COMMUNITY ACTION PIONEER VALLEY

Access ▪ Opportunity ▪ Community

Community Assessment and Strategic Plan

September 2026

Submitted to the Executive Office of Housing and Livable Communities

Lev BenEzra
Executive Director

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President, Board of Directors

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COMMUNITY ACTION PIONEER VALLEY

Access ▪ Opportunity ▪ Community

Community Assessment
September 2026

STATEMENT OF BOARD APPROVAL

This is to certify that at its duly warned meeting on September 17, 2026, the Board of Directors of Community Action Pioneer Valley approved the Community Needs Assessment, Internal Assessment, and FY27-29 Strategic Plan included in this document.

STATEMENT REGARDING PUBLIC USE AND CITATION

The information provided in this report is available for public use. You are welcome to use it for your own purposes. This is one way that Community Action Pioneer Valley fulfills its mission of building communities where everyone has the opportunity and resources to thrive. If you use the data you find in our report, please cite the report as: Community Action Pioneer Valley Community Assessment, September 2026, https://www.communityaction.us.

If you have any questions about the data or its analysis, or about sources of data, or if you want to provide feedback on the report, please contact:

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COMMUNITY ACTION PIONEER VALLEY COMMUNITY ASSESSMENT

I. EXECUTIVE SUMMARY

The development of the Community Needs Assessment, Internal Assessment, and FY27-29 Strategic Plan follows the Results-Oriented Management and Accountability (ROMA) system as well as requirements laid out in the Community Services Block Grant (CSBG) Organizational Standards and guidance from our state oversight agency, the MA Executive Office of Housing and Livable Communities. We provide basic demographic profiles of the cities, towns, and counties in our service area, and then examine community needs and resources in the six ROMA domains (income/asset development, employment, housing, education/cognitive development, health/social-behavioral development, and civic engagement) as well as two "cross-cutting" domains (transportation, and digital access). In addition, we present data on internal agency functioning as well as priority areas for improvement to better help the agency meet community needs. Three sources of primary data were used to gather information to support the Community and Internal Assessment:

- **Participant Survey.** This survey targeted community members who *were or could potentially be served by CAPV programs, generally families and individuals with low income*. The survey was distributed from October to December 2025. We received 521 responses.
- **Community Partner Survey**. We distributed this survey widely to partner organizations and other stakeholders. A wide variety of sectors and geographic regions were represented among the respondents. We received 108 responses.
- **Staff Survey.** This survey was distributed in December 2025 via email to all CAPV staff and available through January 2026. 182 staff responded to the survey, 56% of the 316 employees at CAPV.

The agency formed a Strategic Planning Steering Committee that met regularly from September 2025 through May 2026. The Committee included Leadership Team members, other staff, and Board members. We held a kick-off Strategic Planning Retreat in September 2025 and then another Retreat in June 2026. We reviewed and considered the data presented above, discussed the needs that had surfaced in this process, and proposed and prioritized goals (based on the analysis of comparative needs and trends). This material was used to draft goals and objectives that were then reviewed by the Executive Director and the Leadership Team, after which working groups were developed to further refine the objectives and the actions that should be taken in the FY27 – 29 plan period. The Community Action Pioneer Valley Board of Directors then met on September 17, 2026 and voted to accept the Community Assessment and Strategic Plan. The final needs and goals of CAPV's FY27-29 Strategic Plan are as follows:

Family/Individual Level Goals

1) EMPLOYMENT

NEED: Youth/young adults, adults, and families with low income need assistance to obtain employment, including education/training and barrier-reduction services.

- Signs of a slowdown in the Massachusetts job market are evident at the same time the labor force increased, pushing the state unemployment rate from 3.7% in January 2024 to 4.1% by the end of the year
- Childcare subsidies are scarce, with only about a third of eligible families receiving this assistance.

GOAL: Improve economic security through employment opportunities and supports

2) BASIC NEEDS/HOUSING

NEED: Families and individuals with low income need support for basic needs and housing to achieve and maintain stability.

- Our Participant Survey indicated that almost half of respondents (48%) felt financially worse off than three years ago
- 90% of SNAP recipients 86% of Medicaid recipients, and 92% of Fuel Assistance recipients surveyed were worried about cuts to their benefits.
- 50% or more renters are cost-burdened (pay more than 30% of their income in rent) and 25% of homeowners are cost-burdened

GOAL: Improve economic security through access to housing and basic needs resources

3) HEALTH/SOCIAL-BEHAVIORAL DEVELOPMENT: Children, Youth/Young Adults, & Families

NEED: Children, youth/young adults, and families with low income need quality support and mental health/wellness services to ensure they are able to thrive.

- A third or more adults in our region report feeling social isolated or lonely, similar to the state as a whole and the nation.
- Young people in our communities continue to report high rates of depression and suicidal thoughts.
- About 20% of respondents to the Participant Survey reported difficulties accessing mental health care for themselves and/or a child.

GOAL: Improve long-term economic security by supporting healthy development for children, youth/young adults, & families

Agency-Level/Capacity-building Needs and Goals

4) PARICIPANT ENGAGEMENT

NEED: The agency needs a more consistent approach across programs in how they interact with, track data on, and inform participants about CAPV programs and services.

GOAL: Improve economic security through streamlined access to programs and enhanced customer service and engagement

5) STAFF RETENTION/WORKPLACE ENVIRONMENT

NEED: The agency needs to support staff retention through fair compensation and improved supervisor support and training.

GOAL: Improve staff retention by continuing to increase wages and maintain comprehensive benefits as funding allows and developing systems for supervisors to improve support for employees

6) FISCAL SUSTAINABILITY

NEED: The agency needs to strengthen its fiscal resilience and long-term sustainability.

GOAL: **Strengthen CAPV's financial resilience and long-term sustainability through strategic reserves, disciplined budgeting practices, and diversified revenue**

7) INFORMATION TECHNOLOGY AND AI

NEED: The agency needs clear policy and staff capacity regarding the rapidly changing world of technology and IT, both to ensure data security, confidentiality, and accuracy; and to increase efficiencies and capacity across functions.

GOAL: Strengthen CAPV's use of technology and AI, guided by clear policy and staff capacity, to increase organizational efficiency, capacity, and mission impact

II. INTRODUCTION AND METHODOLOGY/ PROCESS

Community Action Pioneer Valley (Community Action or CAPV) is the federally designated anti-poverty agency for Franklin and Hampshire Counties in western Massachusetts and also provides services in Hampden County, Berkshire County, and four towns in northwestern Worcester County. In this document, Community Action presents an assessment of community and agency capacity-building needs and identifies priority needs. These informed our Strategic Plan for FY27-29, provided at the end of this document.

The process we have used in this needs assessment and strategic planning process follows the Results-Oriented Management and Accountability (ROMA) system as well as requirements laid out in the Community Services Block Grant (CSBG) Organizational Standards and guidance from our state oversight agency, the MA Executive Office of Housing and Livable Communities. We provide basic demographic profiles of the cities, towns, sub-regions, and counties in our service area, and then examine community needs and resources in the six ROMA domains (income/asset development, employment, housing, education/cognitive development, health/social-behavioral development, and civic engagement) as well as two "cross-cutting" domains (transportation, and digital access). In addition, we present data on internal agency functioning as well as priority areas for improvement to better help the agency meet community needs.

Three sources of primary data were used to gather information to support the Community and Internal Assessment (*See Appendices for copies of each survey instrument*):

1) **Participant Survey.** This survey targeted community members who *were or could potentially be served by CAPV programs, generally families and individuals with low income*. The survey was distributed from October to December 2025. We asked a broad set of questions that help us understand their challenges, experiences of discrimination, views on community needs, and feedback on CAPV's services. The survey was available in English, Spanish, Russian, and Haitian Creole. This year's survey elicited 521 responses. 95% of respondents lived in either Franklin (42%) or Hampshire (53%) counties (CAPV's federally designated CSBG service area), with 4% in Hampden and 1% in Worcester. In addition to distributing the survey through CAPV programs, the statewide WIC program distributed the electronic survey link via text message to all WIC recipients in our area. We also distributed the survey link to a variety of community partners, distributed a postcard with instructions for completing the survey online as well as hard copies of the survey at many CAPV sites, and sent a large mailing to Fuel Assistance clients to try to reach as many people as possible. We enlisted volunteers to distribute surveys at several food distribution sites operated by different agencies, in particular to try to reach people not served by CAPV programs. There were 25 respondents who indicated they had not been served by any CAPV program in the past three years. We considered the data collection to be successful given the number of responses, the geographic distribution of the responses, and the extent to which the survey was effectively targeted to the low-income population we were interested in learning about.
2) **Community Partner Survey.** This survey asked the same questions on community needs that were asked in the Participant Survey and also asked about their relationship with CAPV and how the agency is perceived in the community. It was distributed electronically via networks such as the Franklin County Resource Network in Franklin County and the Coalition on Social Agencies in Hampshire County, as well as to community partner lists used by certain departments (e.g. HS&ELP, Family Support Programs, the Three County Continuum of Care). We received 108 responses from

organizations operating throughout our service area. A wide variety of sectors and geographic regions were represented among the respondents (*see Appendices for a list of sectors represented*).

3) **Staff Survey.** The Human Resources Director was charged with developing and conducting the Staff Survey, which was updated and reviewed with the help of the Personnel Committee. This survey was distributed in December 2025 via email to all staff and available through January 2026. 182 staff responded to the survey, 56% of the 316 employees at CAPV. 78% answered all of the questions.

The agency formed a Strategic Planning Steering Committee that met regularly from September 2025 through May 2026 to discuss data presented by the Planning and Resource Development Department from the surveys as well as secondary data sources. The Steering Committee included four Board members, one of whom had served as a representative of the Head Start & Early Learning Programs Policy Council and was a low-income representative on the agency's Board of Directors. Other members were staff from various departments and positions within the agency. (*See Appendices for a list of Steering Committee members and their roles, as well as a list of meetings held*.) The agency held a Strategic Planning Retreat in June 2026 that included a broader group of Leadership Team members and Board members as well as Strategic Planning Committee members to review the data, discuss the needs that had surfaced in this process, and propose and prioritize goals. This material was used to draft goals and objectives that were then reviewed by the Executive Director and the Leadership Team, after which working groups were developed to further refine the objectives and the actions that should be taken in the FY27 – 29 plan period. The community needs and associated goal statements that resulted were **all at the Individual/Family level**.

The Steering Committee approached the internal assessment of agency capacity with reference to many ongoing projects and processes that are reflected in and monitored through the existing FY24-26 Strategic Plan. We considered new information about issues that have emerged more recently through discussions at various staff committees and at leadership level. We also considered the results of the surveys, especially the Community Partner Survey and the Staff Survey, and customer satisfaction data collected through the Participant Survey as well as CAPV program-level surveys. The Human Resources Director worked with the Personnel Committee to review the data from the Staff Survey and develop recommendations for priorities based on this information. Leaders responsible for other ongoing areas of work (e.g. service integration, financial sustainability) led processes to develop recommendations about needs and goal statements for those areas. The result were recommendations for **priority Agency-Level Capacity-building needs**.

The Massachusetts Community Action network is known for its strong collaborative spirit. **Through our statewide association, MASSCAP**, representatives from member organizations meet regularly as part of over a dozen Communities of Practice: Planners, Human Resources, CFO/Fiscal, Communications & Development, New(er) EDs, VITA/Financial Empowerment, Facilities, Diaper Programming, EDs Friday Conversations, IT, SMC User Group, DEI Roundtable, Food Insecurity, and a Regional Young Professionals group. **The Planners' CoP** is long standing and has been a source of ongoing best practice sharing around the COE Organizational Standards, ROMA, and CSBG compliance as well as other common funding/program areas. Over the last year, a major focus has been on preparation for the 2027-2029 Community Needs Assessment Report & Strategic Plan (CARSP). Specifically, the Planners' CoP collaborated in three primary ways to prepare partner organizations for success in the CARSP process:

1) In the summer and fall of 2025, the MASSCAP Planners' CoP focused efforts around improving the Community Needs Survey process. The Community Needs Survey is an integral part of the CARSP process and is intended to capture feedback from a wide range of stakeholders on the most pressing needs facing residents. MASSCAP-hosted training by Phil Brenner, Senior Researcher and Survey Methodologist. Phil

covered topics like survey construction, strategies for improving response rates, and the effects of nonresponse on survey analysis. Following this training, CoP members then dedicated meeting time to brainstorming and refining a list of potential Community Needs Survey questions. While, ultimately, Planners' CoP members agreed not to require a standardized set of questions, the process of collaborating to create a repository of survey items pushed agencies to reflect on and improve their own tools and processes. It also served as a valuable refresher in survey methodology for long-time planners and a training exercise for those new to the role.

2) With CSBG funding through EOHLC, MASSCAP continues to support agencies' access to mySidewalk, a data analysis and visualization platform. This platform compiles key indicators related to the causes and consequences of poverty, significantly reducing the burden of data collection, aggregation, and analysis for local CAAs during the CARSP process. In early 2026, a group of MASSCAP Planners engaged in an in-depth training series with mySidewalk staff. The goal of the training was to build network expertise in the tool's capabilities. 12 CoP members completed the training and now serve as subject matter experts for their own agencies as well as for the larger network. Monthly CoP meeting time is dedicated to problem solving and sharing best practices around mySidewalk utilization.

3) As a team, the MASSCAP Planners' CoP determined an efficient methodology for capturing both statewide and regional information about needs, existing services, and gaps would be to conduct a Focus Groups of CoP Planners. Thus, in April 2026, MASSCAP facilitated a special session with Planners who attended the regularly scheduled CoP meeting. The Focus Group provided an opportunity for attendees to talk about the top need areas identified through their Community Needs Survey processes. At the time of the Focus Group, top needs in the network were: Housing; Inflation/Cost of Living & Basic Needs; Childcare; and Healthcare (including insurance and mental health). Findings from this series of Focus Groups were shared with all CAAs for incorporation into the Community Needs Assessment Report as deemed relevant by individual agencies.

III. AGENCY DESCRIPTION AND MISSION

Community Action Pioneer Valley was founded in 1965 as **Franklin Community Action Corporation** (FCAC) 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. From this 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 (1977) and the Community Health Center of Franklin County (1997). We also initiated the Communities That Care Coalition (2002) and the Franklin County Resource Network (2000), both still serving a vital role in our community.

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, and we changed our name to **Community Action of the Franklin, Hampshire, and North Quabbin Regions**. Hampshire Community Action Commission had relinquished its designation as a Community Action Agency and 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. In 2011 we became the Head Start grantee in western Hampden County, bringing our service area to 1,700 square miles. In addition, over the past several years, we have managed energy conservation services with low-income households in Berkshire County and all of Hampden County.

In 2018, we again changed our name - to **Community Action Pioneer Valley** - to better reflect the geography of our growing service area. This was accompanied by a revision of our mission, core principles, and vision statements. The new articulation of our fundamental charter provided continuity with the past as well as an updated inspiration for the future. While the words changed with the times, we remained steadfast to our founding purpose. In 2019, we became the lead (Collaborative Applicant) for the Continuum of Care (CoC) that manages all services for people experiencing homelessness in Franklin, Hampshire, and Berkshire Counties. In addition, we took on RSVP of the Pioneer Valley, a volunteer connector for people aged 55+ in Franklin, Hampshire, and Hampden Counties. In 2025, 61 years after our Head Start program enrolled its first 100 families, we served over 25,000 people and had a budget of $44 million and a reach of 2,770 square miles.

Through all this change, there has been one constant: we have been true to our mission. We have been successful and have grown, not by going after money for its own sake, but by aligning expanded funding with our community-based mission. We have built on the strength of our community to improve the quality of life for everyone. We have provided access, opportunity, and community for thousands.

MISSION STATEMENT, CORE PRINCIPLES, AND VISION STATEMENT

Community Action Pioneer Valley assists people who have low income to achieve economic stability and security. We work to build communities in which all people have the opportunity to thrive.

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 raise 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.

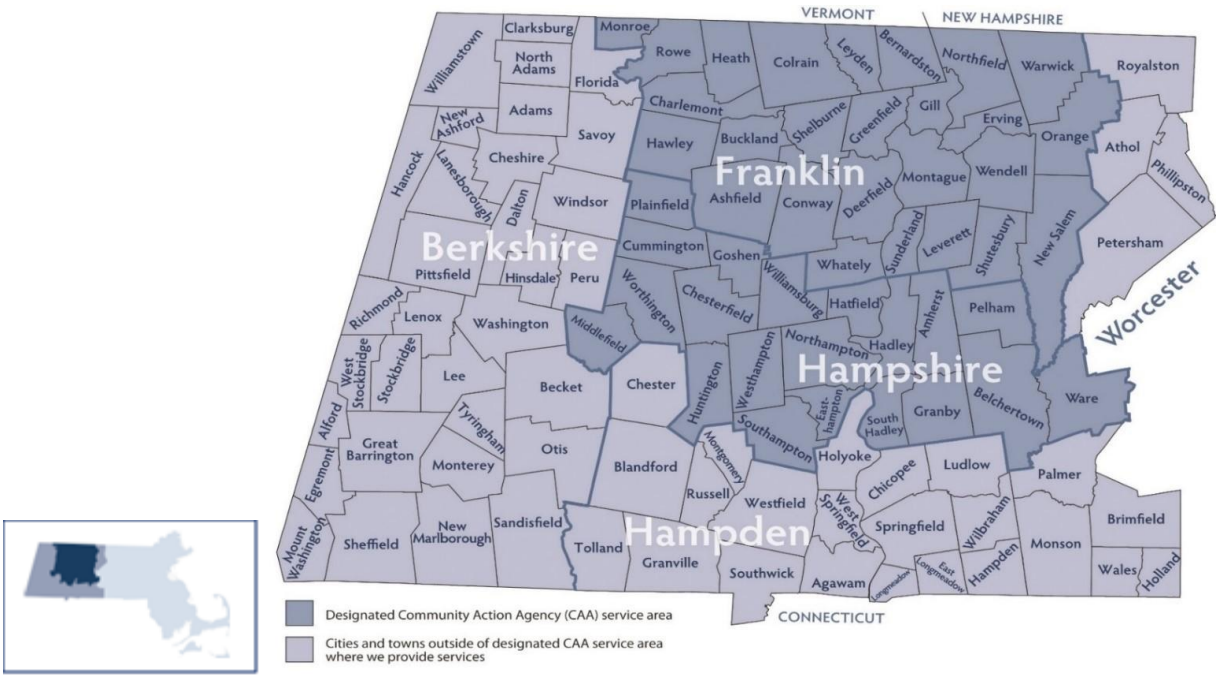
VISION STATEMENT: *Our vision is a community that celebrates our shared humanity as well as our diversity. We strive to build a community that invests in access for everyone to healthy food; safe, affordable housing; living wage work; high quality, affordable education from birth; and full participation in the democratic process. In service to that vision, Community Action Pioneer Valley relies on the leadership of people who have low incomes to define how we approach our work. We advocate for policies and resources that protect the vulnerable and disenfranchised, and open opportunity to all. Working with many partners, we create a community where children and youth are nurtured and protected and everyone achieves their potential and prospers in the fullness of life.*

Revised and approved by the Board of Directors 9-17-2024

IV. CAPV SERVICE AREA AND COMMUNITY PROFILE

A. Community Action Pioneer Valley's Service Area.

The Community Services Block Grant (CSBG) funds every Community Action Agency (CAA) and their oversight agencies at the state level. 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 provide opportunities for people with low incomes to stabilize and move toward their own goals. Every county in the U.S. has a CAA within it, although some towns within those counties may not be part of any officially designated CSBG service area, e.g. western Hampden County and southwestern Worcester County. CAAs are able to provide services outside their designated area as long as CSBG funds are not used to support those services. CAPV'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 2,770 square miles. The following map shows the towns and cities in our designated service area (dark blue-gray) and in our extended service area (light blue-gray).



Within our four-county service area, there are several sub-regions that have strong social and economic ties. Some of them are completely within the boundaries of our designated service area (Franklin and Hampshire Counties), and some of them include towns both within and outside the CAA designated area and our larger service area of the four counties of Western Massachusetts. These inter-related sub-regions influence the lives of program participants and the priorities of our community partners whether they are part of our official service area or not, and we include some data for entire sub-regions where the towns we serve are located. This complicated mosaic finds CAPV operating in all 26 municipalities in Franklin County, all 20 in Hampshire County, four in Worcester County, all 32 in Berkshire County, and all 23 in Hampden County, a total of 105 communities. (*See Appendices for list of towns by subregion.)*

B. Community Profile

1. Population, Population Density, and Population Trends

Table 1[1] below provides recent Census Bureau population estimates based on five years of data (2020 – 2024) for each county and region in which Community Action operates; the average population density (people per square mile, PPSM); and the population of the largest municipality in each. This data clearly shows the variety in our region's population density and the essential rurality of its nature, despite the presence of more urbanized hubs in each region. The spread in population density across the four counties is from 11 PPSM in Monroe to 4,851 in Springfield. The huge range we see in our area makes it clear that using averages to describe any geographic region will omit salient details.

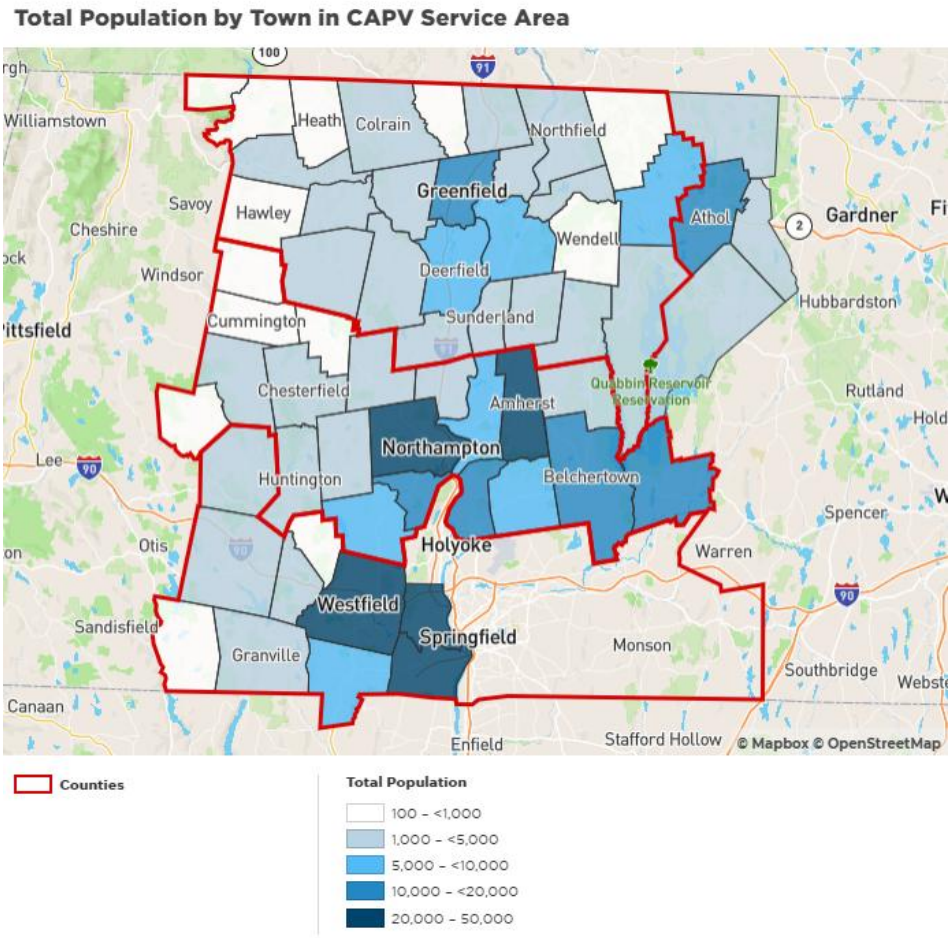
Table 1: Population, Land Area, and Population Density (people per square mile), 2024

Counties	# of cities & towns	Total Population	Land Area (sq mi)	People/Square Mile	Largest Municipality	Population
Berkshire County	32	129,430	931	139	Pittsfield	43,457
Franklin County	26	70,944	702	101	Greenfield	17,664
Hampden County	23	462,815	618	749	Springfield	154,749
Hampshire County	20	162,028	529	306	Amherst	38,182
Sub-regions						
North Quabbin	9	28,507	320	89	Athol	12,011
Central Franklin County	11	47,375	267	177	Greenfield	17,664
West County	11	12,229	301	41	Buckland	2,036
Quaboag Hills	15	89,101	443	201	Belchertown	15,393
Central Hampshire County	9	125,260	221	567	Amherst	39,416
Hilltowns	22	32,392	659	49	Dalton	6,256
Western Hampden County	10	113,681	282	403	Westfield	40,378

Figure 1[2] shows the variation in total population by town in CAPV's main service area, which includes Franklin and Hampshire counties as well as important subregions CAPV serves such as Western Hampden County (Head Start & Early Learning Programs) and the North Quabbin (includes portion of Worcester County, served by several programs).

[1] U.S. Census Bureau American Community Survey (ACS) 2024 5-year estimates, Table DP03
[2] Mysidewalk.com; ACS 2024 5-year estimates, Table B01003; https://reports.mysidewalk.com/2485692ecf#c-1744054

Figure 1: Total Population by Town in CAPV Service Area, 2024



Source: ACS 2024 5-year estimates, Table B01003.

Between 2010 and 2024, the population of the four Western Massachusetts counties changed very little. Berkshire County decreased by 1.4%, Franklin County decreased by 0.6%, and Hampden County went down 0.1%. The population of Hampshire County increased by 2.5%. Overall, there were just over one thousand more people in the four counties in 2024 compared with 2010. Projections from the state's population estimates program show an expected 11% decrease through 2050 in the four counties, with Franklin County expected to lose 20% of its population in the next quarter century.[3]

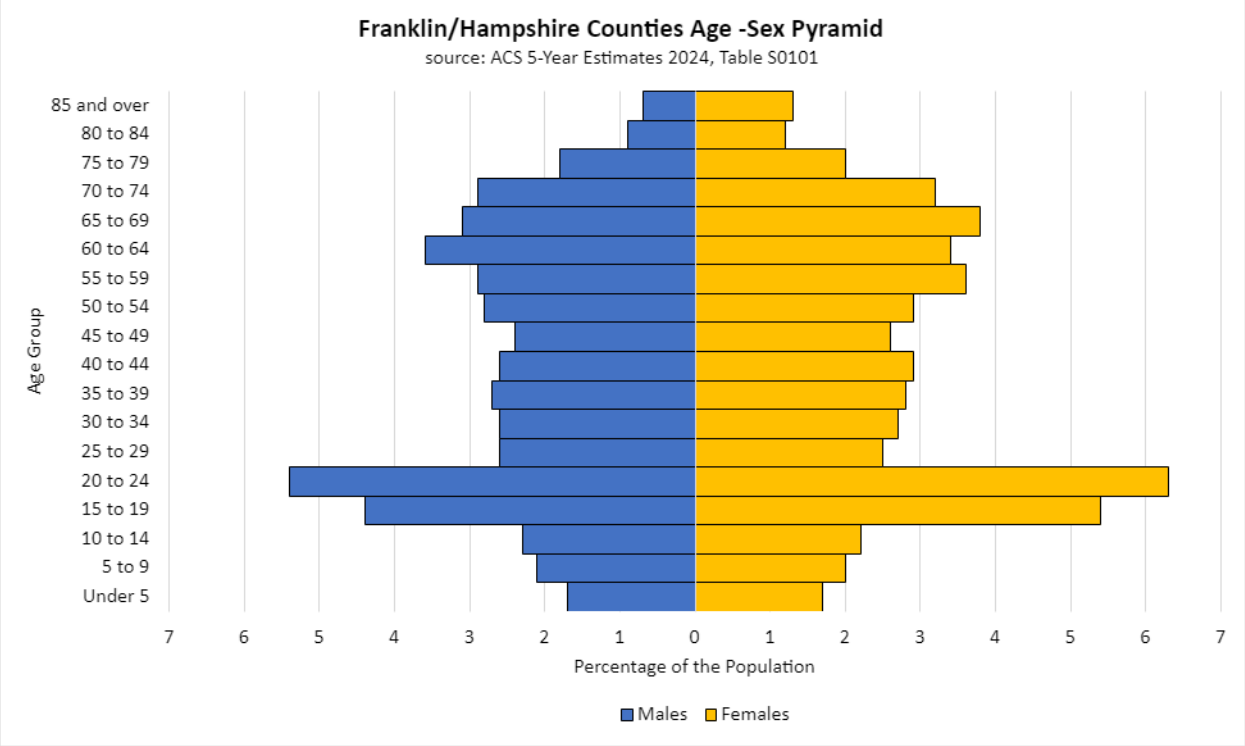
Reflecting a national trend, the population is expected to age considerably, particularly in Berkshire and Franklin Counties. With this trend, we anticipate that larger and larger portions of the population will be over 75 years old[3]. In the context of an overall lack of growth in population, this means we can expect to see a decrease in the number of younger people in our region.

[3] 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, May 2024, http://pep.donahue-institute.org/

2. Age and Sex

CAPV is well aware that one's sex assigned at birth is a different type of measure than gender, which includes many categories that better represent the many ways people identify; this is why we collect information using more expansive gender categories in most CAPV programs. In our own surveys used for this Community Assessment, we used a set of definitions that the Department of Housing and Urban Development is workshopping. This resulted in a full 5% of respondents in our Participant Survey identifying as something other than male or female alone (3% non-binary, 1% transgender, 1% other and multiple responses). However, the U.S. Census Bureau and most other official government agencies continue to employ a binary view of sex/gender when collecting data, including the American Community Survey (ACS). Using ACS data, the Figure 2 below shows the age and sex of the population of Franklin and Hampshire counties combined, CAPV's primary (CSBG) service area. Overall, 52.6% of the population is female and 47.4% male.[4]

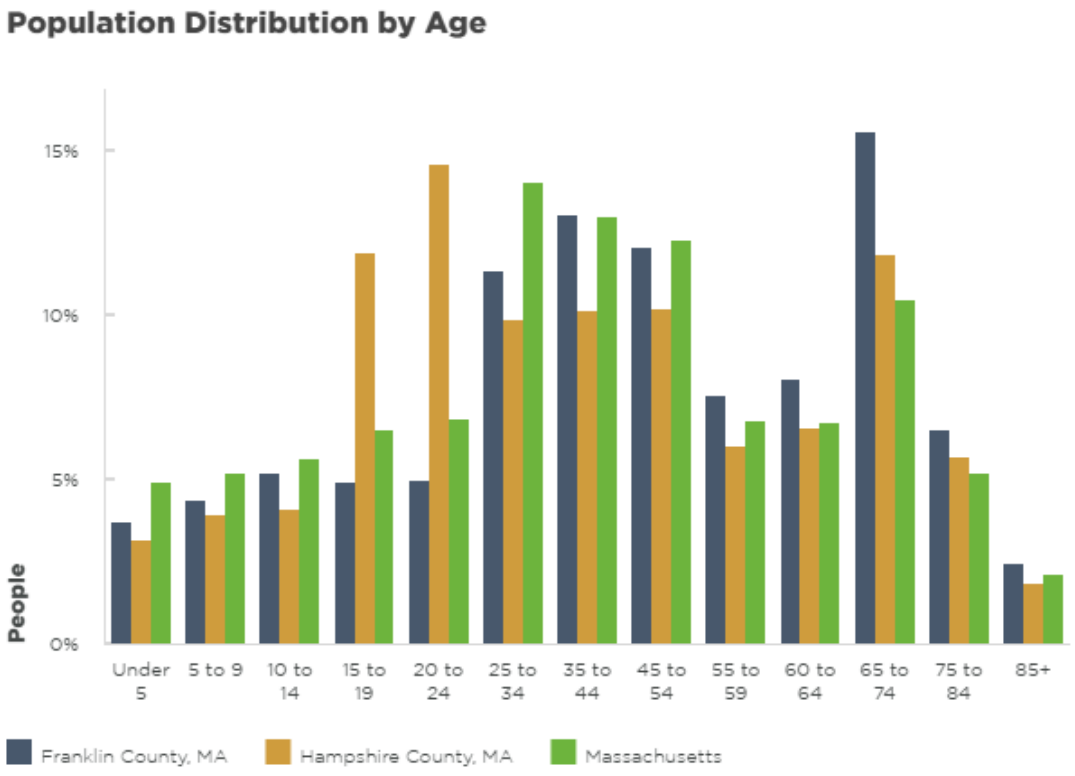
Figure 2: Age-Sex Pyramid, Hampshire & Franklin counties, 2024



As shown in Figure 3, CAPV's main service area (Franklin and Hampshire counties combined) has a higher proportion of people over age 65 (21%) compared to Hampden County and the state as a whole (18%), and a lower proportion of children up to age 14 (12% in Franklin/Hampshire versus 17% in Hampden and 16% in the state). The high proportion of those ages 15 – 19 and 20 – 24 in the CAPV service area are the result of the area's college population, driven by the large numbers of students at the UMASS flagship campus in Amherst and several other smaller colleges.[5]

[4] U.S. Census Bureau American Community Survey (ACS) 2024 5-year estimates, Table DP05
[5] Mysidewalk.com; ACS 2024 5-year estimates, Table DP05; https://reports.mysidewalk.com/2485692ecf#c-1832907

Figure 3: Population Distribution by Age, CAPV Service Area, 2024



Sources: US Census Bureau ACS 5-year 2020-2024

3. Race and Ethnicity

a. The Concept and Use of Race and Ethnicity

The Census Bureau distinguishes between race and ethnicity as two mutually exclusive categories. Their major categories of race are: American Indian/Alaska Native, Asian, Black/African American, Native Hawaiian/Other Pacific Islander, Some Other Race, Two or more races, and White. At the most general level of analysis, ethnicity is defined as Hispanic/Latino or non-Hispanic/Latino of any race. So people can be Black-Hispanic/Latino, or White/non-Hispanic/Latino, for instance. Unduplicated data combining the ethnicity with the racial categories is available for a number of variables; in this case, Hispanic/Latino of any race will be one mutually exclusive category, with the other racial groups consisting of people who are Not Hispanic/Latino. We generally use the names of the categories as represented in the data source. Some datasets use the term BIPOC to indicate Black, Indigenous, and People of Color, which encompasses all those who are not White only, and we also use the term Latine as an inclusive term to indicate Hispanic/Latino.

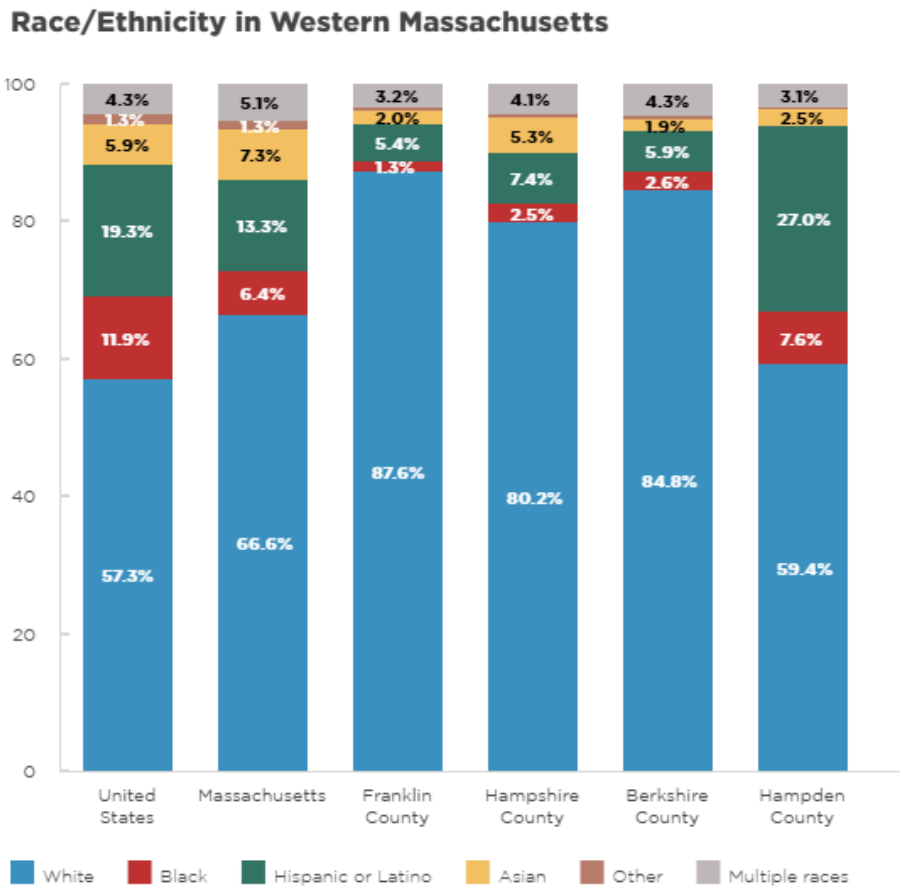
In this Community Assessment, we avoid relying solely on averages across the population because data of the majority group (in our case, White) will inevitably dominate. Instead, we disaggregate by race and ethnicity, when data is available, in order to bring to light the inequities in access to resources in our communities. When we do this, we see that Whites (and men) fare better in every system (e.g. health, education, business, criminal justice) in our country and in our counties, despite ours being a relatively

progressive region. Elevated rates Severe Maternal Morbidity among Black birthing parents, ubiquitously higher graduation rates for White high schoolers, and the fact that Black and Latine persons are at least twice as likely to be impoverished compared with their White counterparts - all these come from the history of political and economic inequities that persist in the U.S. and rank certain groups of people above others.

b. Race and Ethnicity in our Region

The population of Western Massachusetts is predominantly White non-Hispanic/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. Latino residents of our area come from many Central and South American countries and the Caribbean, with the largest single group being of Puerto Rican heritage. Figure 4 provides a visual overview of race and ethnicity in the four western counties.[6]

Figure 4: Race and Ethnicity in the 4 Western Massachusetts counties

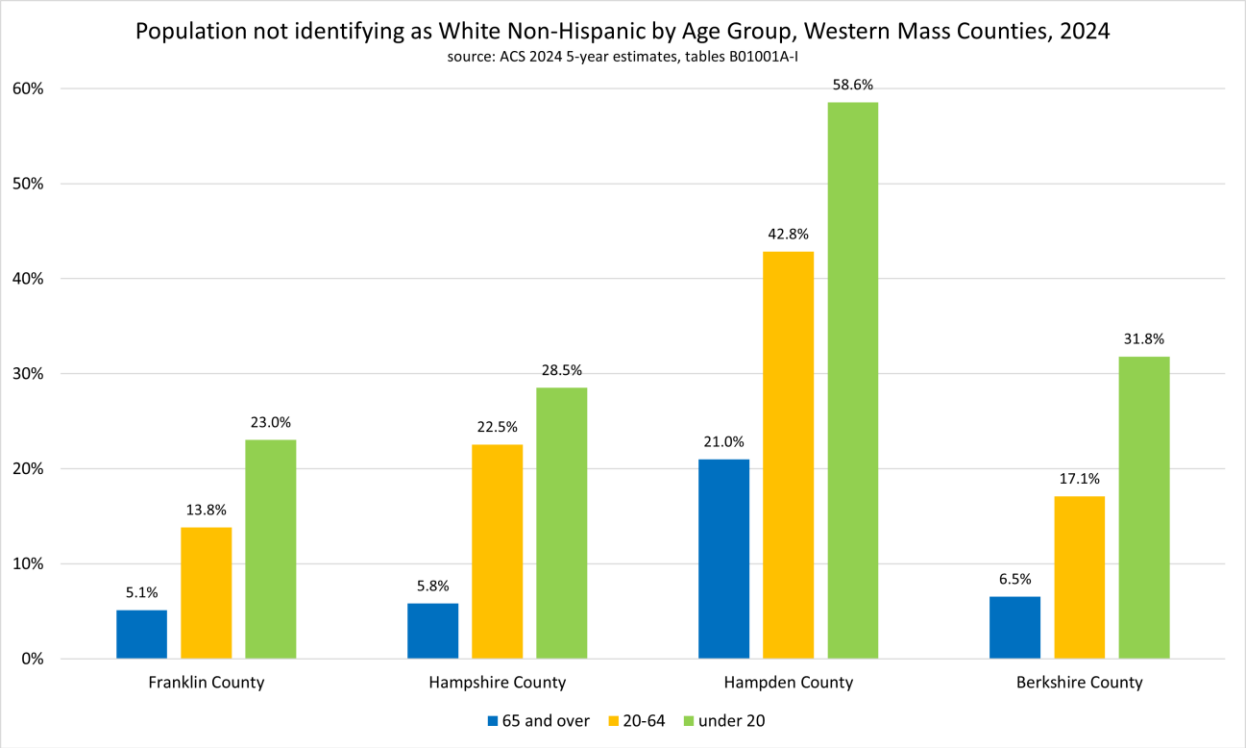


Overall, the number of people living in Community Action's service area has changed very little since 2010 (growth of less than 1%), but the demographic profile is changing as we become more racially and ethnically diverse. From 2010 to 2024 the White population of any ethnicity decreased by 5.8%, while the Latino population of any race increased by 56%; Black/African American (non-Latino) by 20.5%; and Asian by 34.5%. It is important to note that in some cases, the percentages of increase (or decrease) are large while the actual numbers are small. For instance, while there was an increase of 28% of Black/African American residents of Franklin County since 2010, the total number in 2024 was 897, or 1.3% of the total county population. It is also important to understand that these are estimates and that estimates based on small numbers can have large margins of error. While the numbers and percentages are not absolutely precise, the demographic shift is undeniable, and it is projected to continue in the direction of more diversity. This can be clearly seen in the racial and ethnic demographic

[6] U.S. Census Bureau American Community Survey (ACS) 2024 5-year estimates, Table DP05

breakdown in our region by age.[7] People identifying as anything other than White Non-Hispanic make up only 5-7% of the over-65 age group in Franklin, Hampshire, and Berkshire counties, while those under 20 years old account for 23-32% of their age group. Similarly in Hampden County, people from minority groups are 21% of those over 65, but almost 60% of those under 20.

Figure 5: People of Color by Age Group, Western Mass. Counties, 2024



The profiles of the various sub-regions in our service area can look very different from the county-wide profiles. This underscores the need to avoid applying county or state data to a smaller sub-region. While Hampden County as a whole has the lowest percentage of White non-Hispanic residents of all four counties (59%), western Hampden County's population is 82% White; the non-White population of Hampden County is, for the most part, living on the eastern side of the Connecticut River, including in the urban hub of Springfield, Holyoke, and Chicopee, where Springfield Partners for Community Action, Valley Opportunity Council, and Holyoke-Chicopee-Springfield Head Start operate.

4. Refugees and Immigrants, Languages Spoken, and English Proficiency

Table 2 below shows the number of foreign-born residents of the U.S., Massachusetts, and the four western counties, along with the percentages who arrived after 2010 and those who have become U.S. citizens.[8] "Foreign-born" is defined as a person who is born outside of the United States who was not a U.S. citizen at birth. The percentage of foreign-born residents in our area is far lower than that for the state and nation, well under 10%. In the case of Massachusetts, rates of foreign-born residents are highest in Boston at 28%, and in the surrounding counties (Essex, Middlesex and Norfolk) at about 21%.(DP05) The percentages of the foreign-born population from Asia and Africa are particularly high in Hampshire

[7] U.S. Census Bureau; American Community Survey (ACS) 2024 5-year estimates, Tables B01001 A-I
[8] U.S. Census Bureau American Community Survey (ACS) 2024 5-year estimates, Table B05002

County, at 45% and 9% respectively. Percentages of foreign-born people from Europe are far higher in Massachusetts and the four western counties than for the U.S. as a whole. Percentages of foreign-born individuals entering the U.S. since 2010 are higher than the national average in all four counties of Western Massachusetts.

Table 2: Foreign-born Population in Western Massachusetts, 2024

Estimates of Foreign-born Population	USA	Mass	Berkshire	Franklin	Hampden	Hampshire
# Foreign-born	47,349,078	1,271,206	7,974	3,541	43,693	13,680
% of total pop.	14.1%	18%	6.2%	5%	9.4%	8.4%
% Foreign-born from Europe	10.3%	17.3%	26.6%	28.7%	30.9%	22.8%
% Foreign-born from Asia	30.8%	30.3%	25.3%	34%	26.8%	44.5%
% Foreign-born from Africa	5.8%	9.7%	13.8%	2.4%	7.8%	8.8%
% Foreign-born from Oceania	0.6%	0.3%	0.3%	1.9%	0.1%	0.2%
% Foreign-born from Latin America	50.7%	40.2%	29.5%	26.9%	30.9%	19.4%
% Foreign-born from N. America outside of USA	1.8%	2.1%	4.4%	6.1%	3.5%	4.3%
% Foreign-born pop. entering since 2010	32.1%	39.7%	37.8%	35.7%	35.6%	42.1%
% Foreign-born who are now U.S. citizens	52.1%	53.8%	51.8%	51.8%	60.2%	54.3%

Figure 6 below looks at the percentage of the population over 5 years old who speak only English, Spanish, and other languages at home.[9] Many of those Spanish speakers are from Puerto Rico, who are U.S. citizens and so do not appear in the data on foreign-born residents in Table 2. In our region, the greatest level of language diversity is in Hampden County, with levels more similar to the U.S. overall than to its neighboring counties. Hampshire County also has a significant number of people who speak a language other than English at home, possibly related to the international students at UMass-Amherst and other immigrants who work in service industries and farming.

Figure 7 shows the percentage of households in our service area that are considered linguistically isolated, i.e., households in which no persons over 14 years of age are able to speak English fluently or "very well".[10] These families are often among those with the greatest need of services, but the language barrier can be a significant impediment for them.

