org. Standard 6.3 ☒Individual/Family Goal ☐Community Goal ☐Agency Goal		
Indicate which CSBG Service Category applies (check one): Org. Standard 4.2 ☐Employment ☒Education ☐Income/Asset Dev. ☐Housing ☐Health and Social /Behavioral ☐ Civic Engagement ☐ Services Supporting Multiple Domains ☐Linkages ☐ Agency Capacity Building ☐Other:		
Specific Objective		
Fiscal Year 2018	***Fiscal Year 2019***	***Fiscal Year 2020***
Increase access to quality early education and care services, youth programming, and family support services, as evidenced by a decrease in wait lists and improved staff retention.	Increase access to quality early education and care services, youth programming, and family support services as evidenced by a continued decrease in wait lists improved staff retention.	Increase access to quality early education and care services, youth programming, and family support services as evidenced by a continued decrease in wait lists and staff retention.
Strategies	Strategies	Strategies
HR will use the new wage and salary scale in categorizing staff salaries	HR will reassess the wage and salary scale annually and categorize staff salaries accordingly.	HR will reassess the wage and salary scale annually and categorize staff salaries accordingly.
Increase staff retention by providing on-going training and certifications for all staff, strengthening skill base and affecting their ability to increase their base salary.	Continue providing on-going training and certifications for all staff and strengthening skill base and affecting their ability to increase their base salary.	Continue providing on-going training and certifications for all staff and strengthening skill base and affecting their ability to increase their base salary.
Increase staff retention by setting career development goals while providing opportunities to meet those goals and increase staff's salary base.	Increase staff retention through: reassessing career development goals, any changes needed in providing opportunities to meet those goals and increasing staff's salary base.	Increase staff retention through: reassessing career development goals, any changes needed in providing opportunities to meet those goals and increasing staff's salary base.
Increase staff retention through staff appreciation approaches like "Caught in the Act," "Mark of Excellence," and recognition at the annual meeting and other agency-wide gatherings.	Continue to assess impact of Staff Appreciation initiatives on staff retention. Brainstorm new ideas via staff surveys.	Continue to assess impact of Staff Appreciation initiatives on staff retention. Brainstorm new ideas via staff surveys.
Increase staff retention through: focusing on work/home Health and Wellness Program, providing opportunities for rest, exercise, stress reduction, nutrition and health news.	Continue to reassess the work/home Health and Wellness Program, evaluating whether these activities do positively affect staff retention. Brainstorm new ideas via the staff satisfaction surveys.	Continue to reassess the work/home Health and Wellness Program, assessing whether it does positively affect staff retention. Brainstorm new ideas via the staff satisfaction surveys.

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Need #1b: Individuals and families need increased access to quality early education and care services, Head Start/Early Head Start, youth programming, and family support services.		
Strategic Three-Year Goal Statement		
Families with low income will have increased access to early education and care/Head Start slots (full and part day), youth programming, and family support services.		
Increase staff retention through: Diversity and Inclusion Committee activities and provide on-going education on a variety of diversity topics.	Continue to assess Diversity and Inclusion Committee activities, evaluating whether these activities do positively affect staff retention. Brainstorm new ideas via the staff satisfaction surveys.	Continue to assess Diversity and Inclusion Committee activities, evaluating whether these activities do positively affect staff retention. Brainstorm new ideas via the staff satisfaction surveys.
The Agency will continue advocacy at the state and federal level to increase funding for staff salaries	The Agency will continue advocacy at the state and federal level to increase funding for staff salaries	The Agency will continue advocacy at the state and federal level to increase funding for staff salaries
Include increased salaries and services in open bids for services e.g. Head Start/Early Head Start renewal, EEC open bid	Include increased salaries and services in open bids for services e.g. WIOA Youth	Include increased salaries and services in open bids for services e.g. Family Center

Need #2a: Individuals and families need financial assistance to maintain stable and safe housing.		
Strategic Three-Year Goal Statement		
Households will obtain needed financial assistance to assist with maintaining stable and safe housing.		
Key Players: Department Directors		
Indicate whether the goal addresses (check all the apply): Org. Standard 6.2 ☒ Reduction of Poverty ☒Revitalization of low-income communities ☒ Empowerment of people with low incomes to become more self sufficient		
Indicate whether it is a (check all that apply): Org. Standard 6.3 ☒Individual/Family Goal ☐Community Goal ☐Agency Goal		
Indicate which CSBG Service Category applies (check one): Org. Standard 4.2 ☐Employment ☐Education ☐Income/Asset Dev. ☒Housing ☐Health and Social /Behavioral ☐ Civic Engagement ☐ Services Supporting Multiple Domains ☐Linkages ☐ Agency Capacity Building ☐Other:		
Specific Objective		
Fiscal Year 2018	***Fiscal Year 2019***	***Fiscal Year 2020***
CA will provide 8,500 households with varied financial assistance to support households with maintaining stable and safe housing.	CA will provide 8,750 households with varied financial assistance to support households with maintaining stable and safe housing.	CA will provide 9,000 households with varied financial assistance to support households with maintaining stable and safe housing.
Strategies	Strategies	Strategies
Previous customers will receive mailings from Fuel Assistance to remind them of services for which they may be eligible.	Previous customers will receive mailings from Fuel Assistance to remind them of services for which they may be eligible.	Previous customers will receive mailings from Fuel Assistance to remind them of services for which they may be eligible.
CA will continue to find new ways to increase presence in the community.	CA will continue to find new ways to increase presence in the community.	CA will continue to find new ways to increase presence in the community.
Work with local agencies to share information about the agency's services.	Continue to work with local agencies to share information about the agency's services.	Continue to work with local agencies to share information about the agency's services.
Attend local community coalition meetings and inform members about all CA services.	Attend local community coalition meetings and inform members about all CA services.	Attend local community coalition meetings and inform members about all CA services.
Monitor accessibility of services to families, including hours of operation. Assess further need.	Continue to monitor accessibility of services to families, including hours of operation.	Continue to monitor accessibility of services to families, including hours of operation.
Explore options to collaborate with regional home repair providers. Continue to apply for innovative energy initiatives (e.g. mini-splits, low-income household participation in community solar).	Explore increased energy efficiency work through utility company funding. In collaboration with LEAN, participate in the next three-year contract with alternate funding sources.	Explore increased energy efficiency work through utility company funding.

Need #2b: The agency needs additional funding to provide more levels of assistance and to support individuals and families in their efforts to maintain stable and safe housing.

Strategic Three-Year Goal Statement

The agency will work toward obtaining increased levels of assistance to support households in maintaining stable and safe housing.

Program Manager: Dept. Directors **Key Players:** Dir of Dev. and Planning, Department Directors

Indicate whether the goal addresses (check all the apply): Org. Standard 6.2

☒ Reduction of Poverty ☒Revitalization of low-income communities ☒ Empowerment of people with low incomes to become more self sufficient

Indicate whether it is a (check all that apply): Org. Standard 6.3

☐Individual/Family Goal ☐Community Goal ☒Agency Goal

Indicate which CSBG Service Category applies (check one): Org. Standard 4.2

☐Employment ☐Education ☐Income/Asset Dev. ☒Housing ☐Health and Social /Behavioral ☐ Civic Engagement ☐ Services Supporting Multiple Domains ☐Linkages ☐ Agency Capacity Building ☐Other:

Specific Objective

Fiscal Year 2018	***Fiscal Year 2019***	***Fiscal Year 2020***
The agency will seek out one new sources of funding in order to provide increased levels of assistance and to support to households in their efforts to maintain stable and safe housing.	The agency will seek an additional source of funding in order to provide increased levels of assistance and to support to households in their efforts to maintain stable and safe housing.	The agency will seek an additional source of funding in order to provide increased levels of assistance and to support to households in their efforts to maintain stable and safe housing.
Strategies	Strategies	Strategies
Work with local utility and fuel companies to increase participants' access to free/low-cost services.	Research untapped utility/fuel resources.	Research untapped utility/fuel resources.
Increase capacity of the VITA program by recruiting and training more volunteers.	Continue to support and expand pool of VITA Tax Program Volunteers.	Continue to support and expand pool of VITA Tax Program Volunteers.
Participate in state funding pilot re: Eligible Electric Vehicle Rebate Program freeing up funds for other household bills.	Assess the viability of the program, if successful look for opportunities to expand.	Re-assess the viability of the program, if successful look for opportunities to expand.
Continue outreach to legislature to support increased funding for community members struggling to maintain affordable housing. (e.g. EOHHS Consortium funding)	Continue outreach to legislature to support increased funding for community members struggling to maintain affordable housing.	Continue outreach to legislature to support increased funding for community members struggling to maintain affordable housing.
The Community Collaboration Coordinator will expand our Building Bridges to Coordinated Care grant.	Reassess this position and its successes, expanding where funding allows.	Continue assessment this position, any expansions and its successes, expanding where funding allows.
The Asset Development Coordinator will provide financial coaching program, and coordinate benefits with Resource Advocates.	Reassess this position and its successes, expanding where funding allows.	Continue assessing this position and its successes, expanding where funding allows.
Expand our fundraising position, to assist with the expansion of providing all levels of cost-savings services.	Continue to expand our fundraising position, to assist with the expansion of providing all levels of cost-savings services.	Continue to expand our fundraising position, to assist with the expansion of providing all levels of cost-savings services.

Need #2c: The community has a need for more of stable, safe, and affordable housing.		
Strategic Three-Year Goal Statement		
Community Action will work with community partners to increase access to assistance that supports households in maintaining stable and safe housing.		
Program Manager: ED **Key Players:** Dir of Dev. and Planning, Department Directors		
Indicate whether the goal addresses (check all the apply): Org. Standard 6.2 ☒ Reduction of Poverty ☒Revitalization of low-income communities ☒ Empowerment of people with low incomes to become more self sufficient		
Indicate whether it is a (check all that apply): Org. Standard 6.3 ☐Individual/Family Goal ☒Community Goal ☐Agency Goal		
Indicate which CSBG Service Category applies (check one): Org. Standard 4.2 ☐Employment ☐Education ☐Income/Asset Dev. ☒Housing ☐Health and Social /Behavioral ☐ Civic Engagement ☐ Services Supporting Multiple Domains ☐Linkages ☐ Agency Capacity Building ☐Other:		
Specific Objective		
Fiscal Year 2018	***Fiscal Year 2019***	***Fiscal Year 2020***
One additional community partner will work with Community Action to increase access to assistance that supports households in maintaining stable and safe housing.	One additional community partner will work with Community Action to increase access to assistance that supports households in maintaining stable and safe housing.	One additional community partner will work with Community Action to increase access to assistance that supports households in maintaining stable and safe housing.
Strategies	Strategies	Strategies
Community partners will continue outreach to legislators to support increased funding for community members struggling to maintain affordable housing.	Community partners will continue outreach to legislators to support increased funding for community members struggling to maintain affordable housing.	Community partners will continue outreach to legislators to support increased funding for community members struggling to maintain affordable housing.
Community Action will work with Wayfinders and Valley Community Development Corporation to support new housing development in Hampshire County.	Community Action will continue to work with Wayfinders and Valley Community Development Corporation to support new housing development in Hampshire County.	Community Action will continue to work with Wayfinders and Valley Community Development Corporation to support new developments in Hampshire County.
Community Action will work with FRHRA, Rural Dev. Inc., and the City of Greenfield to support new housing development in Franklin County.	Community Action will continue to work with FRHRA (our ED is on the Board), Rural Dev. Inc. and the City of Greenfield to support new housing development in Franklin County.	Community Action will continue to work with FRHRA (our ED is on the Board), Rural Dev. Inc. and the City of Greenfield to support new housing development in Franklin County.

Need #3: Individuals and families need increased awareness about Community Action's quality services, including our ability to help with access to additional community resources through our referral services.

Strategic Three-Year Goal Statement

Ensure that community members have greater access to information about services offered by the agency and greater access to those services, along with referrals to community resources, which would support their stability and economic security.