[9] ACS 5-year estimates, 2024: Table DP02

[10] Mysidewalk.com; ACS 5-year estimates, 2024: Table B16002; https://reports.mysidewalk.com/1d32821379#c-1663107

Figure 6: Language Spoken at Home in Western Massachusetts

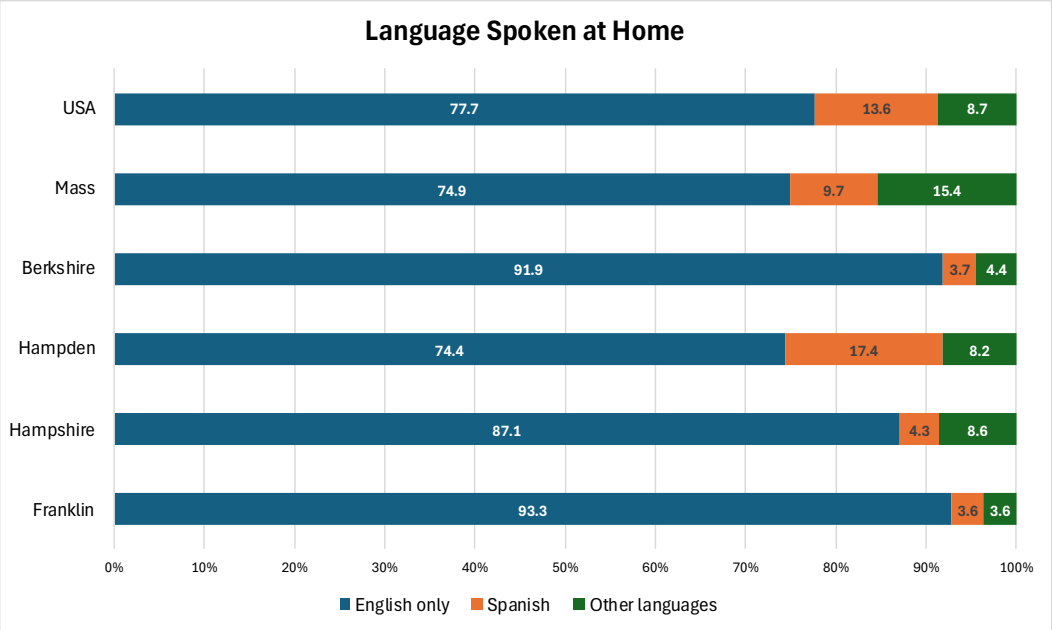
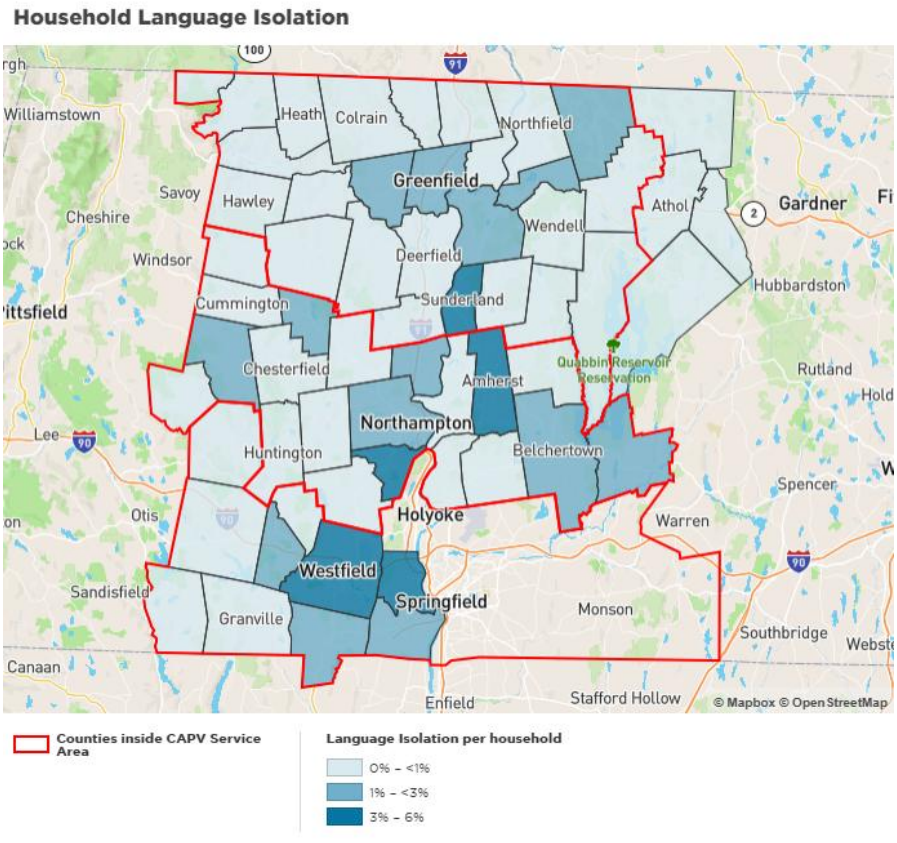


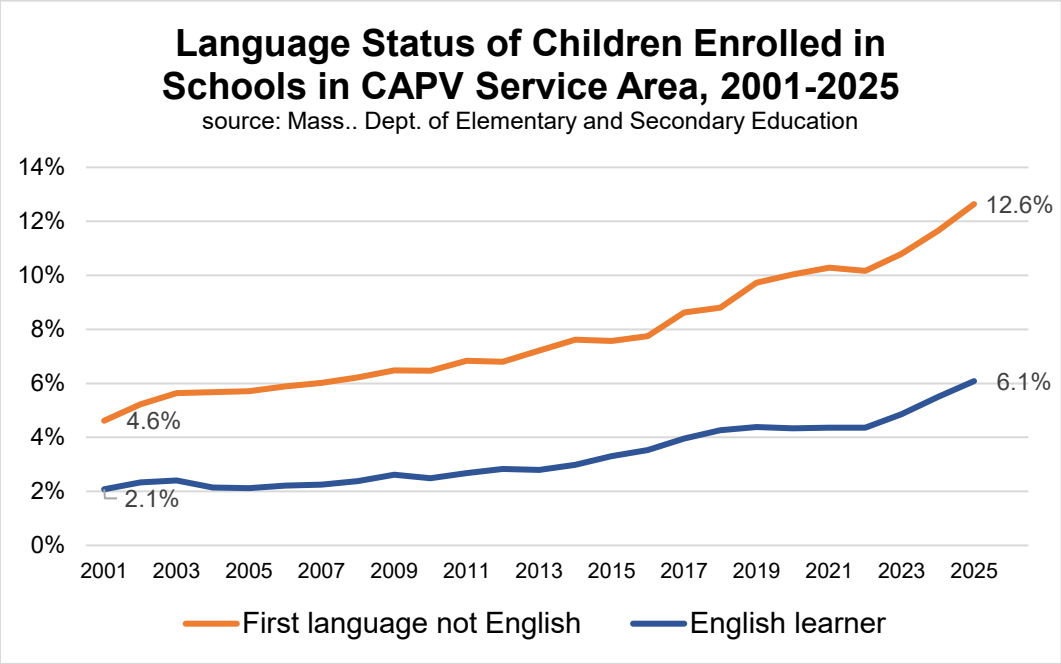
Figure 7: Household Language Isolation, CAPV Service Area



Sources: US Census Bureau ACS 5-year 2020-2024

As with racial and ethnic diversity, the linguistic diversity in our service area has also been increasing over the last few decades. As shown in Figure 8, the percentage of school children whose first language is not English has almost tripled, from 4.6% in 2001 to 12.6% in 2025. Similarly, students who are English learners has gone from 2.1% to 6.1% over the same time period.[11]

Figure 8: Language Status of Children Enrolled in Schools in the CAPV Service Area, 2001-2025



5. Median Income and Income Inequality

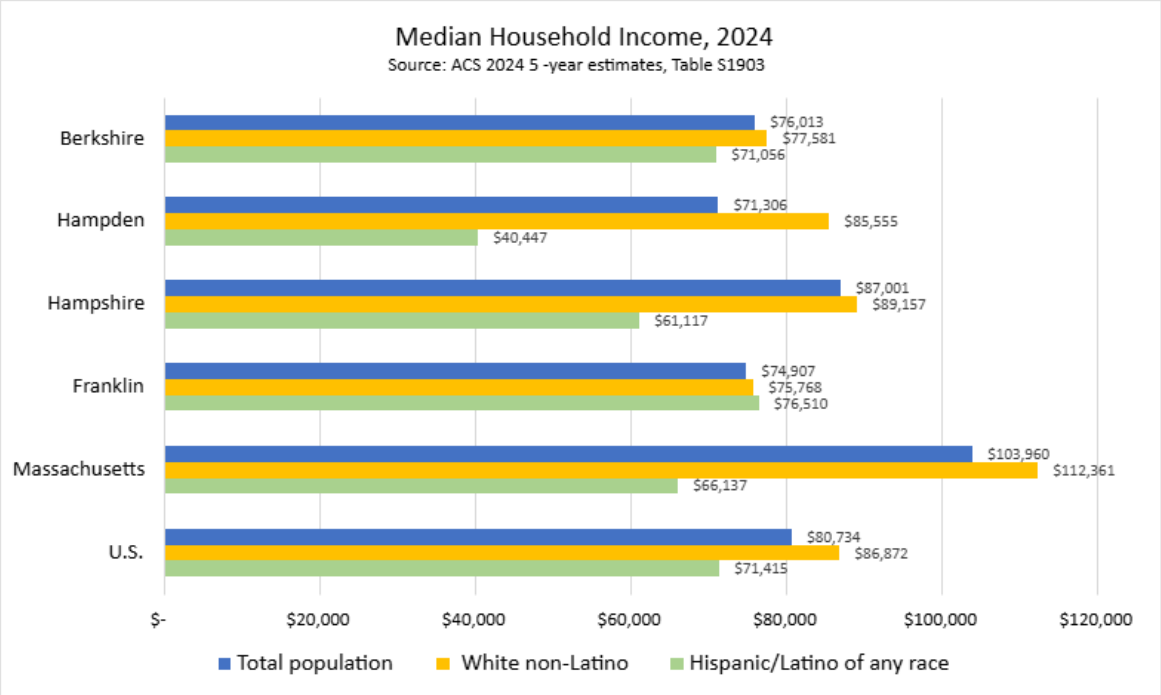
a. Median Income

Median household income is simply the income level in dollars of the household in the very middle of the range of incomes present in a given area. It is often used to compare income levels across geographic regions and to look at changes in income over time. It is also a benchmark for setting eligibility criteria for some public benefits. Figure 9 shows median household income for the U.S., Massachusetts, and the four counties in Western Massachusetts for all residents, White/non-Latine residents, and Latine residents of any race.[12] While the median household income for the entire state is higher than the national level, local median income for Hampshire and Hampden counties is comparable with the national level. It seems reasonable to assume that the higher median income levels in Hampshire County are associated with jobs at the four colleges and the University of Massachusetts-Amherst located there. The median income for Franklin and Berkshire counties is substantially lower. Estimates for groups and geographies that are smaller than these counties and race classifications have very large margins of error and do not provide meaningful data. (As it is, the margins of error for the data used here for Hispanic/Latine residents of Berkshire, Franklin, and Hampshire Counties are fairly large.) The median income for Latine households in

[11] Mass.. Dept. of Elementary and Secondary Education, School and District Profiles; profiles.doe.mass.edu
[12] U.S. Census Bureau, ACS 2024 5-year estimates; Table S1903

Hampden County stands out as particularly low ($40,447) compared with all geographies and is well below the national median for the Latine population ($71,415).

Figure 9: Median Household Income by Ethnicity in Western Massachusetts, 2024



b. Income Inequality

Simply looking at median income obscures the vast differences in household income within an area. In the United States, income and wealth inequality have been growing, with greater income disparities and concentration of wealth in smaller numbers of people. The Center on Budget and Policy Priorities summarizes it this way:

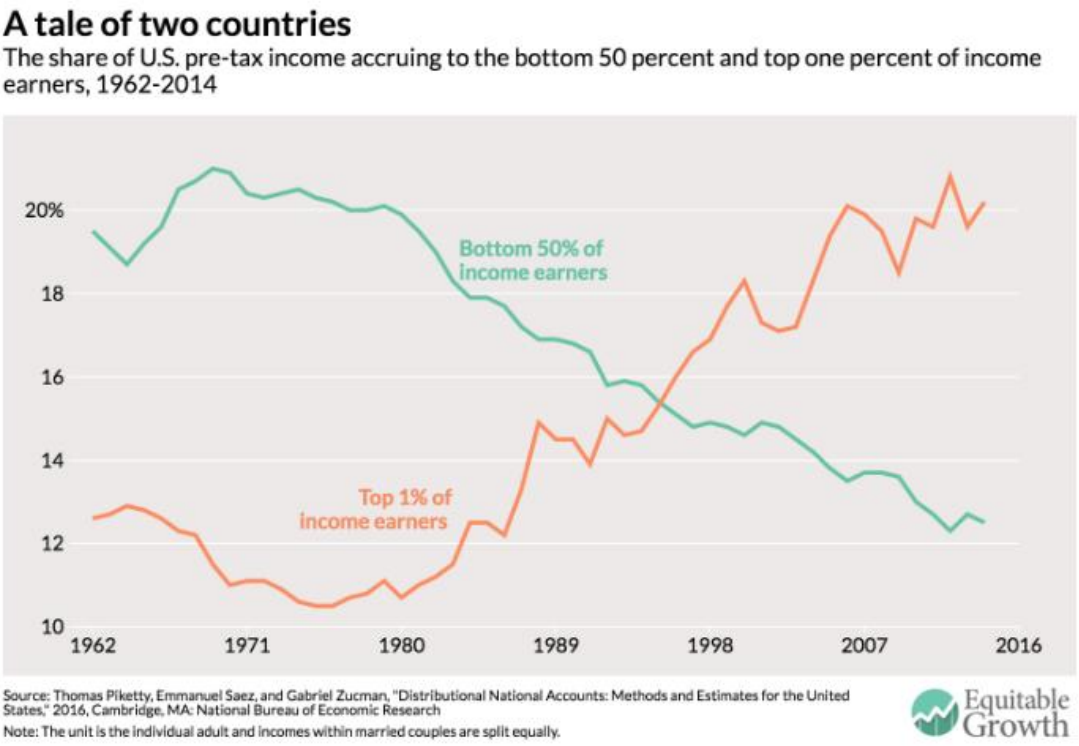
- *The years from the end of World War II into the 1970s were ones of substantial economic growth and broadly shared prosperity.*
    - *Incomes grew rapidly and at roughly the same rate up and down the income ladder, roughly doubling in inflation-adjusted terms between the late 1940s and early 1970s.*
    - *The gap between incomes high up the ladder and incomes in the middle and lower rungs — while substantial — did not change much during this period.*
- *Beginning in the 1970s, economic growth slowed and the income gap widened.*
    - *Income growth for households in the middle and lower parts of the distribution slowed sharply, while incomes at the top continued to grow strongly.*
    - *The concentration of annual income at the very top of the distribution rose to levels last seen nearly a century ago, during the "Roaring Twenties." (Hourly wage growth in the last few years has been stronger in the lower part of the wage distribution, but so far this has not substantially reversed the overall concentration of household income since the 1970s.)*
- *Wealth — the value of a household's property and financial assets, minus the value of its debts — is much more highly concentrated than income. Federal Reserve data show that the least-wealthy 50 percent of U.S. households hold very little of the nation's wealth (less than 4 percent), while the*

households with wealth in the top 10 percent hold over two-thirds. The concentration of wealth at the very top has increased over the past 35 years.

- *Racial and ethnic inequities in income remain profound and little different than half a century ago. Racial and ethnic inequities in wealth are even larger than those in income.*
- *Despite the general rise in inequality, the last half century has seen some progress against poverty — that is, the share of people lacking enough income to meet a minimum set of needs — due chiefly to stronger government assistance.*[13]

Figure 10 visually shows the timeline of when the income gap described above developed.[14]

Figure 10: Income Inequality in the U.S., 1962-2016



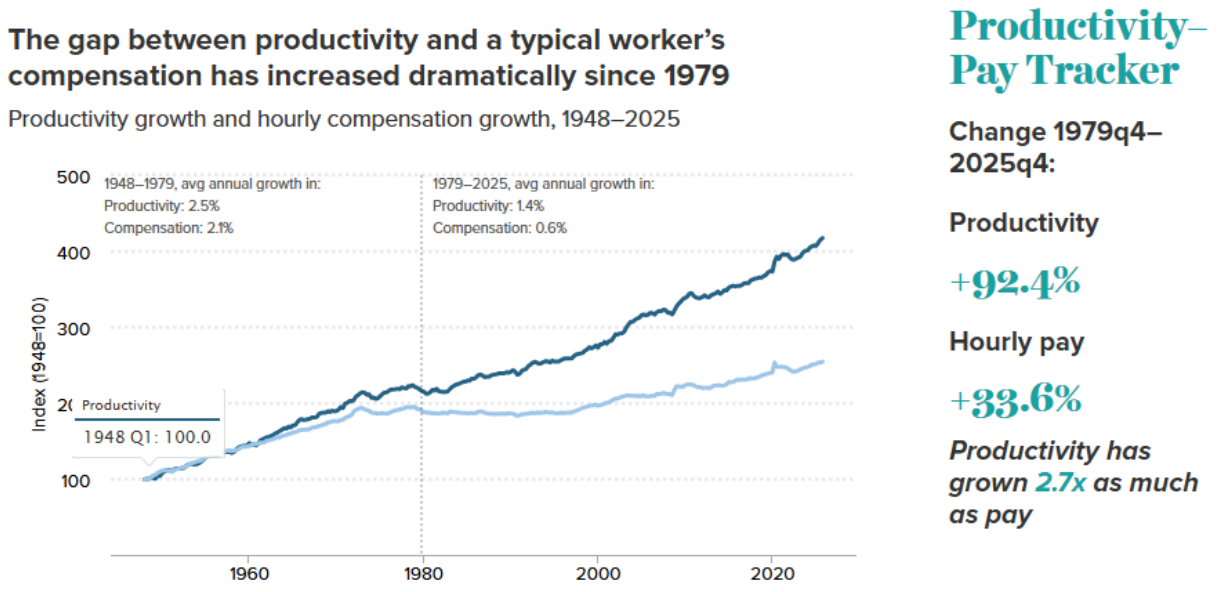
This inequality in wealth and income has significant implications for the people served by Community Action. The structural processes that generate the growing inequality allow productivity to increase but not wages, as income and wealth become concentrated among fewer and fewer people. This is illustrated in Figure 11 below, using data for the U.S. as a whole.[15]

[13] Center on Budget and Policy Priorities, A Guide to Statistics on Historical Trends in Income Inequality, by Chad Stone, Danilo Trisi, Arloc Sherman, and Jennifer Beltrán, Updated 12/11/2024, https://www.cbpp.org/research/poverty-and inequality/a-guide-to-statistics-on-historical-trends-in-income-inequality

[14] "Economic growth in the United States: A tale of two countries": https://equitablegrowth.org/economic-growth-in-the-united-states-a-tale-of-two-countries/

[15] Economic Policy Institute, Data are for compensation of production/non-supervisory workers in the private sector and not productivity of the total economy. https://www.epi.org/productivity-pay-gap/

Figure 11: Worker Productivity vs. Wages, 1948-2025



It is possible to compare the level of income inequality for given geographic regions using the Gini Index, in which the closer one gets to a value of 1, the more unequal the income distribution (Gini = 0 in the most equal society; Gini = 1 in the most unequal society). Table 3 shows the degree of income inequality in the U.S., New England, Massachusetts, and all counties in Massachusetts.[16] Income inequality in Massachusetts ranks 5th highest out of 50 states.

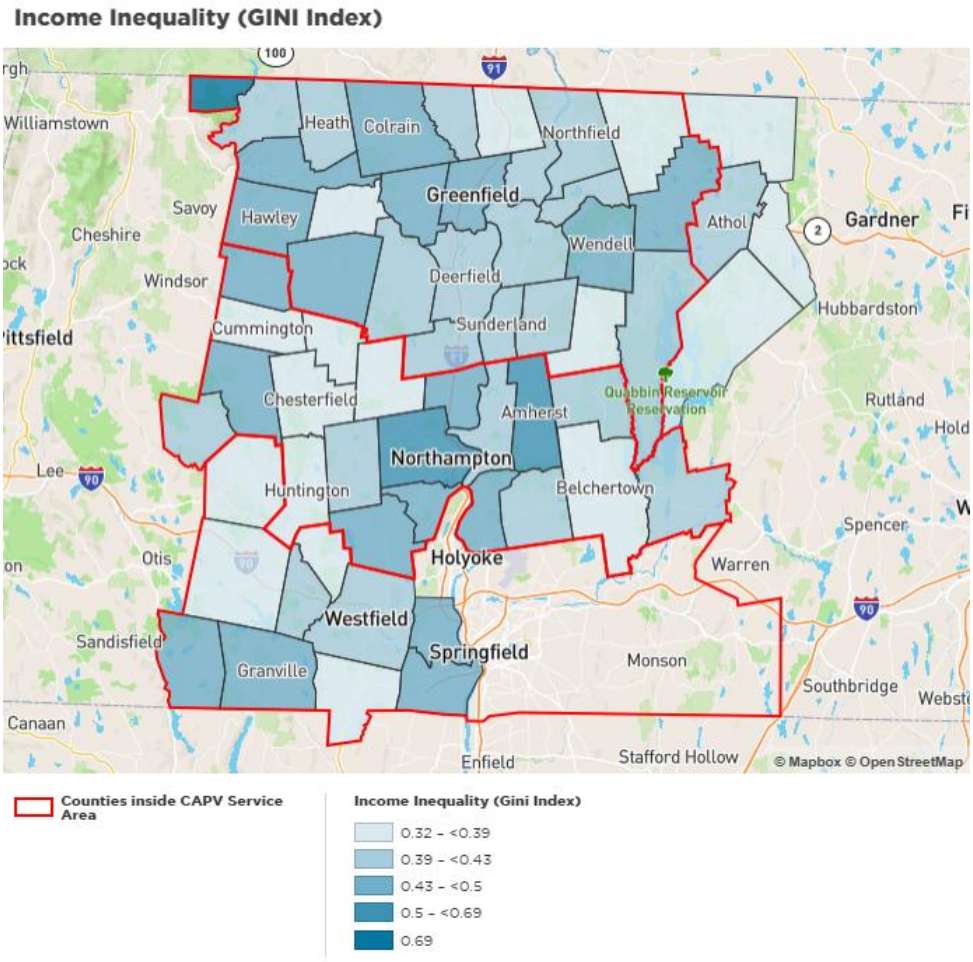
Table 3: Gini Index of Income Inequality for Massachusetts Counties

Location	Gini Index	Location	Gini Index
United States	.48	Worcester County	.45
Massachusetts	.49	Middlesex County	.47
		Essex County	.48
Franklin County	.44	Suffolk County	.53
Hampshire County	.47	Norfolk County	.48
Berkshire County	.49	Bristol County	.46
Hampden County	.47	Plymouth County	.46
		Barnstable County	.48

Looking at the town level in our primary service area (see Figure 12), the GINI Index ranges from a low of .32 in Blandford to a high of .69 in Monroe. Among the more populated towns, Belchertown has the lowest index at .38 while Amherst has the highest at .56.[17]

[16] ACS 2025 5-year estimates Table B19083
[17] Mysidewalk.com; ACS 2025 5-year estimates Table B19083; https://reports.mysidewalk.com/d290ad864b#c-1766721

Figure 12. Income Inequality by Town, 2024



Sources: US Census Bureau ACS 5-year 2020-2024

6. Poverty and Cost of Living

a. Poverty Measures

There are numerous measures of poverty. These include the Official Poverty Measure (the one most commonly used),[18] the Supplemental Poverty Measure, and the Area Deprivation Index. Understanding the nuances of each and what they tell us about our region is important to understanding poverty here.

Official Poverty Measure. The Official Poverty Measure (OPM) levels or guidelines are promulgated by the U.S. Department of Health and Human Services (HHS) and are the same throughout the country, regardless of the cost of living in any given region. They are based on only one factor, the pre-tax cash income of a household, with nothing related to cost of living or access to assets or savings, and are adjusted annually based on the Consumer Price Index. 100% of the official poverty level represents extreme poverty, for instance $33,000 for a family of four. The fact that the Official Poverty Measure guidelines are the same everywhere in the country, with no relationship to regional differences in the cost of living, makes them invalid as a measure of relative household economic buying power and financial

[18] Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services: https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines

stability. Yet these guidelines are used extensively by federal and state programs to determine income eligibility for services and cash assistance, and they are widely used to talk about "how much poverty" there is in any given geography. "Poverty" cannot be determined by an arbitrary, one-dimensional bureaucratic cut-off point. Continued use of the Official Poverty Measure as a means of developing policy and setting eligibility for services when it is well understood that it has no basis in reality is part of the systemic roots of impoverishment in this country.

Table 4: 2026 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

Persons in Household	Federal Poverty Level	200% FPL	300% FPL
1	$15,960	$31,920	$47,880
2	$21,640	$43,280	$64,920
3	$27,320	$54,640	$81,960
4	$33,000	$66,000	$99,000
5	$38,680	$77,360	$116,040
6	$44,360	$88,720	$133,080
7	$50,040	$100,080	$150,120
8	$55,720	$111,440	$167,160

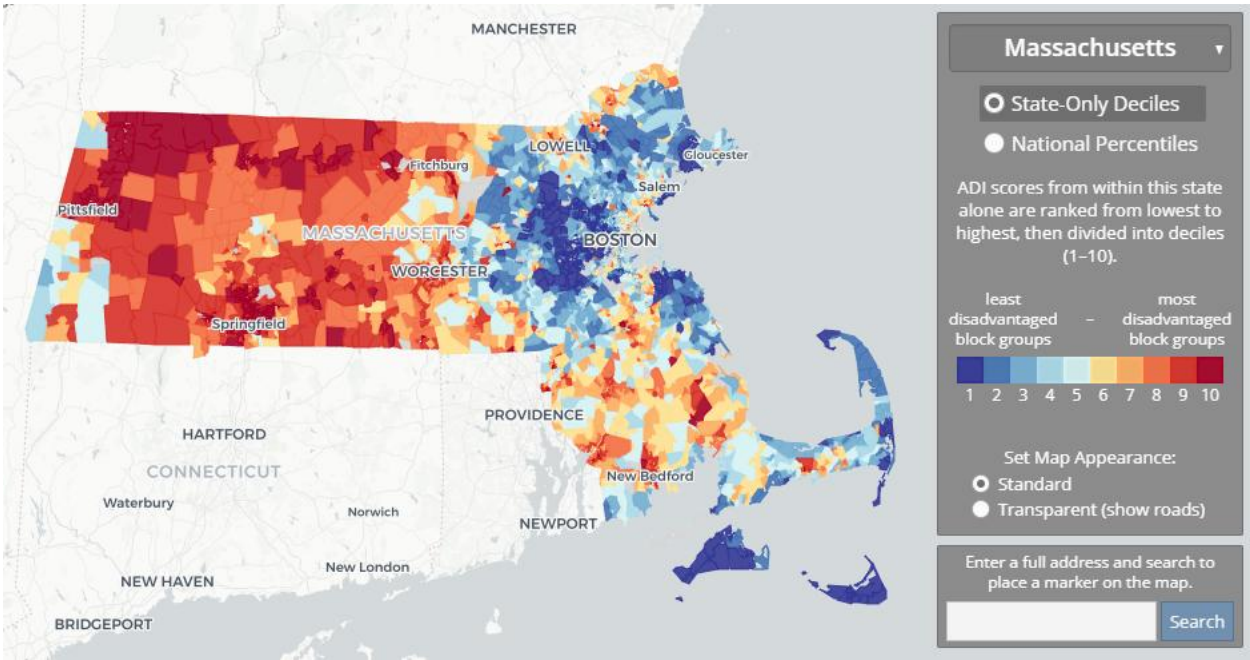
Supplemental Poverty Measure. The Supplemental Poverty Measure (SPM) gives us another window into poverty and its relationship to the cost of living and the impact of public benefit programs and earnings on household financial stability. The current SPM was implemented in 2011 by the Census Bureau, and a similar measure has been in use since 1967. While the official poverty measure includes only cash income and does not account for the expense of taxes or the resources provided by non-cash benefits aimed at improving the economic situation of the poor, the SPM incorporates cash benefits, tax credits, and non-cash transfers, allowing us to gauge the magnitude of the impact of these programs in alleviating poverty. In addition, the SPM subtracts necessary expenses such as child support, taxes, medical expenses, and expenses related to work that the official poverty measure does not, and the cost of food, clothing, shelter, and utilities is re-calculated annually and not simply tied to the Consumer Price Index. It also takes into account the local cost of housing. Since 1967, the national poverty rate as measured in this way decreased from 26.0% to 12.9% in 2024.[19] Given the national trend in SPM metrics of a reduction of poverty levels due to the impact of public programs, it would be reasonable to expect that the SPM poverty rate would be lower than, or at least on par with, the official poverty rate. But in most states, including Massachusetts, the poverty rate as measured by the Supplemental Poverty Measure is higher than the official poverty rate. The Massachusetts SPM overall poverty rate is 11.7% compared with the official poverty rate of 9.2%. In other words, even after taking into account the value of public benefits and tax credits, more people in Massachusetts are considered poor according to the SPM than when using the official poverty level metric. This is due in large part to the state's high housing costs. The Supplemental Poverty Measure is calculated only at the national and state levels, and we are unable to apply it to understanding our local experience except as a validation of the impact of the high cost of living on the economic security of the people we serve.

Area Deprivation Index. Since 2013, researchers from the University of Wisconsin have issued an Area Deprivation Index (ADI), which drills down as far as the census tract level and incorporates census data not only about income, but also education levels, unemployment, poverty, households without a phone, median home values, household crowding, and housing quality, to name a few. By building in more dimensions of poverty than just income, it provides a more complete picture of what income poverty is all about – deprivation on all fronts. The ADI gives us a sense of where in Massachusetts there is more or less relative deprivation and how that compares with the nation as a whole. Within Massachusetts, it is easy to

[19] U.S. Census Bureau: Poverty in the Unted States, 2024: https://www2.census.gov/library/publications/2025/demo/p60-287.pdf

see the high levels of deprivation in the Western part of the state compared to the Boston area using the ADI, as shown in Figure 13 below.[20] When compared to the U.S. average, however, most of Massachusetts has relatively less deprivation, with Western Mass. generally comparable to U.S. averages.

Figure 13: Area Deprivation Index for Massachusetts, 2024



In conclusion, there are several ways to measure poverty and deprivation, and each has its stronger and weaker features. For instance, the choice of variables used in the ADI (e.g. neighborhood quality, health) and the weighting they are given in the Index are, on a certain level, subjective, and they are constrained by what data is already being collected at the national level. On the other hand, deprivation indices do provide us with a much more well-rounded picture of what is happening at a state and national level than the OPM or SPM. Only the Official Poverty Measure is calculated annually down to the local level. Despite its critical limitations, it remains the best data available for local analysis. We regard it as, at best, a relative indicator of economic well-being that should be supplemented by other local measures, where possible.

[20] Center for Health Disparities Research, University of Wisconsin School of Medicine and Public Health, Neighborhood Atlas; https://www.neighborhoodatlas.medicine.wisc.edu/

b. The Cost of Living and Inflation

> MassHealth/SNAP's income guidelines are entirely too low and no longer recognize or reflect the reality of Massachusetts residents. I make $26k and don't qualify for SNAP anymore BUT I STILL CANNOT AFFORD FOOD. I can't afford my health insurance but I "make too much" for MassHealth; my health has collapsed after losing MassHealth.
>
> POVERTY IS KILLING ME.
>
> --Participant Survey respondent

In Community Action Pioneer Valley's service area, the fundamental economic dynamic that creates the need for an anti-poverty agency stems from the fact that the cost of living is quite high relative to local wages and to the extremely low level of income provided by disability, Social Security, and transitional assistance benefits. The high cost of living here is driven by the relatively high costs of housing, transportation, and childcare. This dynamic is partially determined by our geography and our rural nature and a related lack of economic and infrastructure development. These economic drivers are also the result of national- and state-level policy and budget priorities. As we shall explore in Section IV. Community Needs Analysis: Causes and Conditions of Poverty, resources to meet the basic needs of a large proportion of our population are simply not available. Affordable housing is in short supply all over the country. Getting from place to place is a problem in many rural areas, where public transit is sparse or non-existent and the cost of operating a safe, legal vehicle is beyond the reach of many. And across the country, unsubsidized childcare is unaffordable, state subsidies are inadequate, and Head Start is funded to serve only a small portion of eligible families. Public benefits are typically inadequate to meet even the basic needs of the households that depend on this assistance for their survival. When we compare income to the cost of living in a specific area, we can more accurately represent the true hardship people experience when trying to make ends meet.

MIT Living Wage Index. Researchers from the Massachusetts Institute of Technology publish and regularly update a Living Wage Calculator for every county in the nation, enabling local analysis of the relationship between the cost of living and local wages.[21] "At its simplest, a **living wage** is what one full-time worker must earn on an hourly basis to help cover the cost of their family's minimum basic needs where they live without depending on public or private assistance."

The Living Wage Index is based on assumptions that may or may not be true for a given household, but it does use a well-defined methodology to determine costs as closely as possible to real costs on average, for households of various family configurations, and is useful for illustrative purposes and to compare across geographies. Table 5 below shows the living wage for Franklin County compared to various levels of the Federal Poverty Level and the minimum wage. The income needed to meet basic expenses for a single adult in Franklin County is about $53,000, and for two adults it is about $72,000 annually. The green highlighting denotes a wage that is close to (within $1) or exceeds the living wage. Note that a living wage is achievable via the minimum wage only for a two-adult household with no children, assuming both are working full-time. No household types at 200% FPL are able to meet their basic needs without help. It is only at 300% of FPL that some households with children are able to meet their basic needs (2 adults with 1 or 2 children with only one adult working, and the other providing childcare).

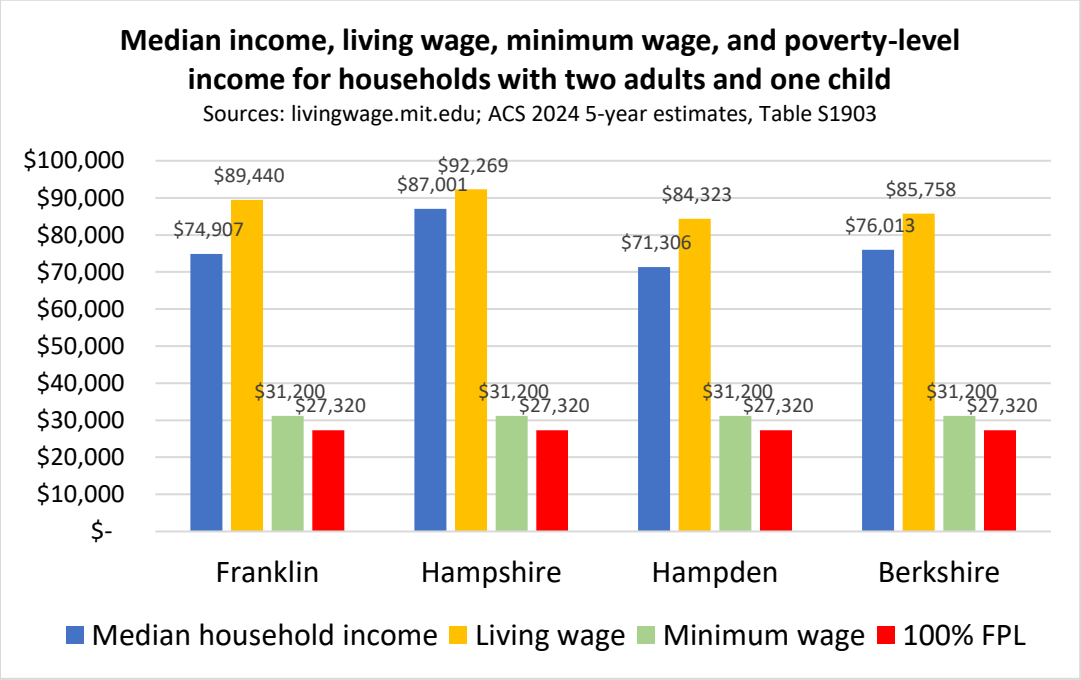
[21] MIT Living Wage Calculator, https://livingwage.mit.edu

Table 5: MIT Living Wage compared to various income levels, Franklin County, 2026

	1 Adult			2 Adults (1 working)			2 Adults (both working)		
	no children	1 child	2 children	no children	1 child	2 children	no children	1 child	2 children
Living Wage	$25.52	$48.40	$63.18	$34.48	$43.00	$45.85	$17.21	$27.21	$33.10
100% FPL	$7.67	$10.40	$13.13	$10.40	$13.30	$15.87	$5.20	$6.57	$7.93
200% FPL	$15.34	$20.80	$26.26	$20.80	$26.60	$31.74	$10.40	$13.14	$15.86
300% FPL	$23.01	$31.20	$39.39	$31.20	$39.90	$47.61	$15.60	$19.71	$23.79
400% FPL	$30.68	$41.60	$52.52	$41.60	$53.20	$63.48	$20.80	$26.28	$31.72
Minimum Wage	$15.00	$15.00	$15.00	$15.00	$15.00	$15.00	$15.00	$15.00	$15.00

Figure 14 below[22] provides a visual comparison of the annualized living wage with the median income, minimum wage, and the official poverty level income for a family with two adults and one child in each county in our service area. Even the median income is below the living wage; the minimum wage and poverty level are less than half of the living wage for all areas.

Figure 14. Income versus living wage for WMass counties, 2024

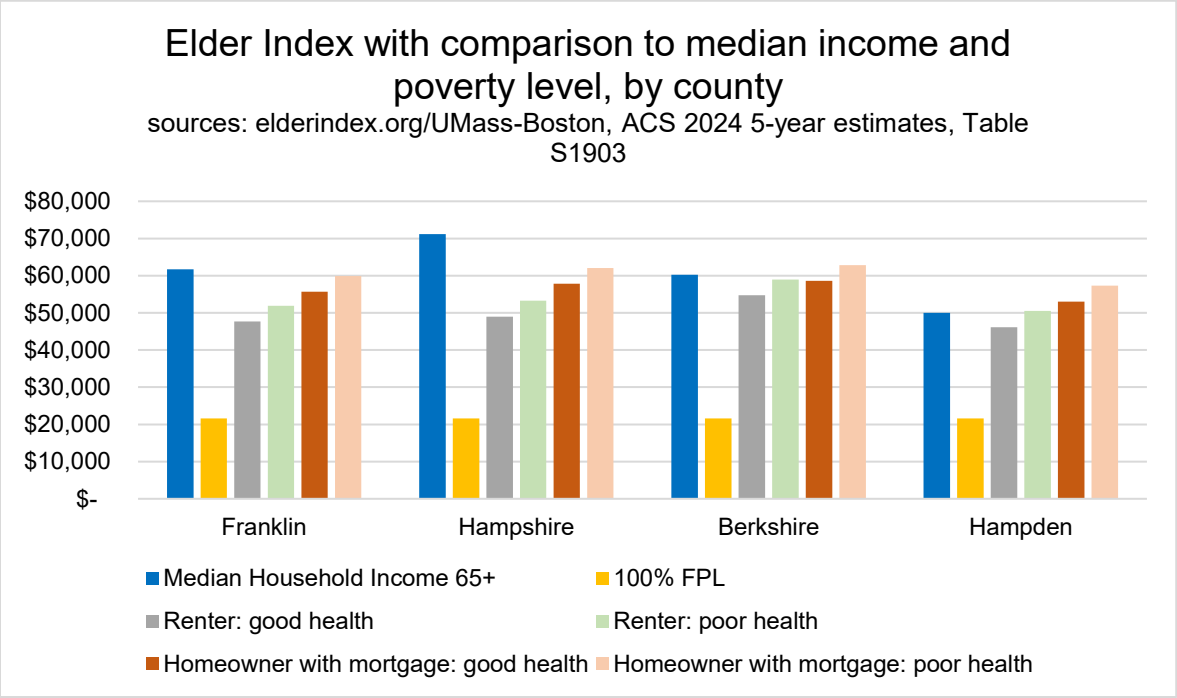


The Elder Index. The University of Massachusetts-Boston Center for Social and Demographic Research on Aging has developed an Elder Index. Similar to the Living Wage Calculator, the Elder Index defines economic security as the income seniors need to cover basic and necessary living expenses - housing, food, transportation, health care, and miscellaneous household items - without public assistance, loans, or gifts. (The Elder Index includes no income or savings for home or car repairs, long-term services and supports, or even entertainment money.) The Index calculates the level of income needed to reach this

[22] U.S. Census Bureau, ACS 2021 5-year estimates, Table S1903; and MIT Living Wage Calculator, https://livingwage.mit.edu

basic level of economic security for homeowners with no mortgage, homeowners with a mortgage, and renters; for one- and two-person households; and for those in excellent, good, and poor health. Figure 15 shows the 2025 Elder Index estimates of annual cost of living for seniors in two-person households in Berkshire, Franklin, Hampden, and Hampshire Counties (comparing the Index for people in good health with those in poor health), and compares them to the local median income for people 65+ and at the poverty level.[23] Older adults need income of more than 200% FPL before they are able to meet their basic needs, and for households with a mortgage and in poor health, that figure approaches 300% FPL.

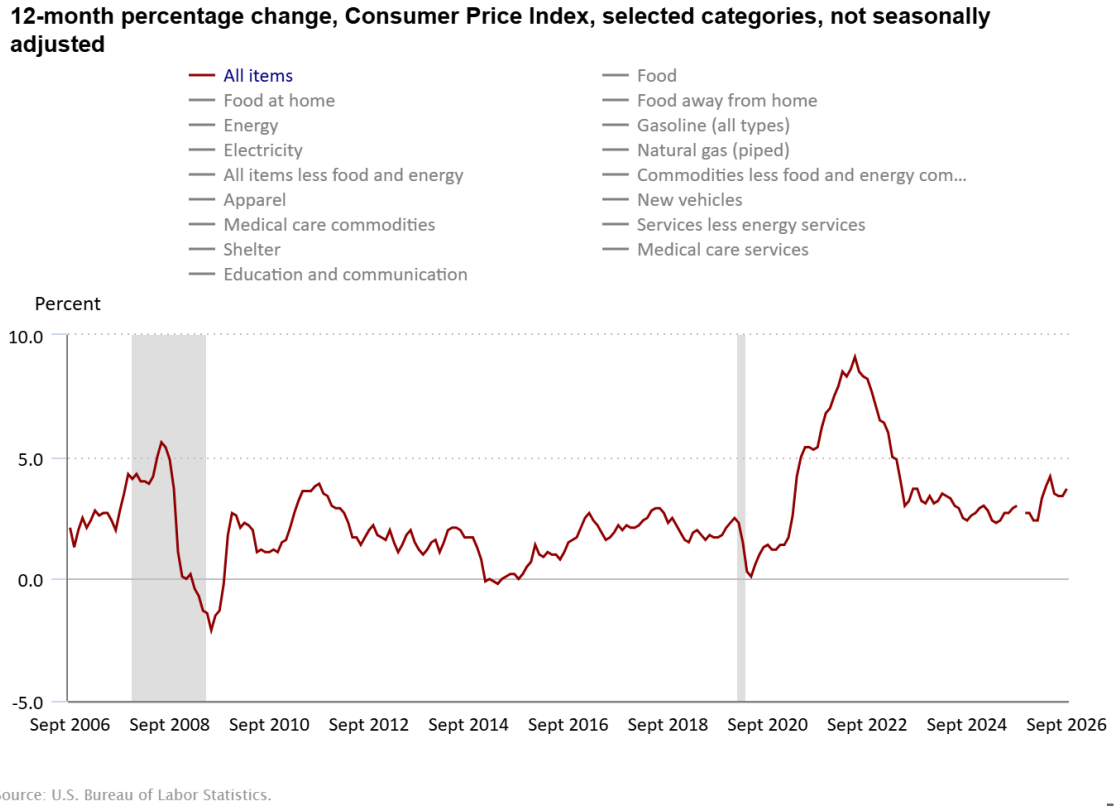
Figure 15: Elder Index for Western Mass. counties, 2024



The impact of inflation. The models discussed in this section are a powerful way to represent the income needed to meet basic needs in our area. They take into account updated costs for the items needed to meet those needs—food, housing, transportation, child care, etc. Yet the indexes use data that are only updated periodically, and even when the data becomes available, it is not necessarily 'real time' data—there can be a significant lag between the time data is collected and when it becomes publicly available. 2021-2023 saw high rates of inflation, and while the rate has stabilized since then, it has done so at a higher level than has been seen since the Great Recession of 2007-08. Accelerated inflation has made it even more difficult for households at the margins to survive than may be represented in these indexes. Prior to the COVID-19 pandemic, the U.S. had experienced a long period of relatively low inflation (costs had been increasing over time, but at a relatively slow pace). Then COVID-19 caused some dramatic shocks that rippled throughout the economy, creating greater inflation in basic needs goods like food, fuel, housing, etc. This was followed by Russia's war against Ukraine starting in February 2022, which restricted the global supply of fuel and food, causing huge price increases in those sectors, as shown in Figure 16 below.[24]

[23] Gerontology Institute at UMASS Boston, Elder Index: https://elderindex.org/explore
[24] U.S. Bureau of Labor Statistics, 12 Month Percentage Change, Consumer Price Index, 12-month percentage change, Consumer Price Index, selected categories

Figure 16. 12-month U.S. Inflation Rate,2006-2026



Source: U.S. Bureau of Labor Statistics.

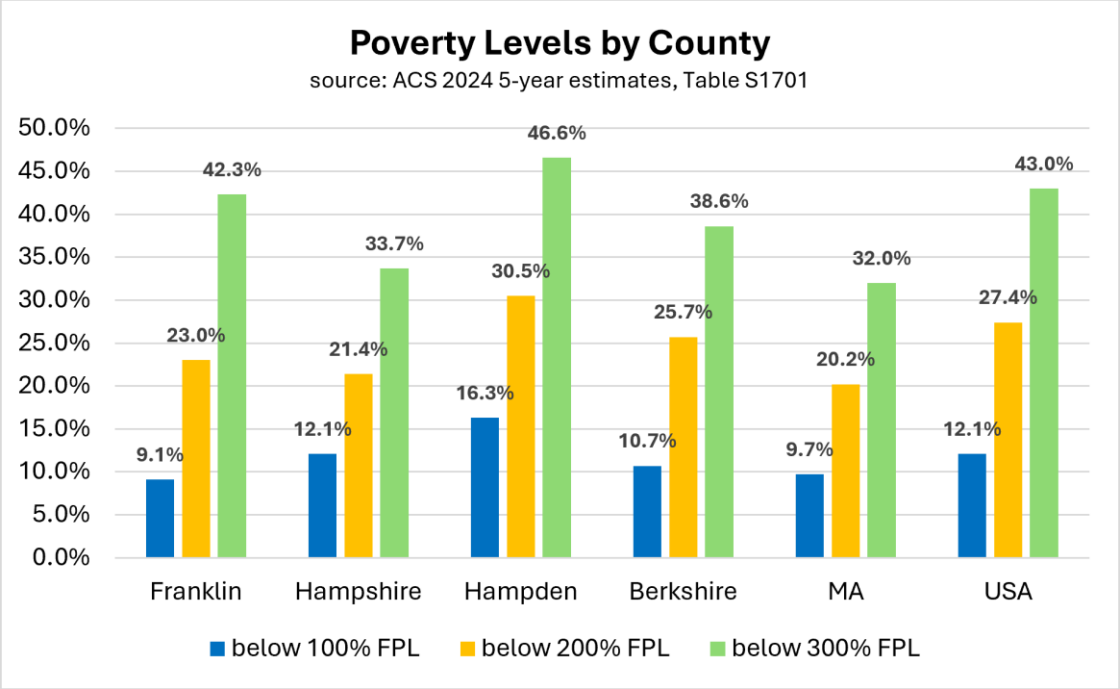
CAPV has seen the impact of this extraordinary price inflation on our neighbors struggling to get by in real time. More than simply "belt-tightening," inflation has led to desperate conditions for many, an untenable crisis. As an anti-poverty agency operating in this larger context, we have no illusion that we will end poverty. We can only mitigate its impact for some. We strive to do that in a way that supports the dignity of every human being. In this needs assessment, we will dig deeper into what impoverishment here looks like, beginning with a description of the population experiencing poverty.

c. The Demographics of Poverty

Our CSBG ROMA guidelines require that we "collect and include current data specific to poverty and its prevalence related to gender, age, and race/ethnicity." Using Census data, this section highlights disparities in poverty rates for these and other population characteristics. Throughout this report we will continue to look at disparities related to a number of issues impacting those we serve, including income, food security, education, and homelessness. Geography. Figure 17 shows how many individuals had income at 0% - 100% of the Federal Poverty Level (FPL) at, 100%-199% FPL, and at 200%-299% FPL – or more descriptively, extremely poor, very poor, and poor - in the four Western Massachusetts counties in 2024, the most recent data available. As discussed in the previous section, households in our area need at least 300% FPL to pay all your bills on time every month, with nothing left over. (State and nationwide rates are provided as comparison, with the caveat that the cost of living in those geographies is different from that in our region; statewide and nationwide, income at 300% FPL may have more or less buying power than it does in our region.) In Berkshire and Franklin Counties, a little more than 4 in 10 people were poor by this 300% FPL standard; in Hampden County, it was almost 5 out of 10; and in Hampshire County, about 3.5 in 10. In this context, it is important to note the income eligibility limits for some of the most well-known public programs: 185% of FPL for WIC (Women, Infants, and Children) and 200% FPL for

SNAP. Only Fuel Assistance comes close to providing assistance to people with income closer to 300% FPL because eligibility is up to 60% of the state median income and not based on income relative to FPL.