Program Manager: ED/Dir. of IT **Key Players:** Dir of Dev. and Planning, Department Directors

Indicate whether the goal addresses (check all the apply): Org. Standard 6.2

☒ Reduction of Poverty ☒Revitalization of low-income communities ☒ Empowerment of people with low incomes to become more self sufficient

Indicate whether it is a (check all that apply): Org. Standard 6.3

☒Individual/Family Goal ☐Community Goal ☐Agency Goal

Indicate which CSBG Service Category applies (check one): Org. Standard 4.2

☐Employment ☐Education ☐Income/Asset Dev. ☐Housing ☐Health and Social /Behavioral ☐ Civic Engagement ☒ Services Supporting Multiple Domains ☐Linkages ☐ Agency Capacity Building ☐Other:

Specific Objective

Fiscal Year 2018	***Fiscal Year 2019***	***Fiscal Year 2020***
Community Action will use technology, collaboration, and service integration to increase the community's knowledge of and access to our services, as evidenced by an increase in participants.	Community Action will continue to use technology, collaboration, and service integration to increase the community's knowledge of and access to our services, as evidenced by feedback on the customer satisfaction survey.	Community Action will continue to use technology, collaboration, and service integration to increase the community's knowledge of and access to our services, as evidenced by feedback on the customer satisfaction survey.
Strategies	Strategies	Strategies
Update the agency's website, providing up-to-date program information and services, including mobile-friendly user experience.	Monitor and update website. Create an option for participants to complete online intakes.	Continuously monitor and update website and the success of the online application and research new options for the website.
	Create and test kiosk options for enrollment; tablet intake process.	Monitor and update kiosk and tablet intake process, as needed.
	Create an agency-wide enrollment form and pilot with 3 departments to reduce repetitive documentation of eligibility.	Re-assess the agency enrollment form, make any corrections, and implement in other departments.
Create an agency-wide release statement on enrollment forms, in order to share participant information, creating a more efficient option for internal referrals and access to other agency resources.	Assess the effectiveness of agency-wide release and any improvements needed.	Re-assess the effectiveness agency-wide release and any improvements needed.
	Pilot "one access point" for accepting applications/enrollment forms for setting up appointments.	Assess the Pilot "one access point" for accepting applications/enrollment forms and expand.
	Create a system for "warm hand-off" referrals by all agency programs.	Assess the system for "warm hand-off" referrals and make changes as needed.

Need #4: To ensure that individuals and families are well-informed about programs and how to access them, the agency needs to increase its visibility in the community.		
Strategic Three-Year Goal Statement		
The agency will increase its visibility in the community to ensure that individuals and families are well-informed about programs and how to access them.		
Key Players: Exec. Dir., Board, Dir. of Dev. & Planning, and the Leadership Team		
Indicate whether the goal addresses (check all the apply): Org. Standard 6.2 ☒ Reduction of Poverty ☒Revitalization of low-income communities ☒ Empowerment of people with low incomes to become more self sufficient		
Indicate whether it is a (check all that apply): Org. Standard 6.3 ☐Individual/Family Goal ☐Community Goal ☒Agency Goal		
Indicate which CSBG Service Category applies (check one): Org. Standard 4.2 ☐Employment ☐Education ☐Income/Asset Dev. ☐Housing ☐Health and Social /Behavioral ☐ Civic Engagement ☒ Services Supporting Multiple Domains ☐Linkages ☐ Agency Capacity Building ☐Other:		
Specific Objective		
Fiscal Year 2018	***Fiscal Year 2019***	***Fiscal Year 2020***
Community Action will use technology, community collaboration, and service integration to increase its visibility in the community, as evidenced by an increase in participants.	Community Action will continue to the use of technology, collaboration, and service integration to increase the community's knowledge of and access to our services, as evidenced by feedback on the customer satisfaction survey.	Community Action will continue to the use of technology, collaboration, and service integration to increase the community's knowledge of and access to our services, as evidenced by feedback on the customer satisfaction survey.
Strategies	Strategies	Strategies
Continue to evaluate our Mission, Core Principles, and Vision to ensure these reflect the work that we are doing.	Continue to evaluate our Mission, Core Principles, and Vision to ensure these reflect the work that we are doing.	Continue to evaluate our Mission, Core Principles, and Vision to ensure these reflect the work that we are doing.
Update the agency's website, providing up to-date-program information and services.	Monitor and update the website and implement a mobile-friendly application.	Continuously monitor and update the website and implement a mobile-friendly application.
	Create an agency-wide and department-specific brochures.	Update agency-wide and department-specific brochures, regularly.
Assess and implement changes in the agency's name and insignia/branding for community-wide appeal and easy recognition.	New and intensive marketing of any changes to the agency's name and insignia/branding.	Continue to market the agency's name and insignia/branding.
Continue collaborations and networking with the Franklin County Resource Network, Communities That Care, The Council of Social Agencies of Hampshire County, SPIFFY, FCCMP, and others who play an important role in sharing information about CA's services and assist with increased visibility in the community.	Continue collaborations and networking with the Franklin County Resource Network, Communities That Care, The Council of Social Agencies of Hampshire County, SPIFFY, FCCMP, and others who play an important role in sharing information about CA's services and assist with increased visibility in the community.	Continue collaborations and networking with the Franklin County Resource Network, Communities That Care, The Council of Social Agencies of Hampshire County, SPIFFY, FCCMP, and others who play an important role in sharing information about CA's services and assist with increased visibility in the community.
Increase agency marketing and the pool of donors who can contribute unrestricted funds.	Continue to increase agency marketing and the pool of donors who can contribute unrestricted funds.	Continue to increase agency marketing and the pool of donors who can contribute unrestricted funds.

Need #5: Individuals, families, and youth need greater access to varied training opportunities leading to employment that provides a living wage.		
Strategic Three Year Goal Statement		
Individuals will participant in education and training opportunities that increase prospects in securing living-wage employment.		
Program Manager: Department Directors **Key Players:**		
Indicate whether the goal addresses (check all the apply): Org. Standard 6.2 ☒ Reduction of Poverty ☒Revitalization of low-income communities ☒ Empowerment of people with low incomes to become more self sufficient		
Indicate whether it is a (check all that apply): Org. Standard 6.3 ☒Individual/Family Goal ☐Community Goal ☐Agency Goal		
Indicate which CSBG Service Category applies (check one): Org. Standard 4.2 ☐Employment ☐Education ☐Income/Asset Dev. ☐Housing ☐Health and Social /Behavioral ☐ Civic Engagement ☐ Services Supporting Multiple Domains ☐Linkages ☐ Agency Capacity Building ☐Other:		
Specific Objective		
Fiscal Year 2018	***Fiscal Year 2019***	***Fiscal Year 2020***
The number of Youth Programs participants who obtain their HS diplomas or HiSet certification will increase from 16 to 20. The number of participants placed into living wage jobs will increase from 205 to 225.	The number of Youth Programs participants who obtain their HS diplomas or HiSet certification will increase by 5%. The number of participants placed into living wage jobs will increase by 7%.	The number of Youth Programs participants who obtain their HS diplomas or HiSet certification will increase by 5%. The number of participants placed into living wage jobs will increase by 7%.
Strategies	Strategies	Strategies
Continue to provide support/mentoring to assist youth and young adults to complete their high school diploma or HiSet.	Continue to provide support/mentoring to assist youth and young adults to complete their high school diploma or HiSet.	Continue to provide support/mentoring to assist youth and young adults to complete their high school diploma or HiSet.
Develop new and continue current linkages with colleges, vocational training providers, and businesses to connect participants to training that leads to employment in high-demand, living wage careers.	Develop new and continue current linkages with colleges, vocational training providers, and businesses to connect participants to training that leads to employment in high-demand, living wage careers.	Develop new and continue current linkages with colleges, vocational training providers, and businesses to connect participants to training that leads to employment in high-demand, living wage careers.
Work with the Career Center re: inter-agency referrals, current and new funding.	Work with the Career Center re: inter-agency referrals, current and new funding.	Work with the Career Center re: inter-agency referrals, current and new funding.
Increase connections with the business community to increase paid internship opportunities.	Increase connections with the business community to increase paid internship opportunities.	Increase connections with the business community to increase paid internship opportunities.
Identify additional funding for workforce development for youth.	Identify additional funding for workforce development for youth.	Identify additional funding for workforce development for youth.
Research new funding streams for support/mentoring/ training for education and job placement preparation.	Research new funding streams for support/mentoring/ training for education and job placement preparation.	Research new funding streams for support/mentoring/ training for education and job placement preparation.

Need #6: In order to facilitate the analysis of data, improve programming, and report results to the governing board, the agency needs to develop a systematic, timely, and efficient approach for collecting customer satisfaction information and other feedback from participants, community members, and partner agencies, and using it to make appropriate adjustments to programming.

Strategic Three Year Goal Statement

The agency will develop and monitor an effective, systematic, timely, and efficient approach for collecting Customer Satisfaction Surveys and other feedback from participants, community members, and partner agencies.

Program Manager: Director of Development and Planning **Key Players:** Department Directors and the Leadership Team, workgroup

Indicate whether the goal addresses (check all the apply): Org. Standard 6.2

☐ Reduction of Poverty ☐Revitalization of low-income communities ☒ Empowerment of people with low incomes to become more self sufficient

Indicate whether it is a (check all that apply): Org. Standard 6.3

☐Family Goal ☐Community Goal ☒Agency Goal

Indicate which CSBG Service Category applies (check one): Org. Standard 4.2 ☒

Employment ☐Education ☐Income/Asset Dev. ☐Housing ☐Health and Social /Behavioral ☐ Civic Engagement ☐ Services Supporting Multiple Domains ☐Linkages ☒ Agency Capacity Building ☐Other:

Specific Objective

Fiscal Year 2018	***Fiscal Year 2019***	***Fiscal Year 2020***
The agency will establish a workgroup facilitated by the Director of Development and Planning to assess and build on its current systems for collecting customer satisfaction information in a systematic, timely, and efficient manner from participants, community partners, and staff, and monitor results and methodologies. Programs and the agency will make adjustments in practice in response to customer feedback.	Increase response by 5%	Increase response by 5%
Strategies	Strategies	Strategies
Recruit work group that crosses agency programs and position levels to assess methods of measuring customer satisfaction and determining where new ones must be added.		
	Create an agency-wide consumer satisfaction survey that is consistent with the CSBG Organizational Standards.	Develop and implement a system to regularly update surveys and other feedback mechanisms with results of analysis from previous surveys and feedback mechanisms.
	Create a survey that is short, easy to understand, multiple languages, ask closed and open ended questions and make available on paper, email and via a tablet in the office,	Collect results in database and create reporting to detail how survey results track the agency's progress toward goals, objectives, and community needs.
	Create a calendar for preparing, sending, completing, collecting surveys.	Continue the use of a calendar system.

Need #7: Individuals and families need access to reliable and convenient transportation to obtain and maintain employment and access all area services.		
Strategic Three Year Goal Statement		
Individuals and families will have greater access to reliable, affordable, and convenient transportation to obtain and maintain employment and access all area services.		
Program Manager: Executive Director **Key Players:** FRCOG		
Indicate whether the goal addresses (check all the apply): Org. Standard 6.2 ☐ Reduction of Poverty ☒Revitalization of low-income communities ☒ Empowerment of people with low incomes to become more self sufficient		
Indicate whether it is a (check all that apply): Org. Standard 6.3 ☒Individual/Family Goal ☐Community Goal ☐Agency Goal		
Indicate which CSBG Service Category applies (check one): Org. Standard 4.2 ☐Employment ☐Education ☐Income/Asset Dev. ☐Housing ☐Health and Social /Behavioral ☐ Civic Engagement ☐ Services Supporting Multiple Domains ☒Linkages ☐ Agency Capacity Building ☐Other:		
Specific Objective		
Fiscal Year 2018	***Fiscal Year 2019***	***Fiscal Year 2020***
	Mobilize community and government support to continue to improve public transportation as evidenced by consumer satisfaction surveys.	Mobilize community and government support to continue to improve public transportation as evidenced by consumer satisfaction surveys.
Strategies	Strategies	Strategies
	Participate in existing community groups to determine strategies for improving transportation	Participate in existing community groups to determine strategies for improving transportation
	Convene a group(s) for developing local solutions.	Convene a group(s) for developing local solutions.
	Research on-demand public transit systems for replication in the local area.	Research on-demand public transit systems for replication in the local area.
	Investigate all sources of transportation funding in the area and see if and how they could be coordinated/pooled.	Investigate all sources of transportation funding in the area and see if and how they could be coordinated/pooled.