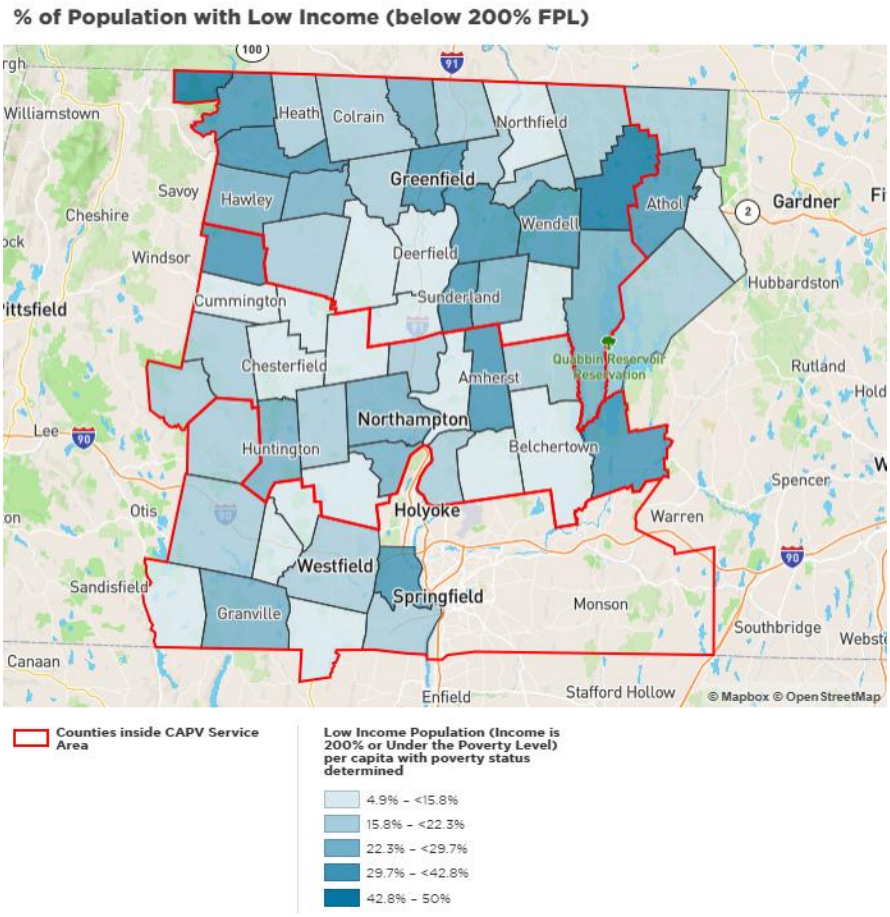
Figure 17. Percentage of persons at 100%, 200%, and 300% of poverty level by WMass county with MA and U.S. comparison



The following Figure 18[25] shows the percentage of people who are considered to have "Low Income" (i.e. who have income under 200% of the Federal Poverty Level) in each of the towns of our service area. There is a great deal of variability in poverty rates by town, with Greenfield, Orange, Athol, Sunderland, Amherst, Ware, and West Springfield among the larger towns with relatively high poverty rates in CAPV's service area. Of these, Orange has the highest percentage of low-income households at 42.8%, followed by Amherst at 37%, and Greenfield at 33.5%. Most towns have from 15 – 30% of their residents living in households with income below 200% FPL.

[25] mySidewalk.com; ACS 2024 5-year estimates, Table C17002; https://reports.mysidewalk.com/65b90a3f07#c-1518211

Figure 18. Population with income below 200% FPL by town, 2024

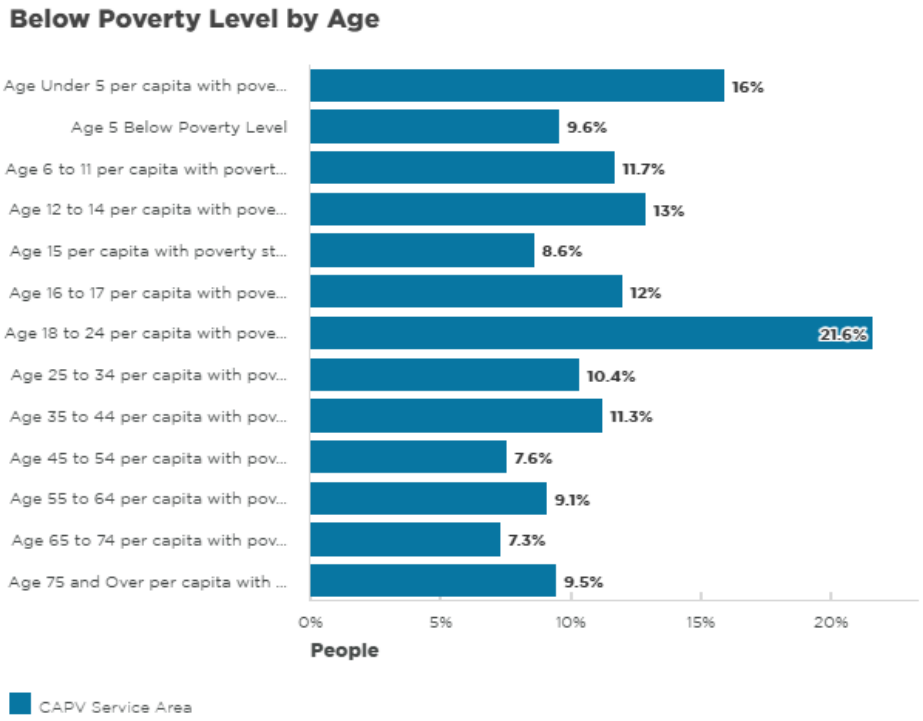


Sources: US Census Bureau ACS 5-year 2020-2024

Age. There is a very high rate of poverty among young adults in the CAPV service area (21.6%) due to the large number of college students present, who often have very low income, as shown in Figure 19.[26] Other than this anomaly, very young children are the most likely to live in households with very low income. In the CAPV service area, the overall poverty rate was 10.9% in 2024. But for children under 18 it was 12.6%, and for children under 5 it was 16%. By contrast, for those over 65 the rate was 8.1%.

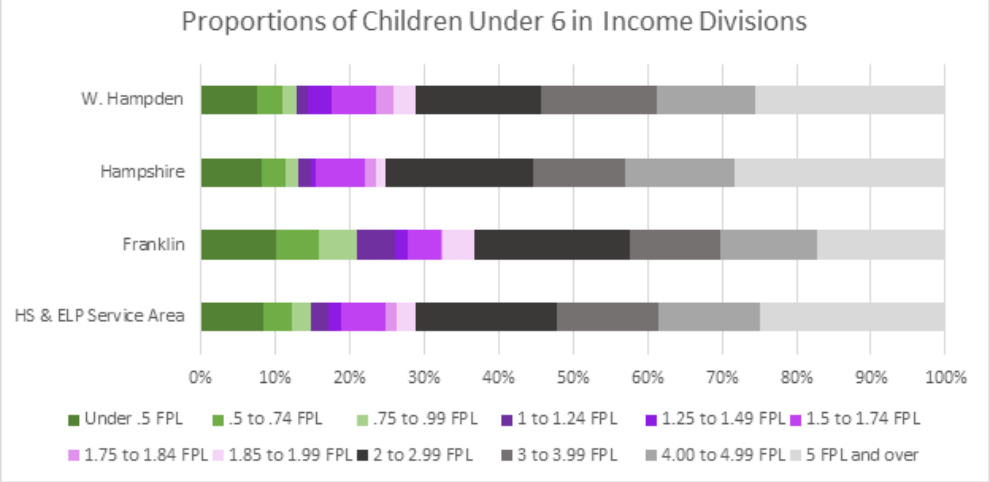
[26] U.S. Census Bureau, ACS 2024 5-year estimates, Table B17001

Figure 19. Percentage below 100% of poverty by age group, CAPV Service Area, 2024



Sources: US Census Bureau ACS 5-year 2020-2024

Figure 20. Income distribution of families with children under 6, HS&ELP Service Area, 2024



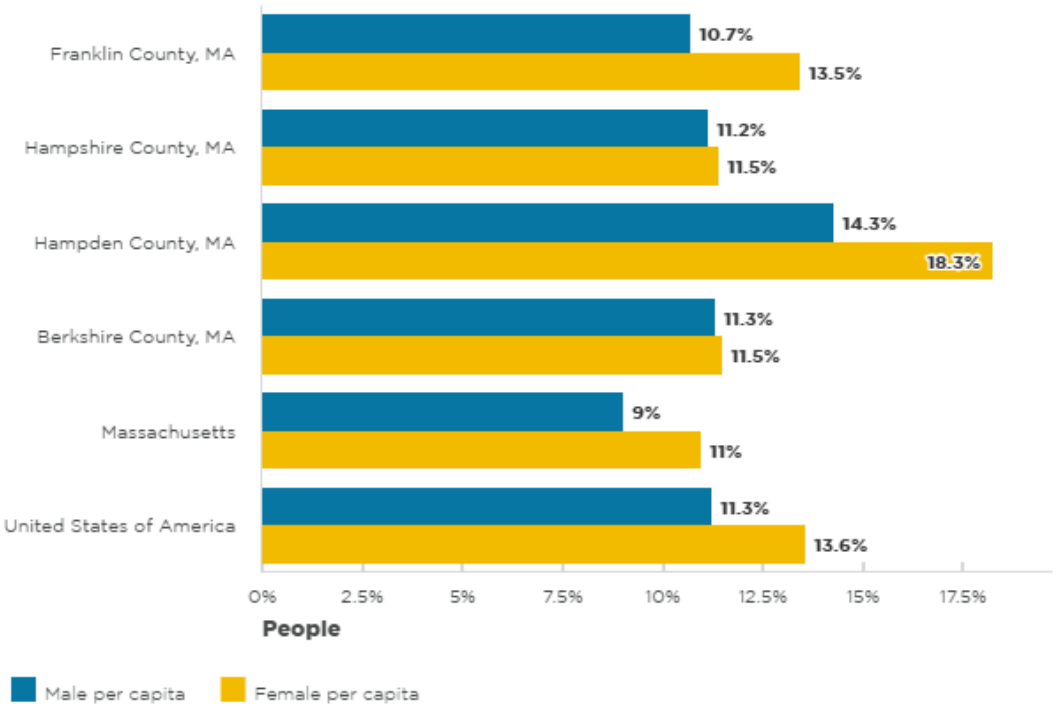
15% of children under 6 in HS&ELP's service area (Franklin, Hampshire, W. Hampden) were in families with income below 100% FPL and another 14% with income between 100% and 200% FPL, as shown in Figure 20.[27] HS&ELP eligibility was expanded several years ago to enable them to serve families that qualify for SNAP; the threshold for these benefits is 200% FPL. There were about 1,778 children in the HS & ELP service area who were below the federal

[27] U.S. Census Bureau ACS 2024 5-year estimates, Table B17024

poverty line in 2024 and 1,713 children between 100% and 200% FPL who were potentially eligible for SNAP benefits and thus for Head Start.

Sex. As shown in Figure 21 below, females are more likely to be poor than males in our service area and throughout the state and nation, regardless of other demographic variables. Higher poverty rates for females are due in part to the lower wages paid – about 83 cents on the dollar in Massachusetts.[28] In addition, the fact that most single parent families are headed by single female householders (as opposed to single male householders) (about 87%) explains some of these higher poverty rates; even if child support is paid regularly, single parent families tend to struggle financially more than two-parent families. Figure 21 tells the story of sex and poverty graphically.

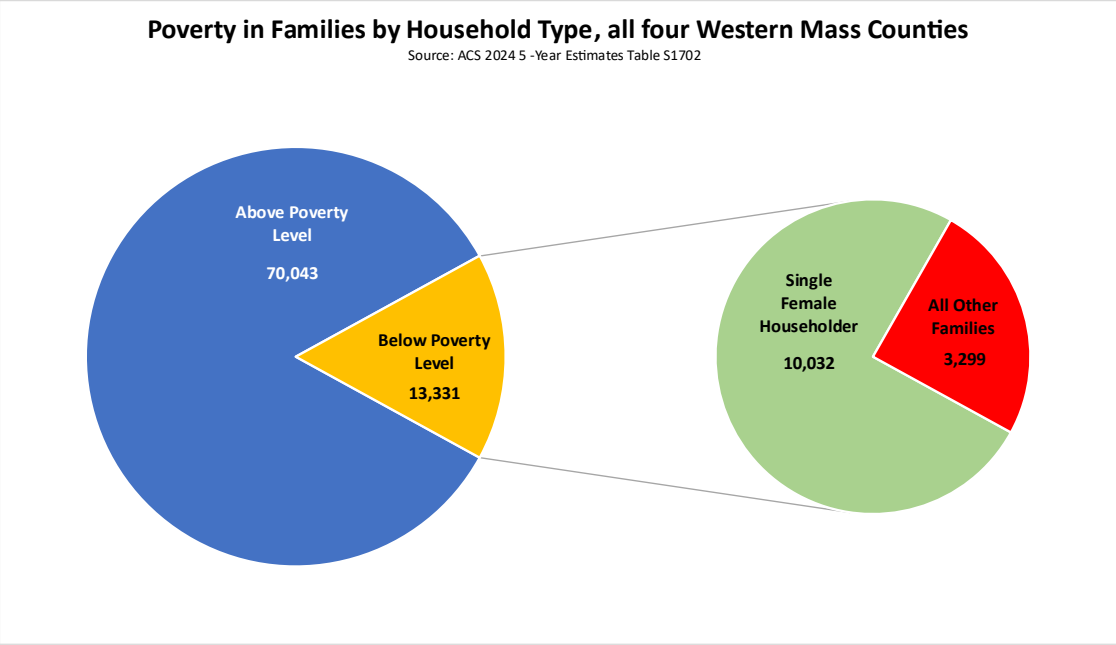
Figure 21. Poverty Level by Sex, Western Mass counties, 2024



Family poverty by household type. Households headed by single females are most likely to be in poverty; 32% of single female-headed households in the CAPV service area are below 100% FPL.[29] Households headed by single females also make up over *three quarters* of families in poverty in all Western Mass. counties, as shown in Figure 22 below.[30] Note that the U.S. Census definition of *family* is "any two or more people…residing together, and related by birth, marriage, or adoption," and as such does not include single persons or other household arrangements.

[28] Massachusetts Office of Economic Empowerment, https://www.mass.gov/info-details/equal-pay-in-massachusetts#about-the-gender-wage-gap
[29] U.S. Census Bureau, ACS 2024 5-year estimates, Table B17012.
[30] U.S. Census Bureau, ACS 2024 5-year estimates, Table S1702

Figure 22. Families in Poverty by Household Type, Western Mass counties combined, 2024



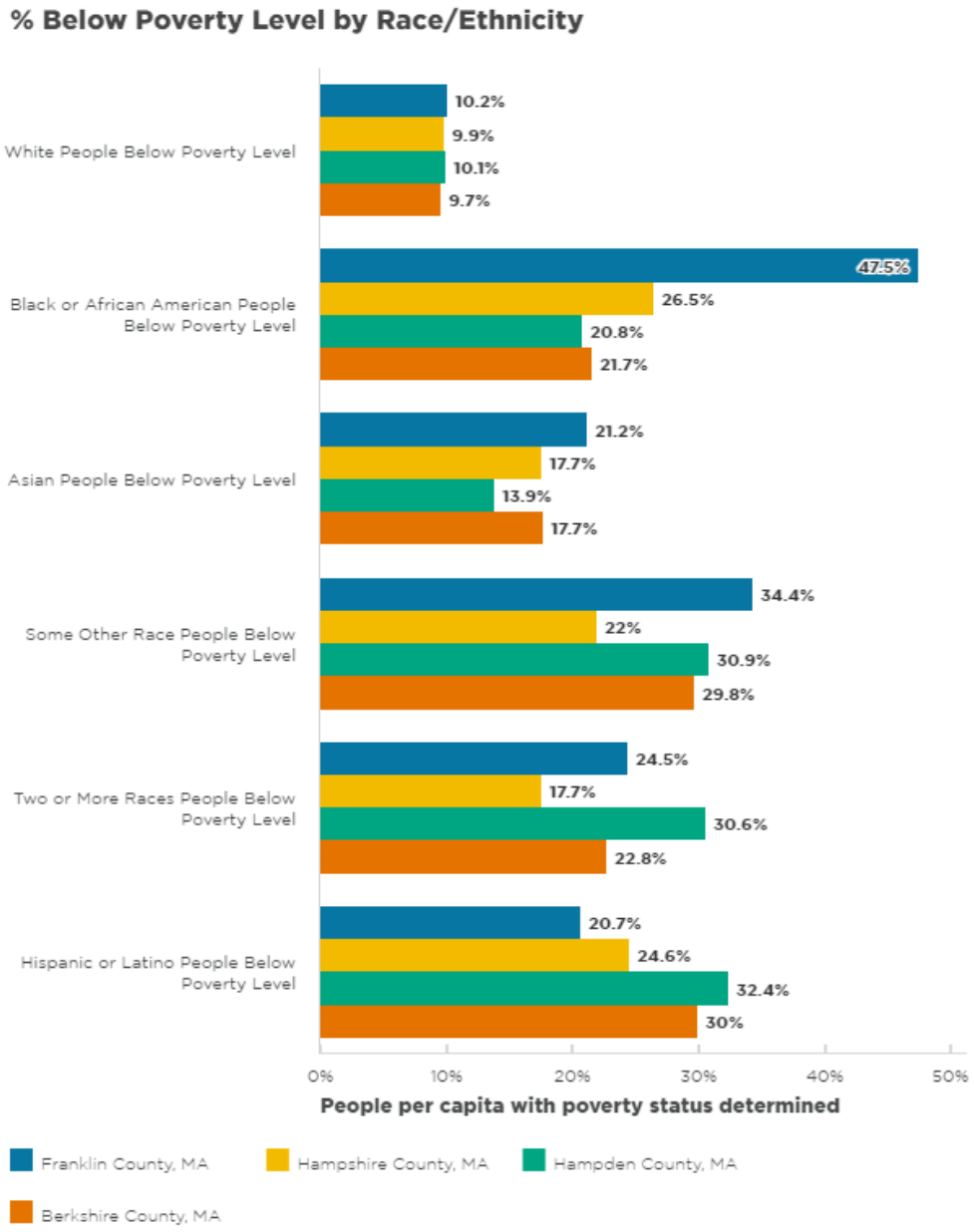
It is impossible to find work that fits in the few hours a day my child is at school. I need to drop off and pick up. I took a part-time job last year. Lost SNAP and then lost the temporary job. Didn't have fuel assistance and no SNAP money. Will not try that again.

--Participant Survey respondent

Race and Ethnicity. As is true across the state and the country, those identifying as Black, Latino/a/x, and other people of color have significantly higher rates of poverty than whites in Western Massachusetts, as seen in Figure 23.[31] Hampden County, which has a significant BIPOC population compared to the rest of the region, also has the highest overall poverty rate (16.3% vs. 11-12% for the other counties). But racial disparities in poverty are pronounced in all four Western Massachusetts counties.

[31] U.S. Census Bureau, ACS 2024 5-year estimates; Table S1701.

Figure 23. Poverty Rate by Race and Ethnicity, Western Mass Counties, 2024



Sources: US Census Bureau ACS 5-year 2020-2024

People with Disabilities. People with disabilities tend to be among the most impoverished in our nation. Supplemental Security Disability Insurance (SSDI) is a federal insurance program that for workers who become totally disabled and cannot work for a year or more. Benefit levels are tied to the worker's age, the number of years worked, and the amount of Social Security payments already made. After one year, people who receive SSDI are eligible for Medicare health insurance. An eligible spouse or child may also receive benefits. It is often extremely difficult to establish one's disability status with the Social Security Administration, requiring many attempts, and it can take years.

Supplemental Security Income (SSI) is a need-based cash assistance program for people who have not contributed to Social Security through work and who have limited income and assets. Adults can get SSI if they are age 65 or older, disabled, or blind. Children can get SSI benefits because of disability or blindness. In Massachusetts, the state supplements the federal SSI benefit. The maximum benefit for a person with a disability living independently is currently $1,122 per month - $13,464 per year, or 84% of the Official Poverty Level.[32] People with disabilities are often prioritized for non-cash public benefits (which have a significant dollar equivalent), including subsidized housing. However, people with disabilities and no other source of support or assets and who are dependent on entitlement programs live lives of deep poverty. In the CAPV service area, people with disabilities have poverty rates more than double of those without a disability.[33]

- I personally am disabled and waiting to get SSI. Not sure when or if I will get it so we have zero income now.
- Disabled daughter has needed to reapply for MassHealth the last two years. Applications are very long and difficult to complete. (It is a) challenge to find reliable aides/companions for my daughter.

--Participant Survey respondents

V. COMMUNITY NEEDS ANALYSIS: CAUSES AND CONDITIONS OF POVERTY

A. Findings of the Participant Survey

The Participant Survey, conducted every three years, gives us unique insights into the experiences of the CAPV's target population: those living with low incomes within our service area. We ask a broad set of questions that help us understand their challenges, views on community needs, and feedback on CAPV's services. Some questions are repeated at 3-year intervals, giving us insights into how things are changing for this population. Comparisons with past surveys must be treated with caution, however, as the characteristics of respondents to each survey may vary considerably. This year's survey elicited 521 valid responses (note that the demographic questions were asked at the end of the survey, and fewer respondents answered these). 95% of respondents lived in either Franklin (42%) or Hampshire (53%) counties (CAPV's federally designated CSBG service area), with 4% in Hampden (mostly due to the Head Start program in Western Hampden County) and 1% in Worcester (North Quabbin towns in Worcester are served by some CAPV programs).

1. Demographic Profile of Respondents

It is important to review the characteristics of survey respondents to determine whether our sample is fairly representative of the population that CAPV serves. We continued to make particular efforts to reach people who were younger and more families with children to try to counteract the bias towards older adults we have often experienced. We succeeded in this in part by placing greater emphasis on electronic surveys and partnering with the statewide WIC program to distribute the survey to WIC participants in our

[32] DisabilitySecrets.com, Disability Resources in Massachusetts: https://www.disabilitysecrets.com/disability-resources-massachusetts.html
[33] U.S. Census Bureau, ACS 2024 5-year estimates, Table S1811

area via their text messaging service. We also intentionally distributed more surveys in Hampshire County because it has a much larger number of persons with low incomes (around 32,000 have income below 200% of poverty level compared to 18,800 in Franklin County). As a result, 42% of survey respondents were from Franklin County versus 53% from Hampshire County, even though CAPV serves a higher proportion of Franklin County residents (53%) compared to Hampshire County (42%) due to the greater number of programs in Franklin County.

We compared data on the characteristics of survey respondents with CAPV's own data (on nearly 22,000 people served in FY25), and data from the American Community Survey (ACS) conducted by the U.S. Census Bureau[34]. Around 81% of those served by CAPV have income below 200% FPL, and about 43% have income below 100% FPL. The ACS has much demographic detail on those with income below poverty but *not* those with income below 200% of poverty; using the ACS data is therefore a rather blunt instrument when making judgements about the representativeness of our survey sample. It must be noted that our Participant Survey only collected demographic data on the *respondent*, not their family members; CAPV's data and the ACS data includes everyone in the household. Generally, characteristics of CAPV participants are mirrored in the respondent characteristics in our survey, since we use CAPV programs and program lists to distribute the survey. CAPV participants serve a much higher proportion of households over age 65 than their prevalence in the population with low income, which also means they are less racially diverse, as the area younger population is much more racially diverse than the older population. This is driven by our Fuel Assistance program, which serves thousands of people in the region, 60% of whom are older adults.

Gender: our survey used various categories in order to be more inclusive and reflect the lived experience of our participants rather than their sex assigned at birth, which is what is collected by the Census. 76% of those responding to the survey identified as a Woman, 18% as a Man, 2% as Non-binary, and 1% as Transgender, with around 3% indicating multiple or other gender identities. CAPV's data shows that we served 56% female participants, 43% male, and 1% other identities. The ACS indicates that the population with income below poverty is 44.5% male and 55.5% female. The survey significantly overrepresented women, which is typically the case with our surveys.

Age: (*Note: only those ages 18+ were used for all of these calculations to make it comparable to data collected in our survey.*) The population of those ages 18 – 24 were underrepresented in our survey, comprising only 5.4% of the sample compared to 10.5% of adults served by CAPV in FY25 and 24% of the adults in households with income below poverty in our community. The 45 – 64 were slightly overrepresented, making up 30% of respondents versus 26.6% of CAPV participants, and the proportion of respondents over age 65 (37.7%) was slightly higher than what appears in CAPV's service data (34.7%), both of which are much higher than those in that age group in poverty in the community (19%).

Race and Ethnicity: A higher portion of survey respondents identified as white than those served by CAPV and those below poverty level in the community. Thus, fewer black and Hispanic/Latine persons replied to the survey than are represented in other data.

[34] U.S. Census Bureau, American Community Survey 2024, 5-year estimates; https://data.census.gov/

Table 6. Race/ethnicity comparison (Participant Survey 2025)

	Survey respondents	CAPV data	ACS data/ with income below poverty level
American Indian/Alaskan native	**0.7%**	**0.7%**	0.4%
Asian	2.9%	1.9%	**4.0%**
Black/African American	2.5%	**5.2%**	4.8%
Two or more races	5.2%	5%	**11.6%**
Native Hawaiian/Pacific Islander	**0.2%**	**0.2%**	0%
White	**86.5%**	82.6%	74.8%
Other	2%	4.4%	**4.5%**
Hispanic/Latine	10.2%	**14.2%**	13.8%

Household Type: The household types of survey respondents generally tracked those of CAPV's participant data, with slightly fewer single persons and slightly more multigenerational and Other households. These household profiles are very different than that of the community as a whole, which has a much smaller proportion of single parent households and a much larger proportion of two-adult, no children households. Comparable data on the household type of those *in poverty* is not available (it exists for *families* in poverty, but that does not include single person households).

Table 7. Household type comparison (Participant Survey 2025)

	Survey respondents	CAPV data	ACS data/ ***all income levels***
Single parent	19.1%	18.1%	4.9%
Two parent hh	13.8%	12.5%	17.1%
Two adult no children	16.6%	15.9%	36.6%
Single person	40.5%	48.9%	30.9%
Multigenerational	4%	2.8%	
Other	6%	1.7%	10.5

Income: In order to encourage more responses to the question about income, we provided options for income ranges for people to choose from (rather than asking them to report their actual income), which means we don't have the data to calculate income as a percentage of poverty level for any respondent household. However, we can compare data in these intervals across the datasets.

Table 8. Income ranges, comparison of survey, CAPV data, and ACS (Participant Survey 2025)

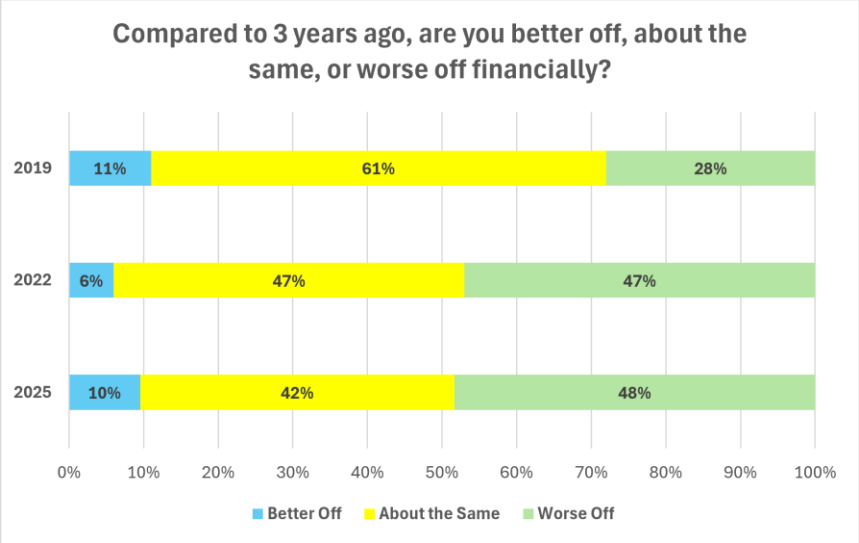
	Survey respondents	CAPV data	ACS data/ all hhs in service area
$0-15,000	28.1%	**32.1%**	7.8%
$15,001 – 30,000	**37.8%**	32.6%	10.1%
$30,001 – 45,000	**21.3%**	19.7%	11.1%
$45,001 – 60,000	7%	**9.5%**	8.7%
$60,001 – 75,000	4.1%	3.9%	**9.1%**
$75,001 – 90,000	1.8%	1.3%	**7.6%**
Above $90,000	0%	0.9%	**45.6%**

Other: There were fewer renters in the sample (43.7%) than among those in our service area with income below 100% FPL (73.1%), but this generally followed the profile of CAPV participants. We had a fair number of respondents that were either homeless (2.7%) or in a different living situation (4.9%) other than owning or renting their housing. 14% of the survey respondents identified as LGBTQIA+.

2. Experiences of People with Low Income

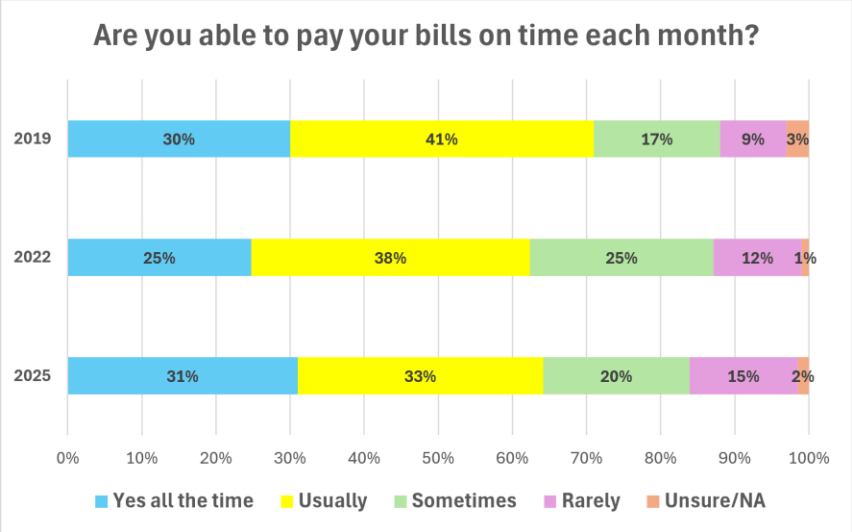
The survey asked whether participants were financially better off, worse off, or about the same compared to three years before. The 2022 survey and the 2025 survey both had much higher proportions reporting they were worse off than the pre-COVID 2019 survey, as shown below in Figure 24.

Figure 24. Participant Survey 2025, 2022, and 2019—Financial status comparison



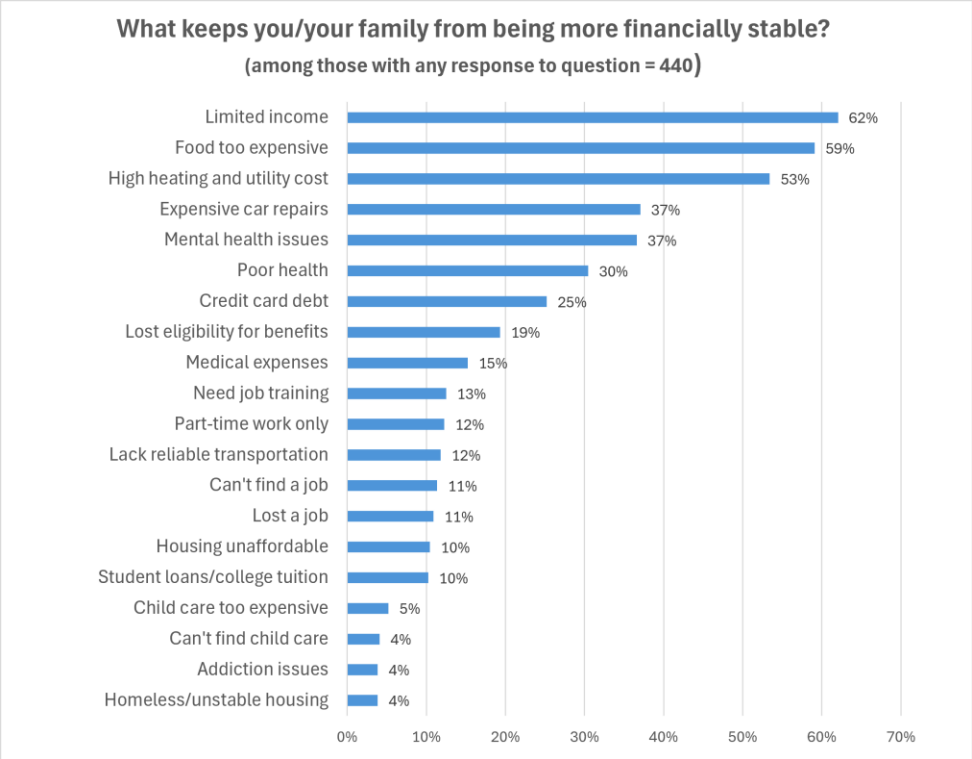
Fewer people reported that they were able to pay their bills on time each month in the 2025 and 2022 survey than the pre-COVID 2019 survey: 35% in 2025 and 37% in 2022 reported they were only *sometimes* or *rarely* able to pay their bills on time compared to 26% in 2019 (see Figure 25 below). In both 2022 and 2025, around 60% of respondents said they did not have at least $500 set aside for a financial emergency.

Figure 25. Participant Survey 2025, 2022, and 2019--Ability to pay bills



The survey asked about the factors keeping respondents from feeling more financially stable, allowing them to check as many options as applied. We asked about specific expenses rather than lumping them together as we had in previous surveys (i.e. 'living expenses too high'). (see Figure 26 below).

Figure 26. Participant Survey 2025, Reasons preventing financial stability

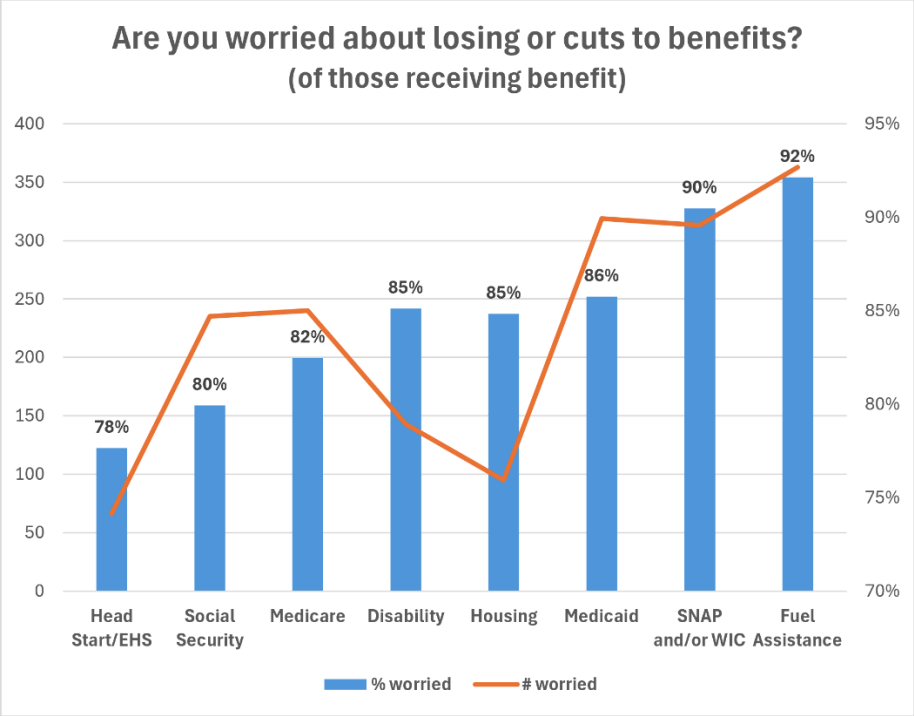


The most common response was, "*I have limited income, mostly from public benefits*," which has been the top reason since we've been asking this survey question. Other top choices had to do with high food expenses (59%) and high heating and utility costs (53%), followed by expensive car repairs (37%). Mental

health challenges and poor health ranked very high (37% and 30%), as they have in previous surveys. Credit card debt (25%) and losing eligibility for benefits (19%) were also significant for many.

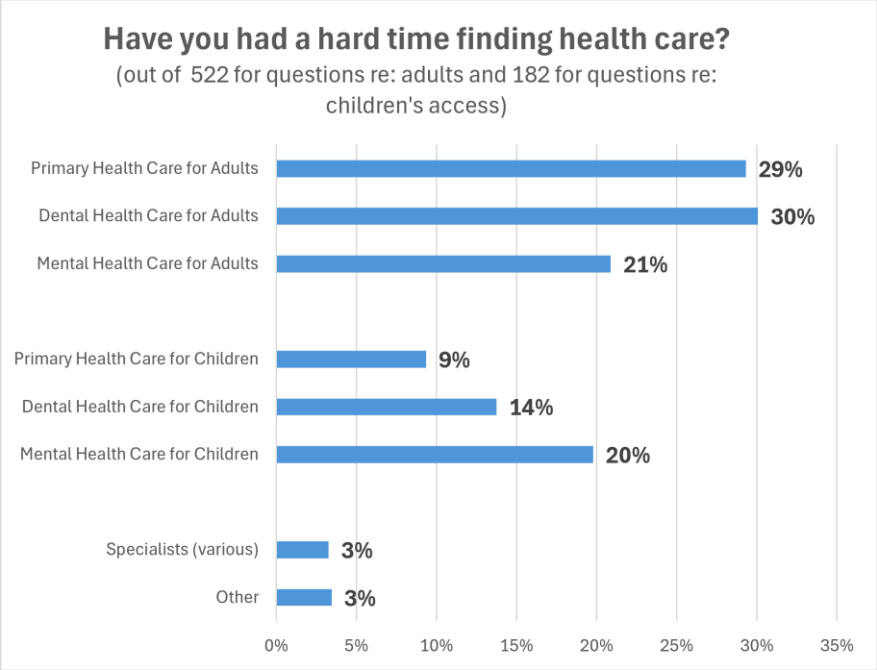
We asked a new question about whether people were worried about losing their benefits or cuts to benefits, if they currently received them. A vast majority of respondents receiving benefits were worried about losing them, especially SNAP benefits and Fuel Assistance. There was a federal government shutdown during the time we were collecting the surveys, and many people were at the time at risk of not receiving SNAP payments, and our Fuel Assistance program was only able to process emergency applications. This likely factored into the responses, though there was high anxiety expressed by most about all benefits. The chart below indicated the percentage as well as the actual number of survey respondents who were worried about losing each benefit. (See Figure 27).

Figure 27. Participant Survey 2025—Percentage worried about losing benefits



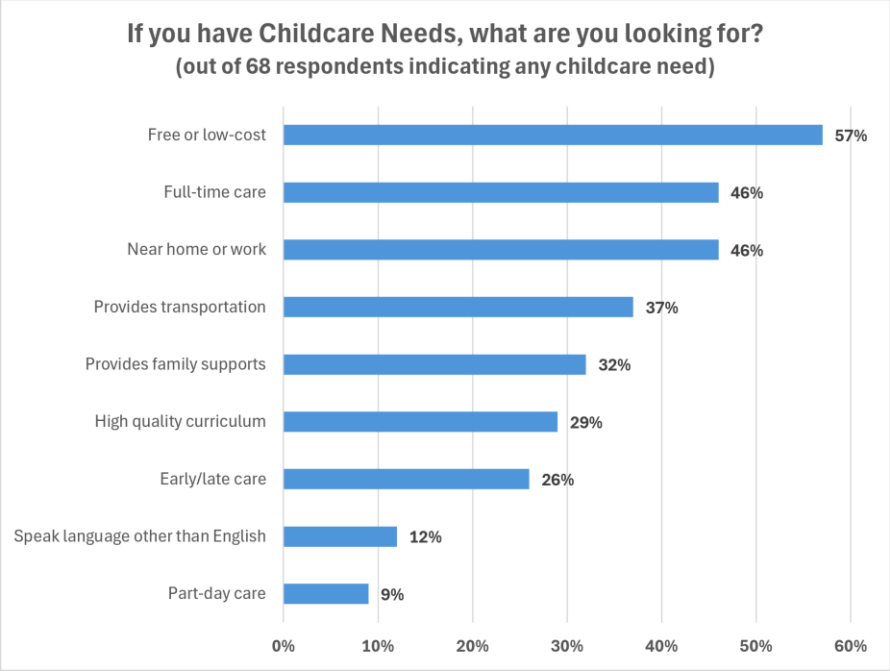
Because health is such an important issue that comes up repeatedly in our surveys, we asked a new question about whether respondents had had a hard time accessing different types of care—either finding providers or experiencing long wait times. Almost a third of adults said they had a hard time accessing primary care and dental care (see Figure 28). Around 21% had difficulties accessing mental health care for adults and 20% for children.

Figure 28. Participant Survey 2025—Difficulties accessing health care



We also asked a new question about what is important to respondents who have childcare needs. Free or low-cost care was the most frequent response, followed by full-time care and a location near home or work. A site that provides transportation was also highly valued. (See Figure 29)

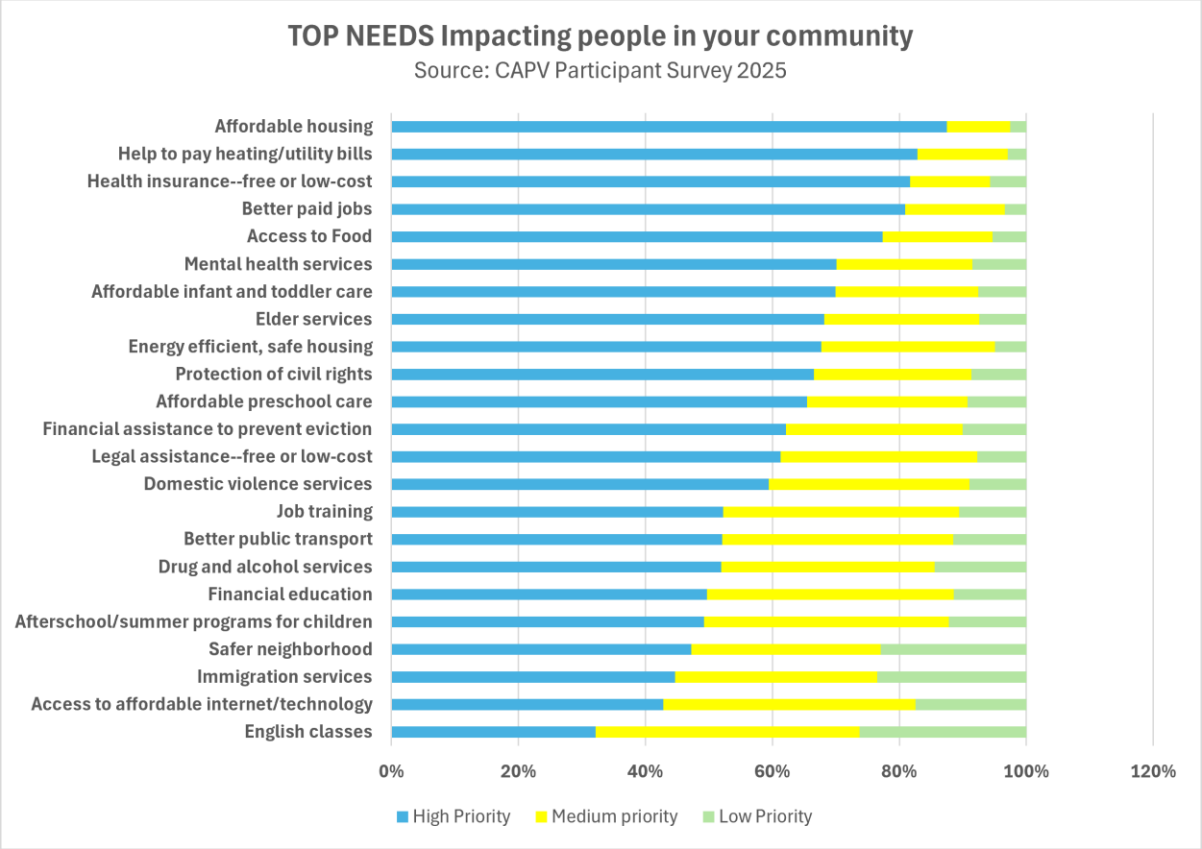
Figure 29. Participant Survey 2025—Childcare needs



B. Community Needs Identified in Participant and Community Partner Surveys

Respondents to both the Participant and the Community Partner Survey were asked to indicate whether they consider a series of Community Needs as high priority, medium priority, or low priority needs. For each item listed, the respondent could also indicate 'Don't know.' After excluding all 'Don't Know' responses, the items appear in the chart below in descending order according to the percentage who identified each need as a *high priority.* The need identified as high priority by the greatest number of respondents in the Participant Survey was 'Affordable Housing'; this has been the top ranked need for many years. 'Heating/utility help,' 'Free or low-cost Health Insurance,' and 'Better Paid Jobs' closely followed. 'Affordable Infant and Toddler care' appeared in the top 10' (among all respondents, not just those with children!), and a new option on the list, 'Protection of Civil Rights, made it into the top 10. It is notable that our survey respondents find most of the needs listed as either high or medium priority in their communities.

Figure 30. 2025 Participant Survey--priority community needs

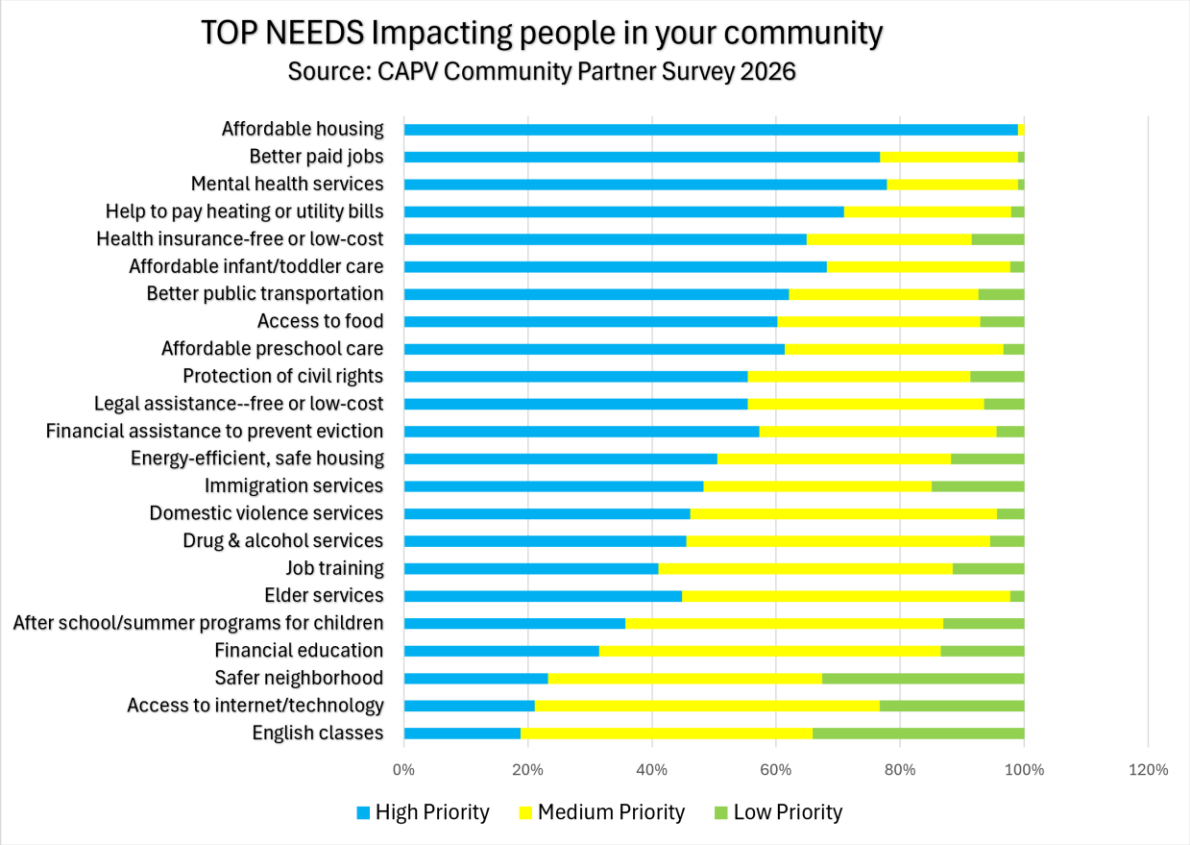


Participant Survey Comments on Community Needs:

- *Housing is prohibitively expensive and work around here barely pays enough to cover it. We have decent access to social services, but safe/affordable housing and rent control is by far the top need.*
- *More assistance for seniors. Higher income levels to be able to qualify for SNAP. More fuel assistance, upgrading for older housing improvements that they can't afford: insulation, windows, siding, furnace boiler upgrade.*
- *LOWER prices of rent. MORE apartment complexes for low income with utilities included. BETTER Salaries. More jobs, and training to have better pay. Jobs that accept people older than 50. Jobs that accept legal immigrants and treat them equally! First we need jobs that accept all kind of people and be pay GOOD so we can have a decent place to live, food to eat, clothing, etc...*
- *Many only have Social Security Income. No pensions, IRAs, stocks, bonds, etc. Forced to choose food and heat and not able to come close to paying taxes. Then forced to give up lifelong homes by town foreclosure on property. That way Town can sell it and they have to hopefully not end up on the streets as a homeless person after selling all the possessions when trying to save their home. I know several that have been in that position, it's not one or two. I fear I may be next.*
- *Safety and a concentration on protecting our civil rights. Equal access to housing support. Someone who is just above being able to qualify for rental subsidies cannot survive in this state. The only answer is to quit their job and be broke or go homeless until they get through the system and qualify. We need A HUGE amount of domestic violence services. I had no access to a civil rights attorney as the primary victim of a horrific rape and kidnapping trial. I was alone. My life destroyed.*
- *I believe my community needs more help with food and warm dry shelter for the upcoming cold seasons, as well as more affordable/free childcare for parents trying to work to cover bills and costs.*
- *It's nearly impossible to find care for infants/toddlers. We need universal free childcare urgently. It would lift so many families out of poverty.*
- *Our social safety net has been tanked. Needs are unmet. Going to get much worse.*

The Community Partner Survey identified many similar priority needs (see Figure 31 below): affordable housing, better paid jobs, mental health services, and heating/utility help were at the top of the list. A couple of notable differences include the higher priority placed on better public transportation by Community Partners, and the relatively lower priority placed on access to food. 'Protection of Civil Rights' was in the top 10 for Community Partners, as it was in the Participant Survey.

Figure 31. 2026 Community Partner Survey--priority community needs



C. Community Needs Analysis by ROMA Domain: Secondary Data

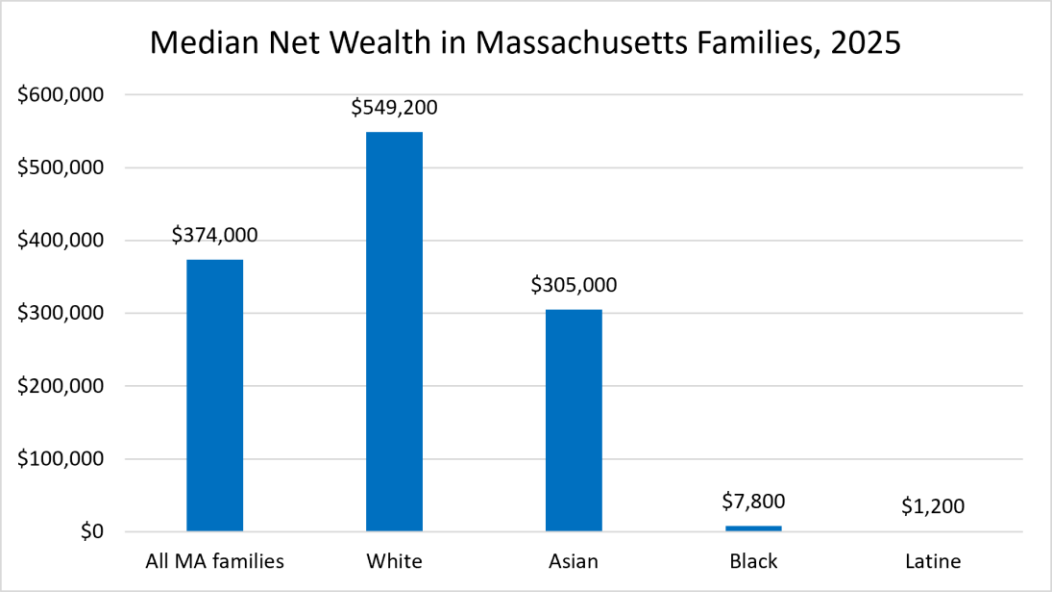
1. Income and Asset Development

a. Asset Poverty and Net Worth. The Official Poverty Measure looks at one variable, pre-tax cash income. It tells us nothing about the amount and types of assets that people may have, e.g. savings, vehicles, real estate, retirement savings, stocks, inheritances, etc. Many people can manage to pay their routine bills but are just a paycheck away from significant consequences from an out-of-budget experience – something as common as a big car repair or an illness in the family. Having even $500 of savings can make a significant difference for lower-income households when an unexpected expense arises (e.g. car repair, large medical bill) and shield them from taking out an expensive short-term loan or simply doing without something important - like paying rent or buying food. It can also help protect against damage to credit ratings that can set up a downward cycle of higher interest rates and diminished access to credit. In our participant survey, only 34% of respondents said they had at least $500 set aside for emergencies. In a 2025 statewide survey by the Boston Federal Reserve, 64% of Bay State residents had at least $400 for emergency use; however, this percentage dropped to 44% among those with only a

high school diploma, and 27% of those with less than a high school diploma[35]. Statewide, 71% of white and Asian-American residents met the $400 standard, compared to only 35% of Latine and 33% of Black residents.

The racial and ethnic disparities are even more evident when looking at net wealth. In the same study, the statewide median net wealth was $374,000. But as shown in Figure 32, the median was much higher for white families – $549,200 – while for Black families it was only $7,800, and only $1,200 for Latine families. Similarly, 15.7% of all Massachusetts families had zero or negative net wealth (i.e. debts equal to or exceeding assets). For whites, the rate was 11.1%, but for Black and Latine families the rates were 31.4% and 40.5% respectively. Home ownership rates account for the largest differences in net wealth. For homeowners, the median was $790,500, while for renters it was only $1,500. Because home ownership rates are very stratified by income, education, race and ethnicity, this contributes a great deal to overall wealth stratification.

Figure 32: Median Net Wealth in Massachusetts, 2025



b. Barriers to Financial Stability: public benefits and the "Cliff Effect." People with low incomes also have to contend with reliance on benefits that are structured in ways that may disadvantage them. Public benefits as we know them are the ever-evolving result of the dynamic between the priorities of people in power and their efforts at social control of people who are poor, black and brown, and in counterweight, the efforts of social movements and individuals who have worked hard to get benefits for those that need them. In FY25, 43% of the roughly 10,000 households served by CAPV had income at or below 100% FPL, 38% had income between 101% and 200% FPL, and 11% had income from 201%-250% FPL. Most of these households are eligible for some type of publicly funded benefits, such as MassHealth, WIC, Head Start, childcare vouchers, or fuel assistance. For as much as these benefits have helped people keep poverty at bay (or at least ease its impacts), they are usually inadequate to fully meet a household's basic needs, and benefit levels do not keep up with the rising cost of living. Particularly with inflation having spiked in the years since the COVID 19 pandemic, the real value of benefits has not kept pace, resulting in a diminished level of support.

[35] Federal Reserve Bank of Boston, Family Wealth in Massachusetts, https://www.bostonfed.org/publications/one-time-pubs/mass-echos.aspx

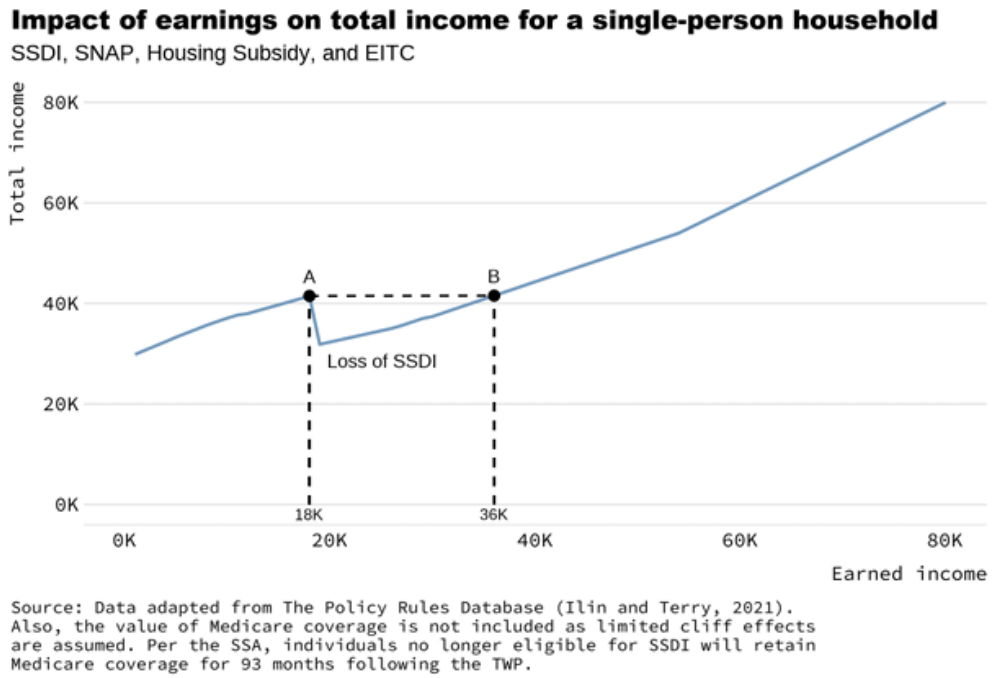
For households trying to break out of this cycle through employment, there are disincentives built-in. As income increases, public benefits decrease even faster, resulting in the well-known "Cliff Effect," which refers to the sharp cutoff in benefit eligibility that leaves people with higher employment income worse off than they were when they earned less. In some cases, people have refused a raise or promotion because the additional wage income is more than cancelled out by the loss of benefits. It is difficult to navigate this landscape, as each household has a complicated configuration of benefits eligibility depending on family size and a range of other criteria.

To illustrate with a single example, consider a single-person household in Massachusetts receiving SSDI, SNAP, EITC, and housing subsidy benefits. As shown in Figure 33 below, with very low earned income (under $18,000), the majority of their total income would come from these benefits. However, as earned income increases, benefits are reduced, so each additional $1,000 in wages results in less than that being added to their total income. And once they pass $18,000 in earned income, they lose all of their SSDI benefit, resulting in a real loss in total income of about $10,000. Even as they earn more, the other benefits continue to shrink, and they will not "break even" until their earned income doubles to about $36,000.[36]

My family lost MassHealth in 2023, then lost section 8 in 2024, struggling to make ends meet since then. I wouldn't be able to find better paying employment as I'm past 50, do not have any advanced skills.

--Participant Survey respondent

Figure 33. Example of the Cliff Effect



[36] Mass. Department of Economic Research, Report on Disability Benefit Cliff Effects in Massachusetts, March 2025, https://www.mass.gov/doc/report-on-disability-benefit-cliff-effects-in-massachusetts/download

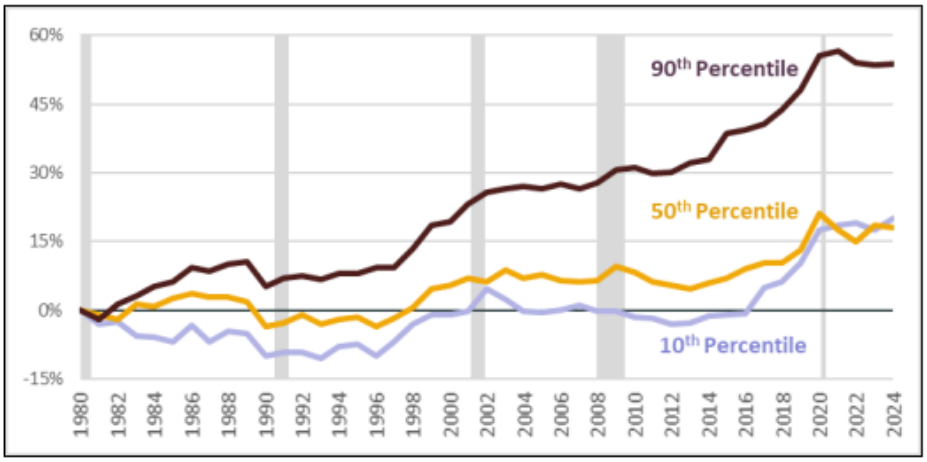
In 2023, Massachusetts initiated the Bridge to Prosperity Program, which pays out the difference between the increased wage and lost benefits. However, as a pilot program, it has only rolled out to a limited number of households, and there is no guarantee that it will become official policy or law in the future.

2. Employment

a. Wages

Employment is seen as a path to economic stability and prosperity, yet the structure of our economy severely constricts opportunity for many. Large disparities in wages for top earners versus those at the bottom drive income inequality in the U.S. Earnings for low- and median-wage workers stagnated for decades, while compensation for the highest paid workers skyrocketed. However, since 2014, lower wage workers have been experiencing higher rates of real wage growth, likely the result of increases in the minimum wage and tighter labor markets, as shown in Figure 34 below.[37] However, lower wage workers are still not earning enough to cover their family budget, and in many states, people are still working at the federal minimum wage, which hasn't changed from $7.25 in 15 years despite steep increases in the cost of living.[38] In addition, the trend reversed in 2025 and wages for low wage workers declined.[39]

Figure 34. Cumulative Real Wage Growth for Selected Percentiles, 1980 - 2024



Source: CRS estimates using Current Population Survey Outgoing Rotation Group data for 1980-2024.

Notes: See sample notes at **Figure 2**. The figure presents annual average estimates. Periods of economic recession are shaded in gray.

[37] Congressional Research Service, March 21, 2025; *Recent Wages Trends and Issues;* https://www.congress.gov/crs_external_products/R/HTML/R48468.web.html#_Toc193786153
[38] Economic Policy Institute; Gould, Elise et all; March 24, 2025; State of Working America Wages 2024; https://www.epi.org/publication/strong-wage-growth-for-low-wage-workers-bucks-the-historic-trend/
[39] Economic Policy Institute; Gould, Elise and Joe Fast; Feb. 5 ,2026; Low-wage workers faced worsening affordability in 2025 as wage growth stalled; https://www.epi.org/blog/low-wage-workers-faced-worsening-affordability-in-2025/

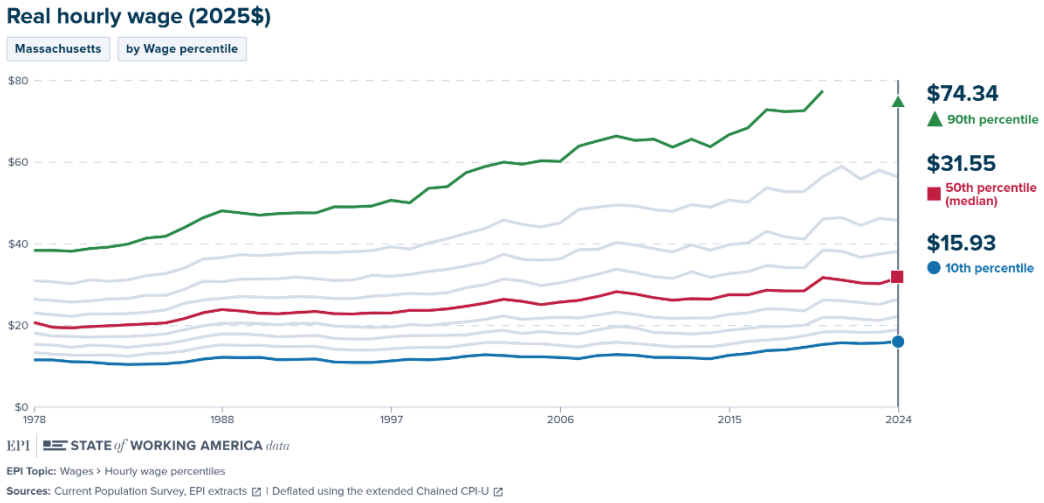
Labor market disparities for different population groups persist, with the median hourly wage at $26.80 for women versus $31.40 for men; $25 for black (non-Hispanic) workers versus $31.90 for white (non-Hispanic) workers; and $22.30 for Hispanic workers verses $31.20 for non-Hispanic workers.[40]

In Massachusetts, similar trends are evident as seen in Figure 35, with huge growth in real wages for those at the 90th income percentile, reaching above $74/hour in 2024, compared to $31.55/hour for workers at the median wage and only $15.93 for workers at the 10th percentile.[41]

I have 2 jobs: 1 full-time, 1 part-time; my husband works and I'm still struggling to live. I go without dinner many, many nights so my family has enough to eat.

--Participant Survey respondent

Figure 35. Wage trends at 90th, 50th, and 10th income percentiles in Massachusetts, 1979-2024



In Western Massachusetts, particularly in Franklin County, wages are much lower than the rest of the state. In the last quarter of 2025, the average weekly wage was $1,143 in Franklin Co, $1,236 in Hampshire Co., $1,312 in Hampden Co., and $1,346 in Berkshire Co. compared to a statewide average of $1,980. Franklin County consistently has the lowest wages in the state.[42]

b. Labor Force Trends and Unemployment

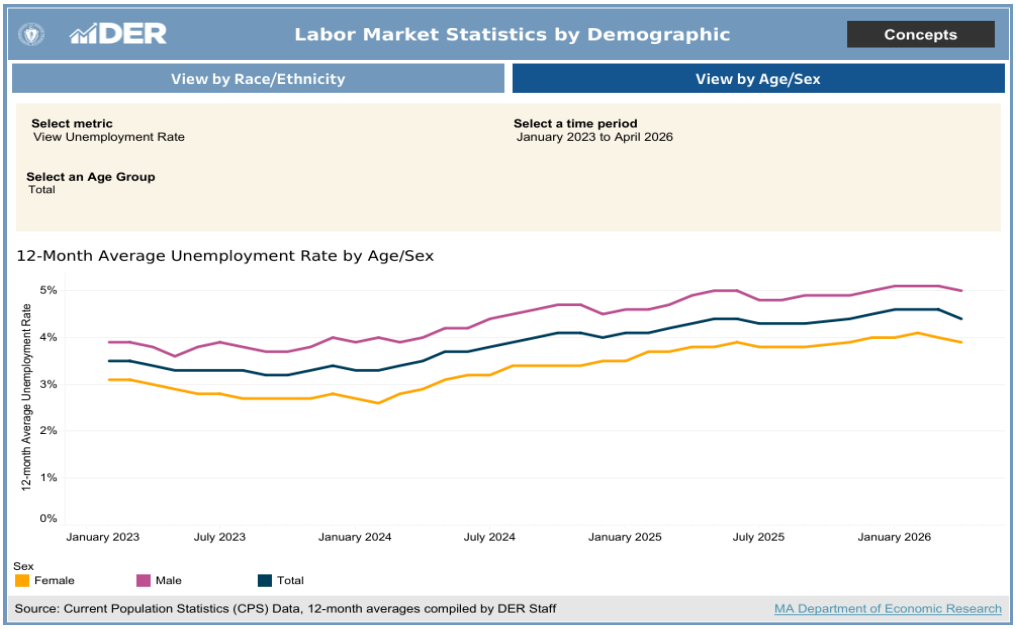
A recent report from the Massachusetts Executive Office of Labor and Workforce Development found that in 2024 the number of payroll jobs in the state remained flat while the number of employed residents rose by 45,000, which they propose may be the result of increased out-of-state remote work and self-employment. Unemployment rates had initially returned to pre-COVID rates after the significant economic disruption caused by COVID; however, the report found signs of a slowdown in the job market since 2023,

[40] Congressional Research Service, March 21, 2025; *Recent Wages Trends and Issues;* https://www.congress.gov/crs_external_products/R/HTML/R48468.web.html#_Toc193786153
[41] Economic Policy Institute State of Working America Data Library, "Hourly wage percentiles - Real hourly wage (2025$)," 2026. https://data.epi.org/.
[42] U.S. Bureau of Labor Statistics, 2025; https://data.bls.gov/maps/cew/us.

while the labor force (those working or looking for work) increased, pushing the state unemployment rate from 3.7% in January 2024 to 4.1% by the end of the year. The ratio of job postings to unemployed workers dropped from 1.7 to 1.2 during 2024; fewer job postings per unemployed worker means there is much greater competition for these jobs. Workers who lost their jobs have been experiencing an extended job search, many having exhausted their unemployment benefits. And recent college graduates posted an unemployment rate past 6% by early 2025, much higher than the overall rate.[43]

The 12-month average unemployment rate from January 2023 through April 2026 is shown in the graph below. The trend shows moderately increasing unemployment rates, with male unemployment significantly higher than female unemployment.[44]

Figure 36. MA Statewide Unemployment rates by sex, January 2023 – April 2026

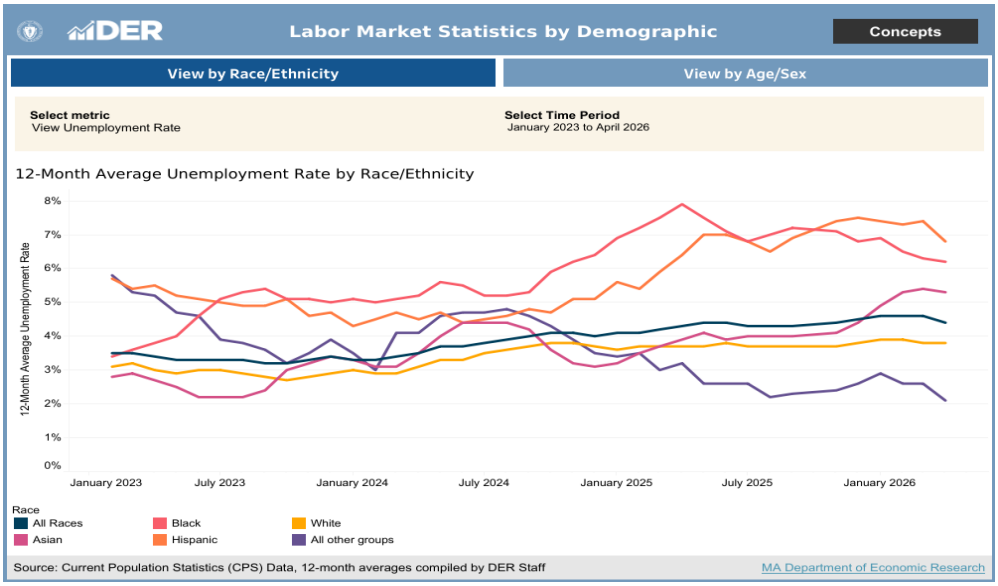


Statewide unemployment rates by race show significant and increasing disparities over the same time period, with unemployment for black/African American and Hispanic persons in the 6 – 7% range.

[43] Massachusetts Executive Office of Labor and Workforce Development, October 2025; Annual Economic Analysis Report: Massachusetts Workforce and Labor Area Review Program Year 2024; https://www.mass.gov/doc/2024-annual-economic-analysis-report/download.

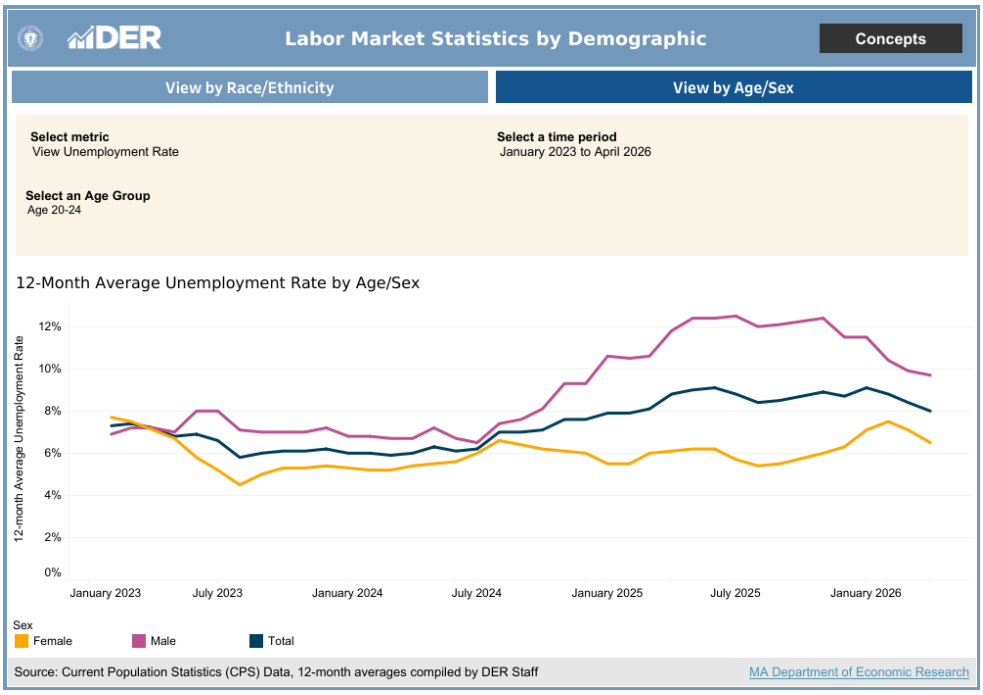
[44] Massachusetts Department of Economic Research, Equity Dashboards; *Labor Market Statistics by Demographic (12-month moving averages)*; downloaded 5/22/2026; https://www.mass.gov/info-details/department-of-economic-research-equity-dashboards?_ga=2.215154327.1053546205.1783972884-490427278.1740673653&_gl=1*1h2tg12*_ga*NDkwNDI3Mjc4LjE3NDA2NzM2NTM.*_ga_MCLPEGW7WM*czE3ODM5NzMwMDMkbzIkZzEkdDE3ODM5NzMwMDMkajYwJGwwJGgw.

Figure 37. MA Statewide unemployment by race/ethnicity, Jan. 2023 – April 2026



Youth are particularly disadvantaged in the labor force, as shown in this graph of people ages 20 – 24 in Massachusetts; unemployment rates have hovered between 6% and 10%, with higher rates among males compared to females.

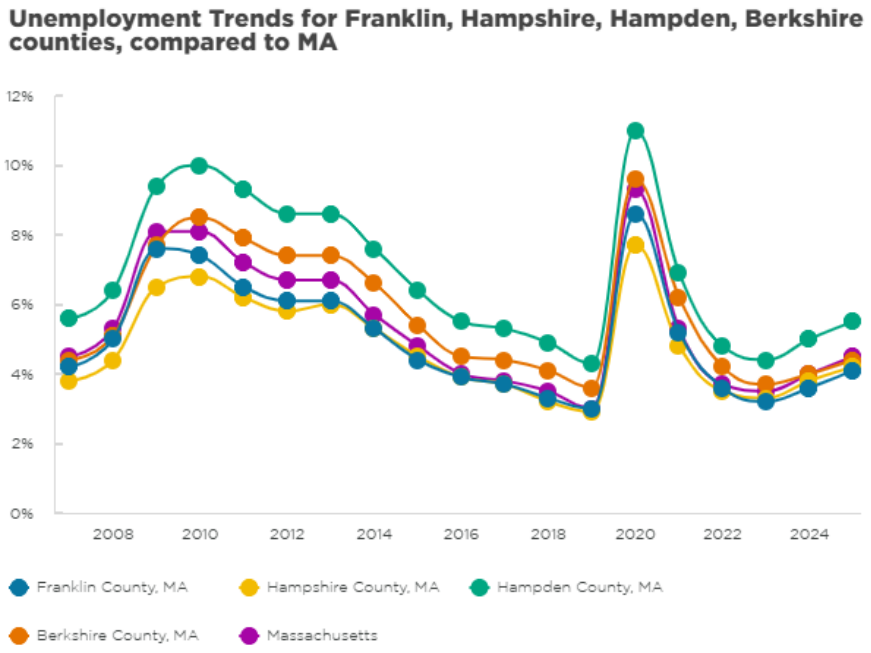
Figure 38. MA statewide unemployment rate for youth ages 20 - 24 by Age/Sex



The graph below shows a longer-term view of unemployment rates in Western Massachusetts counties (2007 – 2025). These are currently closely tracking the state trend, although Hampden County posts much higher unemployment rates than the rest throughout the period. The spike in unemployment rates in

2020 were the result of the COVID-19 pandemic. The graph below shows the recovery and then increasing unemployment in recent years.[45]

Figure 39. Unemployment Rate Trends in Western Mass. counties and the state, 2007 - 2025



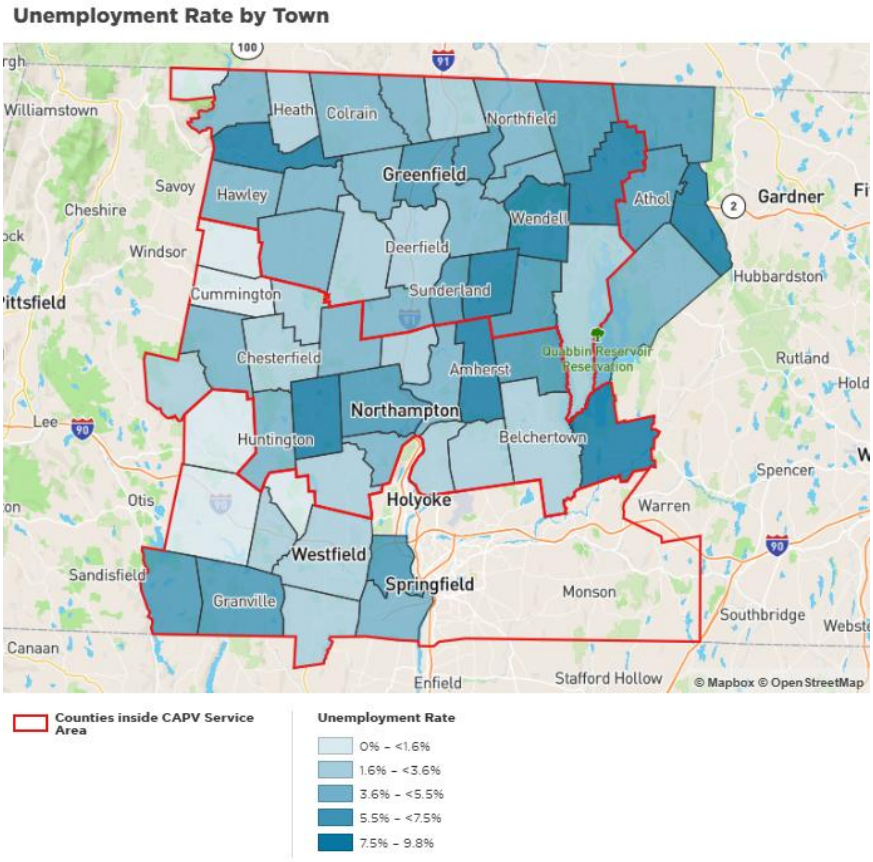
Sources: BLS LAUS

Unemployment rates vary significantly by town, as shown in Figure 40,[46] with Amherst (7.7%), Orange (8.6%), Athol (7.0%), Greenfield (6.3%), and Ware (9.2%) among the larger towns in our service area with unemployment rates higher than the average. In addition, many less populous rural eastern and western Franklin County towns experience high unemployment. In Western Hampden County, the unemployment rates were generally lower, with West Springfield highest at 6.0% and Westfield at 3.0%. (Note these figures represent a 5-year average.)

> Sigo tratando de aprender ingles, pero sigue siendo una limitante, para conseguir un trabajo de corto tiempo que me ayude con el pago del seguro del carro !!! Y claro un poco de temor al futuro con las decisiones del gobierno.
> **Translation:** I'm still trying to learn English, but it remains a barrier to finding a short-term job that would help me pay for my car insurance! And, of course, there's some fear about the future given the government's decisions.
>
> --Participant Survey respondent

[45] mySidewalk.com, https://reports.mysidewalk.com/7d581e8d2d#c-1730772. U.S. Department of Labor, Bureau of Labor Statistics (BLS); Local Area Unemployment Statistics, https://www.bls.gov/lau.
[46] mySidewalk.com; https://reports.mysidewalk.com/7f0eaab429. ACS 2024 5-year estimates, Table B23025.

Figure 40. Unemployment rate by town in CAPV service area, 2024



Sources: US Census Bureau ACS 5-year 2020-2024

Western Mass data displays the same trends as the state in terms of racial and age disparities. The following chart displays data on all four Western Mass. Counties together (to reduce variability in the data due to small samples sizes of some of the racial groups), comparing the unemployment rate of various racial groups. Unemployment rates for those identifying as white are much lower than for other races and for Hispanic/Latine residents.[47] Unemployment rates among youth ages 16 – 24 years old are approximately double the rate for working age adults (25 – 54) and for all ages 16+ combined.[48]

[47] mySidewalk.com; ACS 2024 5-year estimates, Table B23025; https://reports.mysidewalk.com/7f0eaab429#c-1662321

[48] mySidewalk.com; ACS 2024 5-year estimates, Table B23001 and B23025; https://reports.mysidewalk.com/7d581e8d2d#c-1730883

Figure 41. Unemployment by race/ethnicity in Western Mass. counties and statewide

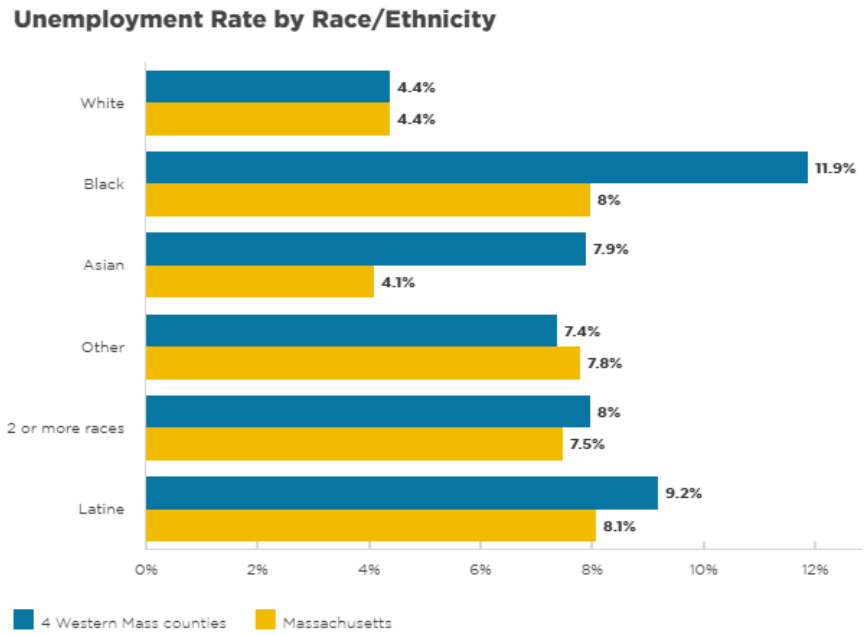
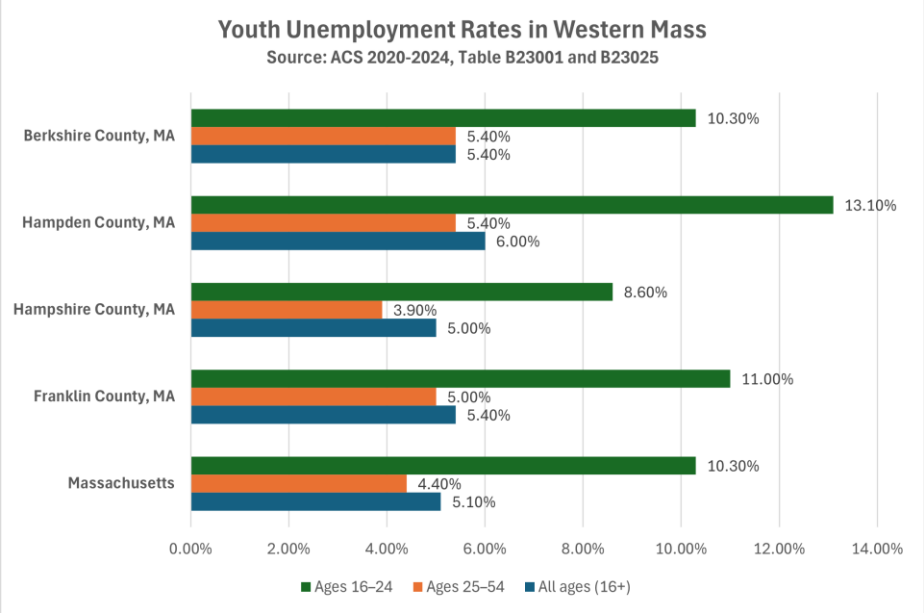
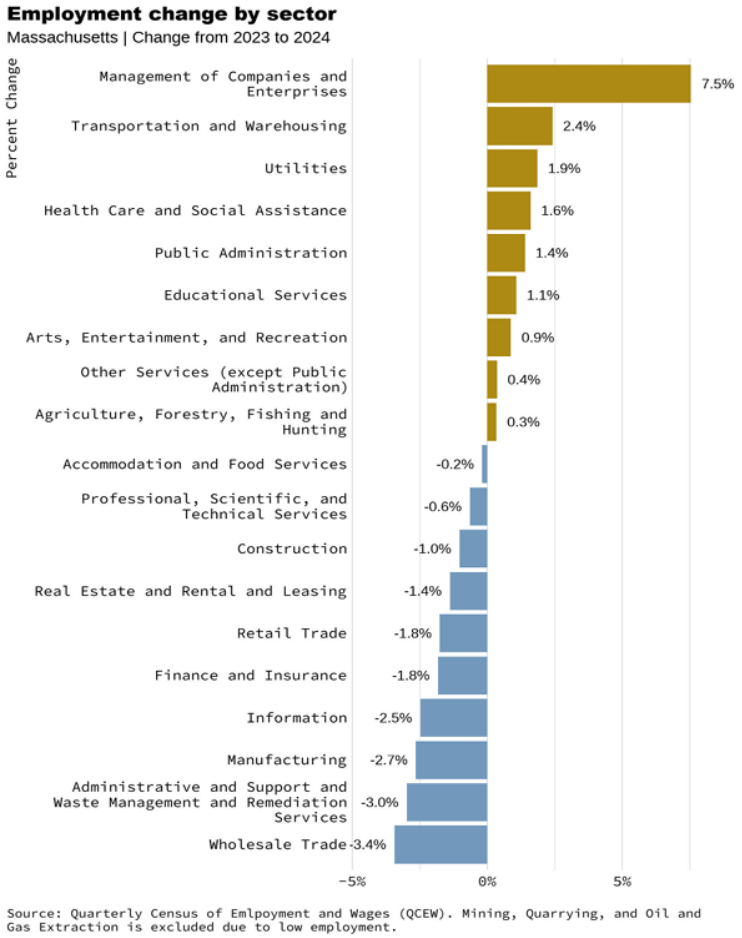


Figure 42. Unemployment rates for Youth compared to other groups, WMass counties, 2024



In order to help those with barriers to employment access jobs, a review of the trends affecting employment in different industries and occupations is helpful, as workforce development efforts can focus more heavily on growing industries. Statewide, a number of sectors are experiencing some growth; however, significant industries are showing declines in employment, including Wholesale Trade and Retail Trade, Manufacturing, Construction, Information, Administrative & Support, and Finance & Insurance.

Figure 43. MA Department of Economic Research analysis of Mass. jobs by industry in 2024 compared to 2023

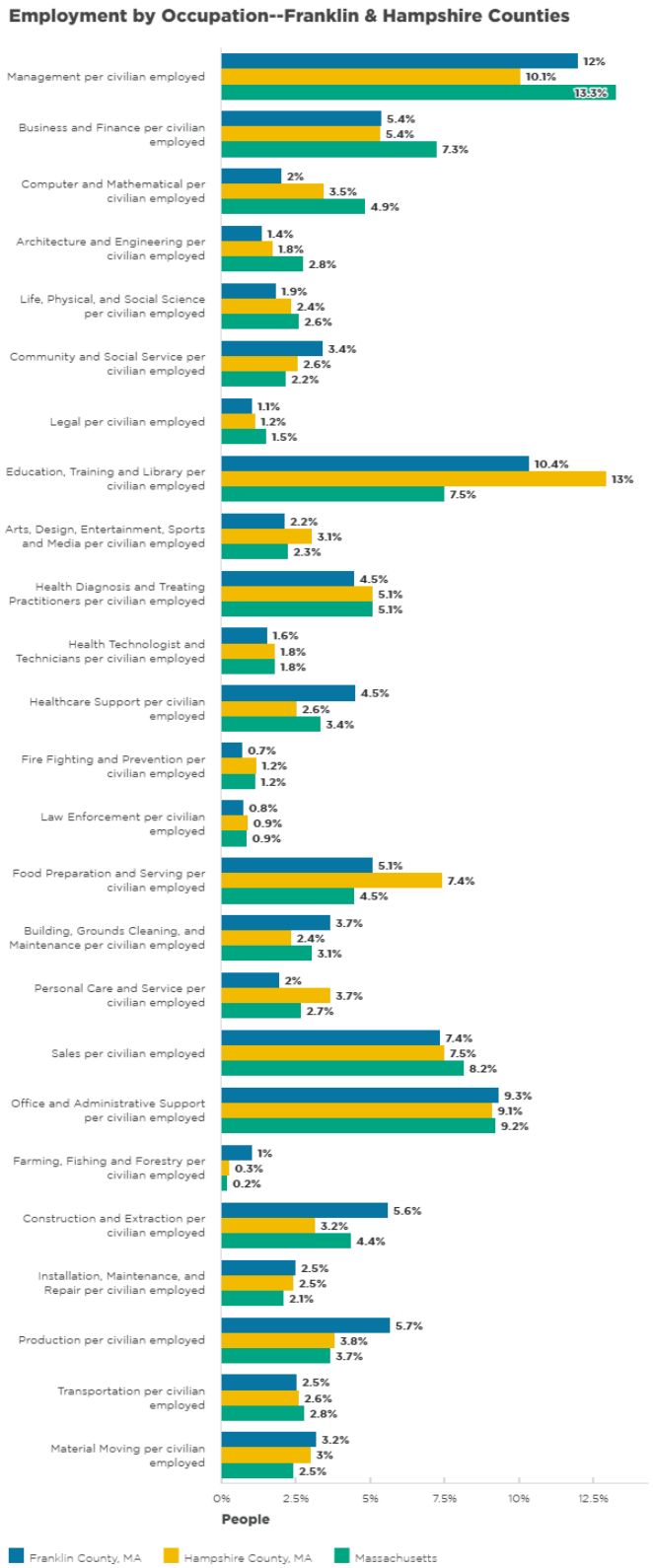


CAPV's primary service area in Franklin and Hampshire Counties is dominated by large employers in the education and health care industries, with major universities, including the flagship campus of the University of Massachusetts, major hospitals, medical practices, and congregate care facilities. Retail, agriculture, the creative economy, and niche manufacturers make important contributions to the economy.

Figure 44[49] shows employment by occupation in Franklin and Hampshire counties compared to the state as a whole. The Education, Training, and Library contribution to employment here clearly exceeds this occupation's share of state employment, and the Management, Business and Finance, and Computer and Mathematical occupations are less represented in our area compared with the state; however, employment in most other occupations is on par with that of the state.

[49] mySidewalk.com; https://reports.mysidewalk.com/7d581e8d2d#c-1730823; ACS 2024 5-year estimates; Table S2403.