Need #8: In making the best decisions about the provision of services to our participants, Community Action needs to strengthen its data metrics by improving systems that affect consistent data collection, timely data entry, reporting of data, and the interpretation of that data.

Strategic Three-Year Goal Statement

Community Action will strengthen its data metrics creating a system of consistent data collection, timely data entry, reporting of data and the interpretation of that data.

Program Manager: Dir. Of Alignment and Compliance, Director of Operations **Key Players:** database manager., Department Directors

Indicate whether the goal addresses (check all the apply): Org. Standard 6.2

☒ Reduction of Poverty ☒Revitalization of low-income communities ☒ Empowerment of people with low incomes to become more self sufficient

Indicate whether it is a (check all that apply): Org. Standard 6.3

☐Individual/Family Goal ☐Community Goal ☒Agency Goal

Indicate which CSBG Service Category applies (check one): Org. Standard 4.2

☐Employment ☐Education ☐Income/Asset Dev. ☐Housing ☐Health and Social /Behavioral ☐ Civic Engagement ☐ Services Supporting Multiple Domains ☐Linkages ☒ Agency Capacity Building ☐Other:

Specific Objective

Fiscal Year 2018	***Fiscal Year 2019***	***Fiscal Year 2020***
CA will strengthen and monitor data collection workflows, reviewing the bi-annual data to assess consistency, timeliness, and accuracy.	CA will monitor data collection workflow, reviewing the bi-annual data to assess what services are being most utilized and how to expand those via previously determined goals.	CA will monitor data collection workflow, reviewing the bi-annual data to assess what services are being most utilized and how to expand those via previously determined goals.
Strategies	Strategies	Strategies
Current and continued use of the CSBG ROMA NG cycle.	Current and continued use of the CSBG ROMA NG cycle.	Current and continued use of the CSBG ROMA NG cycle.
Dir. of Alignment and Compliance assist in the assurance of quality across departments and throughout the agency.	Dir. of Alignment and Compliance will continue to assist in the assurance of quality across departments and throughout the agency.	Dir. of Alignment and Compliance will continue to assist in the assurance of quality across departments and throughout the agency.
	Consider creating Data Bridges between multiple databases.	
	Creation of a Data Warehouse for collecting, storing, and reporting all agency data.	Continuously assess/grow the Data Warehouse for collecting, storing, and reporting all agency data.
Create and monitor data workflows (from collection to reporting) and train staff as needed	Continue to monitor make changes as necessary to data workflows (from collection to reporting) and train staff as needed and consistently.	Continue to monitor make changes as necessary to data workflows (from collection to reporting) and train staff as needed and consistently.
Create a data dictionary of all terms used consistently throughout the agency.	Update the data dictionary of all terms used consistently throughout the agency, as needed.	Update the data dictionary of all terms used consistently throughout the agency, as needed.

B. FUNDING STRATEGY

Community Action's funding strategy for the coming years prioritizes include increasing unrestricted or flexibly restricted funding through donor fundraising. We will continue to seek out performance-based contracts in order to diversify our portfolio and increase the agency's reserves. As we review our wage and salary scale, we will re-think our budgeting and grantwriting processes to align with higher compensation levels. We recently re-configured the responsibilities of the development office with the intent of directing more effort to participating in complex, collaborative project development and grantwriting to increase access to larger grants. In addition, we will continue to explore ways to cut costs. These could include co-locating programs, further systematizing bulk purchasing, or pooling programs' transportation resources.

We will also position ourselves to take advantage of new ways of framing our work and new funding streams. For instance, the trending emphasis on the social determinants of health and public health investment (e.g. hospital community benefits, Prevention and Wellness Trust Fund) creates opportunities for us to gain funding and provide leadership in improving health and wellness among our constituents. For instance, the state's goals for decreasing CO_2 emissions are completely consistent with our energy conservation work, and we are the right partner to assure that any new infusions of capital or revenue generation will benefit low-income ratepayers.

C. SERVICE DELIVERY SYSTEM AND LINKAGES

Community Action collaborates with hundreds of other organizations in order to assure the best possible support and outcomes for program participants. These include local governments, schools and colleges, state agencies, courts, private non-profits, medical and mental health providers, local businesses, and faith-based organizations. We also participate in numerous local and statewide advocacy, planning, and coordinating groups that make this shared work smoother and more effective and that address community conditions and systems change. Consistent with the principles of Community Action Agencies, we place a high priority on having staff participate in and provide leadership in such groups. Key collaborative partnerships include the Communities That Care Coalition in Franklin/North Quabbin; the SPIFFY (Strategic Planning Initiative for Families and Youth) Coalition in Hampshire County; the Franklin County Resource Network; the Council of Social Agencies of Hampshire County; the North Quabbin Community Coalition; the Quaboag Hills Community Coalition; the Community Benefits Advisory Council of Baystate Franklin Medical Center; the Three-County Continuum of Care; the Western Massachusetts Network to End Homelessness; and the Opioid Task Forces in Franklin and Hampshire Counties. Statewide groups include the Massachusetts Association for Community Action (MassCAP), the Massachusetts Head Start Association, the Massachusetts Association of Early Education and Care, the Community Mediation Coalition of Massachusetts, and the Boston Alliance of Gay, Lesbian, Bisexual, and Transgender Youth (BAGLY) statewide network.

D. PLAN FOR MONITORING AND REPORTING ON IMPLEMENTATION OF THE STRATEGIC PLAN

The Leadership Team (administrative and program directors plus Executive Director) will include updates from Project Managers at one of its two meetings each month, review documentation and metrics, and ensure that efforts are coordinated and re-evaluated as needed. The Administrative Team sets the agenda for Leadership Team meetings, with all members' input. Every Project Manager will update the Board in their regular reports, incorporated in the Director's Report.

The Board's Executive Committee will review the requirements for documentation and Board oversight in the Organizational Standards and will provide leadership on the Board for coordinating the various aspects of the Board's role in implementing the strategic plan. The Executive Committee may determine that the Board should form a planning or program committee to focus more exclusively on implementation of the strategic plan. The Board will hear from the Planner at least once every six months about overall progress on implementation, any barriers that arise, and any adjustments that are needed. Board members directly involved in any specific projects in the strategic plan (e.g. donor fundraising) will also make reports to the full Board.

The agency will include activities related to plan implementation in its one-year CSBG Community Action Plans and make progress reports to the Board and the Department of Housing and Community Development every six months. The agency will also document its compliance with the CSBG Organizational Standards, including all aspects of strategic planning, once a year. The agency reports its results to the entire community once a year at its annual meeting and in its annual report, and on an ongoing basis through its Facebook pages and website.

Appendices

- Page 90: Listing of focus group participants (referenced on page 11)
- Page 91: Focus group participants, March 2017
- Page 94: Population age projections 2015 -2035, by county (referenced on page 23)
- Page 96: Average weekly wages for jobs in selected geographic regions, Mass., U.S. 2010, 2016 (referenced on page 25)
- Page 97: Unemployment rates in sub-regions, May 2017 (referenced on page 28)
- Page 100: Major Language Groups in *Community Action's* service area, English Proficiency rates among all individuals ages 5 and up (referenced on page 31)
- Page 101: 4-year Graduation Rates 2016, Selected Populations (referenced on page 35)
- Page 102: Community partner survey results on the capacity of the social service system (Referenced on page 57)

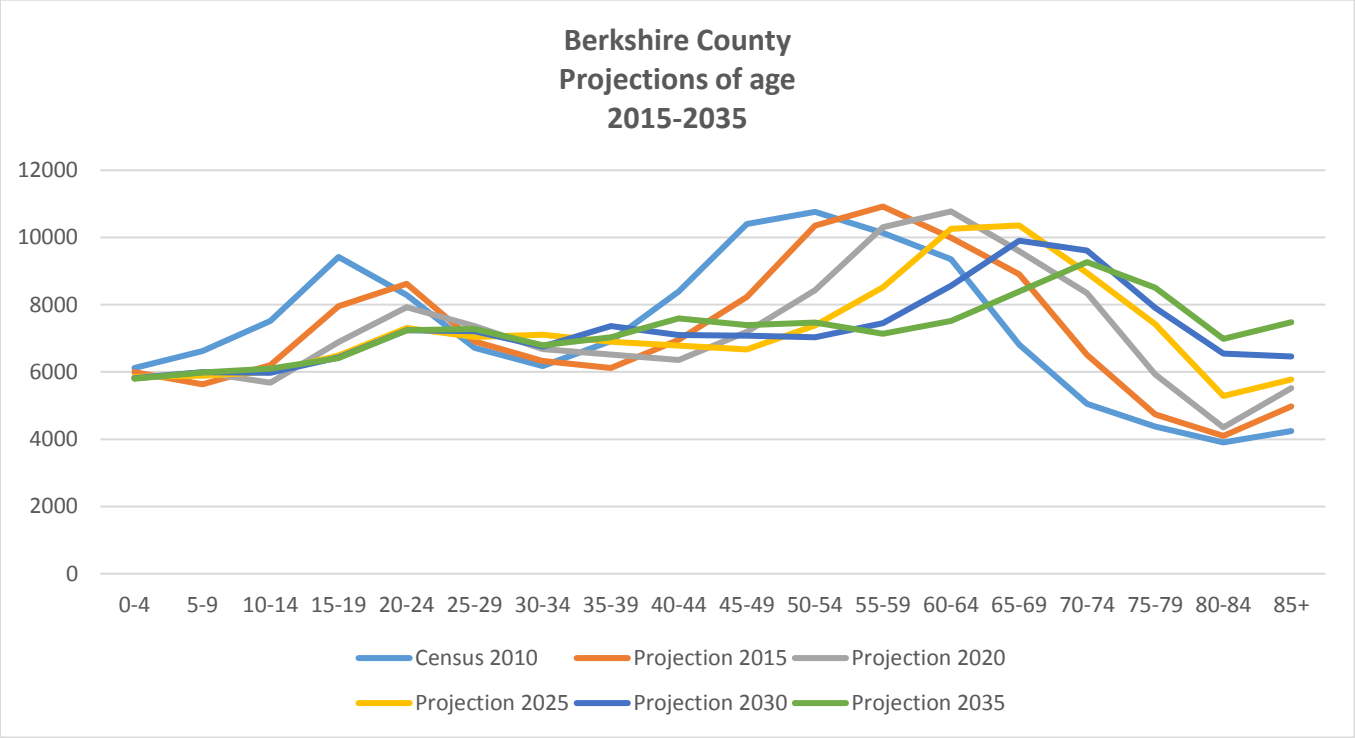
From page 11: FOCUS GROUP PARTICIPANTS March 2017

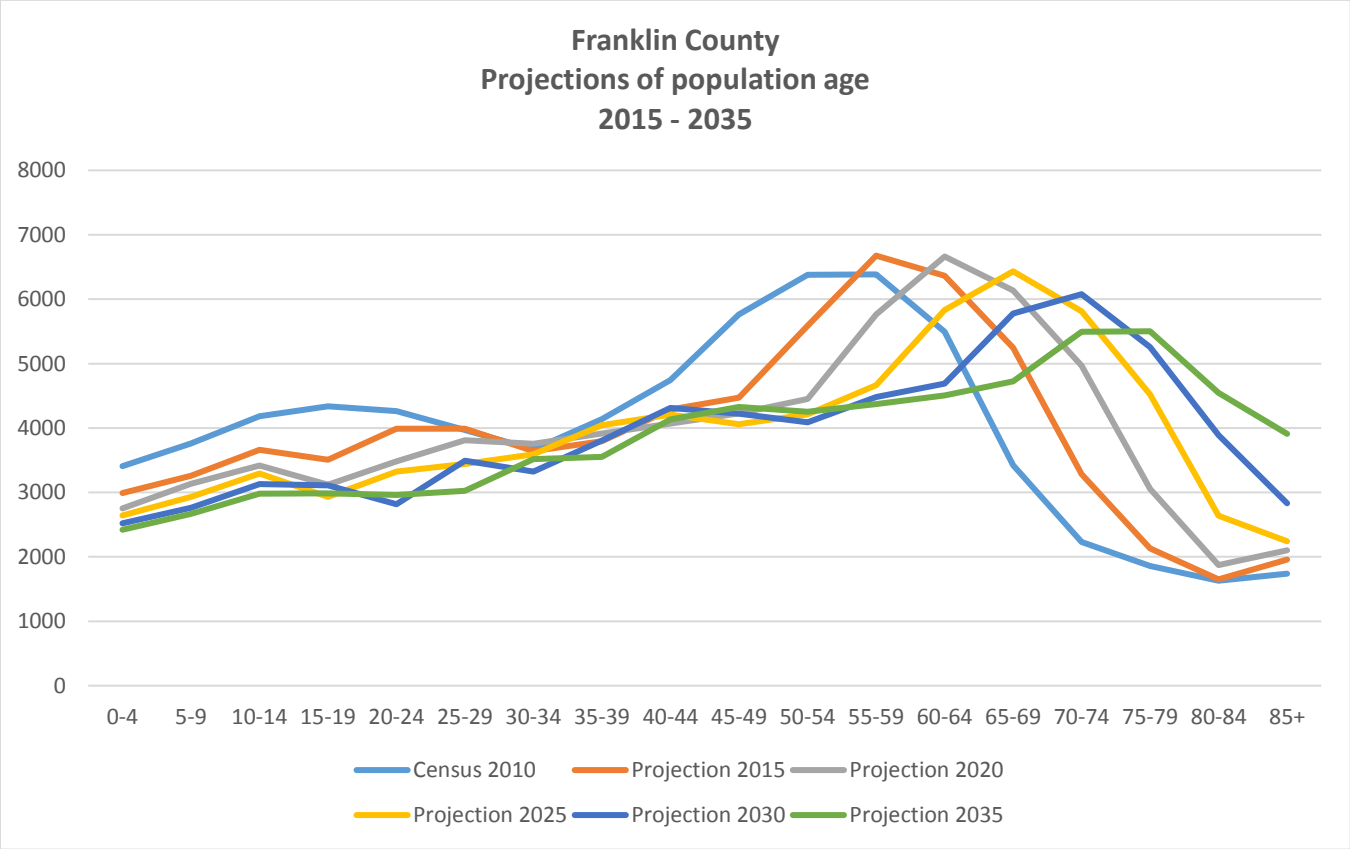
First Name	Last Name	Sector	organization	Focus Group
Gigi	Barnhill	CBO	Amherst Cultural Council, Amherst Historial Society	Amherst
Eric	Broudy	CBO	Amherst Public Art Commissions, Amherst Center Cultural District	Amherst
Pam	Whalen	CBO/health care	Hilltown Community Health Center/Northern Hilltown CoA Consortium	Hilltowns
Amy	Boyer	CBO/health care	Baystate Mary Lane	Quaboag Hills
Erin	Merriam	CBO/health care	Baystate Mary Lane	Quaboag Hills
JAC	Patrissi	CBO/mental health care	Behaviorial Health Network/Growing a New Heart	Quaboag Hills
Dave	Christopolis	CBO/non-profit	Hilltown Community Development Corporation	Hilltowns
Kate	Bavelock	CBO/non-profit	Hilltown Community Development Corporation	Hilltowns
Sonia	Mendez	CBO/non-profit	Hilltown Community Development Corporation Board member	Hilltowns
Megan	Shaughnessy	CBO/non-profit	Athol YMCA	North Quabbin
Kena	Vescovi	CBO/non-profit	Valuing Our Children	North Quabbin
Jim	Ayres	CBO/non-profit	United Way of Hampshire County, Exec. Dir.	Northampton
Dane	Kuttler	CBO/non-profit	Quabog Hills Community Coalition	Quaboag Hills
Liz	Reilly	CBO/non-profit	Hardwick Youth Center/Food Pantry	Quaboag Hills
Sandi	Boland	CBO/non-profit	YMCA of Greater Springfield	Quaboag Hills
Craig	Jurgensen	education	Hampshire Regional School District	Hilltowns
Kim	Florek	education	Hampshire Regional School District	Hilltowns
David	Hopson	education	Gateway Regional School District	Hilltowns
Ken	Vaidulas	education	retired, Community Action Board member for Rep. Whipps	North Quabbin
Tari	Thomas	education	R.C. Mahar Regional School District	North Quabbin
Mike	Cahillane	education	Smith Voc.-Ag. High School	Northampton
Pam	Plumer	education	Northampton Public Schools, Assoc. Dir. of Student Services	Northampton
Karen	Jarvis-Vance	education	Northampton Public Schools/Northampton Prevention Coalition	Northampton
Cheryl L.	Dukes	education/CBO health care	UMass-Amherst College of Nursing, Board member of Community Health Center of Franklin County, former member of Buckland Selectboard	West County

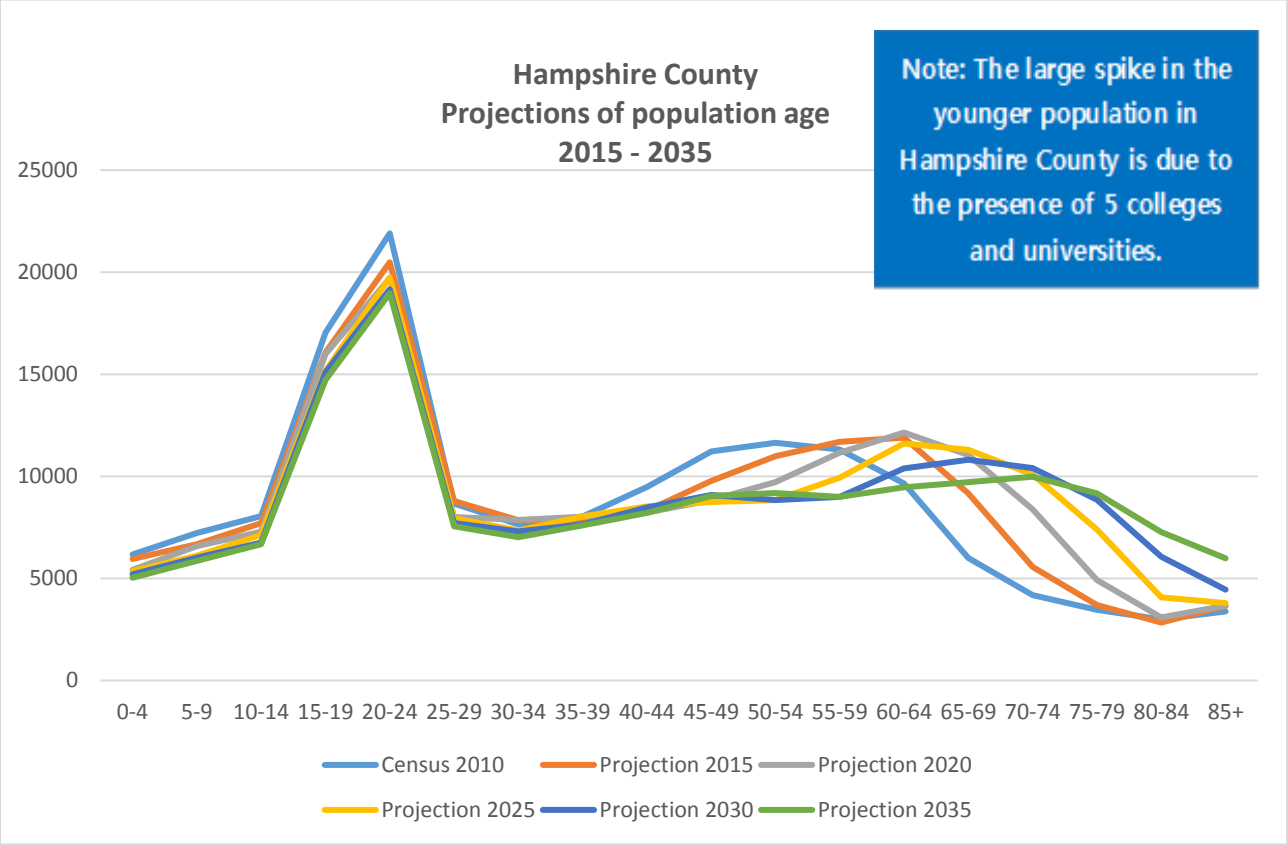
First Name	Last Name	Sector	organization	Focus Group
Emily	Mew	faith-based	Salvation Army	Quaboag Hills
Cara	Hochhalter	faith-based	Charlemont Federated Church, Salvation Army outreach	West County
Marguerite	Sheehan	faith-based	Trinity Church, Shelburne, and Salvation Army outreach for West County	West County
Jane	Dunning	faith-based	St. James Church, Greenfield, and Chaplain for Shelburne Falls Fire Dept.	West County
Selina		private	resident of Shelburne	West County
Tracy	Opalinski	private/association	Ware Business & Civic Association	Quaboag Hills
Tara	Opalinski	private/association	Ware Business & Civic Association	Quaboag Hills
Stephanie	Shulda	private/business	Kringle Candle (HR)	Greenfield/Turners Falls
Michael	Kalagher	private/business	Old Creamery	Hilltowns
Jill	Quinn	private/ health care	Northampton Area Pediatrics	Northampton
Solomon	Goldstein-Rose	public	State Rep. for Amherst/Pelham/Granby	Amherst
Andrew	Steinberg	public	Amherst Selectboard, former Board member of Hampshire Community Action Commission	Amherst
Tracy	Rogers	public	FRCOG emergency planning/Selectboard, Northfield	Greenfield/Turners Falls
Maryann	Socquit	public	Greenfield Council on Aging	Greenfield/Turners Falls
Rachel	Stoler	public	FRCOG Partnership for Youth/Mass in Motion/Communities That Care	Greenfield/Turners Falls
Bette	Babinski	public	Franklin Probate & Family Court, Chief Probation Officer	Greenfield/Turners Falls
Fran	Goebel	public	Williamsburg CoA, Hilltown Elder Network	Hilltowns
Marie	Westburg	public	Senior Center, Williamsburg	Hilltowns
Susannah	Whipps	public	State Rep.	North Quabbin
Jean	Shaughnessy	public	Athol Public Library	North Quabbin
Bill	Dwight	public	Northampton City Council	Northampton
Jody	Kasper	public	Chief of Police, Northampton	Northampton
Laurie	Loisel	public	Northwestern District Attorney's Office	Northampton
Stuart	Beckley	public	Ware Town Manager	Quaboag Hills