Figure 44. Employment by Occupation in Franklin and Hampshire counties and state, 2024



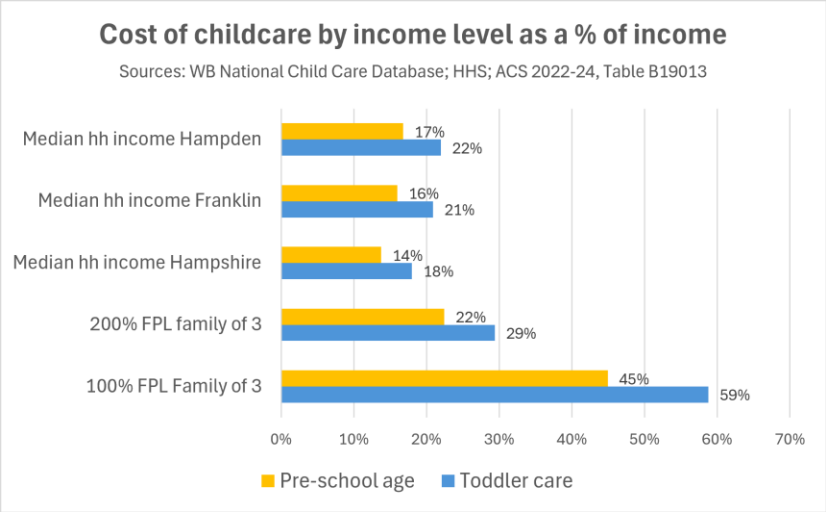
Sources: US Census Bureau ACS 5-year 2020-2024

c. Child Care

Childcare is a critical support for parents in the workforce, yet the high cost and scarcity of childcare limits access, particularly for families with lower incomes, and therefore, negatively impacts their job prospects and financial stability. In Massachusetts in 2022, the annual average cost of center-based care for a toddler was $21,242 and for a preschooler it was $16,120.[50] These costs put Massachusetts within the top five most expensive states for childcare in the nation. While costs in our area trend lower--$11,973 annual average for a preschooler and $15,668 for a toddler, they are still unaffordable to most residents. Figure 45[51] shows costs in our area according to various levels of income; a family of three at 100% of FPL would need to pay 59% of their income for center-based toddler care at these unsubsidized rates, and a family of three at 200% FPL would need to pay 29% of their income (for just one child). Given that the recommended percentage of income to be paid for childcare is 7% of income, according to the U.S. Department of Health and Human Services, care for just one child at these rates is unaffordable even to families earning the median income for our area. Family childcare settings are less expensive at $10,566 annually for a toddler or $10,400 for a preschooler, but care at these prices would still consume 12 – 15% of the income of families earning the median income in our area, and 20 – 40% for those earning 100 – 200% FPL.

> Financially I struggle as I work part-time. I am 65 years old and hope to retire at some point but my Social Security benefit will not be enough for me to live on. I babysit part-time for my granddaughter so my daughter can work. Childcare is too expensive for her. Lastly, I help care for my 89-year-old dad.
>
> --Participant Survey respondent

Figure 45. Child Care cost estimates at various income levels as a percentage of household income



[50] Women's Bureau, National Database of Childcare Prices, published October 18, 2024; https://www.dol.gov/agencies/wb/topics/featured-childcare; cited in MySidewalk.com https://reports.mysidewalk.com/7d581e8d2d#c-1731422.

[51] Women's Bureau, National Database of Childcare Prices, published October 18, 2024; U.S. Census Bureau, ACS 2024 5-year estimates: Table S1701; and U.S. Department of Health and Human Services, https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines

The families CAPV serves have low incomes and are unable to afford the full cost of childcare. Sadly, subsidies from the federal and state governments are inadequate, and waiting lists are long. According to a state EEC Key Performance Indicators/Family Access dashboard, as of April 2026, there were 34,514 infants, toddlers, and preschoolers receiving some type of state subsidy, but these represented only 12% of eligible infants, 30% of eligible toddlers, and 36% of eligible preschoolers; there were 20,254 children on the waitlist for subsidy as of June 2026.[52] In 2024, the state made significant progress in raising the provider reimbursement rate for those accepting state childcare subsidies, after many years of advocacy from providers. The new rates also were meant to reduce inequities among regions, and in Western Mass (as well as the Southeast region), rates rose by 45% for infants and 24% for toddlers, an increase significantly higher than other areas of the state.[53] Although the increased rates are more costly for the state and does not address the affordability crisis for families, the state hopes this reform will help retain providers in the system so that those with subsidies have a better chance of finding childcare.

> I'm worried about funding for SNAP and Head Start, as losing childcare especially through Head Start would completely uproot my life.
>
> --Participant Survey respondent

Although there has been a nominal increase in the number of childcare slots in the state over the past few years, it is nowhere close to meeting the need. According to the EEC dashboards, only about 51% of all Massachusetts children ages 0 – 5 are in any kind of formal care.[54] An analysis of EEC published data (December 2025) by CAPV's HS&ELP program assessed all licensed providers of care for ages 0 – 5 in our primary service area (Franklin & Hampshire Counties and Western Hampden County) and found that approximately one-third of all children ages 0 – 5 in our area do not have access to childcare or pre-K. See Table 9 below.

Table 9. Children 0 - 5 not receiving childcare/early ed in CAPV Service Area

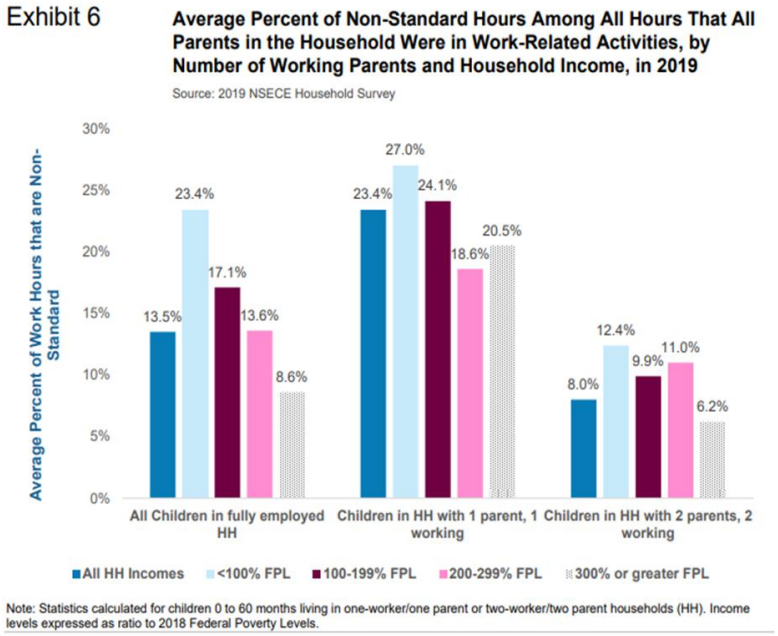
	ACS Estimate Birth to 5	Child Care Licensed Capacity	Pre-K Enrollment	Potential Unmet Need #	Potential Unmet Need %
Franklin County	2,552	1,156	455	941	37%
Hampshire County	4,844	3,102	547	1,195	25%
Western Hampden County	4,706	2,224	636	1,846	39%
Total	**12,102**	**6,482**	**1,638**	**3,982**	**33%**

Even those families benefitting from childcare may not have their needs met for affordable care in a location they can access; also, in some cases, providers may not be offering their full licensed capacity and there may be greater unmet need than the numbers above show. Some parents also face challenges due to the timeframe childcare is available, which may not match their work schedules. A national study on

[52] MA Department of Early Education and Care (EEC); Key Performance Indicators Dashboard/Family Access, downloaded 7/15/2026; https://www.mass.gov/eec-data-research-reports.
[53] MA Department of Early Education and Care (EEC); *Massachusetts Increases Reimbursement Rates for Childcare Providers*; 1/15/2025; https://www.mass.gov/news/massachusetts-increases-reimbursement-rates-for-child-care-providers
[54] MA Department of Early Education and Care (EEC); Key Performance Indicators Dashboard/Family Access, downloaded 7/15/2026; https://www.mass.gov/eec-data-research-reports.

parent work schedules found that lower income families are more likely to need childcare outside the 8am – 6pm time frame, particularly in single-parent homes, as shown in Figure 46 below.[55] A review of research on nontraditional-hour (NTH) childcare demand and availability finds that NTH childcare is very limited among licensed providers and that parents who need NTH childcare tend to rely on informal providers and family to meet their needs.[56] This raises questions about the quality of care, and may have implications for child development, as work schedules that are variable and/or are given with little notice ('just-in-time' work schedules) cause disruption in the consistent caregiver relationships and routines that young children need and cause inordinate stress for parents, which in turn affects their children.[57]

Figure 46. U.S. parents with childcare needs, non-standard working hours by household income



d. Incarceration and Re-entry

There are few barriers to employment more difficult to overcome than having been incarcerated. It limits job options as so many employers require "clean" CORIs (criminal record checks) to qualify for employment. Formerly incarcerated individuals often lack an employment history, or have experienced a large gap in employment, making it difficult to get a job upon release. Re-entry support is often inadequate to enable the individual to secure housing or meet their basic needs while searching for a job; in fact, drug or felony convictions make many ineligible for public housing or federally funded public

[55] U.S. Department of Health & Human Services, 2019 NSECE Snapshot: Parent Work Schedules in Households with Young Children | The Administration for Children and Families (hhs.gov); https://www.acf.hhs.gov/opre/report/2019-nsece-snapshot-parent-work-schedules-households-young

[56] Lee, Suh Kyung and Julia R. Henly, *Nontraditional-hour Child Care in the United States: What is Known About Supply and Demand*; June 2024; University of Chicago; https://www.erikson.edu/wp-content/uploads/2024/07/NTH-Scoping-Review-final.pdf

[57] ZERO TO THREE, *Parents' Just-In-Time Work Schedules Are Not Working for Babies*; January 2021; https://www.zerotothree.org/wp-content/uploads/2021/02/Parents-Just-In-Time-Work-Schedules-Are-Not-Working-For-Babies.pdf

benefit programs like SNAP (food stamps).[58,59] Financial aid for education is restricted, and felons are ineligible for certain professional certifications or licenses that would improve their job prospects, so the only options are low-wage positions with limited opportunity for advancement. With these kinds of obstacles, it is no surprise that three-quarters of offenders are re-arrested within five years of their release, and those with addictions are at increased risk of overdose.[60]

Incarceration negatively impacts the economic prospects and life chances for the entire family. Overall, seven percent of all children under 18 have lived with a parent who went to jail or prison. This is true for 1 in 9 Black children (11%), 1 in 28 Latino children (4%), and 1 in 57 white children (2%).[61] Two in three families impacted by incarceration had difficulty meeting their basic financial needs as a result, and 70% of these had children under the age of 18. The trauma and financial toll of having a parent incarcerated is associated with children being six times more likely to be justice-involved during their youth, setting them up to continue this cycle of poverty across generations. Clearing of criminal records is critically important to improving chances of employment. Studies show that within two years of record clearing, wages increased by 25% on average.[62]

According to a Harvard Law School study, racial disparities are rampant within the Massachusetts Criminal system, which imprisons Black people at a rate 7.9 times that of Whites, and Latine people at 4.9 times that of Whites. In addition to being overrepresented in the prison system, Black and Latine people are less likely to have their cases resolved without prison time, and they receive longer sentences than their White counterparts. These differences held even when controlling for criminal history, severity of initial charge, court jurisdiction, and neighborhood characteristics, indicating serious biases within the system.[63] A more recent review of the data on incarceration, which sought to understand the impact of reforms in the criminal justice system made in 2010 and 2018, found that investments in alternative sentencing, substance use treatment, and community based supports have resulted in declines in the incarceration rate of 45% between 2012 and 2022, more than twice the U.S. average, so that Massachusetts now has the lowest rate in the country. Incarceration rates fell for all racial groups; however, they fell at a higher rate for Whites than the Black or Latine population, which has caused racial disparities to widen.[64]

In Western Massachusetts, both Franklin County and Hampden County have a much higher per capita incarceration rate than that of the state as a whole. In Franklin County in 2019 (the last year data are available), it was 694 people incarcerated per 100,000 population compared to 363 pp/100,000 in Massachusetts. Hampden County's rate was higher at 713 pp/100,000. However, Hampden (-38%) and Hampshire (-23%) counties experienced decreasing rates over time, while in Franklin County the rates increased by 20%, as shown in Figure 47 below.[65] Note that more recent *statewide* data is available on

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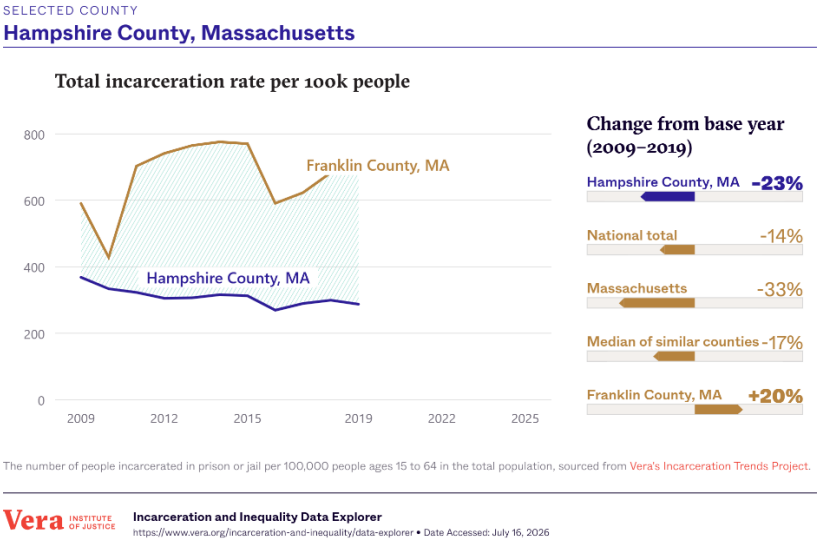
[58] Prison Policy Initiative, Aleks Kojstura; Feb. 24, 2026; *Hunger as punishment: How states restrict SNAP benefits for people on probation*; https://www.prisonpolicy.org/blog/2026/02/24/snap_exclusions/
[59] National Housing Law Project, 2018; https://www.nhlp.org/wp-content/uploads/2018/08/Rentry-Manual-2018-FINALne.pdf
[60] Melissa Li, "From prisons to communities: Confronting reentry challenges and social inequalities," American Psychological Association, March 2018; https://www.apa.org/pi/ses/resources/indicator/2018/03/
[61] Children of Incarcerated Parents: The Impact of Incarceration (Fact Sheet) https://youth.gov/sites/default/files/COIPInfographic_508.pdf
[62] Jaboa Lake, "Criminal Records Create Cycles of Multigenerational Poverty," Center for American Progress, 04-15-2020.
[63] Elizabeth Tsai Bishop, et al, "Racial Disparities in the Massachusetts Criminal System"; Criminal Justice Policy Program, Harvard Law School, September 2020.
[64] MassINC, Boston Indicators; January 2024; *Criminal Justice Reform in Massachusetts; https://www.tbf.org/news-and-insights/reports/2024/january/criminal-justice-reform-in-ma-report*.
[65] Vera Institute, Incarceration and Inequality Data Explorer; April 2, 2026; https://www.vera.org/incarceration-and-inequality/data-explorer; downloaded July 16, 2026.

Vera's Incarceration and Inequality Data Explorer, and this rate decreased from 363 pp/100,000 in 2019 to 291 pp/100,000 in 2024.

Figure 47. Incarceration rates in Franklin and Hampshire Counties and comparison of trends, 2019



Differences in incarceration rates in our region vary tremendously by race/ethnicity, according to the Vera Institute data, with rates for Black, Latine, and BIPOC persons many times higher than the rate for Whites.

Table 10 Incarceration rates by race ethnicity; multiple of incarceration rate for Whites

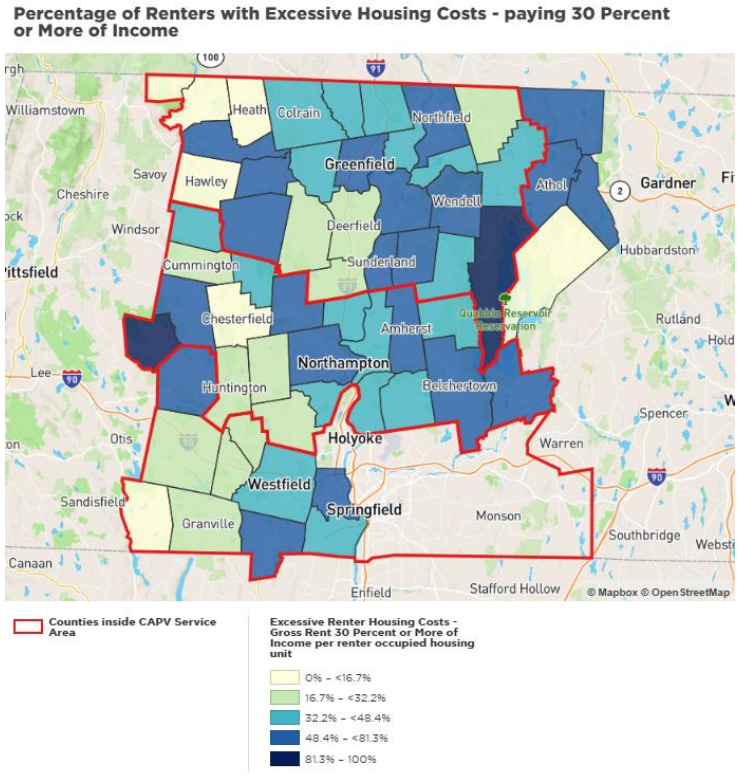
	Franklin Co.	Hampshire Co.	Hampden Co.
Black/African American	6.94 x	3.19 x	8.3 x
Latine	4.47 x	2.7 x	5.8 x
BIPOC	3.97 x	1.75 x	5.9 x

3. Housing

a. Housing costs and affordability

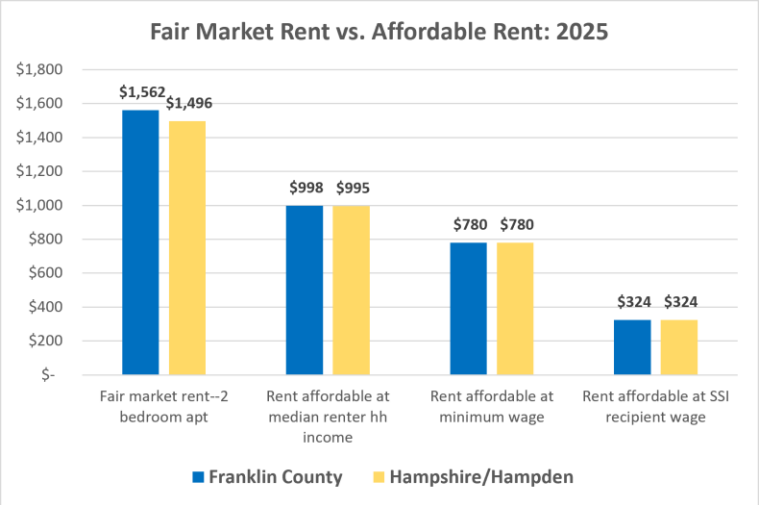
There has long been a housing crisis in the U.S. There simply is not enough "affordable housing" to meet the need. In 2025, the National Low Income Housing Coalition estimated that the U.S. has a shortage of more than 7.1 million rental homes affordable and available to extremely low-income renter households, with over 2.1 million low rent housing units lost between 2012 and 2022.[66] Massachusetts has the fourth highest rental 'housing wage' in the nation; a worker needs to earn $45.90/hour to afford a two-bedroom unit at the fair market rent. The state's nonmetropolitan areas (like Franklin County) are the most unaffordable in the nation, with a housing wage of 47.36/hour. High housing costs coupled with relatively low wages create excessive cost burdens for households in our area (cost burdened = paying 30% or more of income for housing). As shown in Figure 49, [67] the monthly Fair Market Rent for a 2-bedroom apartment in our area is around $1,500, far out of reach for a minimum wage worker, who can only afford to pay $780 per month, and SSI recipients, who can only afford to pay $324 per month. The 'observed rent,' (published rents for units actually available) is much higher, up to $2,600 in Hampshire County.[68] Figure 50 [69] below, shows that in each of the Western Mass. counties, 50% or more renters are cost-burdened, while the proportion of homeowners who are cost burdened is about 25%. Figure 48[70]

Figure 48. % of renters paying over 30% of income on housing, 2024



Sources: US Census Bureau ACS 5-year 2020-2024

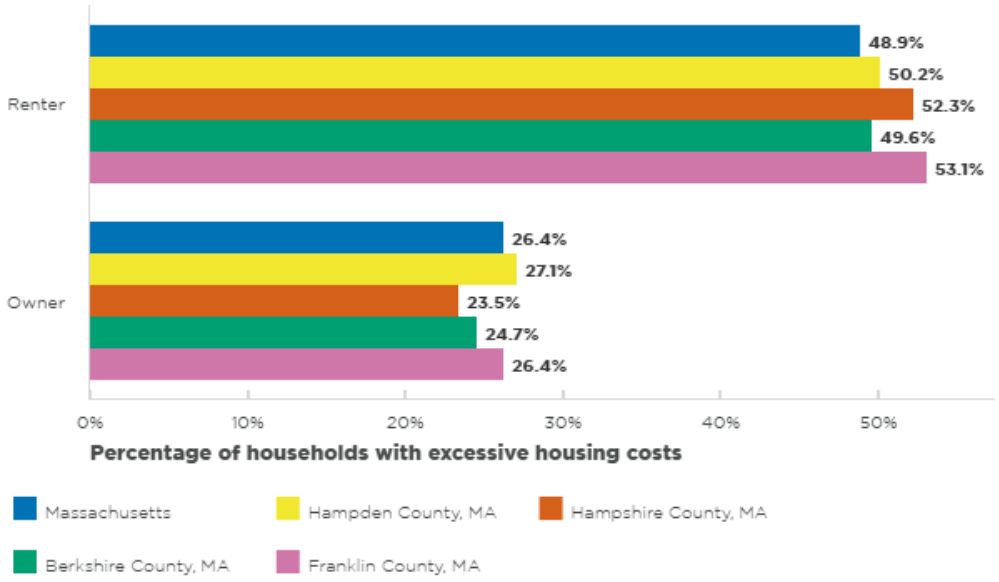
Figure 49: Fair Market vs. Affordable Rent, 2025



[66] National Low Income Housing Coalition, *Out of Reach 2025*, https://nlihc.org/oor
[67] National Low Income Housing Coalition, *Out of Reach 2023*; https://nlihc.org/oor
[68] UMASS Amherst Donahue Institute, July 2025; *Building Homes. Building Futures: The State of Housing in Western Mass*; https://donahue.umass.edu/documents/Way_Finders_Final_Report_-_Building_Homes_Building_Futures_2025.pdf .
[69] mySidewalk.com; https://reports.mysidewalk.com/38a24d4703#c-1730588, ACS 2024 5-year estimates, Table DP04.
[70] mySidewalk.com; https://reports.mysidewalk.com/38a24d4703#c-1503987; ACS 2024 5-year estimates, Tables B25070 and B25091.

above shows that in many Franklin and Hampshire County towns, the proportion of cost burdened renters is much higher, with over 60% of renters cost-burdened in communities like Greenfield, Montague, Ware, Sunderland, and Amherst. A recent study by the Donahue Institute indicated the greatest need in Western Mass (Hampshire, Hampden, Franklin, and Berkshire counties) is for rental units for households with extremely low incomes (includes subsidized housing units), with an estimated shortage of 21,013 rental units costing $600/mo. or less).[71]

Figure 50. *Percentage of renters and owners paying more than 30% of income for housing, 2024 comparison by county*

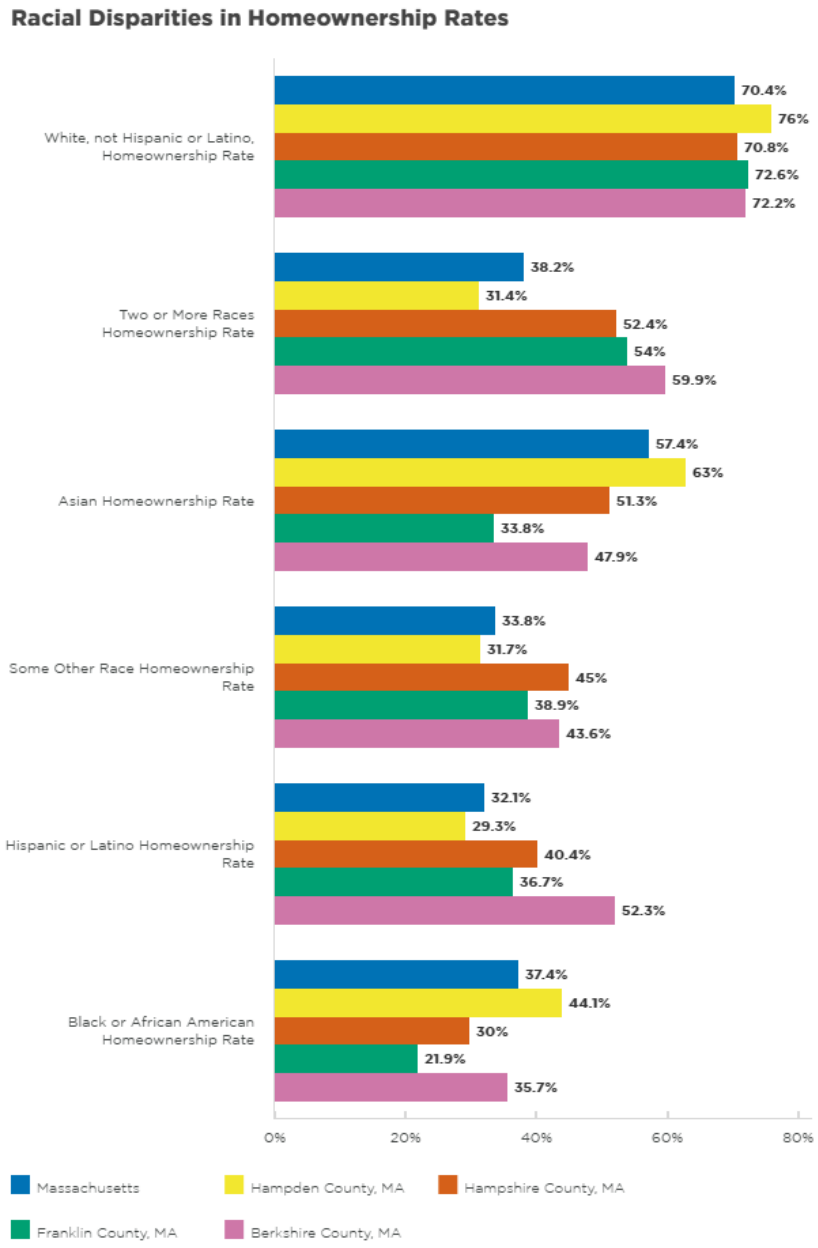


Subsidized housing is extremely scarce in Western Mass. The state monitors the location of all subsidized units (HUD and state-subsidized), with the last update in September 2025. State legislation specifies that at least 10% of the housing units in each municipality should be affordable housing (acc. to MA General Laws Chapter 40B).[72] Very few localities in Western Mass. meet this standard, and on average, only 8.0% of all housing units are subsidized housing in Hampshire County, and only 7% in Franklin County, compared to 10.4% for the state as a whole. Statewide, there is enough subsidized housing for only 32% of low-income renter

> Something HAS to be done about wage stagnation, the landlords are OUT of control with raising rents and leaving apartments empty while people sleep on the streets, we HAVE to stop letting foreign investors and private equity buy housing.
>
> --Participant Survey respondent

[71] UMASS Amherst Donahue Institute, July 2025; *Building Homes. Building Futures: The State of Housing in Western Mass*; https://donahue.umass.edu/documents/Way_Finders_Final_Report_-_Building_Homes_Building_Futures_2025.pdf .
[72] Executive Office of Housing and Livable Communities, Massachusetts subsidized housing inventory; https://www.mass.gov/service-details/subsidized-housing-inventory-shi

Figure 51. Homeownership rates by race for WMass counties, 2024



Sources: US Census Bureau ACS 5-year 2020-2024

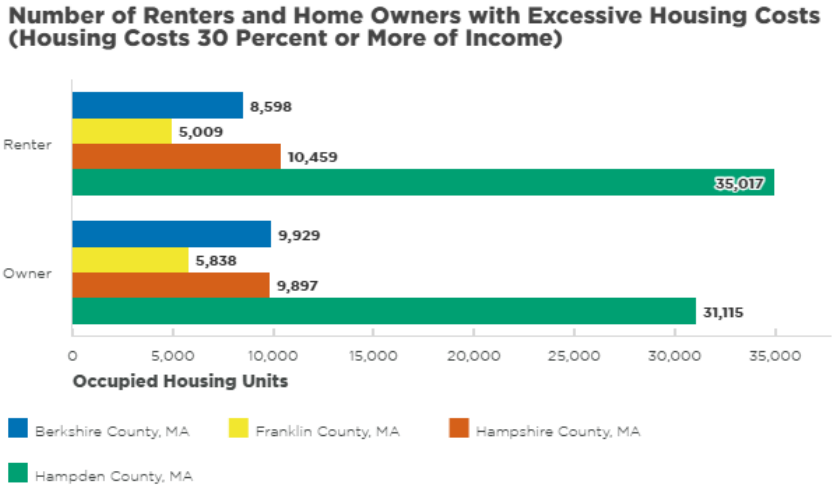
households.[73] Mobile housing vouchers are another investment in helping to make housing affordable to households with low incomes; they pay the difference between what the household can afford (30% of their income) and the rent, provided the rent does not exceed the 'fair market rent' allowable limit and the housing meets other health and safety standards. Yet the waiting lists for housing vouchers are extremely long. For instance, there are 10,700 households served by the Massachusetts Rental Voucher Program compared to 168,000 on the waiting list.[74]

Homeownership can stabilize housing costs (through fixed interest rates over a long period) and enable households to build equity over time, which can also benefit subsequent generations. 63% of households in the Pioneer Valley (Franklin, Hampshire, and Hampden counties) are homeowners. Historical and ongoing inequities facing racial/ethnic groups other than White, including discrimination in

[73] Housing Navigator MA, June 20, 2025; *Data Opens Doors;* *https://storymaps.arcgis.com/stories/288e6cedbd714c34b3d253c09f19704e*

[74] The Boston Foundation, May 7, 2025; *Tenants and Landlords both give Massachusetts Rental Voucher Program good marks, but administrative hurdles pose challenges*; https://www.tbf.org/news-and-insights/press-releases/2025/may/mrvp-voices-of-experience-pr-20250507.

Figure 52. WMass renters and homeowners with excessive housing costs by county, 2024



Sources: US Census Bureau ACS 5-year 2020-2024

the job and housing markets has meant that many fewer Black, Asian, and Hispanic/Latinx households have access to homeownership, as shown in Figure 51.[75]

While a smaller *proportion* of homeowners are cost-burdened, a *similar number* of homeowners and renters in our area as are cost-burdened and may face the threat of foreclosure (see Figure 52).[76] Another challenge for homeowners is that the housing stock in our area is far older, on average, than national averages, with 30% of the housing Western Mass built before 1939 and 74% built before 1980, with the potential of having lead paint.[77] When housing is old and incomes are low, homeowners cannot keep up with the repairs and upgrades needed to make their homes functional, healthy, safe, and energy-efficient. This is the norm for the homes we visit through our weatherization program; they are in disrepair and consuming unnecessarily high amounts of energy to heat, and many are unhealthy and/or unsafe. Aging in place is a goal of many seniors, but it can become unsafe or impossible in a home that is inefficient, difficult to heat, and in need of costly repairs.

- Home maintenance and upgrades for more usability, friendly visually, and repair. Especially being a wheelchair user for mobility.

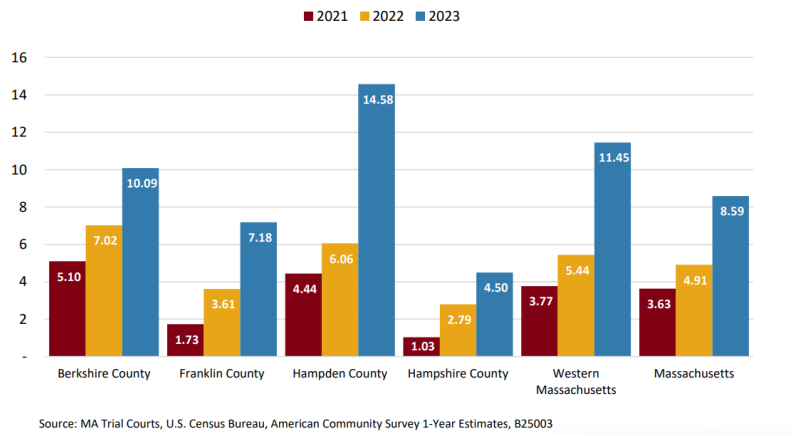
- I am a single senior working full-time and using my social security funds to pay off old debts. I cannot afford to turn my electric heat on. I've been told funds for fuel assistance are already gone. Because I work full-time and collect SS benefits, I probably don't qualify anyway.

--Participant Survey respondents

[75] MySidewalk.com; https://reports.mysidewalk.com/38a24d4703#c-1730649 ; ACS 2024 5-year estimates, Table B25003A-I.
[76] MySidewalk.com; https://reports.mysidewalk.com/38a24d4703#c-1753154 ; ACS 2024 5-year estimates, Table DP04.
[77] U.S. Census Bureau, American Community Survey 2024, 5-year estimates; table B25034.

b. Housing stabilization/eviction prevention efforts

Figure 53. Executed Evictions per 1,000 Renter Households, Western Mass.[78]



Source: MA Trial Courts, U.S. Census Bureau, American Community Survey 1-Year Estimates, B25003

As discussed in CAPV's 2023 Community Assessment, the federal and state governments responded to the COVID-19 crisis through a variety of interventions to lessen the devastating impact of the pandemic, which included significant protections against eviction during the public health emergency. However, eviction filings trended upward when the federal moratorium expired in August 2021. The state's Emergency Rental Assistance Program ended in April 2022 and then the RAFT rental assistance program reinstated a 'Notice to Quit' requirement to be eligible for assistance in August 2022, which seem to have contributed to an increase in eviction filings. From August 2022 to February 2024, eviction filings averaged over 3,000 per month, compared to 2,600 per month prior to the pandemic.[79] Figure 53 shows the increase in executed evictions in Western Mass counties from 2021 to 2023. While Franklin and Hampshire counties have a lower eviction rate than the state average, Berkshire and Hampden counties have higher rates.

> Rent prices keep increasing every year by an amount that we won't be able to keep up with for very much longer. Food prices have increased a lot making it harder to get our usual groceries. Certain health events have gouged our slim savings and put us in some credit card debt.
>
> --Participant Survey respondent

The consequences are severe for any household subject to eviction, as it is difficult to find housing with an eviction on your record, and there is then a heightened risk of homelessness. Researchers at Yale analyzed data on socioeconomic outcomes for households that were evicted and found that their incomes decreased, hospital visits increased, and interactions with emergency shelter and homelessness services were much more likely, even 2 years beyond the eviction; Black and female tenants were impacted to a greater degree.[80] Research has also demonstrated negative impacts on mental and physical health, children's educational progress, and employment prospects.[81] An analysis of eviction filings across the state found that eviction filings in the year after the state moratorium was lifted disproportionately

[78] UMASS Donahue Institute, Building Homes. Building Futures: The State of Housing in Western Massachusetts, July 2025; https://donahue.umass.edu/our-publications/building-homes-building-futures-housing-in-western-massachusetts.
[79] UMASS Donahue Institute, July 2025; *Building Homes. Building Futures: The State of Housing in Western Massachusetts*; https://donahue.umass.edu/our-publications/building-homes-building-futures-housing-in-western-massachusetts.
[80] Yale Department of Economics, Sept. 26, 2023; *New Research Sheds Light on the Economic Consequences of Evictions*; https://economics.yale.edu/news/230926/new-research-sheds-light-economic-consequences-evictions.
[81] Peiffer, Emily, July 25, 2018; "Why We Need to Stop Evictions Before They Happen,"; Housing Matters, an Urban Institute Initiative,; https://housingmatters.urban.org/feature/why-we-need-stop-evictions-they-happen

affected communities with a majority of people of color—with almost twice as many eviction filings per 1,000 renter households in these neighborhoods.[82]

c. Homelessness



I am currently disabled, ill, severely depressed, and living in a cold senior living trailer community with ice on the windows and cold temps, which are severely affecting me psychologically and physically.

--Participant Survey respondent

Homelessness is undoubtedly one of the worst consequences of the housing affordability crisis, and resources to adequately address the need are lacking. The Three-County Continuum of Care (CoC) organizes and publishes an annual Point in Time (PIT) Count of Franklin, Hampshire, and Berkshire County families and individuals who were in shelters or living on the streets on one mid-winter night each year. The PIT has shown an increasing incidence of homelessness since 2020, when 585 persons were counted, to a high of 961 in 2024. There was a slight reduction to 841 in 2025, a figure still 44% higher than in 2020.[83] In 2024, over half of these were members of a family household, compared to a typical year in which persons in families make up only 25 – 30% of the total; this was likely due to a significant number of migrant families being sheltered in the area. The number of individuals (not in families) experiencing homelessness has also been increasing, with around 20% of this group experiencing unsheltered homelessness from 2023-2025 (twice the proportion in pre-pandemic 2019). 184 of those experiencing homelessness in 2025 met the definition of chronically homeless, about 22% of the total. 173 (20%) of all those experiencing homelessness in 2025 were children or youth under age 25.

Homelessness among youth and young adults (ages 18-24; includes unaccompanied and parenting youth) is a particular concern in our area, where our CoC maintains a Youth Homelessness Demonstration Program. Each night, around 30 youth experience homelessness (according to the HUD definition, as per the CoC PIT count in January 2025) in the Three County CoC (Franklin, Berkshire, Hampshire Counties). In FY26 through August this year, there were 137 youth and young adults experiencing homelessness on the Coordinated Entry List, and 43 enrolled in CoC housing programs, We do not know the full scope of homelessness among youth and young adults in our region. National research[84] indicates that 1-in-10 people ages 18 to 24 and 1-in-30 people ages 13 to 17 will experience some form of homelessness over the course of a year. We know that many more are at risk of experiencing homelessness. They find themselves without a stable place to live because home wasn't safe, home wasn't supportive, or home didn't exist.[85] Youth and young adults who are: lesbian, gay, bisexual, transgender, or queer; non-White; parenting; dealing with mental health and/or substance use disorders; without supportive families; and leaving the state child welfare or mental health/DCF systems are at particularly high risk of becoming homeless. Many youth and young adults couch surf, making it less likely that they will appear in our data.

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[82] Homes for All Massachusetts, March 22, 2022; *Housing Justice Beyond the Emergency*; https://www.homesforallmass.org/covid-evictions-report/

[83] HUD Point-in-Time Counts, Three County CoC; https://www.threecountycoc.communityaction.us/local-data

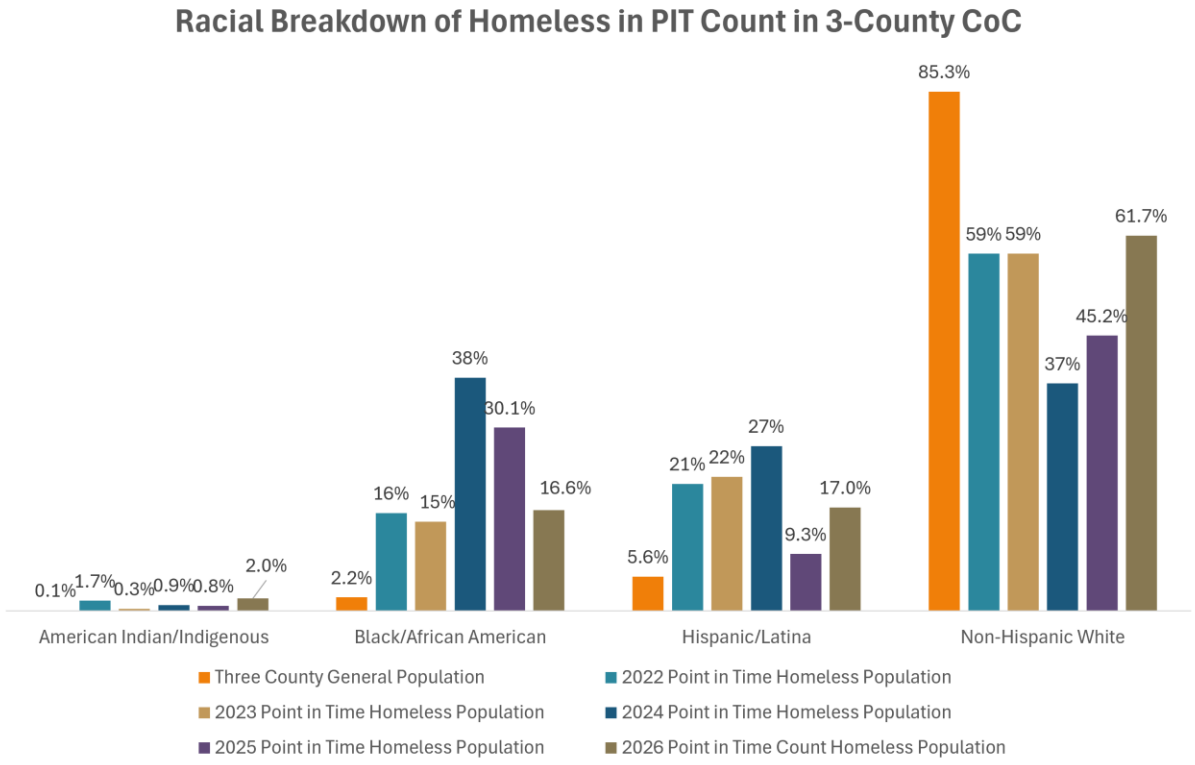
[84] Chapin Hall (University of Chicago), Voices of Youth Count Initiative, https://www.chapinhall.org/project/voices-of-youth-count/

[85] Matt Aronson, Jeff Olivet, and Jamila Bradley, Nothing About Us Without Us, updated needs assessment from Coordinated Community Plan to Prevent and End Youth and Young Adult Homelessness for Franklin County, Massachusetts, 2019.

Youth under 18 who are homeless can be taken into the custody of DCF, and many in this younger group will not identify themselves as homeless for this reason.

CoC data on those experiencing homelessness reveals significant racial disparities among this population. Compared to their prevalence in the population, Black and Latino persons are disproportionately represented among those in emergency shelter or transitional housing, as shown in Figure 54,[86] below.

Figure 54. Racial disparities in population experiencing homelessness in Three County CoC, 2022-26



CAPV's Head Start & Early Learning Program (HS&ELP) estimates the number of homeless children in the pre-K age group in our service area by using school-reported data as mandated by the McKinney-Vento Act and American Community Survey (ACS) data on the total number of children ages 0 – 5 (see Table11) .[87] The percentage experiencing homelessness is based on children pre-K to 12th grade, which is the best estimate available; this analysis estimates that there are 246 pre-K children experiencing homelessness. However, younger children may be more likely to be in families who are homeless than older ones. The districts that report pre-K homelessness reported higher percentages: the highest rates were 14% in Greenfield, 17% in Northampton, and 4% in West Springfield.

[86] CAPV Three County Continuum of Care, County-level reports, 2017-2020 Racial Disparities; https://www.threecountycoc.communityaction.us/local-data

[87] U.S. Census Bureau; American Community Survey 2024, 5-year estimates; Table B17024 and Mckinney-Vento data obtained by request from the Massachusetts Department of Elementary and Secondary Education (DESE).

Table 11. Homelessness among children in HS&ELP service area

McKinney-Vento Data 2024-2025			
	Total Pre-K to 12 Homeless	**Percent Pre-K to 12 Homeless**	**Estimated 0-5 Homeless**
Franklin County	242	3.3%	84
Hampshire County	193	1.2%	58
W. Hampden County	306	2.2%	104
Total	**741**	**2.0%**	**246**

Table 12 shows the number and percentage of children in our Head Start (HS) and Early Head Start (EHS) program who experienced homelessness at some point during the 2024-25 school year, with comparison to the previous four years. Children who are homeless are categorically eligible for HS/EHS. HS/EHS uses a broader definition of "homeless" than the federal government. Their numbers include families who are not only in a shelter or on the street, but also those that are couch surfing. The totals for EHS below also include pregnant persons who are homeless, which is one reason the percentages are higher than for HS.

Table 12. Number and percentage of HS/EHS children experiencing homelessness; CAPV HS&ELP data

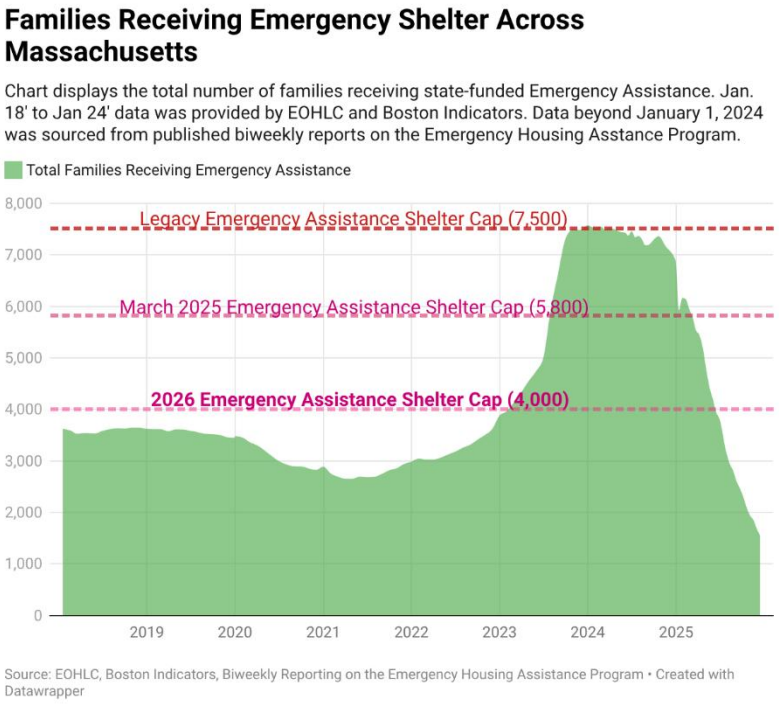
HS & EHS enrollment – Experiencing Homelessness	**2020-21**		**2021-22**		**2022-23**		**2023-24**		**2024-25**	
N = cumulative enrollment for the yr.	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**
HS Children	**N=32723**	**7%**	**N=30117**	**5.6%**	**N=27518**	**6.5%**	**N=25226**	**10.3%**	**N=26838**	**14.2%**
EHS Children	**N=16012**	**7.5%**	**N=13116**	**12%**	**N=13924**	**17.3%**	**N=14123**	**16.3%**	**N=16131**	**19.3%**

Nationally, the 2024 PIT count recorded the highest number of homeless people ever, with an 18% increase over the previous year, and for families with children, a 39% increase. Half of those in the over 55 age group were experiencing unsheltered homelessness. About a third of all those counted were experiencing chronic homelessness, with 65% of this group unsheltered. Massachusetts displayed over a 53% increase in homelessness over the previous year. Massachusetts counted 22,394 people in families with children experiencing homelessness, third highest after New York and California.[88]

In this context, a number of trends affecting the homelessness services system are concerning. Massachusetts' governor responded to a large increase in families experiencing homelessness (including a large increase in migrants to the state) by limiting the availability of shelter significantly, effectively ending the 'right to shelter' that had been in place in the state for 40 years. The state continued to reduce the cap on shelters in subsequent years, to only 4,000 in 2026, as shown in Figure 55.[89]

[88] Department of Housing and Urban Development; 2024 Annual Homelessness Assessment Report to Congress; https://endhomelessness.org/wp-content/uploads/2025/01/2024-AHAR-Part-1.pdf.
[89] MHP Housing Stability Monitor, posted May 14, 2026; https://prod.mhp.net/news/2026/housing-stability-monitor

Figure 55. Total number of families in state-funded EA shelter



Meanwhile, the number of people homeless according to the PIT count shot up from 15,507 in 2022 to 28,196 in 2025. The reduction in EA capacity is clearly at odds with the actual needs for shelter.