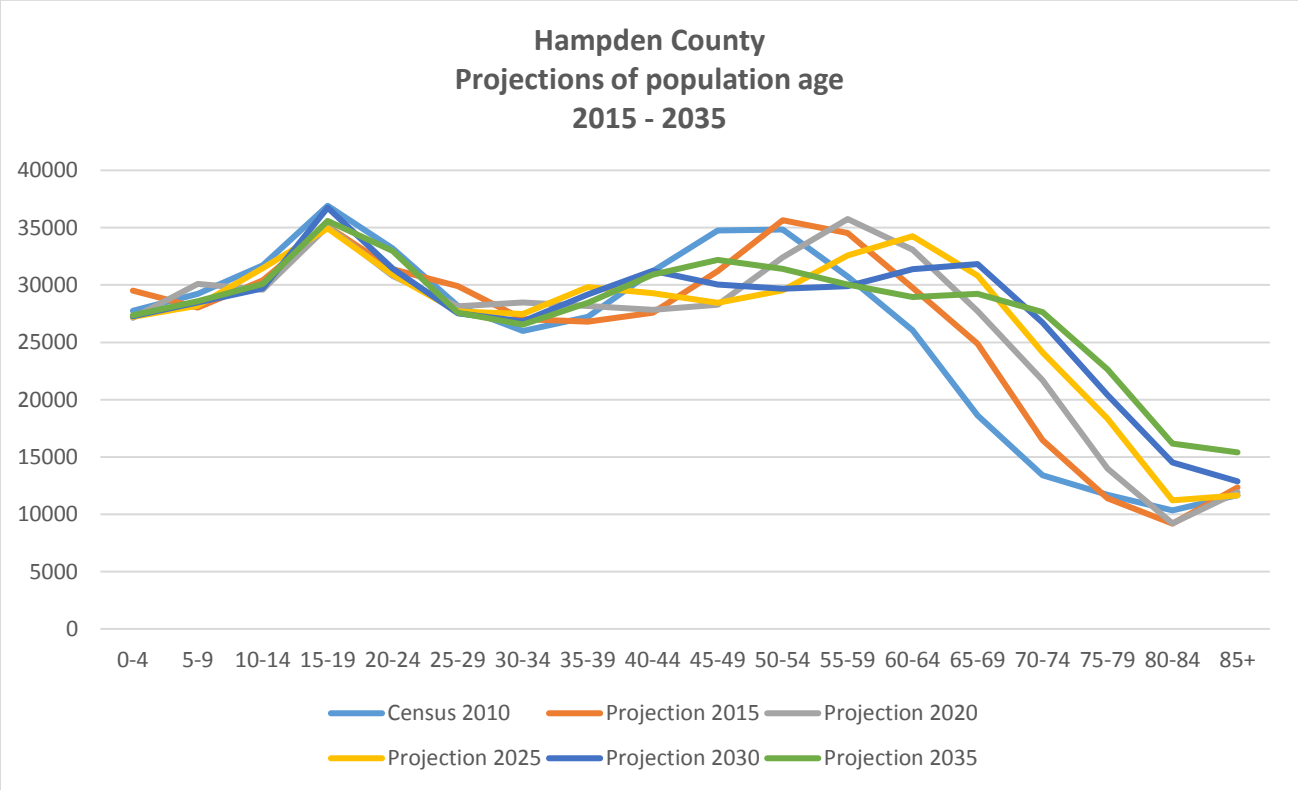
First Name	Last Name	Sector	organization	Focus Group
John	Zienowicz	public	Ware Council on Aging	Quaboag Hills
Julie	Jediny	public	Hillside Village /Highland Village (public housing)	Quaboag Hills
Judi	Mosso	public	Town of Ware, Planning & Community Development	Quaboag Hills
Gail Farnsworth	French	public	Quaboag Valley Community Dev. Corp.	Quaboag Hills
Peggy	Sloan	public	Franklin Regional Council of Governments, Planning Director	West County
Leanne	Dowd	public	Shelburne Senior Center ourtreach worker, Salvation Army outreach	West County
Winton	Pitcoff	public/CBO - association	Selectboard, Town of Plainfield, Director of Mass. Food Systems Collaborative, Director of Mass. Maple Producers Assoc.	West County
Donna	Liebl	public/CBO-non-profit	Shelburne Senior Center Board, Rainbow Elders Board, retired from LifePath, former Community Action Board member	West County

Referenced on page 23: Population Age Projections by county






Hampshire County
Projections of population age
2015 - 2035
Note: The large spike in the younger population in Hampshire County is due to the presence of 5 colleges and universities.
25000
20000
15000
10000
5000
0
0-4 5-9 10-14 15-19 20-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 70-74 75-79 80-84 85+
Census 2010
Projection 2015
Projection 2020
Projection 2025
Projection 2030
Projection 2035


Hampden County
Projections of population age
2015 - 2035
40000
35000
30000
25000
20000
15000
10000
5000
0
0-4 5-9 10-14 15-19 20-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 70-74 75-79 80-84 85+
Census 2010
Projection 2015
Projection 2020
Projection 2025
Projection 2030
Projection 2035

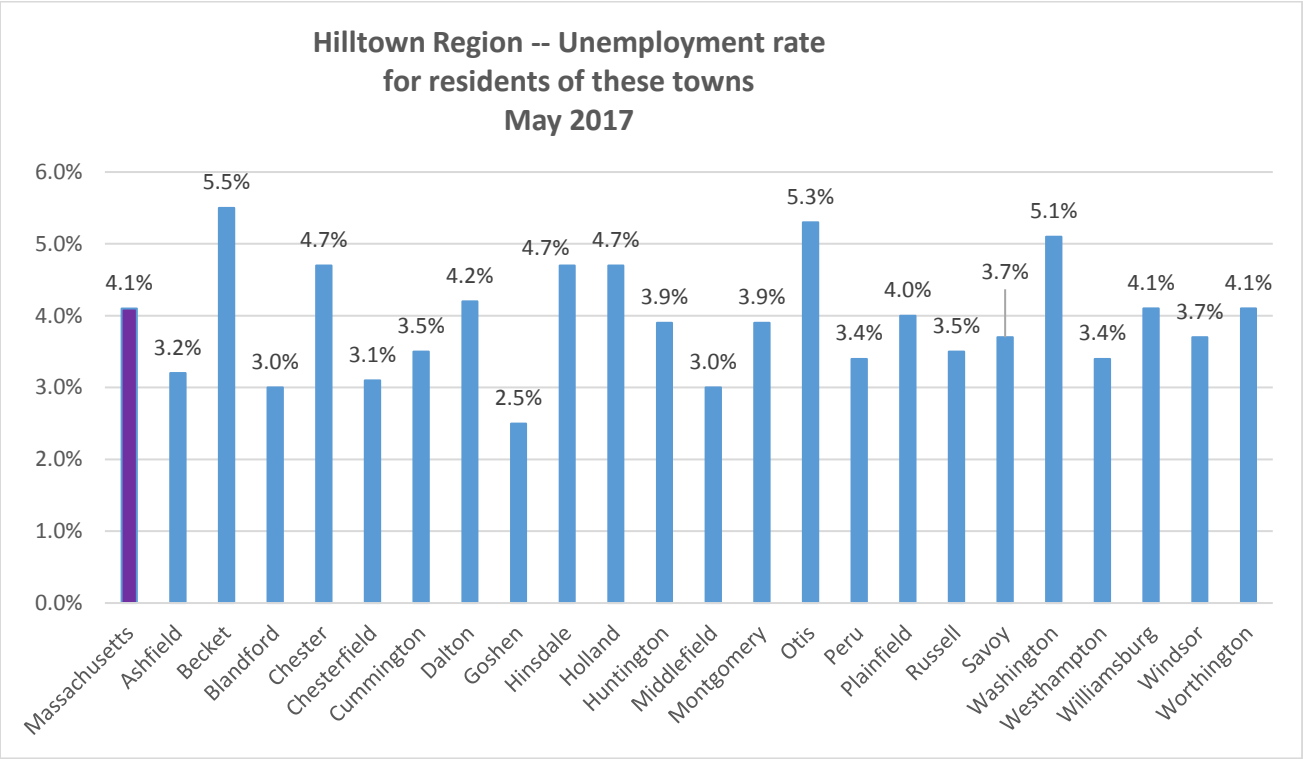
Referenced on page 25:

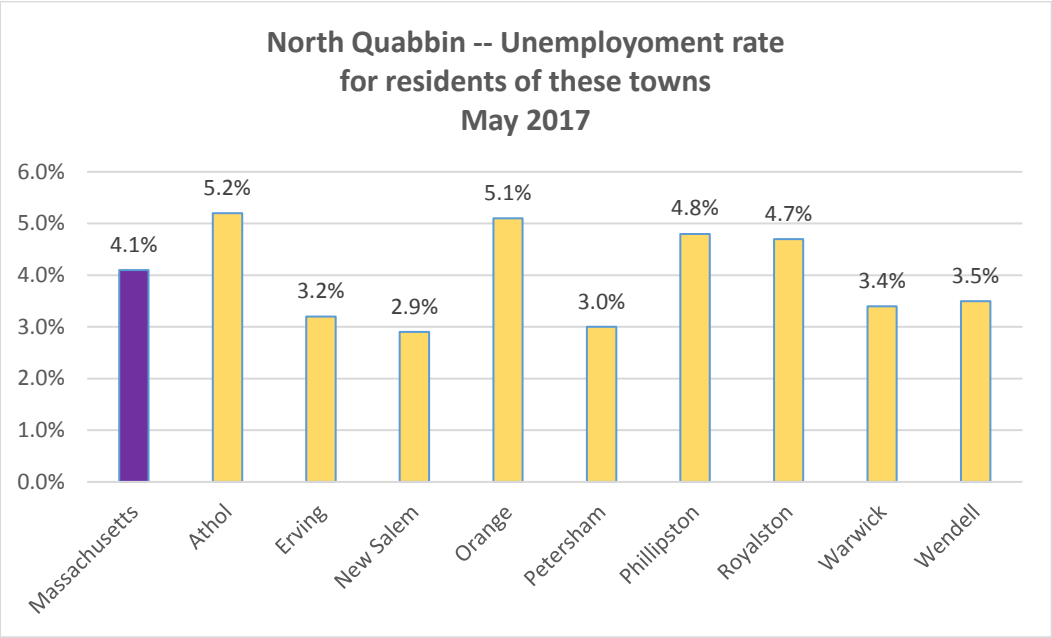
Average weekly wages for jobs in selected geographic regions, Mass., U.S. 2010, 2016[7]

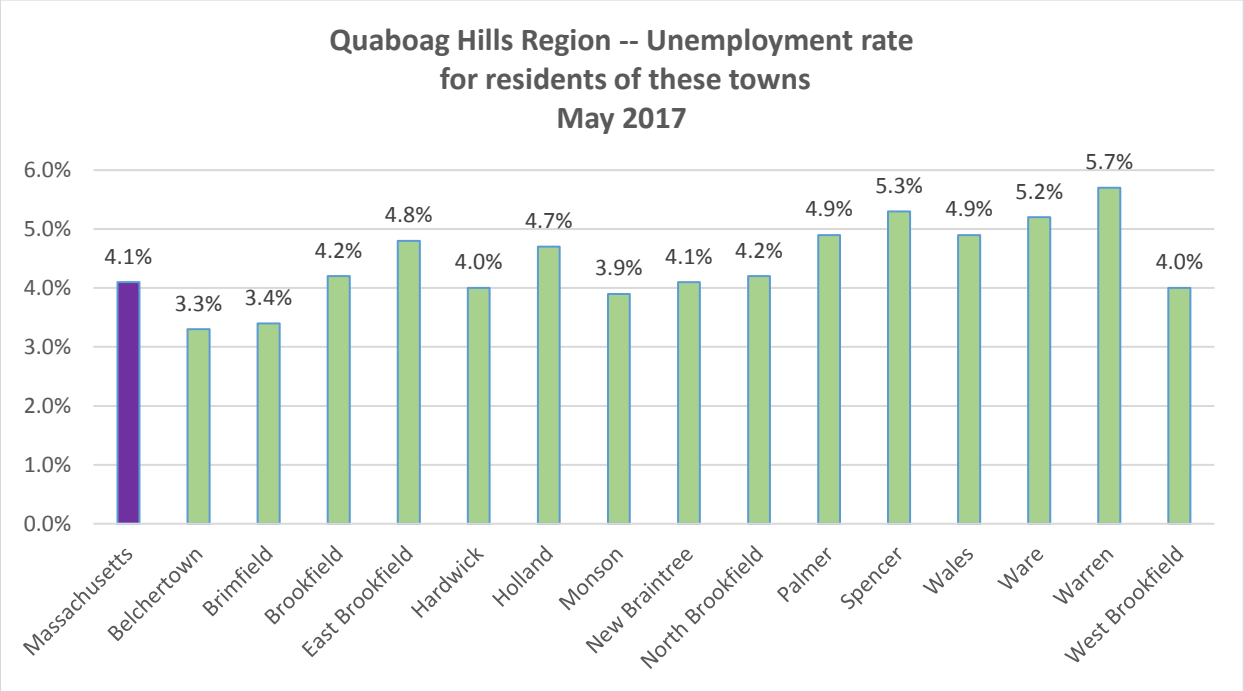
Geography	Average weekly wage as a ratio with statewide average, 3rd qtr. 2016	Average Weekly Wage, all industries, all ownerships, 3rd qtr., 2016	% increase/ decrease in average wage	Average weekly wage, 2010, ADJUSTED TO 2016 DOLLARS
United States[57]	**55.1%**	**703**	**+2.3%**	**687**
MASSACHUSETTS		**1277**	**+4.65%**	**1224**
BERKSHIRE COUNTY	**68.2%**	**871**	**+4.2%**	**836**
Great Barrington LMA	61.3%	783	+4.3%	751
Pittsfield NECTA	69.9%	892	+3.6%	861
North Adams NECTA	68.8%	878	+5.4%	833
FRANKLIN COUNTY	**62.0%**	**792**	**+5.45%**	**751**
Greenfield	63.1%	806	+7.1%	747
Montague	65.4%	835	+4.0%	802
Buckland LMA (West County)	44.6%	570	+0.1%	569
Greenfield NECTA	62.6%	800	+4.6%	762
NORTH QUABBIN				
Orange	54.0%	690	-2.95%	711
Athol NECTA	54.8%	700	-5.3%	739
HAMPDEN COUNTY	**72.9%**	**931**	**+1.4%**	**918**
West Springfield	62.0%	792	-1.0%	800
Westfield	74.3%	949	+8.6%	877
Agawam	66.6%	850	+3.7%	819
Springfield NECTA	72.1%	921	+2.5%	900
Holyoke	69.6%	889	+8.4%	819
Ludlow	67.7%	864	-0.5%	868
HAMPSHIRE COUNTY	**70.1%**	**895**	**+7.7%**	**831**
Ware	61.5%	785	-7.0%	843
Amherst	79.5%	1015	+10.4%	928
Northampton	70.4%	899	+1.2%	889

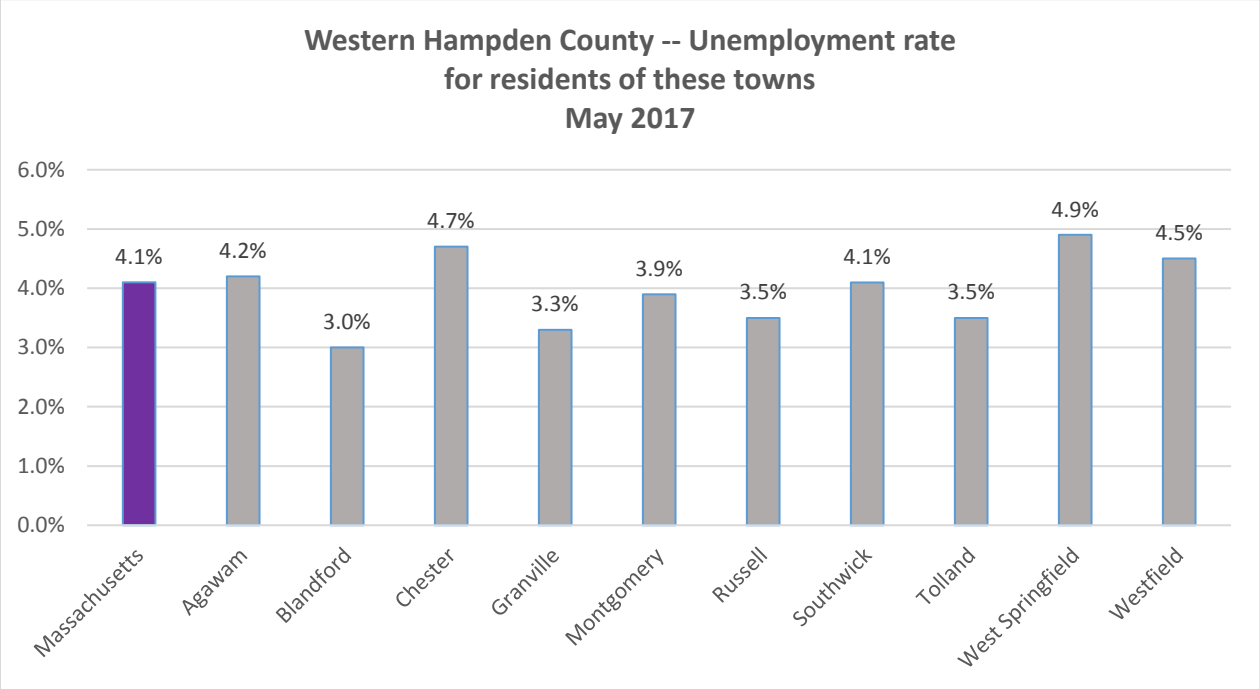
[57] U.S. Department of Labor, https://www.dol.gov/owcp/dlhwc/nawwinfo.htm

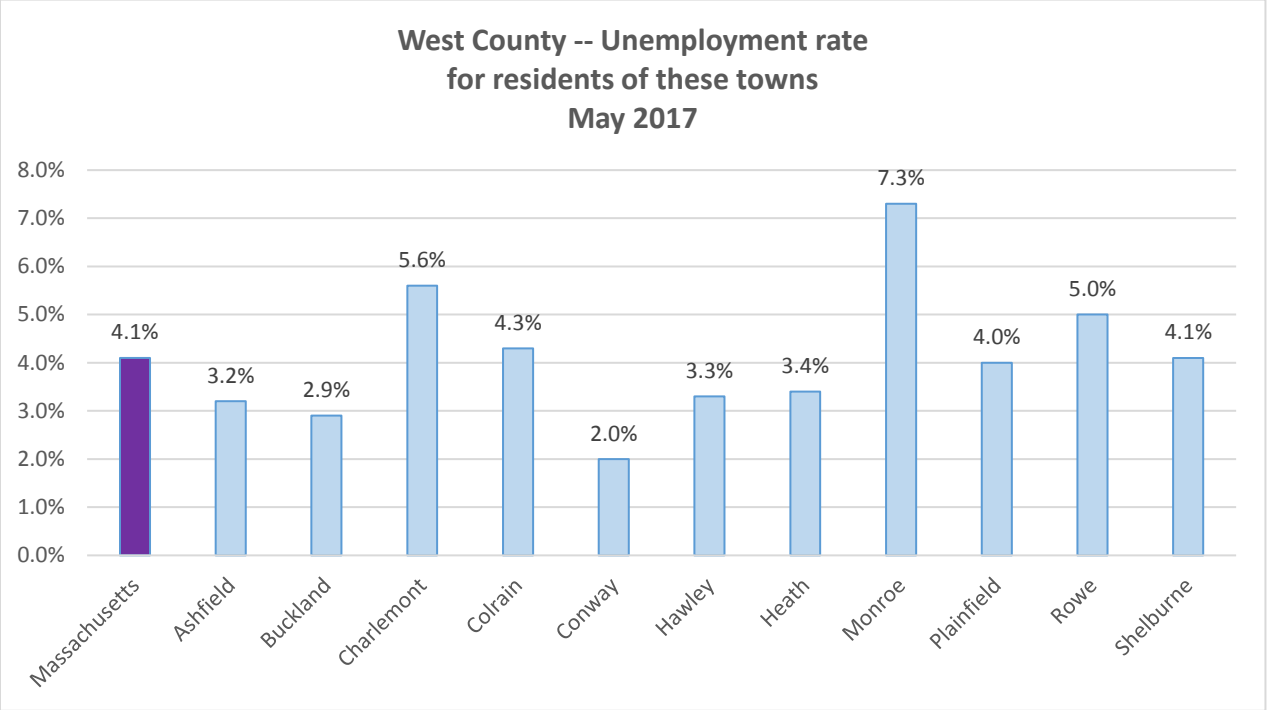
From page 28: Unemployment rates May 2017






Quaboag Hills Region -- Unemployment rate
for residents of these towns
May 2017
6.0%
5.0%
4.0%
3.0%
2.0%
1.0%
0.0%
4.1%
3.3%
3.4%
4.2%
4.8%
4.0%
4.7%
3.9%
4.1%
4.2%
4.9%
5.3%
4.9%
5.2%
5.7%
4.0%
Massachusetts
Belchertown
Brimfield
Brookfield
East Brookfield
Hardwick
Holland
Monson
New Braintree
North Brookfield
Palmer
Spencer
Wales
Ware
Warren
West Brookfield


Western Hampden County -- Unemployment rate
for residents of these towns
May 2017
6.0%
5.0%
4.0%
3.0%
2.0%
1.0%
0.0%
4.1%
4.2%
3.0%
4.7%
3.3%
3.9%
3.5%
4.1%
3.5%
4.9%
4.5%
Massachusetts
Agawam
Blandford
Chester
Granville
Montgomery
Russell
Southwick
Tolland
West Springfield
Westfield


West County -- Unemployment rate
for residents of these towns
May 2017
8.0%
7.0%
6.0%
5.0%
4.0%
3.0%
2.0%
1.0%
0.0%
4.1%
3.2%
2.9%
5.6%
4.3%
2.0%
3.3%
3.4%
7.3%
4.0%
5.0%
4.1%
Massachusetts
Ashfield
Buckland
Charlemont
Colrain
Conway
Hawley
Heath
Monroe
Plainfield
Rowe
Shelburne

Referenced on page 31: Major Language Groups in *Community Action's* service area, English Proficiency rates among all individuals ages 5 and up[15] (Note: Not all languages spoken are shown.)

	Franklin County		Hampshire County		Western Hampden	
	# & % of total who speak this language at home	# & % who speak English "less than very well"	# & % of total who speak this language at home	# & % who speak English "less than very well"	# & % of total who speak this language at home	# & % who speak English "less than very well"
English	67,882		154,882		109,571	
	93.7%		89.8%		85.5%	
Spanish	1,288	347	4,938	1,059	3,849	1,117
	1.9%	.5%	3.2%	.7%	3.5%	1%
Other Indo-European*	318	196	250	37	1,031	512
	.5%	.3%	.2%	.02%	.9%	.5%
Russian	229	127	213	28	3,234	1,117
	.3%	.1%	.1%	.02%	3%	1.1%
Other Slavic**	40	9	32	0	1252	621
	.1%	.01%	.02%	0%	1.1%	.6%
Chinese	270	164	2,466	1,095	346	180
	.3%	.2%	1.6%	.7%	.3%	.2%
Korean	233	89	803	208	199	134
	.3%	.1%	.5%	.1%	.2%	.1%
Other Asian	5	0	141	44	610	158
	.007%	0%	.3%	.05%	.6%	.1%
Other Indic***	118	85	325	46	691	654
	.2%	.1%	.2%	.03%	.6%	.6%
TOTAL whose home language is not English	4,296	1,489	15,857	4,022	15,882	5,736
TOTAL %	6.3%	2.2%	10.2%	2.6%	14.5%	5.2%

** "Other Indo-European" includes Moldovan and Romanian*
*** "Other Slavic" includes Ukrainian, Slovak, Bulgarian, Czech, and Macedonian*
**** "Other Indic" includes Nepali*

Referenced on page 35: 4-year Graduation Rates 2016, Selected Populations[17]

Note: "NA" indicates that the Department of Elementary and Secondary Education suppressed the data to protect privacy when the cohort was 6 or below.

	non-low-income students	low-income students	White students	Latino students	Black/African American students
State Totals	**94.7%**	**78.4%**	**91.9%**	**72.7%**	**78.9%**
Franklin/North Quabbin					
Athol-Royalston	88.3%	63.8%	74.5%	62.5%	NA
Franklin Cty. Voc-Tech.	92.9%	87.7%	91.2%	NA	NA
Frontier	91.9%	89.7%	91.8%	NA	NA
Gill-Montague	88.7%	66.7%	73.6%	75.0%	NA
Greenfield	83.3%	67.1%	75.3%	NA	NA
Mohawk Trail	86.2%	75.0%	84.0%	NA	NA
Pioneer Valley	100.0%	88.2%	96.6%	NA	NA
Ralph C Mahar	79.4%	78.6%	77.6%	91.7%	NA
Hampshire County					
Amherst-Pelham	93.7%	78.9%	88.7%	77.8%	88.9%
Belchertown	94.6%	83.6%	92.2%	83.3%	NA
Easthampton	92.2%	82.0%	89.3%	71.4%	NA
Gateway	91.3%	84.0%	88.4%	NA	NA
Granby	93.2%	90.3%	91.9%	55.0%	NA
Hadley	97.6%	90.9%	95.6%	NA	NA
Hampshire	99.1%	93.9%	97.7%	NA	NA
Hatfield	100.0%	100.0%	100.0%	NA	NA
Northampton	94.8%	87.8%	95.2%	73.3%	100.0%
Smith Voc-Agricultural	92.5%	93.8%	97.6%	80.0%	NA
South Hadley	98.9%	84.0%	94.0%	100.0%	NA
Ware	93.2%	64.1%	77.0%	NA	NA
Western Hampden Cty.					
Agawam	98.0%	84.4%	93.3%	81.8%	100.0%
Southwick-Tolland-Granville	93.5%	77.8%	90.2%	NA	NA
West Springfield	93.5%	81.6%	86.6%	88.1%	78.6%
Westfield	92.0%	77.2%	88.4%	62.9%	66.7%

Referenced on page 57: Community partner survey results on the capacity of the social service system

Note: "Don't know" responses have been deleted

Note: The sample sizes for Western Hampden County and North Quabbin are too small to lead to valid conclusions for those individual regions, but results are included in totals.