Recently, the federal government has sought to radically change the principles for funding the homelessness services system through the CoCs. A NOFO HUD released for FY25 funding for CoCs and their projects would have resulted in an estimated 170,000 people losing their housing through de-emphasizing permanent supported housing in favor of transitional housing and completely changing the evidence-based 'housing first' approach to one that mandated participation in services (such as substance abuse counseling) as a condition of shelter. This NOFO was challenged in the courts, and a federal court in Rhode Island court found in favor of the plaintiffs, the National Alliance to End Homelessness et all.[90] It is notable that the court found that:

> *"Overall, the actions undertaken by HUD in attempting to hastily eliminate its Housing First approach serve as the hallmark of unreasoned decision making and HUD's attempt to retroactively backfill its impulsive decision making lacks a rational connection between any facts that it could have found and the choices that it ultimately made in issuing these NOFOs."*

However, the FY26 NOFO released on June 1, 2026, still has many of the same provisions, though not as severe.[91]

The system for assisting people experiencing homelessness in the United States is fragmented, overly complex, rife with barriers to services, inadequately funded, and focused on crisis management. Despite advocates' best efforts, it is not well designed to prevent homelessness or to move people toward greater stability based on their individual needs. However, at this juncture, advocates are concentrating on defending the aspects of the system that do work and trying to prevent deeper cuts to services.

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[90] National Alliance to End Homelessness, June 30, 2026; *Court Vacates Unlawful Funding Criteria for Solutions to Homelessness in Case Brought by Broad Coalition*; https://endhomelessness.org/media/news-releases/court-vacates-unlawful-funding-criteria-for-solutions-to-homelessness-in-case-brought-by-broad-coalition/

[91] National Alliance to End Homelessness, CEO Corner: Week of June 29, 2026; https://endhomelessness.org/blog/ceo-corner-week-of-june-29-2026/?utm_source=Master+Email+List&utm_campaign=5b44a2800e-EMAIL_CAMPAIGN_2025_09_22_03_36_COPY_01&utm_medium=email&utm_term=0_-bd1968e562-669115776

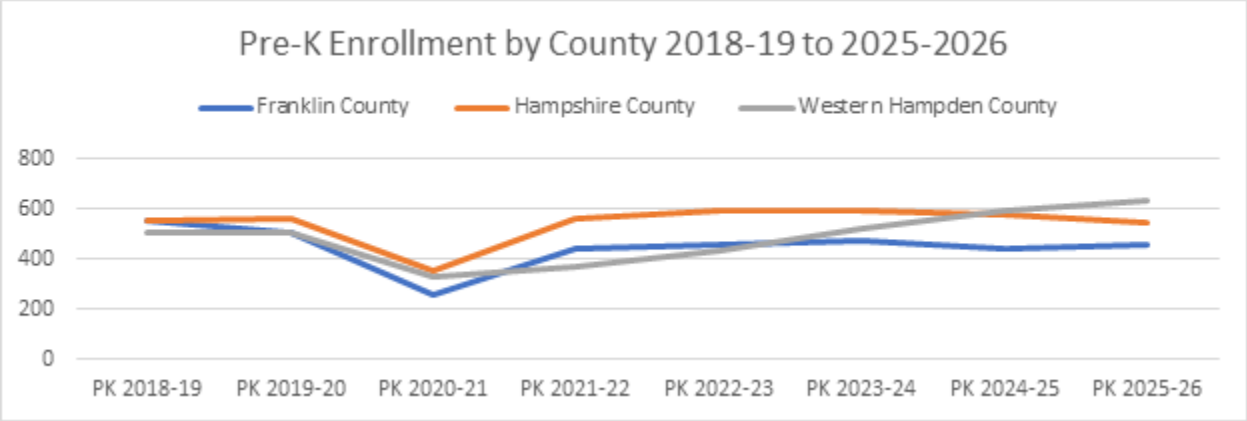
4. Education and Cognitive Development

a. Early Education

Research shows that access to quality early education and care has long-term benefits for children over the course of their lifetimes and that early intervention can help correct developmental delays before they become serious problems. Since primary caregivers (parents) are children's first teachers, they have a huge role to play in their successful development. Conversely, Adverse Childhood Experiences (ACEs) may have lifetime negative impacts; thus, family support and parent education are embedded into Community Action programs focused on children and families.

There are not enough slots for all children in our area to benefit from quality early education. Due to COVID-19, many providers initially closed or scaled back services, then gradually opened up again, as shown in Figure 56.[92]

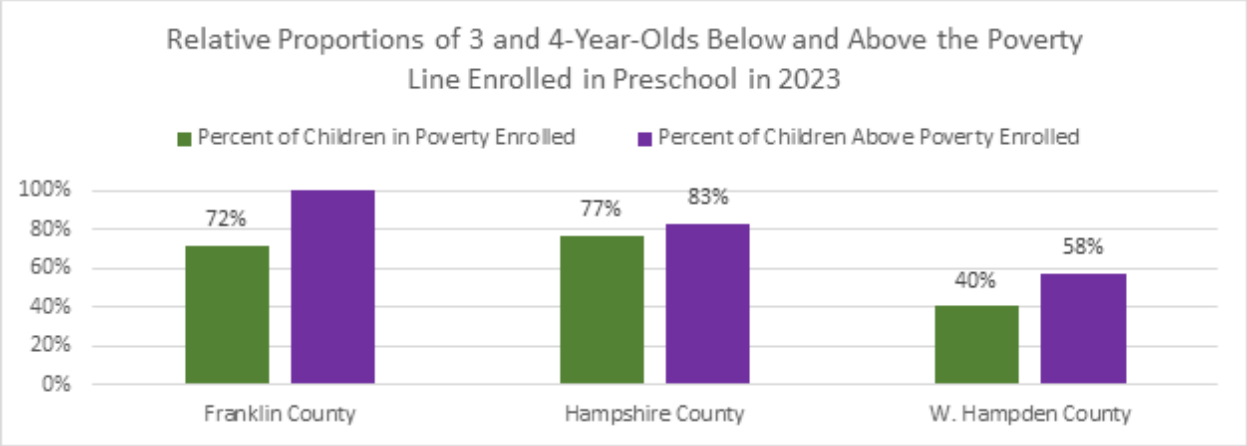
Figure 56: Pre-K Enrollment, Franklin and Hampshire counties and Western Hampden County, 2025-26



The American Community Survey's 2021 5-Year Estimates show that children living above the poverty line were able to enroll in preschool or nursery school at higher rates in all three counties, compared to children living below the federal poverty line.[93] (The proportion for Franklin County above the poverty line is over 100% but the number is within the large margin of error for these estimates.)

[92] Massachusetts Department of Education, School and District Profiles, Enrollment by Grade: https://profiles.doe.mass.edu/statereport/enrollmentbygrade.aspx
[93] U.S. Census Bureau American Community Survey (ACS) 2024 5-year estimates, Table B14006

Figure 57: Preschool attendance rates for children ages 3-4 , below and above poverty, 2023



CAPV's Early Head Start (EHS, ages 0 through 2) and Head Start (HS, ages 3 through 5) programs are able to serve only a fraction of eligible children. Several years ago, program eligibility was expanded beyond the previous 100% FPL income guideline to now enable families receiving SNAP benefits to enroll, with a threshold of approximately 200% FPL. Each HS/EHS program also develops priority rankings for enrollment determined by assessment of local needs; children experiencing homeless and foster care are automatically eligible, and at least 10% of enrolled children must have a documented disability. This prioritizing ensures that the most vulnerable children and families have access to HS/EHS. Using these eligibility guidelines, a HS&ELP analysis shows that 3,491 children ages 0 -5 in our service area are eligible for EHS/HS based on income and/or benefits alone (the actual number is even higher due to other eligibility criteria, such as foster care, homelessness, and other benefits). This is more than 11 times the number of slots HS & ELP offers.

Table 13: Children Served by CAPV Head Start and Early Head Start

	Franklin		Hampshire		W. Hampden		HS & ELP Service Area	
	#	%	#	#	#	%	#	%
Number of children 0-5 <100% FPL	537	21%	634	13%	607	13%	1,778	15%
Number of children 0-5 100-200% FPL	397	16%	563	12%	753	16%	1,713	14%
Total <200% FPL	935	37%	1,197	25%	1,360	29%	3,492	29%

b. Early Intervention and Special Education

The state Department of Public Health offers Early Intervention services to young children throughout Massachusetts in need of services to address developmental delays and disabilities. Special Education for students 3 years old and above is the responsibility of the public schools and their partners. Early Head Start and Head Start prioritize enrolling children with developmental, physical, and emotional challenges.

An analysis of state data shows that in our service area, the rate of children (all ages) with developmental delays/disabilities was 23%, exceeding the state average of 21.1%; only 14 of the 44 school districts had a rate lower than the state average. The districts with the highest rates include Hawlemont (37.8%),

Northampton-Smith Vocational Agricultural (33.6%), Westhampton (29.3), Ralph C. Mahar (29%), Gill-Montague (28.9%), and Easthampton (28%).[94]

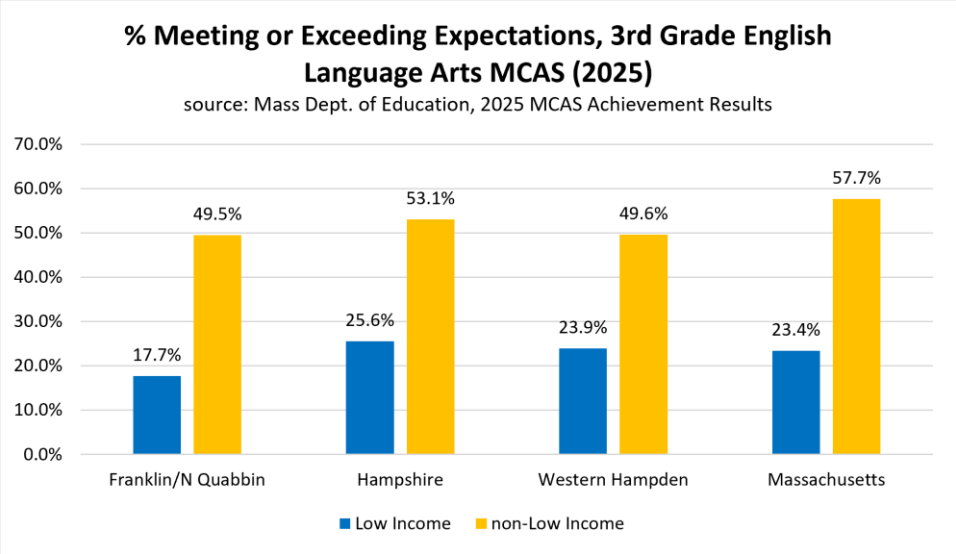
Table 14: Special Education Enrollment by County, 2025-26

County Enrollment of Special Populations 2025-26 in the HS & ELP Service Area								
	Low-Income		**Students with Disabilities**		**First Language Other than English**		**High Needs**	
County	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Franklin	3155	43%	1818	25%	375	5%	4061	55%
Hampshire	5109	32%	3891	24%	1603	10%	7432	46%
Western Hampden	6131	45%	2897	21%	2804	21%	7723	57%
TOTAL	**14395**	**39%**	**8606**	**23%**	**4782**	**13%**	**19216**	**52%**

c. Third Grade Reading Proficiency

Proficiency in reading by entrance to fourth grade is a key indicator predicting children's success over the course of their education. Unfortunately, school performance data has consistently shown that students in families with low income (less than 185% of FPL) score significantly lower than their peers in families with higher income on 3rd grade standardized tests. As shown in Figure 58, on English Language Arts Next Generation MCAS tests, low-

Figure 58. 3rd Grade English MCAS Results by Income, 2025



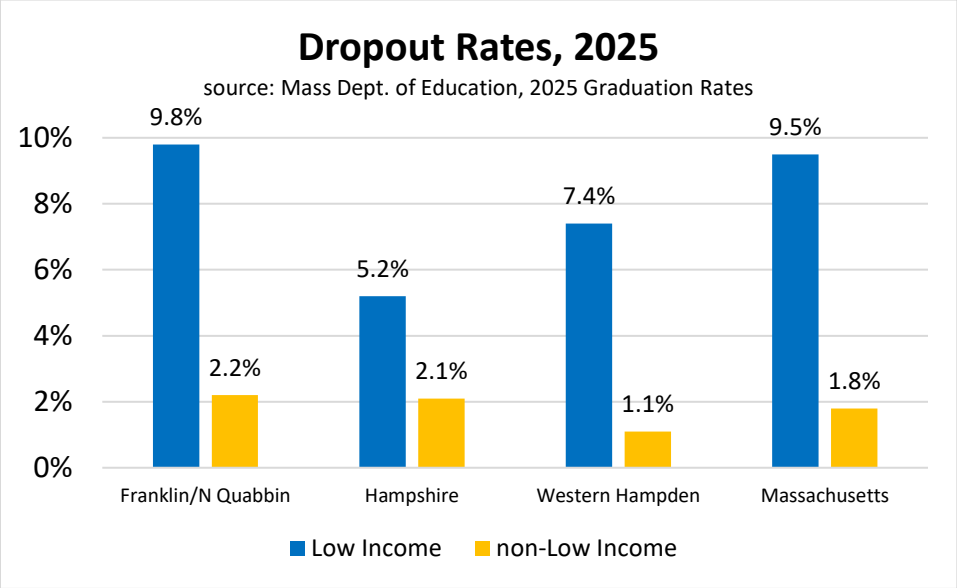
[94] Community Action HS&ELP, Annual Community Needs Assessment Update (2026) based on School and District Profiles, Mass. Department of Elementary and Secondary Education; https://profiles.doe.mass.edu/statereport/selectedpopulations.aspx

income students in our region had much lower rates meeting or exceeding expectations than their more affluent classmates.[95] Statewide, the gap is even wider.

d. 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/or White peers. In Massachusetts in 2025, the average graduation rate for non-low-income students was 96.3%, and for White students, 93.4%. For low-income students, it was 82.9%; for Latino students, 80.5%; and for Black/African American students, 86.6%.[96] Looking more closely in our service area, we see that low-income students are many times more likely to drop out of high school than their counterparts who are not economically disadvantaged.

Figure 59: High School Dropout Rates, 2025



These most recent data speak to a longer-term impact; between a quarter and a third of adults in our service area who have less than a high school diploma have income below 100% of the Federal Poverty Level—a rate that is about twice as high as those who attained a high school diploma, and four times higher than those with at least a Bachelor's degree.[97]

And as is true state- and nationwide, Black and Latine households are over-represented among those with less than, or only, a high school diploma, as shown in Figure 61.[98]

[95] Massachusetts Department of Elementary and Secondary Education, MCAS Achievement Results, 2025; https://profiles.doe.mass.edu/statereport/mcas.aspx
[96] Massachusetts Department of Elementary and Secondary Education, 2025 Graduation Rates; https://profiles.doe.mass.edu/statereport/gradrates.aspx
[97] U.S. Census Bureau American Community Survey (ACS) 2024 5-year estimates, Table S1702
[98] U.S. Census Bureau American Community Survey (ACS) 2024 5-year estimates, Tables B15002 A-I

Figure 60: Percent Below Poverty Level by Highest Level of Educational Attainment, 2024

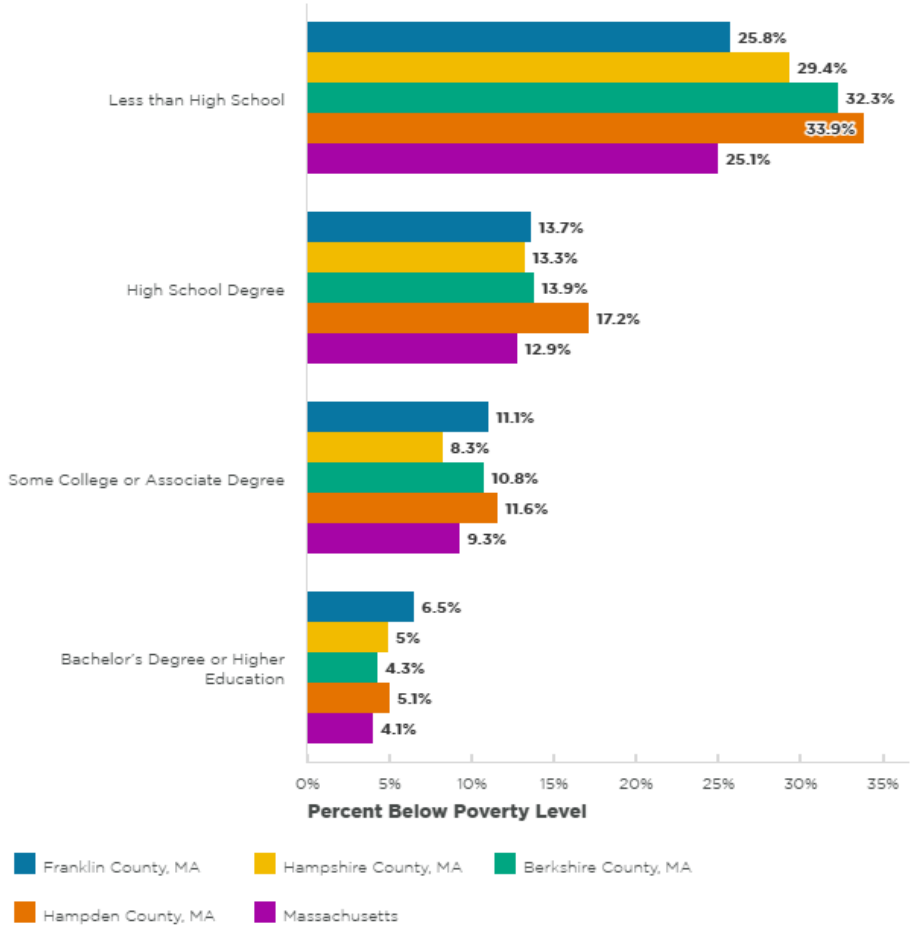


Figure 61: Educational Attainment by Race and Ethnicity, 2024

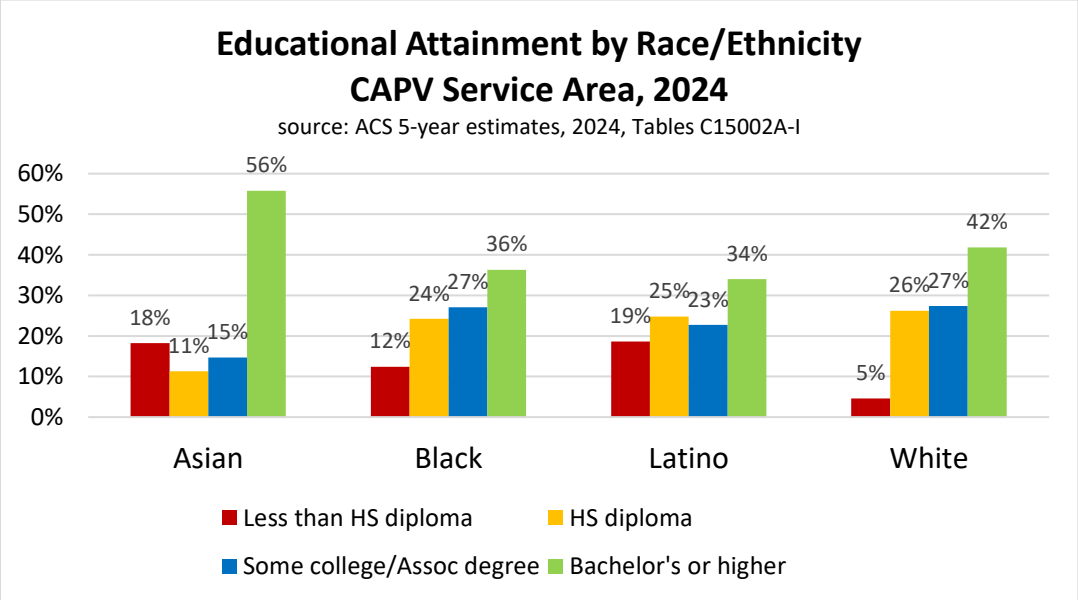
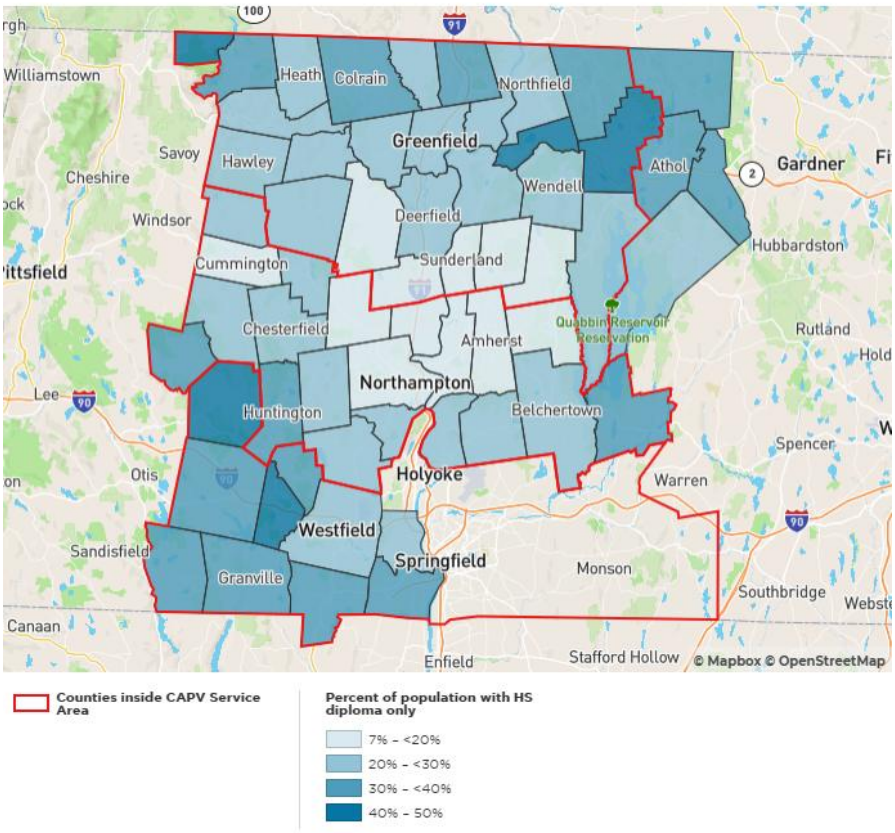


Figure 62. High School Diploma Only, ages 25+



Sources: US Census Bureau ACS 5-year 2020-2024

The highest concentrations of people in our region whose highest education level achieved is a high school diploma or less are in western Hampden County, the North Quabbin, Ware, and the northern tier of Franklin County. Central Hampshire County and the adjoining area of Franklin County have the lowest concentration, indicating more people who have achieved higher levels of education.[99]

e. Educational Impacts of the COVID-19 Pandemic

While the COVID-19 pandemic is now largely regarded as a thing of the past, its effect on many levels of society was seismic, and in many ways is still being felt. When the shutdowns first began in March 2020, most schools were immediately impacted, having to switch to all-remote instruction without any time to prepare or adjust to the new technological reality it required. Many studies noted the sudden negative impact on student performance, which was exacerbated in less affluent school districts by a lack of resources (on both the schools' and the families' part) and disproportionate disruptions to life outside school. More recent studies are now showing that these impacts still linger; while test scores have rebounded somewhat from their mid-pandemic nadir, they still lag where they were before 2020. And the gaps between low-income, Black, and Latino students and their white and higher-income peers, which widened during the shutdown, have not shrunk since then, and in some cases have continued to grow.[100]

[99] Mysidewalk.com; ACS 2024 5-year estimates, Table B15003; https://reports.mysidewalk.com/6f164a7060#c-1777214
[100] Clare Halloran, Claire E. Hug, Rebecca Jack, Emily Oster, "Post COVID-19 Test Score Recovery: Initial Evidence from State Testing Data", National Bureau of Economic Research, 2023, https://www.nber.org/papers/w31113; Lauren Bauer and Eileen Powell, "Learning curves: Post-COVID learning trajectories differ by the grade a student was in when the pandemic hit", Brookings Institution, 2025, https://www.hamiltonproject.org/publication/post/learning-curves-post-covid-learning-trajectories-differ-by-the-grade-a-student-was-in-when-the-pandemic-hit

5. Health and Social/Behavioral Development

a. The Social Determinants of Health Framework

The influence of socioeconomic status, geography, race/ethnicity, and gender on health are well documented and persistent. They influence what has come to be called the Social Determinants of Health (SDOH). This public health framework has risen in importance and acceptance in the health care treatment system as it moves toward basing reimbursement on improving health outcomes rather than on the number of interactions with medical personnel. The SDOH framework conceptualizes the influence of both "upstream" factors that pervade our physical and cultural environment (such as social and institutional inequities and living conditions like air quality and transportation), and more individual or "downstream" factors (like smoking or accidental injury). Until we address the "upstream" or foundational causes of poor health outcomes – power-based systems like white supremacy, patriarchy, and economic marginalization, we will continue to see inequitable health outcomes "downstream," no matter what individuals do to improve their health. Because the work of Community Action Agencies, since their inception, has been to reduce socioeconomic inequities, improve wellbeing, and promote opportunity for people with low incomes, the SDOH framework is very relevant to our work.

The Office of Disease Prevention and Health Promotion (within the U.S. Dept. of Health and Human Services) uses the SDOH framework to assess and set goals for population health improvements in a variety of dimensions. Its Healthy People 2030 initiative tracks key national data to determine whether the nation is progressing toward improvements in the areas of Economic Security, Education, Health Access, Neighborhood & Built Environment, and Social & Community Context. The resources currently available on this website include clear explanations of the framework, the research basis for SDOH, the goals that are tracked in each of the SDOH focus areas, and data tools to communicate our progress or lack thereof.[101] The following explanation is helpful:

> *SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods. Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.* [102]

b. Health, disability, and mortality

The social determinants of health framework helps us understand health outcomes as the result of a complex variety of influences that improve or worsen chances for a healthy life. Government public health departments collect detailed data that provides insight into what those outcomes look like and where health disparities exist. Data on Life Expectancy confirms the disparate impact of the SDOH in a stark, almost shocking, manner, as it shows the true consequences for real people of the lack of resources needed to live a healthy life. The light-colored areas on the map below indicate towns with the lowest life expectancies, and they are very similar to the towns with the highest poverty rates: [103]

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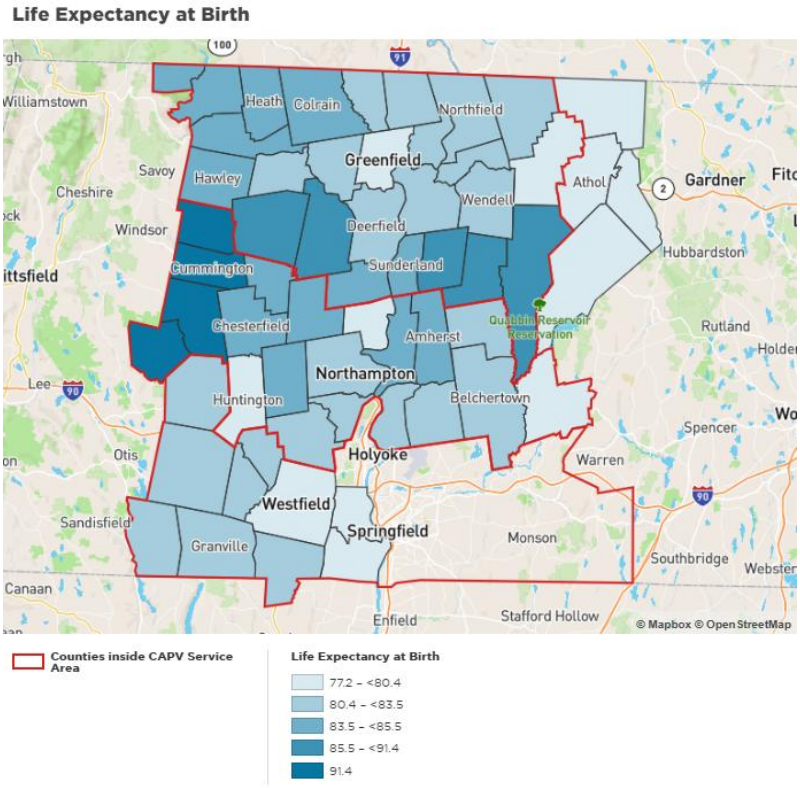
[101] Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services; *Healthy People 2030*; https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health; viewed on 7/22/2026.
[102] Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services; *Healthy People 2030*; Social Determinants of Health - Healthy People 2030 | odphp.health.gov; viewed on 7/22/2026.
[103] mySidewalk.com; https://reports.mysidewalk.com/8810f03ce9#c-1731912; CDC National Center for Health Statistics USALEEP 2010 – 2015; https://www.cdc.gov/nchs/nvss/usaleep/usaleep.html#life-expectancy

Figure 63. Life Expectancy by town, CAPV Service Area

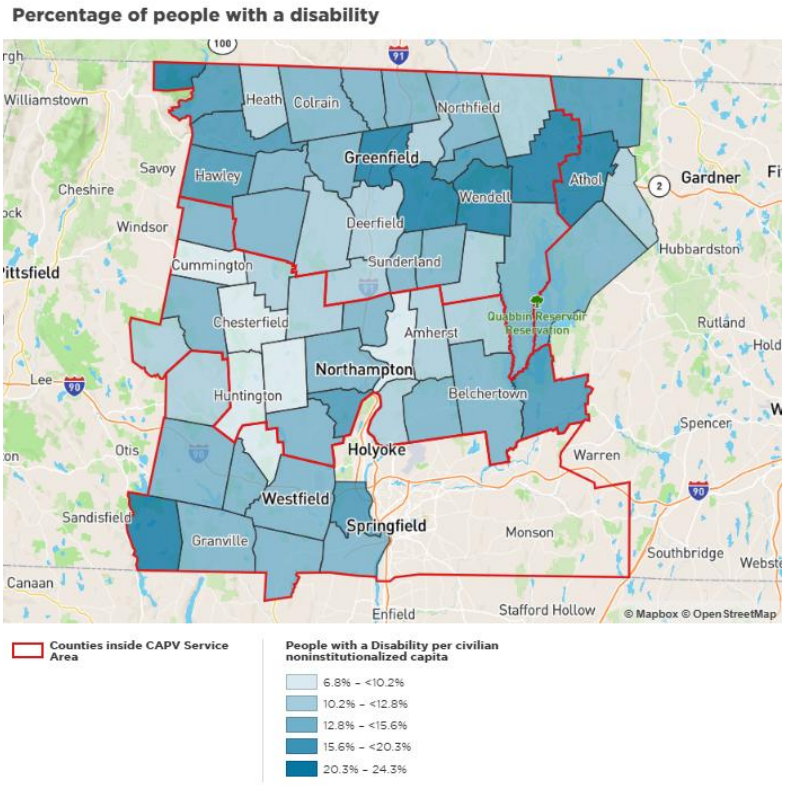


Sources: CDC NCHS USALEEP 2010-2015

The extent to which individuals experience disabilities is another factor that influences health. Figure 64[104] shows the percentage of people with a disability by town in CAPV's primary service area. Disability status is also associated with higher rates of poverty and also is heavily influenced by age. In our region, 20 – 26% of those ages 65- 74 and 40 – 48% of those ages 75+ have a disability.[105] The towns in the map below with particularly high rates of disability include Greenfield, Montague, Orange and Athol, all with over 20% of the population reporting a disability. Typically, 20 – 30% of the people served by CAPV have a disability.

[104] mySidewalk.com; https://reports.mysidewalk.com/8810f03ce9#c-1731936 ; ACS 2024, 5-year estimates, Table 18101.
[105] U.S. Census Bureau, https://data.census.gov/; ACS 2024, 5-year estimates, Table 18101.

Figure 64. Percentage of population with a disability by town, CAPV service area



Sources: US Census Bureau ACS 5-year 2020-2024

Figure 65. Disability by select racial groups in WMASS

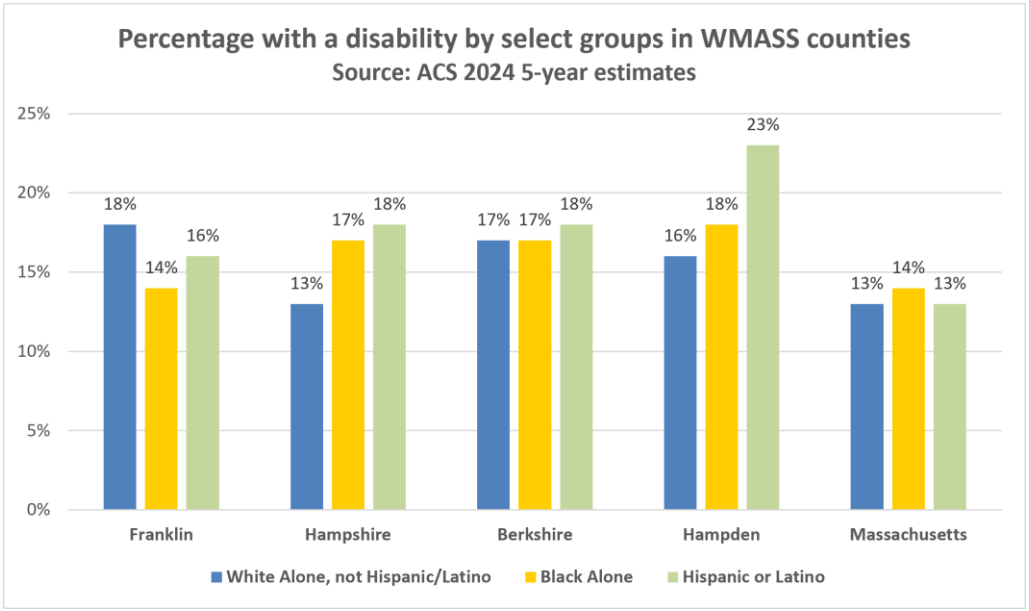


Figure 65[106] shows the percentage of people with a disability for White alone, Black alone, and Hispanic/ Latino groups. In Hampden County, all groups report disabilities at a higher rate than the state as a whole, and the disparities among them is evident, with Hispanic/Latinos

[106] U.S. Census Bureau, https://data.census.gov/; ACS 2024 5-year estimates, Table B18101

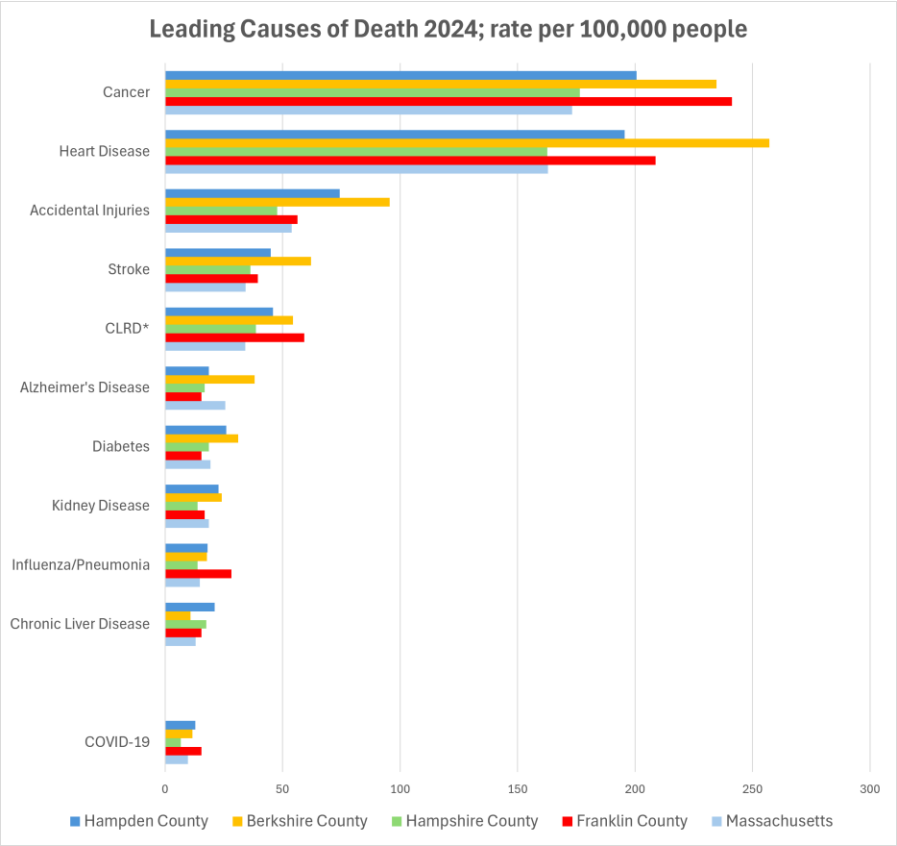
in Hampden reporting the highest disability rate at 23%. Hampshire County similarly has significant disparities between White alone and other groups. Data for Franklin County has a higher error rate because the numbers for Black and Latine population groups are small.

An analysis of the leading causes of death gives us a good indication of the major health threats facing the population, many of which could be ameliorated with environmental improvements (e.g. air quality, access to recreation/green space, safer roads, etc.), better access to health care, and health education. While many causes of death remain similar to those in our last Community Assessment, the importance of COVID-19 as a cause of death has diminished significantly. With no cure or vaccination available, in 2020 COVID-19 quickly became the *third leading cause of death* in the state and in our region, right behind heart disease and cancer. With the development of effective vaccines and treatments, by 2024 COVID-19 deaths were only 10 – 15 persons/100,000, much lower than the death rate for Influenza or Pneumonia. In 2024, Cancer and Heart Disease remained the top causes of death, with rates in our region above that of the state as a whole, except for Hampshire County, which is similar to state rates. Accidental injuries remain a significant cause of death, with rates much higher than average in Berkshire and Hampden counties.[107] When looking at ages 15 – 24, it is a completely different picture, with accidental injuries and suicide the top two causes of death statewide. In Hampden County, the rate of accidental death was significantly higher than the state's and homicide was the second leading cause of death in this age group.

[107] MySidewalk.com; https://reports.mysidewalk.com/8810f03ce9#c-1766017; Source: CDC WONDER 2024; https://wonder.cdc.gov/

Figure 66. Leading cause of death in 2024 for WMass counties and MA

(Note: CLRD below refers to Chronic Lower Respiratory Disease)*

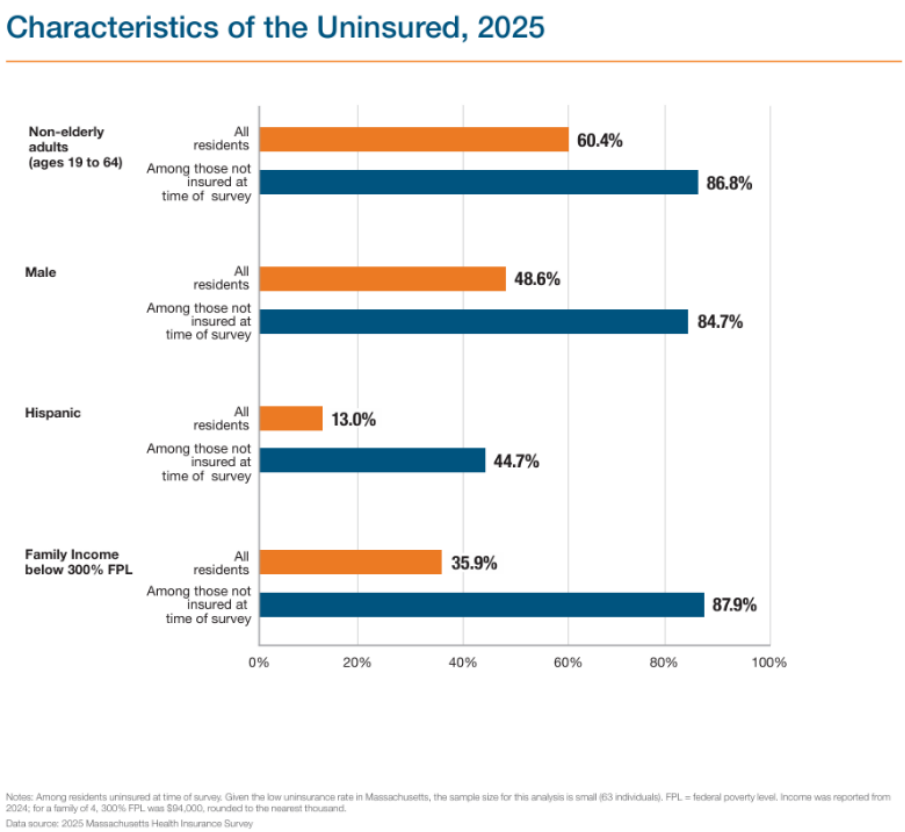


c. Access to Health Care

Massachusetts has consistently had the lowest uninsurance rate in the nation; currently only 2.1% of the state's population does not have health insurance, compared to 8.2% in the U.S. as a whole.[108] As shown in Figure 67 , certain groups make up a disproportionate share of the uninsured, compared to their prevalence in the population—these include non-elderly adults, those with family income below 300% FPL, those who identify as Hispanic, and those who identify as male. According to the Massachusetts Health Insurance Survey (MHIS), the primary reasons for being uninsured are that the cost is too high (66.8%), that they don't know how to get insurance (52.8%), that employer coverage is not available (38.8%), and that they lost eligibility for MassHealth (33.2%). MassHealth and ConnectorCare are critical sources of coverage, particularly for those earning less than 139% FPL, only 22% of whom have employer-sponsored coverage.[109] Recent data show that Masshealth covers 46% of all children in the state, 65% of people in families earning less than 133% FPL, and 60% of people with disabilities. Over three quarters of MassHealth members under the age of 65 live in working families.[110]

[108] The Center for Health Information and Analysis; Massachusetts Health Insurance Survey (MHIS), December 2025; https://www.chiamass.gov/massachusetts-health-insurance-survey/
[109] The Center for Health Information and Analysis; Massachusetts Health Insurance Survey (MHIS), December 2025; https://www.chiamass.gov/massachusetts-health-insurance-survey/
[110] Blue Cross/Blue Shield Foundation, October 2025, *MassHealth: The Basics – Facts and Trends*; https://www.bluecrossmafoundation.org/publication/masshealth-basics-facts-and-trends-october-2025

Figure 67. Characteristics of the uninsured, Massachusetts (MHIS 2025)



A major challenge to health care access is imminent due to legislation enacted by Congress in 2025, HR1 (commonly referred to as OB3, or the One Big Beautiful Bill). Among the very significant limitations and exclusions this bill places on public health care coverage are: work requirements for adults under age 65 without dependent children; redeterminations of eligibility every 6 months instead of annually for that same group; and restrictions on immigrant coverage for many lawfully present groups, including refugees, those granted asylum, and certain victims of trafficking. Most provisions will be in effect by January 2027, and the state estimates that about 300,000 people relying on MassHealth and ConnectorCare coverage will lose it over the next decade, many of them simply related to the increased administrative burden required to keep coverage.[111] Strategies to reduce the potential coverage losses (especially around redeterminations and work requirements) have been developed by the Blue Cross Blue Shield of Massachusetts Foundation, the Massachusetts Medicaid Policy Institute, and MANATT Health. These focus on broad communication and health navigation support strategies that include capacity building of local organizations that work with some of the most at-risk populations, especially those experiencing housing instability or homelessness, those with behavioral health conditions and complex medical needs, those with limited English proficiency, and immigrant communities.[112]

[111] Blue Cross Blue Shield of Massachusetts Foundation; *'One Big Beautiful Bill' Act (OB3): Key Health Care Provisions and Impacts in Massachusetts*, December 3, 2025; https://www.bluecrossmafoundation.org/publication/one-big-beautiful-bill-act-ob3-key-health-care-provisions-and-impacts-massachusetts.

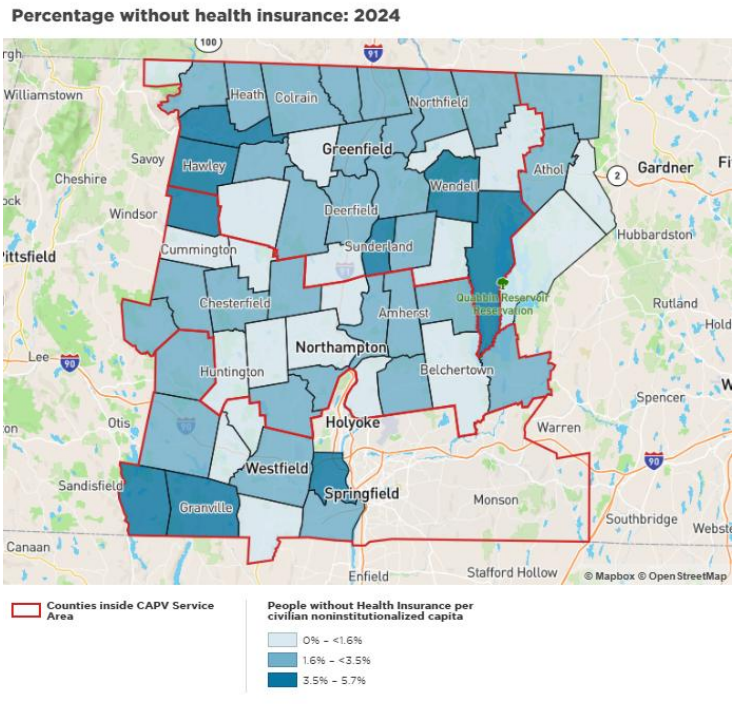
[112] Blue Cross Blue Shield of Massachusetts Foundation; *Mitigating Coverage Loss Due to Work Requirements and More Frequent Renewals: Recommended Outreach and Engagement Strategies*, May 13, 2026;

A webinar from the Public Health Institute of Western Massachusetts provided a preliminary analysis on the impact of OB3 on Western Mass., estimating that over 47,000 residents are likely to be subject to work requirements and 6-month redeterminations, 10,000 of these in Franklin and Hampshire counties.[113] The total number of MassHealth residents by county,[114] and estimates of those impacted by work requirements appear below in Table 15.

Table 15. MassHealth members and percentage estimated to be subject to work requirements

	MassHealth coverage	Total Population	% receiving MassHealth	Estimated # of MassHealth members w/ work requirements	Estimated % w/ work requirements
Franklin County	19,492	70,944	27.5%	3,789	19.4%
Hampshire County	28,975	162,028	17.9%	6,115	21.1%
Hampden County	195,088	462,815	42.2%	30,798	15.8%
Berkshire County	39,879	129,430	30.8%	6,698	16.8%

Figure 68. Percentage without health insurance, CAPV service area



Sources: US Census Bureau ACS 5-year 2020-2024

https://www.bluecrossmafoundation.org/publication/mitigating-coverage-loss-due-work-requirements-and-more-frequent-renewals-recommended.

[113] Public Health Institute of Western Massachusetts; *Webinar: Health Coverage at Risk: What New Federal Rules Mean for Western Massachusetts,* March 20, 2026; https://www.publichealthwm.org/report/health-coverage-at-risk-what-new-federal-rules-mean-for-western-massachusetts

[114] Blue Cross Blue Shield of Massachusetts Foundation; *Faces of Masshealth: Coverage Across the Commonwealth, Databook*, October 7, 2025; https://www.bluecrossmafoundation.org/publication/faces-masshealth-coverage-across-commonwealth.