Directions to respondents: First, please CHOOSE ONE geographic area you personally are most familiar with to use as your "community" for answering ALL questions about COMMUNITY NEEDS. NOTE: If you are very familiar with multiple regions, you can use the COMMENT boxes to comment on any differences you see between regions.

2016 Community Partner Survey CAPACITY OF LOCAL SERVICES		Hampshire County	Franklin County	North Quabbin	Western Hampden County	Total responses and %
EDUCATION AND EMPLOYMENT						
Job training (short-term training for specific jobs)						
Services are adequate to meet need and free or affordable	Frequency	0	4	0	0	4
	Column %	0.0%	12.12%	0.00%	0.00%	7.02%
Existing services are free or affordable, but strained to capacity	Frequency	10	18	3	2	33
	Column %	62.5%	54.5%	50.0%	100.0%	57.9%
Services don't exist, are inaccessible, or are unaffordable	Frequency	6	11	3	0	20
	Column %	37.5%	33.3%	50.0%	0.0%	35.1%
Column Total		16	33	6	2	57
Employment readiness training for adults						
Services are adequate to meet need and free or affordable	Frequency	1	3	0	0	4
	Column %	7.69%	9.68%	0.00%	0.00%	7.84%
Existing services are free or affordable, but strained to capacity	Frequency	8	17	3	1	29
	Column %	61.54%	54.84%	60.00%	50.00%	56.86%
Services don't exist, are inaccessible, or are unaffordable	Frequency	4	11	2	1	18
	Column %	30.77%	35.48%	40.00%	50.00%	35.29%
Column Total		13	31	5	2	51

2016 Community Partner Survey CAPACITY OF LOCAL SERVICES		Hampshire County	Franklin County	North Quabbin	Western Hampden County	Total responses and %
Support to get a HiSET (formerly GED)						
Services are adequate to meet need and free or affordable	Frequency	2	11	2	1	16
	Column %	15.38%	35.48%	33.33%	50.00%	30.77%
Existing services are free or affordable, but strained to capacity	Frequency	9	12	3	1	25
	Column %	69.23%	38.71%	50.00%	50.00%	48.08%
Services don't exist, are inaccessible, or are unaffordable	Frequency	2	8	1	0	11
	Column %	15.38%	25.81%	16.67%	0.00%	21.15%
Column Total		13	31	6	2	52
English language classes						
Services are adequate to meet need and free or affordable	Frequency	4	8	1	1	14
	Column %	25.00%	34.78%	33.33%	100.00%	32.56%
Existing services are free or affordable, but strained to capacity	Frequency	8	12	2	0	22
	Column %	50.00%	52.17%	66.67%	0.00%	51.16%
Services don't exist, are inaccessible, or are unaffordable	Frequency	4	3	0	0	7
	Column %	25.00%	13.04%	0.00%	0.00%	16.28%
Column Total		16	23	3	1	43
Access to higher education						
Services are adequate to meet need and free or affordable	Frequency	3	12	1	0	16
	Column %	17.65%	35.29%	20.00%	0.00%	27.59%
Existing services are free or affordable, but strained to capacity	Frequency	7	7	2	1	17
	Column %	41.18%	20.59%	40.00%	50.00%	29.31%
Services don't exist, are inaccessible, or are unaffordable	Frequency	7	15	2	1	25
	Column %	41.18%	44.12%	40.00%	50.00%	43.10%
Column Total		17	34	5	2	58

2016 Community Partner Survey CAPACITY OF LOCAL SERVICES		Hampshire County	Franklin County	North Quabbin	Western Hampden County	Total responses and %
Child care for infants/toddlers						
Services are adequate to meet need and free or affordable	Frequency	0	0	0	0	0
	Column %	0.00%	0.00%	0.00%	0.00%	0.00%
Existing services are free or affordable, but strained to capacity	Frequency	9	14	3	2	28
	Column %	69.23%	51.85%	60.00%	66.67%	58.33%
Services don't exist, are inaccessible, or are unaffordable	Frequency	4	13	2	1	20
	Column %	30.77%	48.15%	40.00%	33.33%	41.67%
Column Total		13	27	5	3	48
Child care for children 3 – 5 years old						
Services are adequate to meet need and free or affordable	Frequency	1	2	0	0	3
	Column %	8.33%	7.41%	0.00%	0.00%	6.52%
Existing services are free or affordable, but strained to capacity	Frequency	9	16	2	2	29
	Column %	75.00%	59.26%	50.00%	66.67%	63.04%
Services don't exist, are inaccessible, or are unaffordable	Frequency	2	9	2	1	14
	Column %	16.67%	33.33%	50.00%	33.33%	30.43%
Column Total		12	27	4	3	46
Child care for school age children						
Services are adequate to meet need and free or affordable	Frequency	0	1	0	1	2
	Column %	0.00%	3.57%	0.00%	33.33%	4.17%
Existing services are free or affordable, but strained to capacity	Frequency	9	14	2	1	26
	Column %	75.00%	50.00%	40.00%	33.33%	54.17%
Services don't exist, are inaccessible, or are unaffordable	Frequency	3	13	3	1	20
	Column %	25.00%	46.43%	60.00%	33.33%	41.67%
Column Total		12	28	5	3	48

2016 Community Partner Survey CAPACITY OF LOCAL SERVICES		Hampshire County	Franklin County	North Quabbin	Western Hampden County	Total responses and %
Transportation to jobs or training sites						
Services are adequate to meet need and free or affordable	Frequency	0	0	0	0	0
	Column %	0.00%	0.00%	0.00%	0.00%	0.00%
Existing services are free or affordable, but strained to capacity	Frequency	4	3	1	0	8
	Column %	25.00%	8.11%	16.67%	0.00%	13.33%
Services don't exist, are inaccessible, or are unaffordable	Frequency	12	34	5	1	52
	Column %	75.00%	91.89%	83.33%	100.00%	86.67%
Column Total		16	37	6	1	60
Coordination of employment services						
Services are adequate to meet need and free or affordable	Frequency	2	4	0	0	6
	Column %	16.67%	15.38%	0.00%	0.00%	13.64%
Existing services are free or affordable, but strained to capacity	Frequency	5	13	3	0	21
	Column %	41.67%	50.00%	60.00%	0.00%	47.73%
Services don't exist, are inaccessible, or are unaffordable	Frequency	5	9	2	1	17
	Column %	41.67%	34.62%	40.00%	100.00%	38.64%
Column Total		12	26	5	1	44
Access to interpreting in all needed languages for job/employment services						
Services are adequate to meet need and free or affordable	Frequency	2	1	0	1	4
	Column %	16.67%	4.55%	0.00%	100.00%	10.81%
Existing services are free or affordable, but strained to capacity	Frequency	3	7	1	0	11
	Column %	25.00%	31.82%	50.00%	0.00%	29.73%
Services don't exist, are inaccessible, or are unaffordable	Frequency	7	14	1	0	22
	Column %	58.33%	63.64%	50.00%	0.00%	59.46%
Column Total		12	22	2	1	37

2016 Community Partner Survey CAPACITY OF LOCAL SERVICES		Hampshire County	Franklin County	North Quabbin	Western Hampden County	Total responses and %
BASIC NEEDS						
SNAP (food stamp) benefits						
Services are adequate to meet need and free or affordable	Frequency	4	10	2	1	17
	Column %	26.67%	25.00%	40.00%	50.00%	27.42%
Existing services are free or affordable, but strained to capacity	Frequency	9	26	3	1	39
	Column %	60.00%	65.00%	60.00%	50.00%	62.90%
Services don't exist, are inaccessible, or are unaffordable	Frequency	2	4	0	0	6
	Column %	13.33%	10.00%	0.00%	0.00%	9.68%
Column Total		15	40	5	2	62
Help with SNAP (food stamp) applications						
Services are adequate to meet need and free or affordable	Frequency	6	10	1	2	19
	Column %	40.00%	32.26%	16.67%	100.00%	35.19%
Existing services are free or affordable, but strained to capacity	Frequency	8	19	5	0	32
	Column %	53.33%	61.29%	83.33%	0.00%	59.26%
Services don't exist, are inaccessible, or are unaffordable	Frequency	1	2	0	0	3
	Column %	6.67%	6.45%	0.00%	0.00%	5.56%
Column Total		15	31	6	2	54
Emergency financial assistance for utility arrears or heating fuel						
Services are adequate to meet need and free or affordable	Frequency	2	5	0	0	7
	Column %	13.33%	13.16%	0.00%	0.00%	11.67%
Existing services are free or affordable, but strained to capacity	Frequency	11	31	4	2	48
	Column %	73.33%	81.58%	80.00%	100.00%	80.00%
Services don't exist, are inaccessible, or are unaffordable	Frequency	2	2	1	0	5
	Column %	13.33%	5.26%	20.00%	0.00%	8.33%
Column Total		15	38	5	2	60

2016 Community Partner Survey CAPACITY OF LOCAL SERVICES		Hampshire County	Franklin County	North Quabbin	Western Hampden County	Total responses and %
Budget/financial counseling						
Services are adequate to meet need and free or affordable	Frequency	1	4	0	1	6
	Column %	8.33%	17.39%	0.00%	50.00%	14.63%
Existing services are free or affordable, but strained to capacity	Frequency	7	8	2	1	18
	Column %	58.33%	34.78%	50.00%	50.00%	43.90%
Services don't exist, are inaccessible, or are unaffordable	Frequency	4	11	2	0	17
	Column %	33.33%	47.83%	50.00%	0.00%	41.46%
Column Total		12	23	4	2	41
Credit repair						
Services are adequate to meet need and free or affordable	Frequency	1	1	0	0	2
	Column %	10.00%	6.67%	0.00%	0.00%	7.41%
Existing services are free or affordable, but strained to capacity	Frequency	6	4	1	0	11
	Column %	60.00%	26.67%	50.00%	0.00%	40.74%
Services don't exist, are inaccessible, or are unaffordable	Frequency	3	10	1	0	14
	Column %	30.00%	66.67%	50.00%	0.00%	51.85%
Column Total		10	15	2	0	27
Coordination of services to meet basic needs and stabilize families & individuals						
Services are adequate to meet need and free or affordable	Frequency	2	2	0	0	4
	Column %	15.38%	6.45%	0.00%	0.00%	7.84%
Existing services are free or affordable, but strained to capacity	Frequency	8	20	4	1	33
	Column %	61.54%	64.52%	66.67%	100.00%	64.71%
Services don't exist, are inaccessible, or are unaffordable	Frequency	3	9	2	0	14
	Column %	23.08%	29.03%	33.33%	0.00%	27.45%
Column Total		13	31	6	1	51

2016 Community Partner Survey CAPACITY OF LOCAL SERVICES

		Hampshire County	Franklin County	North Quabbin	Western Hampden County	Total responses and %
Access to interpreting in all needed languages for basic needs support						
Services are adequate to meet need and free or affordable	Frequency	2	1	0	1	4
	Column %	18.18%	5.00%	0.00%	50.00%	11.43%
Existing services are free or affordable, but strained to capacity	Frequency	4	6	1	1	12
	Column %	36.36%	30.00%	50.00%	50.00%	34.29%
Services don't exist, are inaccessible, or are unaffordable	Frequency	5	13	1	0	19
	Column %	45.45%	65.00%	50.00%	0.00%	54.29%
Column Total		11	20	2	2	35
Access to affordable winter clothing						
Services are adequate to meet need and free or affordable	Frequency	5	9	2	0	16
	Column %	35.71%	27.27%	40.00%	0.00%	30.19%
Existing services are free or affordable, but strained to capacity	Frequency	5	18	3	0	26
	Column %	35.71%	54.55%	60.00%	0.00%	49.06%
Services don't exist, are inaccessible, or are unaffordable	Frequency	4	6	0	1	11
	Column %	28.57%	18.18%	0.00%	100.00%	20.75%
Column Total		14	33	5	1	53
HOUSING AND HOMELESSNESS						
Legal assistance during eviction process						
Services are adequate to meet need and free or affordable	Frequency	0	3	0	0	3
	Column %	0.00%	14.29%	0.00%	0.00%	9.09%
Existing services are free or affordable, but strained to capacity	Frequency	6	13	0	0	19
	Column %	60.00%	61.90%	0.00%	0.00%	57.58%
Services don't exist, are inaccessible, or are unaffordable	Frequency	4	5	2	0	11
	Column %	40.00%	23.81%	100.00%	0.00%	33.33%
Column Total		10	21	2	0	33