In CAPV's service area, there are significant variation in the percentage of the population without health insurance currently, as shown in Figure 68 above.[115]

While Massachusetts has been a pioneer in improving access to health insurance, having access to coverage does not mean that health care is accessible and affordable for everyone. According to a 2025 survey by the Center for Health Information and Analysis, 40.3% of Massachusetts residents experienced health care affordability issues in the previous 12 months, including 56.6% of families with income between 139% and 299% of FPL and 49.8% with income less than 139% FPL. 54.1% of Black residents and 47.3% of Hispanic residents experienced health care affordability issues versus 37.3% of white residents. Among the group with unmet health care needs due to costs, over 40% had someone in the family with fair or poor health (and in need of care). 13% of all surveyed reported family medical debt, mainly due to medical deductibles and costs insurance did not cover; Over half cut into their savings, about 36% borrowed money or took on credit card debt, and over 40% were contacted by a collection agency.[116]

Difficulties accessing care in the state was also common, affecting 43% of the population; most commonly they were unable to get an appointment with a doctor's office or specialist as soon as needed, and for 17%, the doctor's office was not accepting new patients, or the doctor's office didn't accept their insurance.[117] We do know from area CHNAs that those with MassHealth insurance face this problem frequently. In many places in CAPV's service area, access to medical care is hindered due to a lack of medical providers. Residents of many towns, particularly in Franklin County, need to travel quite a distance to get to the doctor, *if* they can get an appointment. In Franklin County in 2025, there was only 1 primary care physician per 1,610 persons, a much worse ratio than the Massachusetts average of 1 per 970 persons.[118] Hampshire County's ratio was better than the state average, at 1: 820; however, Hampden County, despite having a more urban population, only had 1 doctor for every 1,440 residents.

> Everything costs more now. I've been using my only credit card to help pay bills and buy food. My card is now over the limit and is $164 a month. I lost MassHealth and keep getting all kinds of medical bills. I tried for the last 3 years to find work with no luck. I've restarted neck injections for spasmodic torticollis and my application (for disability) was denied. I requested a reassessment of their denial. Things are very tough right now.
>
> --Participant Survey respondent

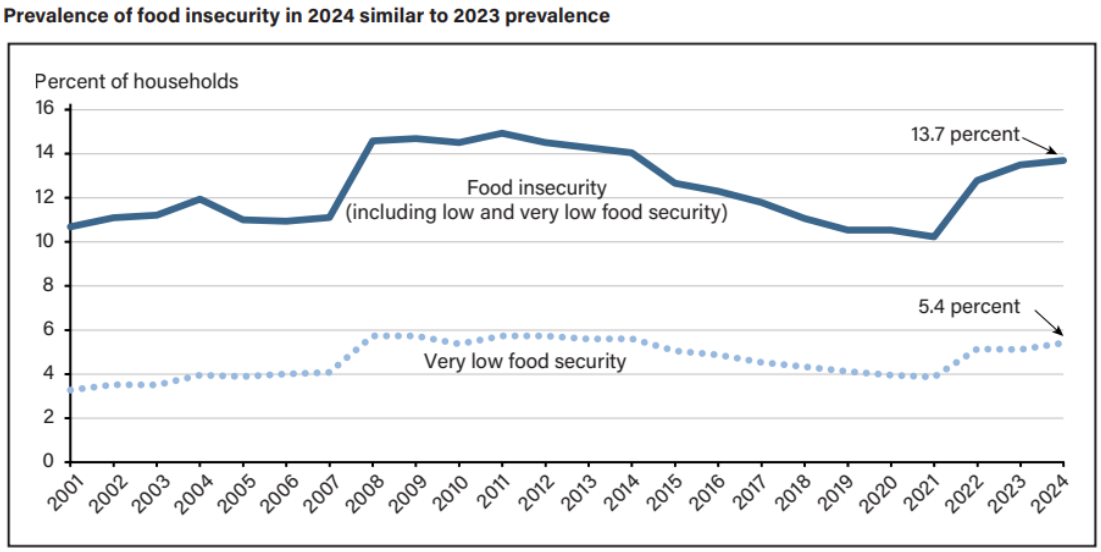
[115] MySidewalk.com; https://reports.mysidewalk.com/8810f03ce9#c-1772768; ACS 2024 5-year estimates, Table B27001.
[116] The Center for Health Information and Analysis; *Massachusetts Health Insurance Survey (MHIS),* December 2025; https://www.chiamass.gov/massachusetts-health-insurance-survey/
[117] The Center for Health Information and Analysis; *Massachusetts Health Insurance Survey (MHIS),* December 2025; https://www.chiamass.gov/massachusetts-health-insurance-survey/
[118] University of Wisconsin Population Health Institute; *County Health Rankings and Roadmaps* 2025; https://www.countyhealthrankings.org/health-data/massachusetts?measure=Primary+Care+Physicians&tab=1&year=2025

d. Food Insecurity

Access to adequate amounts of healthy food is a key social determinant of health. Inconsistent access to adequate amounts of nutritious food has a negative impact on the health, school and job performance, and mental health of individuals at all ages and is called, somewhat euphemistically, food insecurity. More authentic terms would include hunger, undernourishment, or deprivation.

As shown in Figure 69, the national food insecurity rate has sharply increased in the last three years, jumping from a 25-year low of just over 10% in 2021 to 13.7% in 2024, the highest rate in a decade.[119] Those experiencing very low food security similarly increased from about 4% to 5.4% in the same period. The phasing out of pandemic-era government supports – increased SNAP benefits, expanded free school meals, enhanced unemployment benefits, an Additional Child Tax credit – was exacerbated by a spike in inflation, particularly food inflation, leaving millions more American food insecure.

Figure 69: Food Insecurity in the United States, 2001-2024



Source: USDA, Economic Research Service using U.S. Department of Commerce, Bureau of the Census, Current Population Survey Food Security Supplements data.

Food insecurity is present among the residents of every county in the United States, including in our service area, as shown in Table 16, taken from Feeding America's data for 2021. Feeding America's methodology includes estimates for the proportion of households that are food insecure even though they have income above the eligibility threshold for federal food programs like SNAP, WIC, and school meals (the measure for adults uses the SNAP threshold of 200% FPL while the children's rate uses the 185% threshold for free/reduced school meals). The data show that Black and Latine individuals experience higher than average rates of food insecurity in all Western Mass counties.

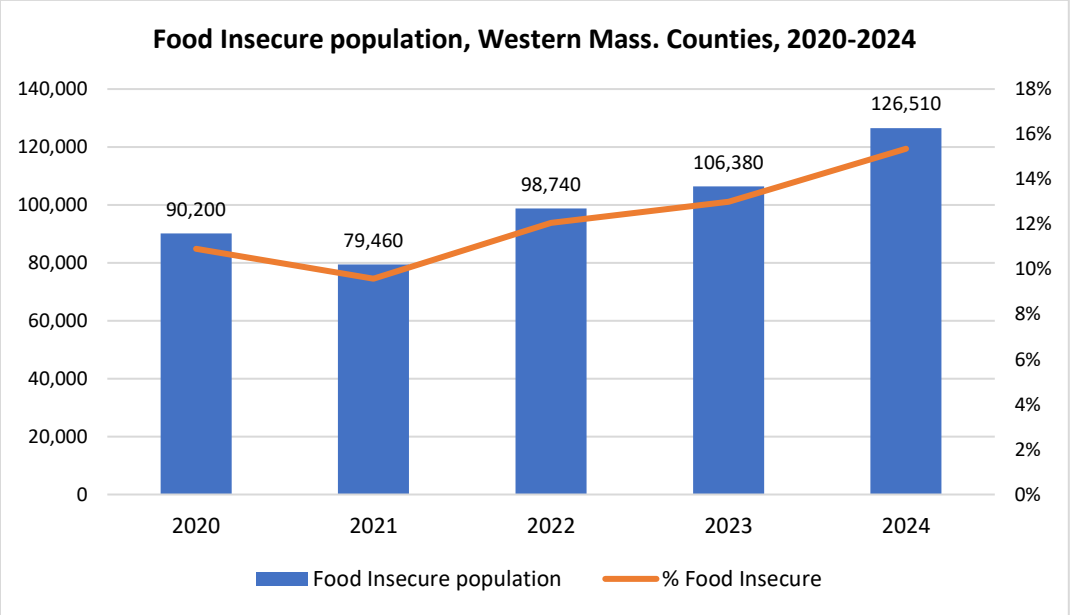
[119] USDA Economic Research Service; December 2025; Household Food Security in the United States in 2024; https://www.ers.usda.gov/publications/113622.

Table 16: Food Insecurity by County and Subpopulation, 2024

County	Overall Rate	Number of people	% above SNAP threshold	Child Rate	# of child-ren	% above school meal threshold	Black/African -American Food Insecurity Rate	Hispanic/ Latine Food Insecurity Rate
Franklin	13.8%	9,810	33%	19.0 %	2,250	33%	no data	24%
Hampshir e	11.7%	18,980	48%	15.3 %	3,520	47%	31%	24%
Hampden	17.5%	80,800	33%	23.8 %	23,08 0	25%	29%	32%
Berkshire	13.1%	16,920	38%	19.1 %	3,950	35%	24%	24%
Mass.	12.4%	883,160	49%	16.9 %	228,3 90	46%	27%	25%

Looking at the food insecurity rate over the last five years, we see the same trendline locally as we see in the national picture shown in Figure 70. After Dipping slightly from 2020 to 2021, the number of food insecure people in our region has grown steadily since then, by over 45,000 people. The rate has gone from under 10% in 2021 to over 15% in 2024.

Figure 70: Food Insecurity in Western Massachusetts, 2020-2024

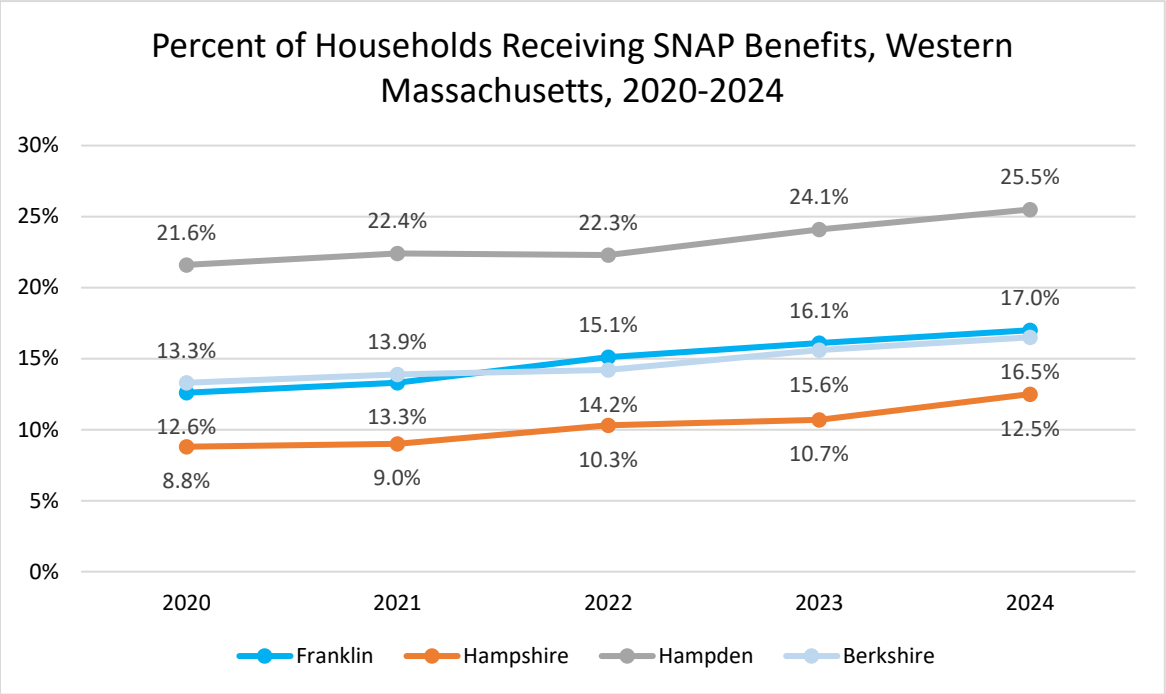


SNAP Public Food Benefits and Limitations. Participation in the federal Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps) is one indication of relative levels of food security, although participation is also a result of varying levels of outreach and awareness of the program. SNAP enrollment typically increases during economic downturns. However, the One Big Beautiful Bill Act of 2025 enacted large cuts to SNAP, as well as shifting many of the costs to the states, and imposing tighter restrictions on access. It subjects more people to work requirements and removes

entire classes of legal immigrants, including refugees and asylees. Nationally, 5.2 people have lost SNAP benefits since July 2025. In Massachusetts, over 188,000 people have lost SNAP in the same time period—a 17% drop.[120]

There has been a steady increase in the number of people assisted by SNAP in recent years, both in raw numbers and as a percentage of the population. Figure 71 below shows that between 2020 and 2024, SNAP participation grew by about 4% of all households in every county in Western Massachusetts – that's an additional household out of every 25 relying on SNAP.[121]

Figure 71: Households Receiving SNAP in Western Massachusetts, 2020-2024



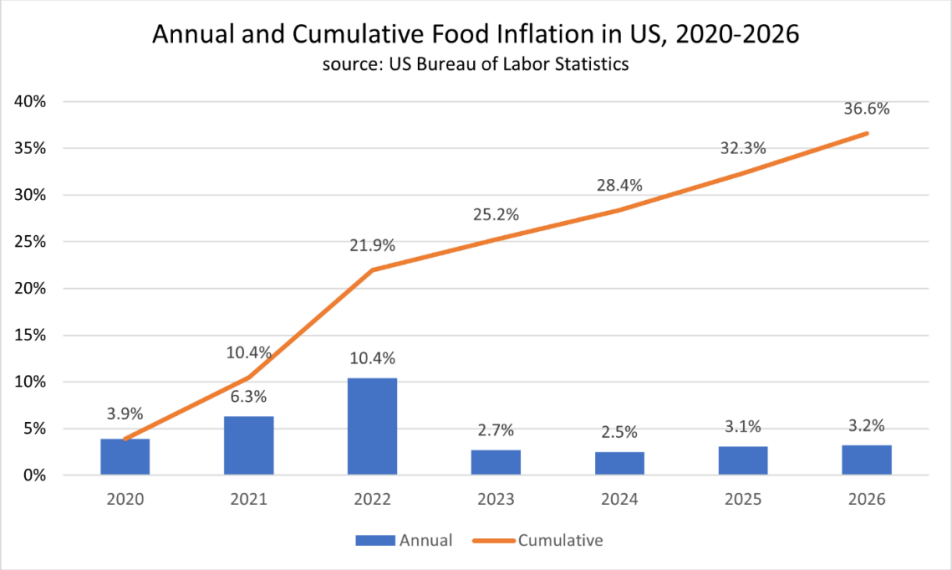
The primary driver of this increase in food insecurity and SNAP participation is inflation. After years of relatively low and steady inflation, prices sharply increased in the immediate aftermath of the pandemic, and while the inflation rate has settled somewhat since then, the cumulative impact means that food prices in the United States have grown by more than a third between 2020 and 2026, as shown in Figure 72[122].

[120] Food Research and Action Center, SNAP Participation Dashboard, https://frac.org/snap-participation-data-january-2025-present

[121] ACS 5-year estimates 2020-2024, Table B22010

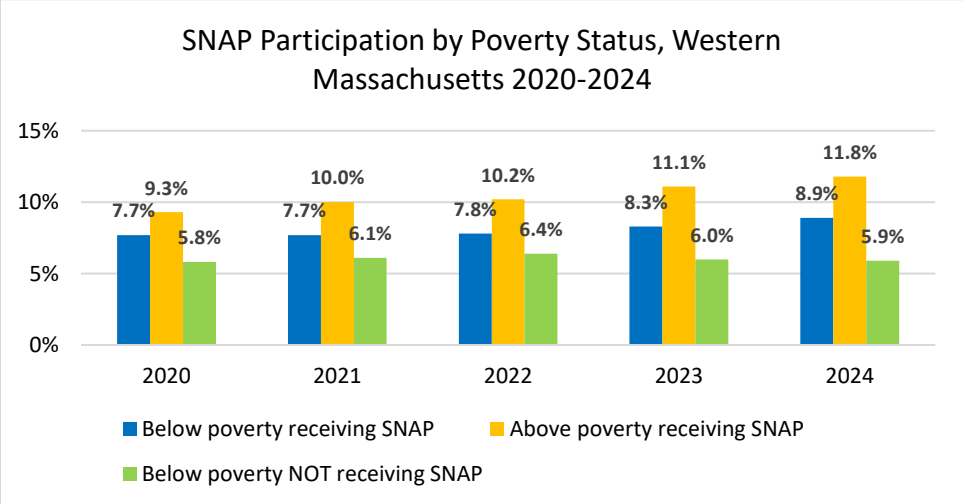
[122] U.S. Bureau of Labor Statistics, Consumer Price Index 12-month percentage change, selected categories, https://www.bls.gov/charts/consumer-price-index/consumer-price-index-by-category-line-chart.htm; note that December figures are used for 2020 through 2025, while 2026 uses the April 12-month rate.

Figure 72: Food Inflation in the US, 2020-2026



SNAP does not serve all food insecure households, as many earning above the 200% FPL eligibility limit still experience food insecurity. The program also does not serve all who are eligible for the program. Figure 73[123] below shows the percentage of households in Western Massachusetts (4 counties combined) receiving SNAP that are below and above the poverty level, and those below the poverty level who are not receiving SNAP, from 2020 through 2024. About 6% of households consistently have income below poverty and do not participate in SNAP. SNAP's eligibility threshold is twice poverty level, so based on income alone, they would apparently qualify. Immigration status, the stigma of receiving public benefits, and simple lack of awareness certainly contribute to the lack of participation. Note that all of this data precedes the recent changes to the program that make eligibility more difficult and will lead to fewer families who meet the 200% FPL requirement participating in the program.

Figure 73: SNAP Participation by Poverty Status in Western Massachusetts, 2020-2024



[123] ACS 5-year estimates 2020-2024, Table B22003

In particular, many immigrants (authorized and unauthorized) are afraid to use public benefits because of fears of becoming ineligible for green cards due to being considered a 'public charge[124].' In the first Trump administration, a rule was put in place that blocked access to green cards for legal immigrants who were deemed likely to accept any government assistance, even when their U.S.-born children are eligible, and even when certain programs are exempt from these public charge regulations, e.g. WIC. This was rescinded under Biden in 2022 but is being reinstated in 2026[125]. With these constant swings in federal policy, it is no surprise that many risk hunger rather than trying to navigate the fraught, complex, and shifting policy environment around immigration.

Public food benefits are also set at levels that do not provide sufficient resources for a healthy diet for many families. According to the September 2024 U.S. Census Household Pulse Survey (the most recent that provides state-by-state data), 28% of households receiving SNAP and 39% of those receiving WIC still 'sometimes' or 'often' did not have enough to eat. This is particularly alarming in light of the reduced SNAP benefit levels that are now taking effect.

Food insecurity among college students. The four colleges and the flagship campus of the University of Massachusetts, all located in Hampshire County, have a combined total of about 39,000 students, and the two community colleges serving the area (one of which is literally just over the hill from southern Hampshire County in Holyoke) have about 7,000 students. Lack of basic needs, including food security, is not popularly thought of as a problem in higher education, but the number of college students with low incomes and financial stress is significant nationwide. A 2025 national survey, using the same methodology the USDA uses to measure food insecurity, found that 43% of students in two-year colleges and 37% at four-year colleges experienced food insecurity in the previous 30 days.[126] The most 'universal' source of benefits to support food security, SNAP, has historically been limited for college students enrolled half-time or more, who had to meet a 'qualifying exemption' such as working more than 20 hours per week or caring for a child to qualify. As a result, many students are not aware they may qualify for SNAP, and historically the majority of eligible students do not enroll.

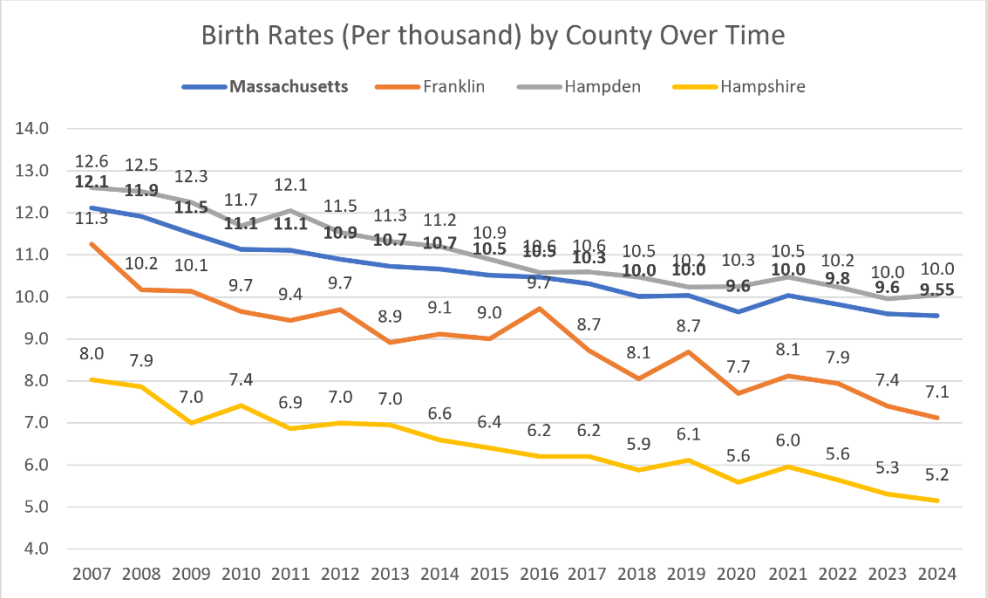
> Due to chronic health issues, I am on a very strict diet. Most of my specialty foods are expensive, more expensive than average foods. Without food stamps to supplement my income, I'm broke!
>
> --Participant Survey respondent

[124] National Immigration Law Center, "Overview of Immigrant Eligibility for Federal Programs"; https://www.nilc.org/resources/overview-immeligfedprograms/
[125] National Immigration Law Center, "Clarifying Access: What New Federal SNAP Restrictions and Guidance Mean for Immigrant Communities"; https://www.nilc.org/articles/what-new-federal-snap-restrictions-and-guidance-mean-for-immigrant-communities/
[126] The Hope Center 2023-2024 Student Basic Needs Survey Report. (February 26, 2025), https://hope.temple.edu/research/hope-center-basic-needs-survey/2023-24-annual-student-basic-needs-survey-report

e. Perinatal Indicators

The most recent birth data available is from the Centers for Disease Control and Prevention's Natality Information report.[127] Overall, birth rates have declined in the state and our area over the past 15+ years, as shown in Figure 74.

Figure 74. Trends in birth rates by county with MA comparison, 2007 - 2024



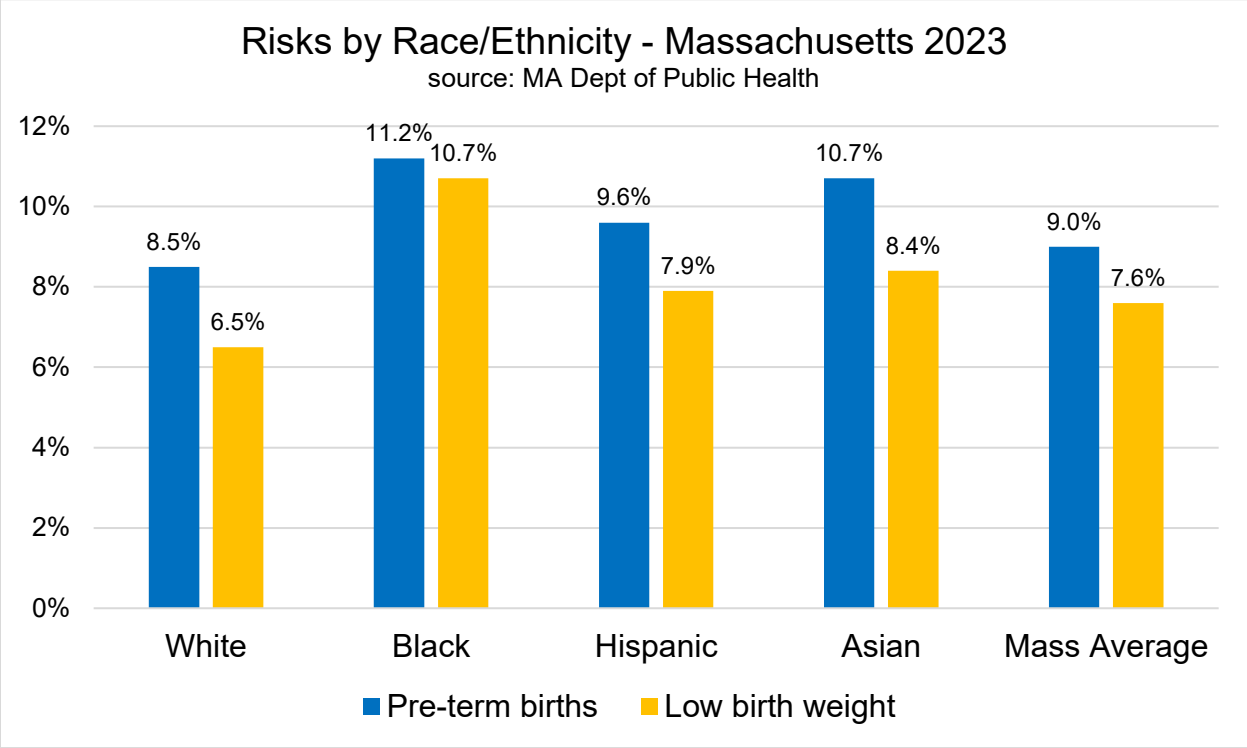
In Franklin and Hampshire counties, pre-term births, low birthweight babies, and teen pregnancies as a percentage of all births are comparable with or lower than statewide averages, as shown in Table 17.[128] Hampden County rates are significantly higher in all categories.

Table 17. Resident births by WMass county with MA comparison, 2023

County	Number of Births	Birth rate per 1,000	low birthweight (less than 5.5 lbs.)		Preterm (less than 37 weeks)		Teen births (15-19 years)	
	#		#	% of births	#	% of births	#	% of births
STATE TOTAL	67,068	**9.5**	5,077	**7.6%**	6,046	**9.0%**	1,310	**2.0%**
FRANKLIN	474	**7.4**	37	**7.8%**	39	**8.2%**	7	**1.5%**
HAMPDEN	4,590	**10.0**	393	**8.6%**	465	**10.1%**	192	**4.2%**
HAMPSHIRE	863	**5.3**	60	**7.0%**	70	**8.1%**	8	**0.9%**

[127] Centers for Disease Control and Prevention, Natality Information; https://wonder.cdc.gov/natality.html. Note: data for Franklin County is calculated proportionately from consolidated data from three rural counties in Massachusetts.
[128] MA Dept. of Public Health, Feb. 2026; Massachusetts Births 2023; https://www.mass.gov/lists/annual-massachusetts-birth-reports#birth-reports:-2016%E2%80%932019-

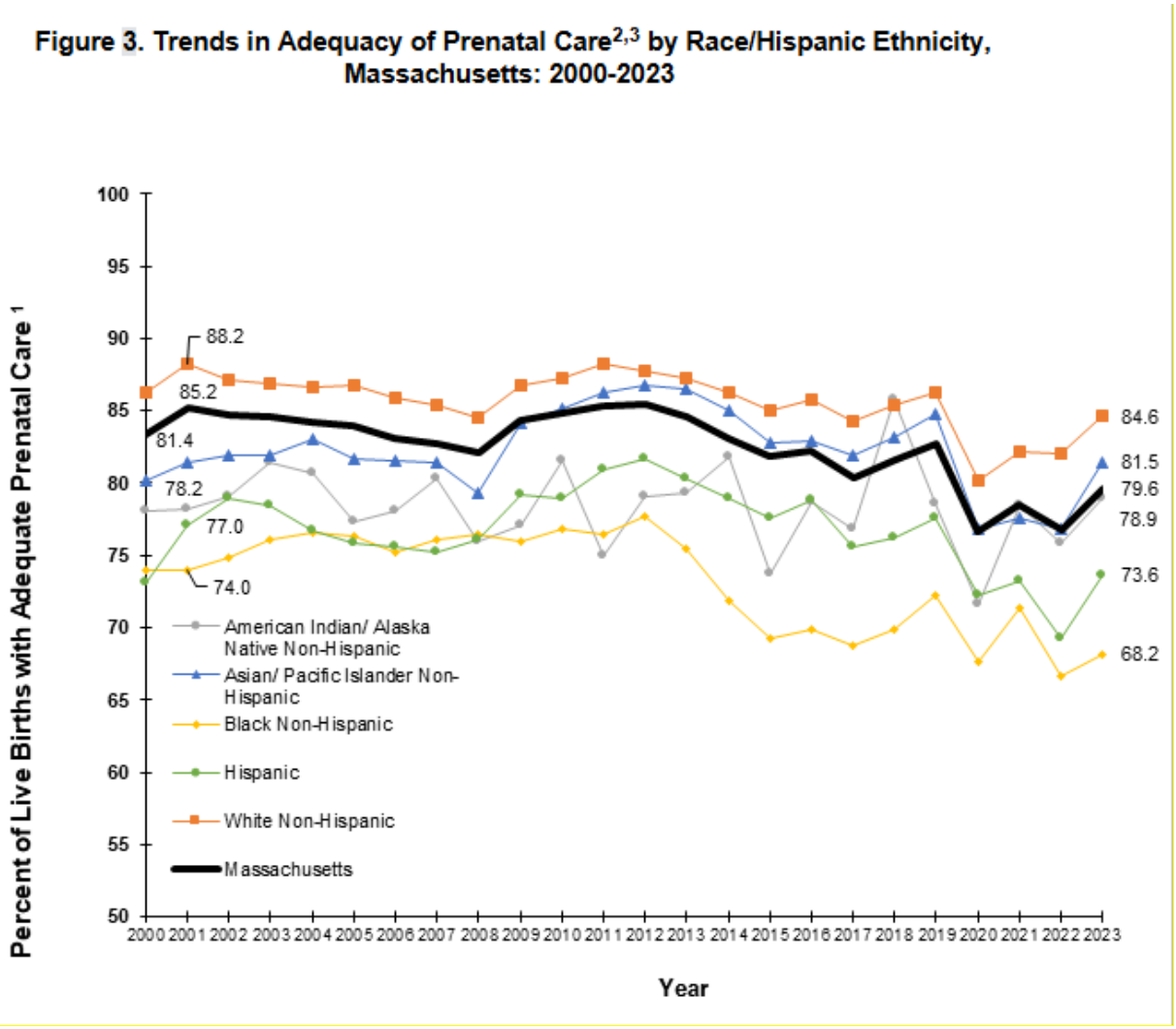
Figure 75. Birth risks by race/ethnicity in MA, 2023



Birth outcomes vary by race/ethnicity, as shown in Figure 75,[129] with racial groups other than white typically experiencing pre-term and low birthweight births to a greater extent. One of the risk factors that can affect birth outcomes is access to **adequate prenatal care**. In 2023, 79.6% of all those who gave birth in Massachusetts had adequate prenatal care, as defined by the Department of Public Health, down from a high of 85.4% in 2012. ("Adequacy" is an assessment of the timing and number of prenatal care visits, and not an evaluation of the quality of care delivered.) There was also a notable drop during the pandemic years, and while in 2023 the numbers show improvement across the board from the previous three years, it is too early to tell whether that dip will fully recover. Those with public health insurance/Medicaid (a proxy for those with low income) were less likely than those with private insurance to receive adequate prenatal care—only 73.6% with Medicaid, 69.5% with other public insurance had adequate care versus 86.2% with private insurance.[128]

[129] MA Dept. of Public Health, Feb. 2026; Massachusetts Births 2023; https://www.mass.gov/lists/annual-massachusetts-birth-reports#birth-reports:-2016%E2%80%932019-

Figure 76: Trends in pre-natal care in Mass. by race/ethnicity

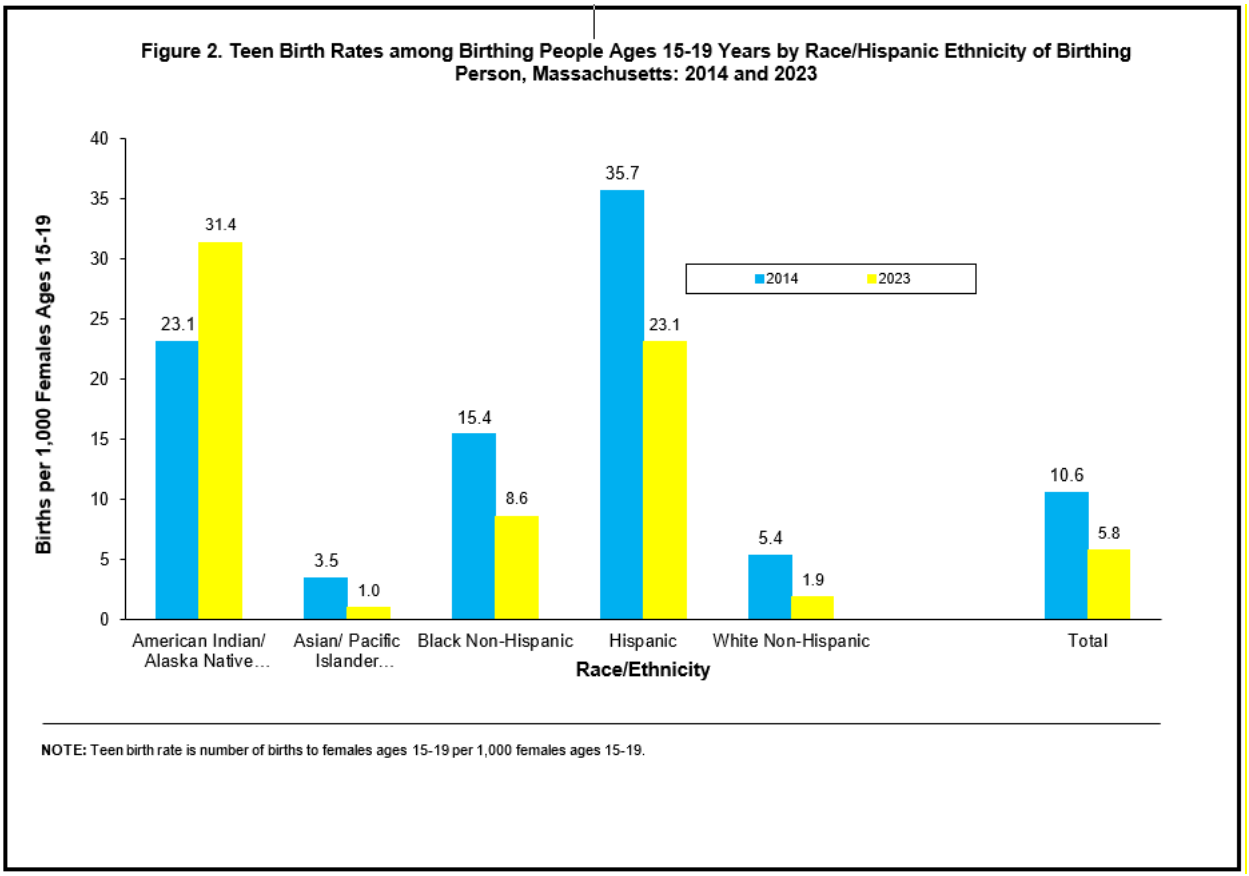


In addition, the data show significant racial/ethnic disparities, with only 68.2% of pregnant Black persons receiving adequate prenatal care in 2023, along with only 73.6% of Hispanic persons; in both cases, there was a substantial decline in access, from a high of 77.7% among Black and 81.6% among Hispanic persons in 2012, as shown in Figure 76.[130] These groups also had much higher rates of Severe Maternal Morbidity (SMM), which means they had unexpected outcomes of labor and delivery that have significant short- and long-term consequences to the birthing parent. In 2022, Blacks experienced SMM at a rate of 242 per 10,000 births, and Hispanics at a rate of 144 per 10,000, compared to 99 per 10,000 for whites.[131] SMM rates have been increasing overall, but these groups experienced much larger increases since 2009, thus increasing disparities in birthing outcomes. In addition, infant mortality rates are much higher for these groups, with 7.2 infant deaths per 1,000 live births for Blacks and 4.3 for Hispanics, compared to 2.9 for whites.[132]

[130] MA Office of Health and Human Services; https://www.mass.gov/info-details/maternal-and-child-health
[131] Massachusetts Health Policy Commission, Severe Maternal Morbidity in Massachusetts," May 2024: https://www.mass.gov/doc/severe-maternal-morbidity-in-massachusetts-chartpack/download
[132] Massachusetts State Health Assessment, Birth Outcomes – Infant Mortality, 2017-2023: https://healthdatatool.mass.gov/cares_shortlinks/6kpc9ho4/

As is true for the United States as a whole, the **teen birth rate** (ages 15-19) in Massachusetts has been coming down steadily over time, and at 5.8 per 1,000 in 2023, was the third lowest in the country.[133] Information from the state's Vital Records and Statistics show that while teen birth rates have come down for most races/ethnic groups, they are still much higher for Black and Hispanic teens, as shown in Figure 77.[128] Some communities have much higher than average teen birth rates; in Western Mass. in 2023, Springfield, Holyoke, Chicopee, and Pittsfield had rates per 1,000 of 21.1, 22.9, 13.4, and 19.2 respectively. Early parenting continues to be associated with a greater likelihood of not completing school and/or living in long-term poverty. Absent adequate support, affordable housing, childcare, and flexible educational options, this association will no doubt continue to hold.

Figure 77: Teen birth rates by race/ethnicity in MA, 2014 and 2023

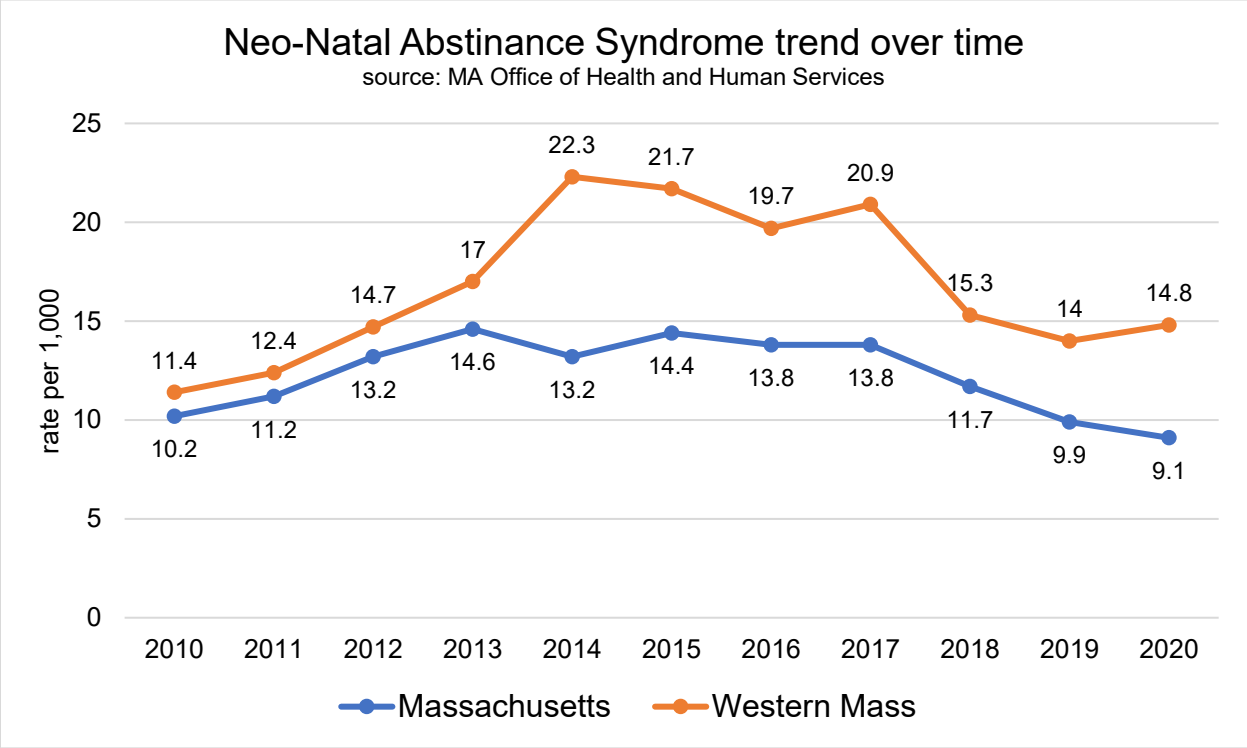


Prenatal substance exposure and Neonatal Abstinence Syndrome (NAS). Prenatal substance exposure is harmful to the developing baby. When it becomes severe enough to cause withdrawal symptoms, it is referred to as Neonatal Abstinence Syndrome. As the opioid epidemic has ravaged western Massachusetts, the number of babies born with NAS increased. Symptoms in the newborn can include tremors, overactive reflexes, tight muscle tone, fussiness and excessive crying, poor feeding or sucking or slow weight gain, breathing problems, and upper respiratory and/or digestive problems. Babies with NAS are at higher risk for jaundice, low birthweight, seizures, and Sudden Infant Death Syndrome. Longer-term

[133] United Health Foundation, America's Health Rankings, https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/TeenBirth_MCH/state/MA

impacts can include developmental delays, motor problems, learning problems, and sleep problems.[134] The symptoms of NAS can be stressful for a parent to manage, and may place the baby at greater risk for abuse or neglect. Figure 78 shows the trend in the rate of prenatal substance exposure and Neonatal Abstinence Syndrome in Western Mass. (all four counties combined) and Massachusetts from 2010 to 2020. After an alarming increase in NAS through 2014, particularly in Western Mass., we have seen steep declines in the past few years. The statewide rate dropped to 9.1/1,000 births, slightly lower than in 2010, while the Western Mass rate dropped to 14/1,000 in 2019 before increasing again to 14.8 in 2020, and is still much higher than the 2010 rate, the statewide average, and every other EOHSS region except for the Southeast.[135] Statewide data displays evidence of disparities statewide by race and ethnicity. For instance, statewide, NAS occurs at far higher rates among White/non-Hispanic babies (12.8/1,000 births) than babies who are Black/non-Hispanic (4.4/1,000) or Hispanic (4.8/1,000).

Figure 78: Trend in neonatal abstinence syndrome/1,000 births, 2010 - 2020



In 2.6% of births in 2020, there was evidence of opioid use disorder during pregnancy. Rates of birthing parents with opiate use disorder during pregnancy who receive adequate prenatal care achieved near-parity with the state average for all pregnancies in 2019, at 80%, but by 2020 had fallen to 53.3%, the lowest rate since 2013. The average number of days an infant affected by NAS stayed in hospital was 13.9. 76.2% received a referral to an Early Intervention program withing 6 months of birth, and 46.5% enrolled within one year. Early Intervention enrollment was much lower among Black families at 43%, possibly the result of fewer referrals made to them than other families—about two-thirds of Black infants with NAS received an Early Intervention referral.[135]

[134] March of Dimes; https://www.marchofdimes.org/find-support/topics/planning-baby/neonatal-abstinence-syndrome-nas

[135] MA Executive Office of Health and Human Services; https://www.mass.gov/info-details/neonatal-abstinence-syndrome-data

All this data on perinatal indicators underscores the vital importance of support, education, and services geared to pregnant women with low incomes to assist them with obtaining adequate prenatal 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, in collaboration with the birthing centers and perinatal support coalitions in each county.

f. Child Abuse/Neglect and Foster Care

Children receive protective services from the state Department of Children and Families (DCF) when allegations of abuse or neglect are investigated and supported by the agency. In the last state fiscal year 2026 (July 2025 – June 2026) the three DCF offices that operate in Community Action's service area screened in about 49% of complaints and referred an additional 4 – 7% to the District Attorney based on allegations of sexual assault/exploitation or serious physical abuse/injury. Of the complaints investigated, DCF supported or substantiated (found evidence of abuse or neglect) between 52% and 60%.[136]

Table 18 below shows the number of 51A reports in the Western region as a whole and each of the DCF offices that cover CAPV's service area. [136]

Table 18. Reports of abuse or neglect to DCF, Quarterly Averages by state fiscal year, Western Region by office

QUARTERLY AVERAGES	Western Region	Greenfield Area Office	Holyoke Area Office	Robert van Wart Area Office
FY2024	4300	623	751	1039
FY2025	4171	635	679	1034
FY2026	4193	591	671	1044
	Covers Western Mass—the area served by Greenfield, Holyoke, Robert Van Wart, and Berkshire offices	Covers 44 towns, all in the CAPV service area: all towns in Franklin County and the 4 North Quabbin towns in Worcester County, as well as 14 out of 20 Hampshire County towns (i.e. not Huntington, Southampton, Belchertown, Granby, South Hadley, and Ware).	Covers 12 towns in our service area: Agawam, Blandford, Chester, Granville, Huntington, Montgomery, Russell, Southampton, Southwick, Tolland, West Springfield, and Westfield) Also includes Holyoke and western part of Springfield	Covers 5 towns in our service area (Belchertown, Granby, Ludlow, South Hadley, and Ware) Also includes Chicopee, eastern part of Springfield, Monson, Palmer, and Wilbraham.

The number of children in foster care placements has stayed largely stable over the past year and from year to year from FY2024 to FY2026, as shown below.[136] In state FY2026, there were an average of 242 children under age 6 in foster care under supervision of the three area offices of DCF serving our catchment area. In addition to these very young children, there were also 900 children ages 6-17, and 320 young adults ages 18-23 under DCF supervision in the Western region (in foster care or not) in the last quarter of state FY2026.

[136] Mass. Dept. of Children and Families, Annual Reports and Quarterly Data Profiles, state FY22 https://www.mass.gov/lists/dcf-commonly-requested-documents. Data is from 2020 except for Early Intervention for Black families which is from 2019.

Table 19. Children under age 6 in placement, DCF Western Region and Greenfield office

Children 0-2 in Placement							
	7/1/25-9/30/25	10/1/25-12/31/25	1/1/26-3/31/26	4/1/26-6/30/26	2023-24 Average	2024-25 Average	2025-26 Average
Western Region	240	236	235	233	277	252	236
Greenfield Office	29	30	27	25	34	26	28
Children 3-5 in Placement							
	7/1/25-9/30/25	10/1/25-12/31/25	1/1/26-3/31/26	4/1/26-6/30/26	2023-24 Average	2024-25 Average	2025-26 Average
Western Region	206	194	176	170	296	235	187
Greenfield Office	31	32	28	27	43	32	30

Children who are under DCF supervision have a high priority for enrollment in Head Start and Early Learning Programs (HS&ELP). In program year 2025-26, in our Early Head Start (EHS) program, we served 5 children who were in foster care (3% of all EHS children), and in Head Start (HS), 11 (4% of all HS children).