2016 Community Partner Survey CAPACITY OF LOCAL SERVICES		Hampshire County	Franklin County	North Quabbin	Western Hampden County	Total responses and %
Advocacy, information, and tenant education for households at risk of eviction						
Services are adequate to meet need and free or affordable	Frequency	1	5	0	1	7
	Column %	10.00%	21.74%	0.00%	100.00%	18.92%
Existing services are free or affordable, but strained to capacity	Frequency	6	13	2	0	21
	Column %	60.00%	56.52%	66.67%	0.00%	56.76%
Services don't exist, are inaccessible, or are unaffordable	Frequency	3	5	1	0	9
	Column %	30.00%	21.74%	33.33%	0.00%	24.32%
Column Total		10	23	3	1	37
Emergency financial assistance to prevent homelessness						
Services are adequate to meet need and free or affordable	Frequency	0	2	0	0	2
	Column %	0.00%	7.69%	0.00%	0.00%	4.88%
Existing services are free or affordable, but strained to capacity	Frequency	6	19	0	1	26
	Column %	60.00%	73.08%	0.00%	100.00%	63.41%
Services don't exist, are inaccessible, or are unaffordable	Frequency	4	5	4	0	13
	Column %	40.00%	19.23%	100.00%	0.00%	31.71%
Column Total		10	26	4	1	41
Financial assistance to stabilize formerly homeless household						
Services are adequate to meet need and free or affordable	Frequency	0	1	0	0	1
	Column %	0.00%	4.76%	0.00%	0.00%	2.86%
Existing services are free or affordable, but strained to capacity	Frequency	6	18	1	1	26
	Column %	60.00%	85.71%	33.33%	100.00%	74.29%
Services don't exist, are inaccessible, or are unaffordable	Frequency	4	2	2	0	8
	Column %	40.00%	9.52%	66.67%	0.00%	22.86%
Column Total		10	21	3	1	35

2016 Community Partner Survey CAPACITY OF LOCAL SERVICES		Hampshire County	Franklin County	North Quabbin	Western Hampden County	Total responses and %
Shelter for people fleeing domestic violence						
Services are adequate to meet need and free or affordable	Frequency	3	3	0	0	6
	Column %	23.08%	8.82%	0.00%	0.00%	11.54%
Existing services are free or affordable, but strained to capacity	Frequency	7	24	0	1	32
	Column %	53.85%	70.59%	0.00%	50.00%	61.54%
Services don't exist, are inaccessible, or are unaffordable	Frequency	3	7	3	1	14
	Column %	23.08%	20.59%	100.00%	50.00%	26.92%
Column Total		13	34	3	2	52
Other emergency shelter						
Services are adequate to meet need and free or affordable	Frequency	3	0	0	0	3
	Column %	25.00%	0.00%	0.00%	0.00%	6.25%
Existing services are free or affordable, but strained to capacity	Frequency	5	27	1	0	33
	Column %	41.67%	84.38%	33.33%	0.00%	68.75%
Services don't exist, are inaccessible, or are unaffordable	Frequency	4	5	2	1	12
	Column %	33.33%	15.63%	66.67%	100.00%	25.00%
Column Total		12	32	3	1	48
Coordination of services among housing and/or homelessness prevention systems/providers						
Services are adequate to meet need and free or affordable	Frequency	1	1	0	0	2
	Column %	14.29%	4.76%	0.00%	0.00%	6.45%
Existing services are free or affordable, but strained to capacity	Frequency	3	15	1	0	19
	Column %	42.86%	71.43%	33.33%	0.00%	61.29%
Services don't exist, are inaccessible, or are unaffordable	Frequency	3	5	2	0	10
	Column %	42.86%	23.81%	66.67%	0.00%	32.26%
Column Total		7	21	3	0	31

2016 Community Partner Survey CAPACITY OF LOCAL SERVICES		Hampshire County	Franklin County	North Quabbin	Western Hampden County	Total responses and %
Access to interpreting in all needed languages for housing/homelessness prevention services						
Services are adequate to meet need and free or affordable	Frequency	1	0	0	1	2
	Column %	10.00%	0.00%	0.00%	100.00%	7.14%
Existing services are free or affordable, but strained to capacity	Frequency	3	7	0	0	10
	Column %	30.00%	43.75%	0.00%	0.00%	35.71%
Services don't exist, are inaccessible, or are unaffordable	Frequency	6	9	1	0	16
	Column %	60.00%	56.25%	100.00%	0.00%	57.14%
Column Total		10	16	1	1	28
ACCESS TO HEALTH CARE						
Help to understand public health insurance options (Mass Health, Affordable Health Care options, Medicare)						
Services are adequate to meet need and free or affordable	Frequency	3	12	2	2	19
	Column %	21.43%	34.29%	50.00%	100.00%	34.55%
Existing services are free or affordable, but strained to capacity	Frequency	8	19	1	0	28
	Column %	57.14%	54.29%	25.00%	0.00%	50.91%
Services don't exist, are inaccessible, or are unaffordable	Frequency	3	4	1	0	8
	Column %	21.43%	11.43%	25.00%	0.00%	14.55%
Column Total		14	35	4	2	55
Help enrolling in public health insurance						
Services are adequate to meet need and free or affordable	Frequency	4	13	2	2	21
	Column %	33.33%	37.14%	40.00%	100.00%	38.89%
Existing services are free or affordable, but strained to capacity	Frequency	5	21	2	0	28
	Column %	17.90%	17.90%	17.90%	17.90%	17.90%
Services don't exist, are inaccessible, or are unaffordable	Frequency	3	1	1	0	5
	Column %	60.00%	60.00%	60.00%	60.00%	60.00%
Column Total		12	35	5	2	54

2016 Community Partner Survey CAPACITY OF LOCAL SERVICES		Hampshire County	Franklin County	North Quabbin	Western Hampden County	Total responses and %
Access to mental health services for young children						
Services are adequate to meet need and free or affordable	Frequency	2	2	0	0	4
	Column %	14.29%	5.56%	0.00%	0.00%	6.90%
Existing services are free or affordable, but strained to capacity	Frequency	6	17	5	3	31
	Column %	42.86%	47.22%	100.00%	100.00%	53.45%
Services don't exist, are inaccessible, or are unaffordable	Frequency	6	17	0	0	23
	Column %	42.86%	47.22%	0.00%	0.00%	39.66%
Column Total		14	36	5	3	58
Access to mental health services for youth						
Services are adequate to meet need and free or affordable	Frequency	2	0	0	0	2
	Column %	16.67%	0.00%	0.00%	0.00%	3.57%
Existing services are free or affordable, but strained to capacity	Frequency	5	20	4	3	32
	Column %	41.67%	55.56%	80.00%	100.00%	57.14%
Services don't exist, are inaccessible, or are unaffordable	Frequency	5	16	1	0	22
	Column %	41.67%	44.44%	20.00%	0.00%	39.29%
Column Total		12	36	5	3	56
Access to mental health services for adults						
Services are adequate to meet need and free or affordable	Frequency	3	0	0	0	3
	Column %	21.43%	0.00%	0.00%	0.00%	5.00%
Existing services are free or affordable, but strained to capacity	Frequency	7	31	5	3	46
	Column %	50.00%	81.58%	100.00%	100.00%	76.67%
Services don't exist, are inaccessible, or are unaffordable	Frequency	4	7	0	0	11
	Column %	28.57%	18.42%	0.00%	0.00%	18.33%
Column Total		14	38	5	3	60

2016 Community Partner Survey CAPACITY OF LOCAL SERVICES		Hampshire County	Franklin County	North Quabbin	Western Hampden County	Total responses and %
Low-cost dental care and/or providers who accept MassHealth						
Services are adequate to meet need and free or affordable	Frequency	4	1	0	1	6
	Column %	33.33%	2.86%	0.00%	33.33%	10.91%
Existing services are free or affordable, but strained to capacity	Frequency	4	20	4	2	30
	Column %	33.33%	57.14%	80.00%	66.67%	54.55%
Services don't exist, are inaccessible, or are unaffordable	Frequency	4	14	1	0	19
	Column %	33.33%	40.00%	20.00%	0.00%	34.55%
Column Total		12	35	5	3	55
Substance abuse treatment services (incl. tobacco, alcohol, other drugs)						
Services are adequate to meet need and free or affordable	Frequency	1	3	0	0	4
	Column %	7.14%	8.82%	0.00%	0.00%	7.02%
Existing services are free or affordable, but strained to capacity	Frequency	8	23	5	3	39
	Column %	57.14%	67.65%	83.33%	100.00%	68.42%
Services don't exist, are inaccessible, or are unaffordable	Frequency	5	8	1	0	14
	Column %	35.71%	23.53%	16.67%	0.00%	24.56%
Column Total		14	34	6	3	57
Substance abuse prevention strategies						
Services are adequate to meet need and free or affordable	Frequency	3	4	1	0	8
	Column %	21.43%	11.43%	16.67%	0.00%	14.04%
Existing services are free or affordable, but strained to capacity	Frequency	8	27	4	2	41
	Column %	57.14%	77.14%	66.67%	100.00%	71.93%
Services don't exist, are inaccessible, or are unaffordable	Frequency	3	4	1	0	8
	Column %	21.43%	11.43%	16.67%	0.00%	14.04%
Column Total		14	35	6	2	57

2016 Community Partner Survey CAPACITY OF LOCAL SERVICES		Hampshire County	Franklin County	North Quabbin	Western Hampden County	Total responses and %
Access to health and wellness services (nutrition education, recreation/exercise)						
Services are adequate to meet need and free or affordable	Frequency	3	3	4	1	11
	Column %	27.27%	8.57%	66.67%	50.00%	20.37%
Existing services are free or affordable, but strained to capacity	Frequency	4	15	1	1	21
	Column %	36.36%	42.86%	16.67%	50.00%	38.89%
Services don't exist, are inaccessible, or are unaffordable	Frequency	4	17	1	0	22
	Column %	36.36%	48.57%	16.67%	0.00%	40.74%
Column Total		11	35	6	2	54
Formal referral system between medical providers and social service providers						
Services are adequate to meet need and free or affordable	Frequency	2	4	1	2	9
	Column %	18.18%	16.00%	25.00%	100.00%	21.43%
Existing services are free or affordable, but strained to capacity	Frequency	2	10	3	0	15
	Column %	18.18%	40.00%	75.00%	0.00%	35.71%
Services don't exist, are inaccessible, or are unaffordable	Frequency	7	11	0	0	18
	Column %	63.64%	44.00%	0.00%	0.00%	42.86%
Column Total		11	25	4	2	42
Coordination of services between social and medical services						
Services are adequate to meet need and free or affordable	Frequency	2	4	1	1	8
	Column %	18.18%	16.67%	25.00%	50.00%	19.51%
Existing services are free or affordable, but strained to capacity	Frequency	3	11	2	1	17
	Column %	27.27%	45.83%	50.00%	50.00%	41.46%
Services don't exist, are inaccessible, or are unaffordable	Frequency	6	9	1	0	16
	Column %	54.55%	37.50%	25.00%	0.00%	39.02%
Column Total		11	24	4	2	41

2016 Community Partner Survey CAPACITY OF LOCAL SERVICES		Hampshire County	Franklin County	North Quabbin	Western Hampden County	Total responses and %
Access to interpreting in all needed languages for medical services						
Services are adequate to meet need and free or affordable	Frequency	2	2	1	1	6
	Column %	25.00%	14.29%	50.00%	50.00%	23.08%
Existing services are free or affordable, but strained to capacity	Frequency	2	4	1	0	7
	Column %	25.00%	28.57%	50.00%	0.00%	26.92%
Services don't exist, are inaccessible, or are unaffordable	Frequency	4	8	0	1	13
	Column %	50.00%	57.14%	0.00%	50.00%	50.00%
Column Total		8	14	2	2	26