The Department of Early Education and Care (EEC) provides higher reimbursement for a certain number of "supportive slots" in early education programs, allowing these programs to provide extra support and transportation to some DCF-involved families. HS&ELP has a contract for supportive slots in Hampshire and Franklin Counties, but the transportation amount allowable did not pay for the cost of these services, so our contract does not include transportation.

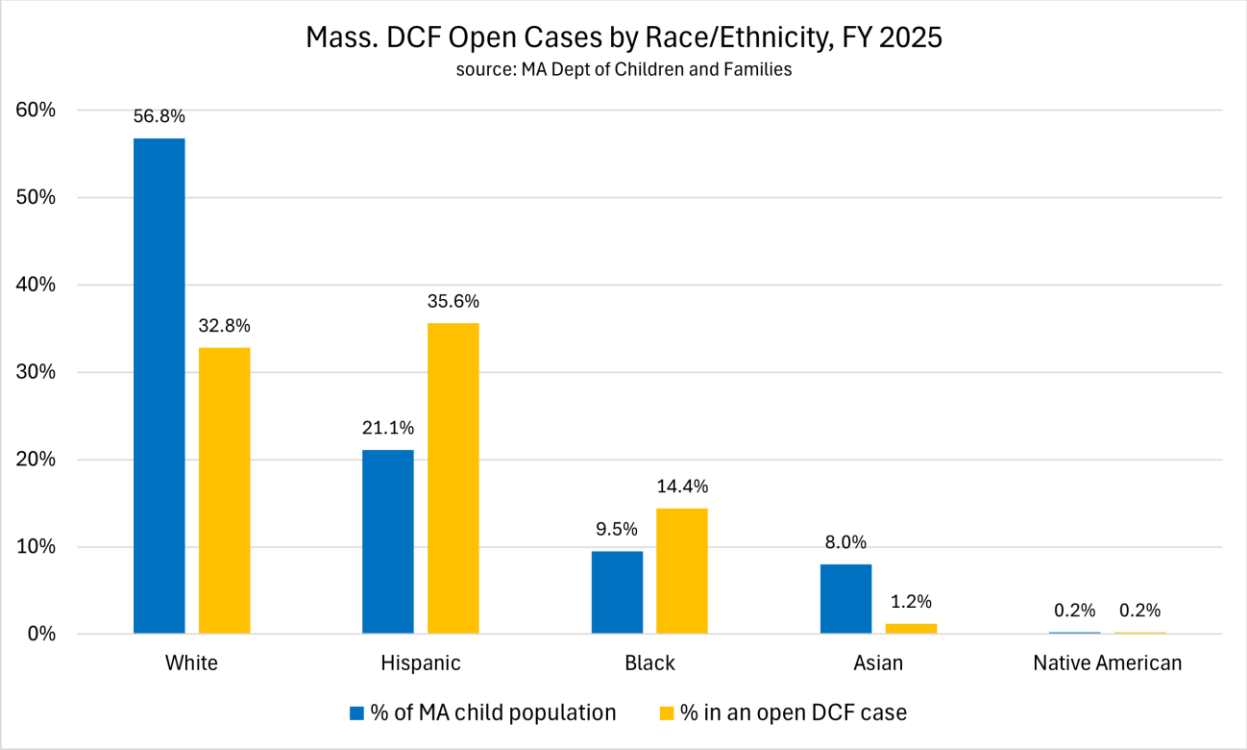
Head Start families have varying types of involvement with DCF, from being referred by DCF, being directly funded by DCF, or receiving priority for enrollment because of a recent DCF case. In spring 2026, 67 Early Head Start and Head Start children met at least one of those criteria (21%) with higher concentrations in Hampshire County (40 children, 31% of enrollment) and Franklin County (17 children, 26% of enrollment). These concentrations are due to the locations of DCF-funded slots and the locations of sites with full-day, year-round care that DCF refers to.

All CAPV programs working with families with children under 18 are mandated to report abuse or neglect. They screen all families for abuse, referring to DCF when appropriate, and supporting the parents to reduce stress and adopt non-abusive parenting skills. CAPV's Family Support Programs operates a Family Resource Center for DCF-referred families with Children Requiring Assistance due to school truancy or other concerns. Young people 18 and over can opt to remain connected to DCF as they transition to adulthood. Many young people enrolled in our Youth Programs have been or are being abused, and, based on their own goals, we support them in creating safer homes and lives for themselves.

DCF monitors the demographics of its consumers. As is true throughout the country, Hispanic/Latinx and Black families are disproportionately represented in the DCF caseload, with Hispanic/Latinx families 2.9x more likely and Black children 2.6x more likely to have DCF involvement than White children. This is shown in Figure 79, which compares the proportion of all Massachusetts children of each race/ethnicity with their presence among all children with an open case with DCF in 2025.[137]

[137] Mass. Dept. of Children and Families, 2022 annual report; https://www.mass.gov/doc/fy-2022/download

Figure 79: MA DCF Cases by race/ethnicity, state FY25



This disparity is evident in local data for the last quarter of FY2026 in the Western region, with only 32% of DCF-involved children under 18 identifying as White compared to 36% as Hispanic/Latino/a/x, 15% as Black, and 8% as multi-racial. The disproportionality in the local DCF data is stark and disturbing, especially for Latino children. DCF has tremendous power over families; they can remove children permanently from their parents. Children who grow up in the foster care system typically have far worse life trajectories than others. The bias revealed by this data speaks to a particularly damaging result of discrimination in our community.

g. Mental/Behavioral Health and Substance Use Disorders

Mental Health and Loneliness. In 2023, the U.S. Surgeon General released a report about the detrimental effects of loneliness and lack of social connection, drawing from a large body of scientific analysis from a variety of sources, including the National Academies of Sciences, Engineering and Medecine; the Centers for Disease Control and Prevention; the American Heart Association; and the World Health Organization, among many others.[138] Social isolation is linked to a variety of health concerns, including depression and anxiety, but also major diseases in the U.S. such as heart disease, strokes, and dementia. Statistics from the report paint an alarming picture:

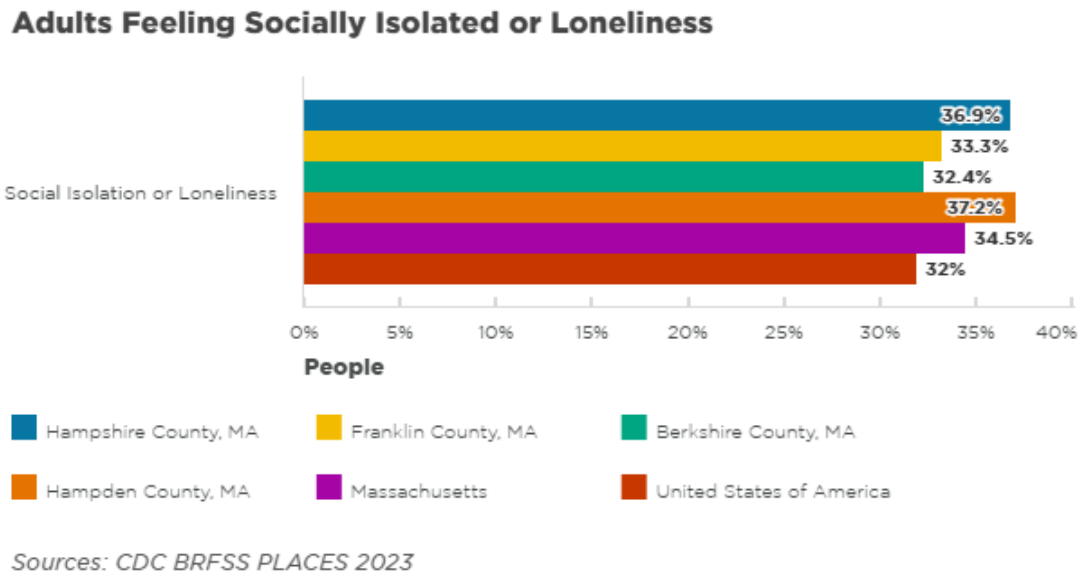
- Loneliness and social isolation increase the risk for premature death by 26% and 29% respectively.
- Social isolation increased the risk of heart disease by 29% and stroke by 32%
- Social isolation among older adults accounts for $6.7 billion in excess Medicare spending annually, largely due to increased hospital and nursing facility spending

[138] U.S. Surgeon General, 2023; *Our Epidemic of Loneliness and Isolation*; https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf.

- Stress-related absenteeism attributed to loneliness costs employers an estimated $154 billion annually
- Approximately half of U.S. adults report experiencing loneliness, with some of the highest rates among young adults.
- Those with low incomes are most likely to experience loneliness, with 63% of adults who earn less than $50,000/year experiencing loneliness, 10 percentage points higher than those who earn more than $50,000. Other groups with higher rates of loneliness include ethnic and racial minorities, LBGTQ+ individuals, rural residents, and victims of domestic violence.

Loneliness impacts a large proportion of the population in our area, as shown in Figure 80 below. Poor mental health is associated with loneliness and social isolation, and rates differ by town throughout CAPV's service area, as shown in Figure 81[139]. It is not surprising that many of the towns with the highest poverty rates also experience the highest rates of poor mental health.

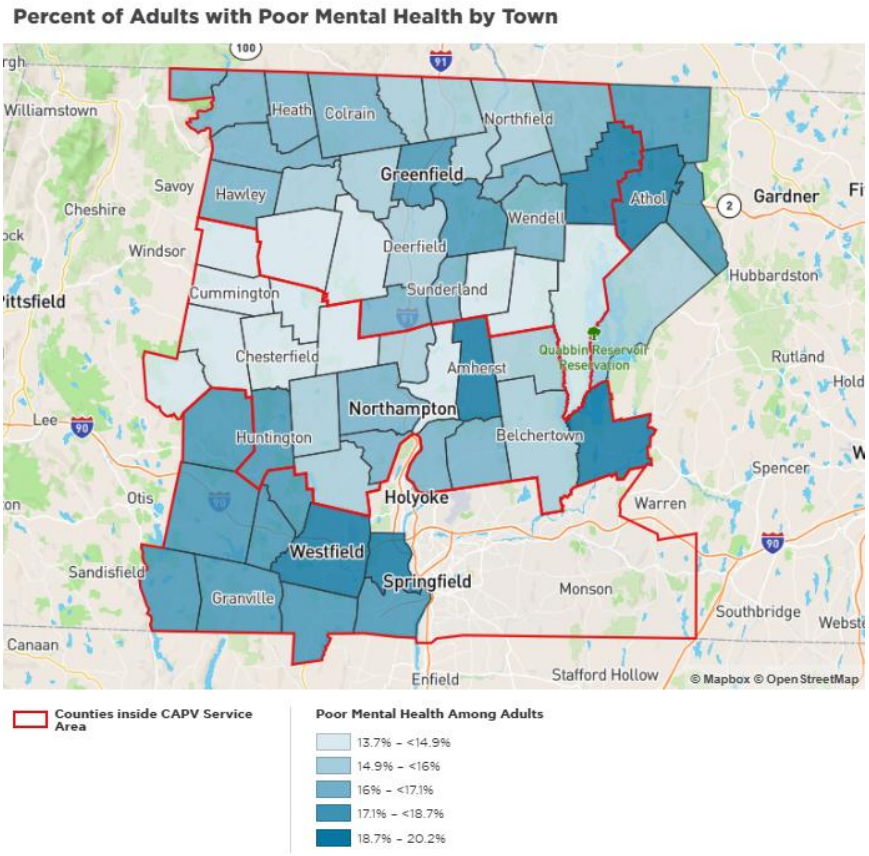
Figure 80. Adults feeling socially isolated by WMass county, 2023



Sources: CDC BRFSS PLACES 2023

[139] Mysidewalk.com; https://reports.mysidewalk.com/8810f03ce9#c-1731636; Centers for Disease Control PLACES health data, 2025

Figure 81: Poor Mental Health by Town, 2023



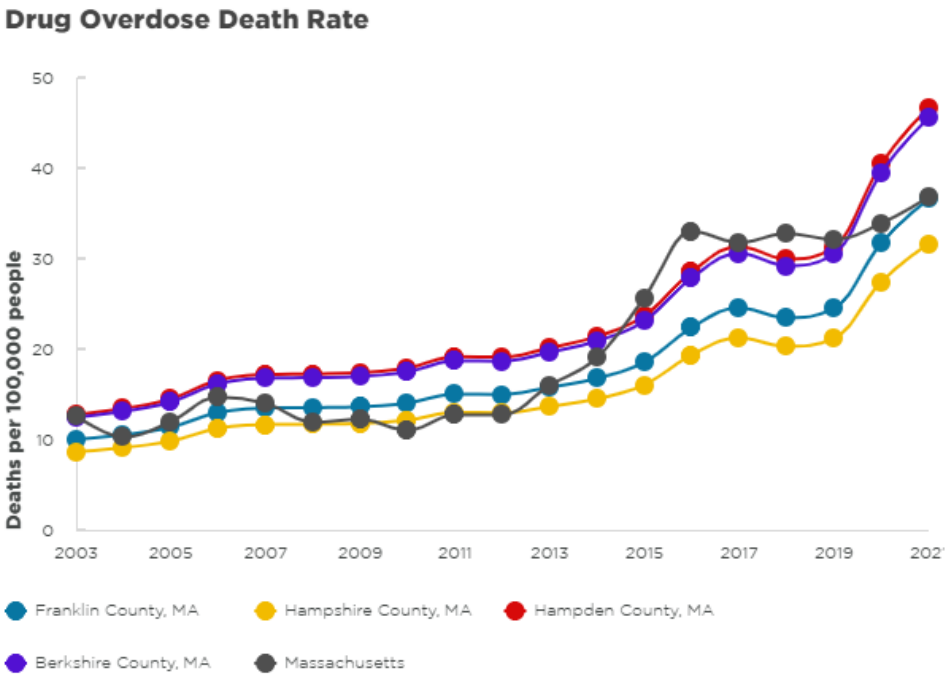
Sources: CDC BRFSS PLACES 2023

Substance Abuse and the Opioid Crisis. Drug overdoses are a significant cause of death and have increased alarmingly over the past two decades, with Hampden and Berkshire counties posting much higher rates than the state as a whole in 2021, as shown in Figure 82, below. Opioid overdoses have been the biggest contributors to drug overdose deaths for many years. Figure 83 shows the trajectory of opioid-related deaths in western Massachusetts compared to the average for the state from 2018 - 2024, based on the CDC Wonder Tool.[140] (Note: the data in both charts is reported as a rate per 100,000 to enable accurate comparison among different geographies.) Recent years have shown a welcome decline in the opioid overdose death rate, possibly due to the availability of Narcan and additional resources devoted to substance use and overdose prevention in the state. Close to $1 billion has become available to the state of Massachusetts in recent years through lawsuits against opioid manufacturers, to be used for opioid prevention, harm reduction, treatment, and recovery, with 40% distributed through municipalities.[141]

[140] CDC Wonder database tool, https://wonder.cdc.gov/; data analysis by mySidewalk.com, https://dashboards.mysidewalk.com/community-needs-assessment-masscap-capv/health-social-behavioral-development#c-20277872

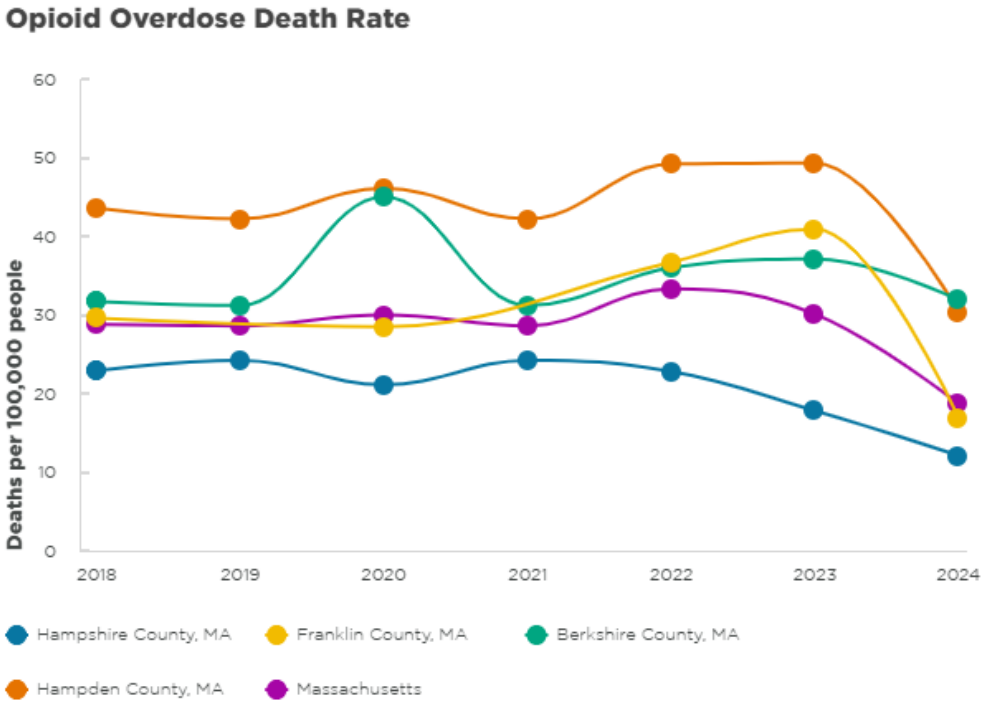
[141] Commonwealth of Massachusetts, Office of the Attorney General; https://www.mass.gov/info-details/learn-about-the-ags-statewide-opioid-settlements-with-opioid-industry-defendants

Figure 82. Drug overdose trends in WMass counties through 2021



Sources: CDC

Figure 83. Trend in opioid overdose death rate by WMass county with MA comparison, 2024



Sources: CDC WONDER Cause of Death

This data does not tell the story of the full impact of drug and opioid abuse; for every person who dies, many more do not, but do continue using. Their lives often become unstable, and if they are parents, they may not be able to fulfill their responsibilities to their children. 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. Even if they were not, if their home is unstable because of drugs, they may become aggressive or extremely emotionally fragile and anxious, and exhibit hypervigilance and separation difficulties. They may lose progress in their development.

> We have two people in the home struggling with addiction issues. My younger son's mental health is terribly poor right now, my other two are also struggling, and to top it off, I struggle with mental health as well. I work a full-time job but can't make ends meet. I have to ask my parents who are elderly for help. I don't even know what to do. If I lose any of these programs, I will end up in a shelter.
>
> --Participant Survey respondent

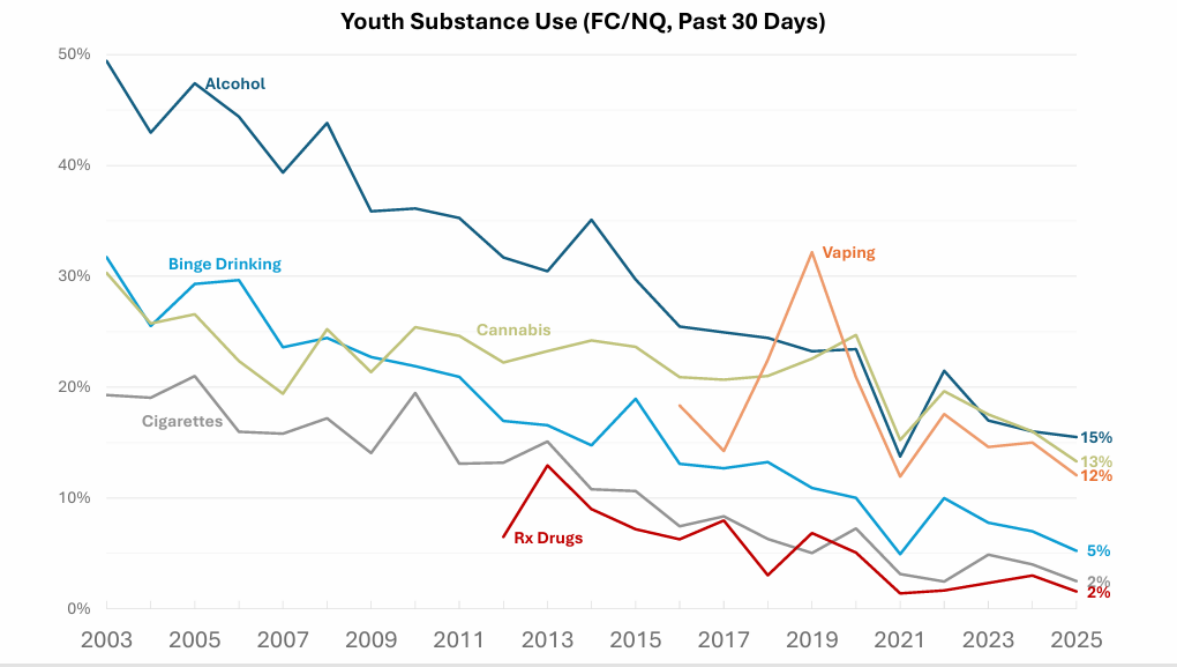
Youth Mental Health and Substance Use. Throughout our region, communities have mobilized to collectively promote positive youth development and prevent risky youth behavior such as alcohol and drug use. Multiple coalitions have sprung up to address the things that promote or hinder healthy, pro-social development, which are called risk and protective factors. Risk factors include things like ease of obtaining alcohol or drugs for minors and parental attitudes favorable to drug use. Protective factors include things like having opportunities to participate in interesting school activities and being recognized for contributions to group efforts. These factors can be measured through a standardized instrument called the Prevention Needs Assessment, along with the Youth Risk Behavior Survey. Both of these instruments are used statewide and nationwide and offer valuable comparisons with similar groups of youth. The risk and protective factor framework is a research-based, data-driven, public health approach to prevention that has been used all over the country to create population-level change, with great success.

The two largest mobilizations to prevent youth substance use in our area are the Communities That Care Coalition (CTC) in Franklin/North Quabbin (co-sponsored by Community Action Pioneer Valley and Franklin Regional Council of Governments) and the Strategic Planning Initiative for Families and Youth (SPIFFY) in Hampshire County (sponsored by the Collaborative for Educational Services). Smaller coalitions have also started up in Greenfield, Gill-Montague, North Quabbin (Athol/Orange, etc.), Northampton, Easthampton, and Ware/ Quaboag. These all have funding from U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) Drug-Free Communities grants and other sources. The coalitions have had tremendous success in measuring the protective and risk factors in their communities and then organizing to strengthen the positives and mitigate the negatives. There is a wealth of invaluable information available from these coalitions that we cannot include here because of space constraints, and we encourage readers to explore these further.[142] Here we will provide some high-level review of the coalitions' impact and some of their data related to youth mental health.

[142] https://communitiesthatcarecoalition.com/surveys/; https://www.collaborative.org/youth-and-families/healthy-families-community/spiffy/data-research-policy/data/

In both Hampshire County and Franklin/North Quabbin, rates of youth substance use have gone steadily down over time, due in part to the work of the prevention coalitions. Locally, rates were significantly higher than national averages when these coalitions began their work, and since that time, rates of youth substance use have declined throughout the country. Recent data shows some concerning trends, however. While the 2022 surveys showed a substantial upswing in substance use rates, there were significant data collection challenges at that time with students in many schools not attending class in person. By 2025, rates showed a continued downward trend In the Franklin County/North Quabbin region, alcohol use was reported by 15% of youth surveyed, cannabis by 13%, and vaping by 12%. In Hampshire County, substance use rates have also been decreasing, but were highest among 12th graders, with 28% reporting use of alcohol, 20% reporting using cannabis, and 14% reporting vaping. Vaping had spiked in both areas in 2019, with e-cigarette manufacturers marketing their products heavily to young people; however, decreasing rates are a good sign, and partially attributable to heightened media attention to the negative health effects, which even included deaths, as a result of vaping. With the legalization of cannabis in Massachusetts, use of this substance by youth has continued at relatively high rates, despite negative health impacts. Figure 84 [143] and Figure 85 [144] show these trends.

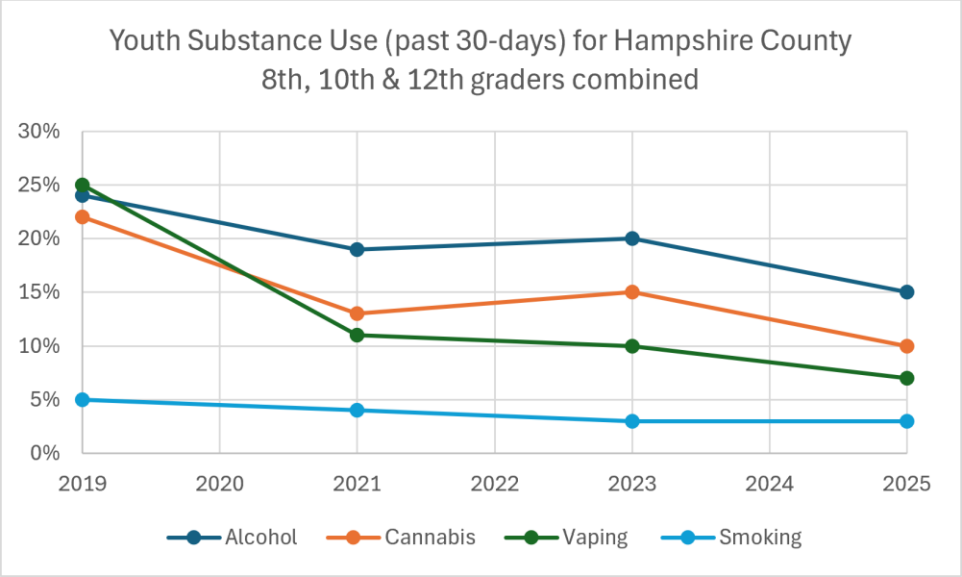
Figure 84. Communities That Care Coalition data on Past 30-day use 2003-2025 in Franklin County and the North Quabbin



[143] Communities That Care Coalition, 2025 Prevention Needs Assessment Survey; https://communitiesthatcarecoalition.com/surveys/

[144] Collaborative for Educational Services, SPIFFY Coalition; 2025 Prevention Needs Assessment Survey; https://www.collaborative.org/youth-and-families/healthy-families-community/spiffy/data-research-policy/data/

Figure 85. SPIFFY data on Past 30-day use, Hampshire County 8th, 10th, and 12th graders, 2019-2025



Substance use can be seen as a behavioral result of an interplay of risk and protective factors. This is also true for mental health. And in fact, the community, home, and school risk and protective factors that influence youth to use or not use substances are the same ones that protect against mental health problems or contribute to them. Both the SPIFFY and Communities That Care Coalitions asked questions about students' mental health in 2025. It is clear that many of our young people are struggling; however, there are marked declines in depressive symptoms since the last PNAS survey three years ago. In Franklin County/North Quabbin, just over half of students report depressive symptoms, down from almost 60% in 2022. In Hampshire County, depressive symptoms declined from 41% in 2023 to 33% in 2025, with anxiety standing out as the greatest mental health challenge, experienced by 45% of students. In both regions, there remain significant mental health disparities for different populations, with girls, gender diverse, and LGBTQIA+ youth, and youth with low socio-economic status much more likely to report depressive symptoms than boys, cis-gender and straight youth, and youth with high socio-economic status.

Figure 86. Communities That Care Coalition, Depressive symptoms/other mental health concerns 2003 - 2025

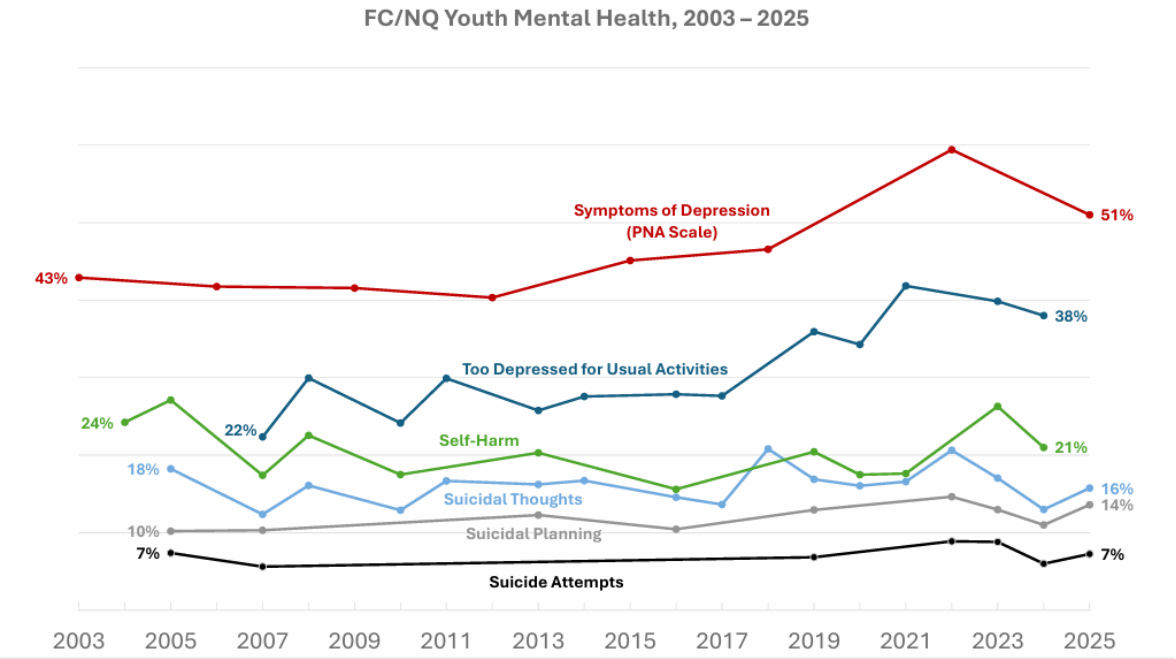
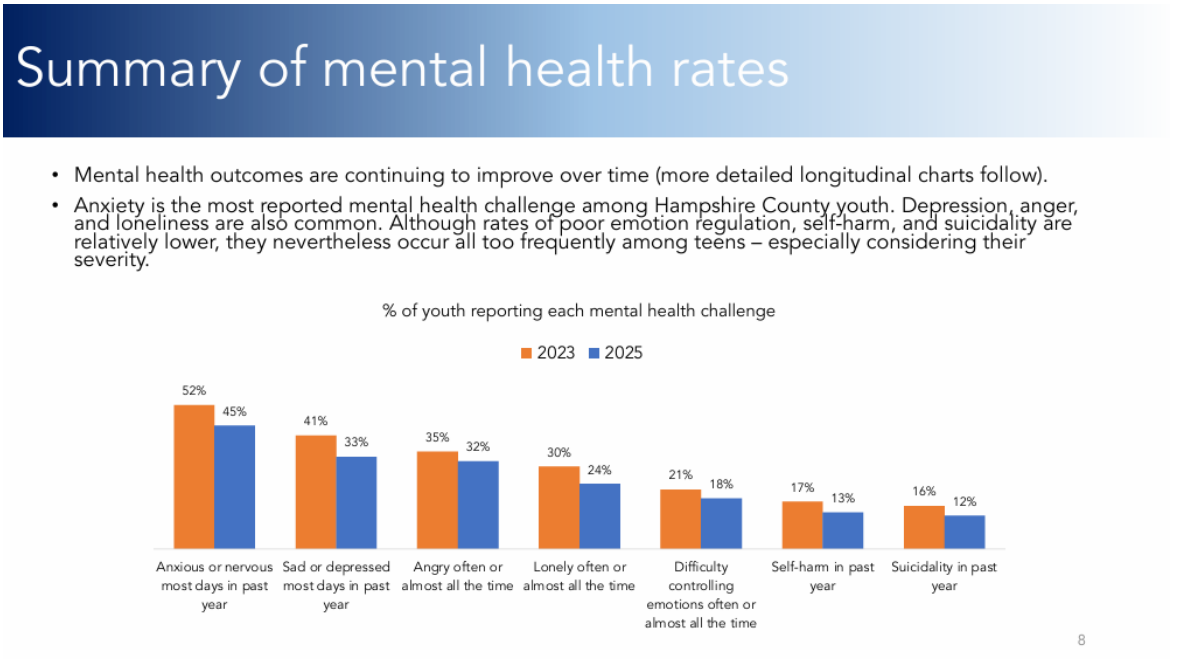


Figure 87. SPIFFY Coalition, Depressive Symptoms/other mental health concerns, 2023 and 2025



The work of these prevention coalitions has changed the landscape for youth and their families by encouraging protective factors and reducing risk factors, for instance, offering more parenting education for parents of teens, or reducing availability of alcohol by training restaurant servers and shop clerks about laws and the impact of youth substance use. They also address school climate, a key factor in school success and student mental health and sense of belonging. Millions of dollars have come to our region through the coalition partners' coordinated efforts toward shared goals. Perhaps most significant,

this work has taught the entire community about the value and power of cross-sector, data-driven collective action. We have experienced what works and the relationship-building, community-based planning, and data collection that are needed to make it work. This process serves as a template for addressing many local needs.

6. Civic Engagement

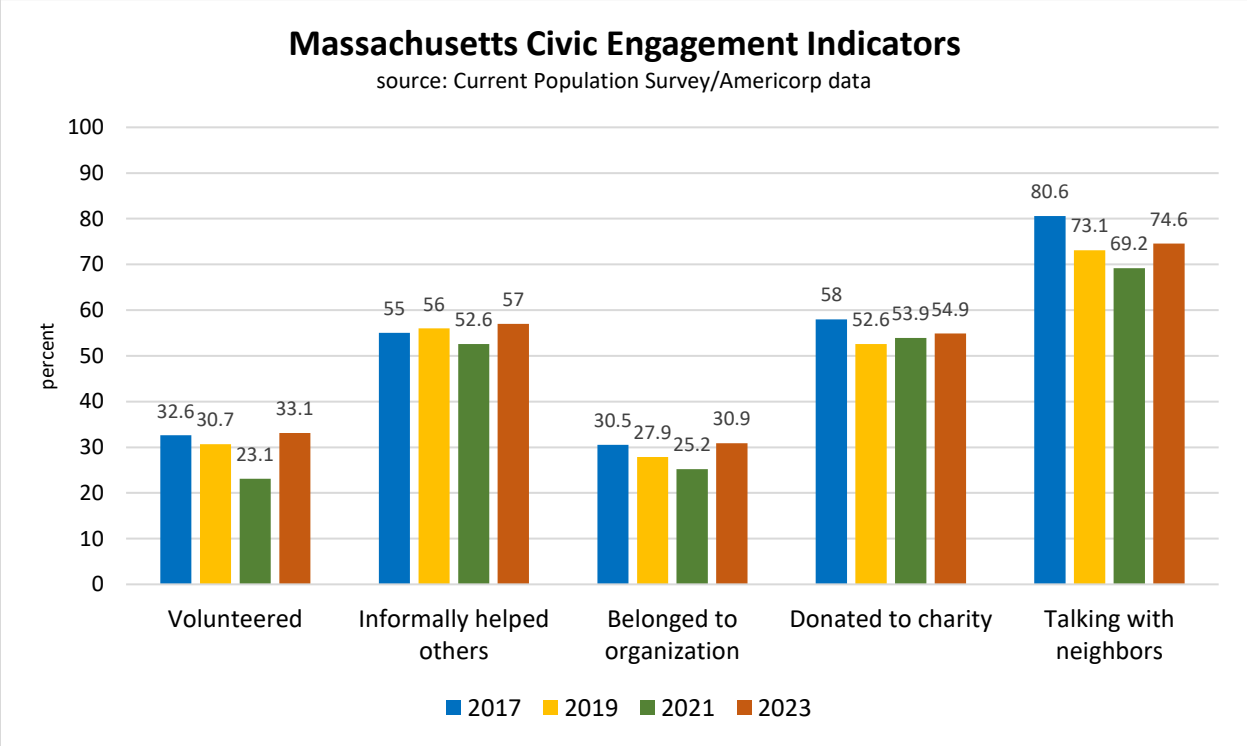
Maximum feasible participation of beneficiaries in program governance and the wider community is a bedrock value of the Community Action movement. The ROMA system in use by all CAAs includes measures of the extent to which people with low incomes increase their leadership skills, social networks, and knowledge to improve conditions in the community. CAAs must also report volunteer data (for people with and without low incomes), as this is seen as an important measure of community engagement.

> I think it would be incredibly useful if there were more opportunities/ways to bring people together to learn skills that would improve our lives with one another - basic social skills, conflict resolution, how to be in communities with one another, etc. I know that's a pie in the sky thing but there is so much mutual support we could potentially offer to one another but it seems like so many people (myself included) are just not good at relating to other with empathy, patience, tolerance. It feels like so many of us are stressed, scared, angry and that makes it even harder to gather together.
>
> --Participant Survey respondent

a. Volunteering After declining during the pandemic, formal volunteering has returned to previous levels, according to national data from the Current Population Survey (Civic Engagement and Volunteering Supplement) that is analyzed and distributed through AmeriCorps, as shown in Figure 88.[145] Similarly, smaller drops in other important indicators of civic engagement, like informally helping others or talking to neighbors, have also rebounded. However, donating to charity and talking with neighbors are still below 2017 levels. In all these indicators, engagement rates in Massachusetts are generally slightly higher than the national rate.

145 AmeriCorps Civic Engagement and Volunteering (CEV) Dashboard, https://data.americorps.gov/stories/s/62w6-z7xa

Figure 88: Civic Engagement Indicators, Massachusetts 2017-2023



7. Cross-Cutting Issues

a. Transportation. Without regular, reliable access to transportation, people face barriers in every part of life, including access to work, basic needs, child care, recreation, medical and mental health care, and social services. It is a key social determinant of health. Financing public transit in rural areas always poses a difficulty; the geographic area is large, and the ridership per mile traveled is small. State policy has not prioritized adequate public transit funding for western Massachusetts. As a result, public transit here is inadequate, especially in the more rural areas outside of the operating hubs. And for many people with low incomes, operating private vehicles legally and safely is simply beyond their means.

Bus routes in the Pioneer Valley largely connect the regional hubs of Greenfield, Northampton, Holyoke and Springfield, with limited service to the smaller towns east and west of the Connecticut River. Both the Franklin Regional Transit Authority (FRTA) and Pioneer Valley Transit Authority (PVTA) have not been charging fares on fixed routes since the pandemic, though there is no guarantee this will be a permanent change. In addition to some demand-response and paratransit programs of the regional transit authorities, there are two ride services in our area that address the transit system constraints many people face in rural areas, where bus routes are infrequent and stops spaced far apart.

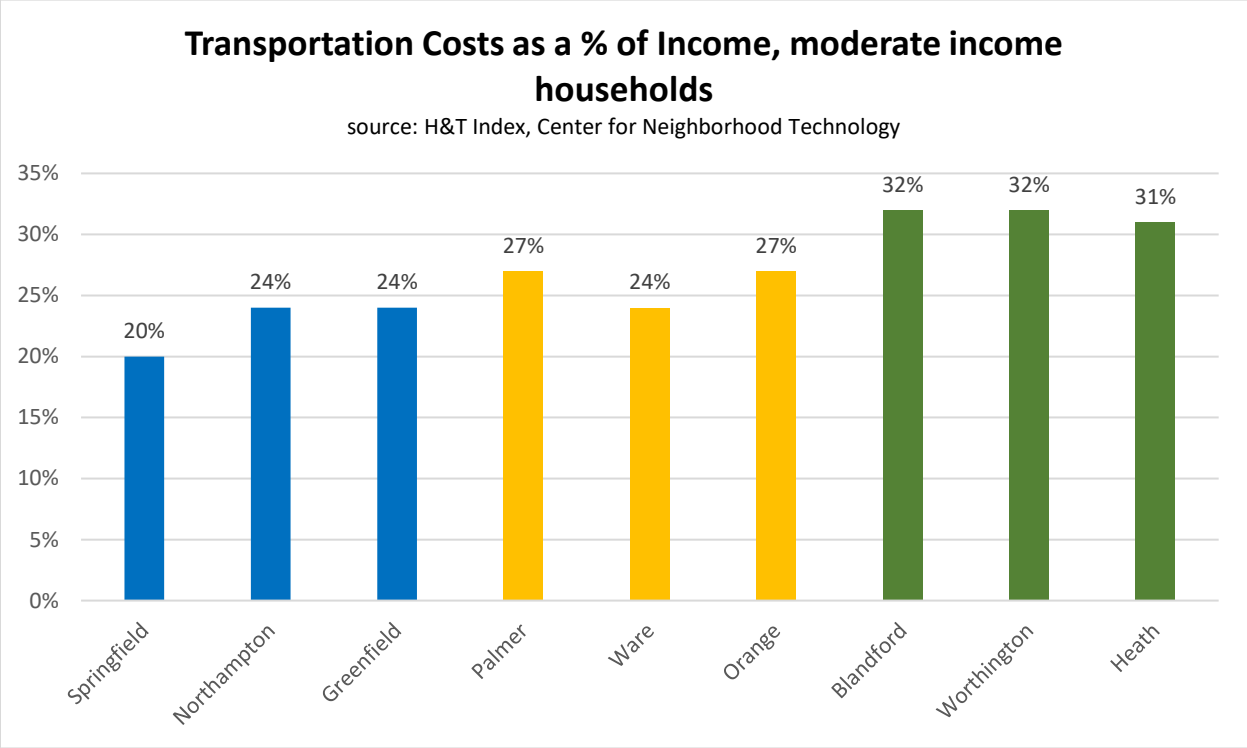
- The Quaboag Connector is an on-demand ride service that covers ten towns around Ware. It began in 2017 and has had funding from several sources, including rider fares, MassDOT, Baystate Wing Hospital, and the Health Foundation of Central Massachusetts164. The Connector charges $2/trip and is available to everyone in the served towns but prioritizes persons with disabilities and seniors as well as trips related to employment, job training, and health care.
- FRTA's ACCESS service operates Monday through Friday 6:30AM to 7:00 PM in four zones in Franklin/North Quabbin: 1) Athol (Worcester County side of North Quabbin); 2) the Orange area (Franklin County side of North Quabbin); central Franklin County (e.g. Deerfield, Greenfield,

Montague, Erving); and West County (e.g. Shelburne, Buckland, Charlemont). The general public can book trips through a mobile app or an online portal. Travel within a zone is $3 one-way, and between zones, $4 one-way.

Rail service is also quite limited in our region, with only north-south travel and no rail connection to the east and west, although the Massachusetts Department of Transportation has completed an in-depth analysis of alternatives and costs for linking western and eastern parts of the state. The north-south route of the Valley Flyer, initiated in August 2019, goes from Greenfield to New Haven, Connecticut, with connections to New York City and Vermont.

Given the inadequacy of public transportation options in our area, it is no surprise that the vast majority of residents commute to work by car – whether driving by themselves, or, in a small number of cases, carpooling. This makes owning and maintaining a car a practical but very costly necessity. And with recent supply chain issues, the cost of purchasing a car – new or used – has gone up sharply since the pandemic. For low- and moderate-income households, this is a major cost burden. Data from the Center of Neighborhood Technology shows that, in our regional hub cities of Greenfield, Northampton, and Springfield, moderate-income households spend up to a quarter of their income on transportation costs.[146] The cost burden is even greater for people living outside these valley corridor hubs, with those in the most rural parts of the region spending almost a third of their income on transportation. The combination of transportation and housing costs can consume upwards of 70% of these same moderate-income households' incomes.

Figure 89: Transportation Cost Burden in Western Mass

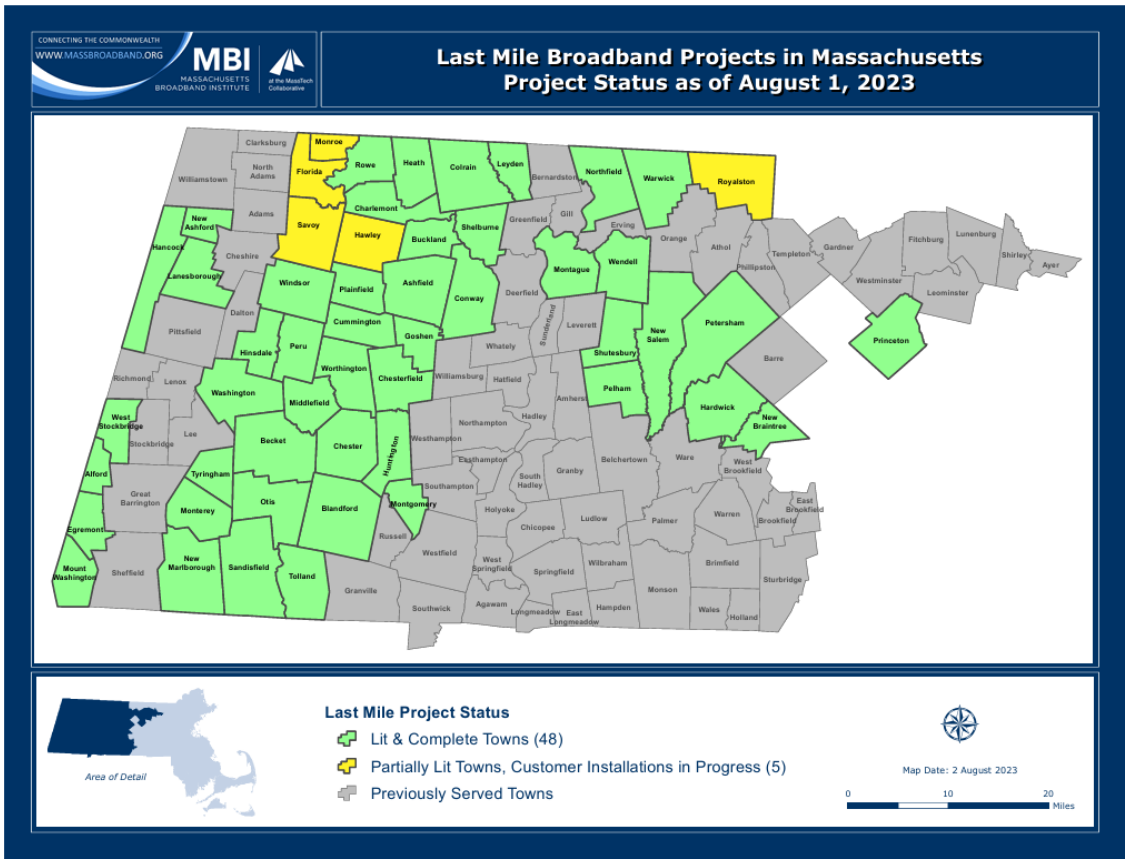


[146] Center for Neighborhood Technology; 2025 Housing and Transportation Affordability Index; https://htaindex.cnt.org/

b. Digital Equity. Digital access is also a lynchpin social and economic justice issue nationwide. In a very concrete way, it is a social determinant of health. While the broadband network in the United States has effectively covered all urban and suburban areas of the country, there are many rural areas that remain without service. And even where access is available, it is unaffordable for many people. In addition to these two factors – access and affordability – some people (especially in the older age cohorts) lack sufficient digital literacy to access the internet, even as so many everyday tasks are increasingly shifted online. All of these factors contribute to the "digital divide." COVID-19 made the disparities in access very clear, with children learning remotely and health care and other services shifting to the virtual realm; efforts to address these disparities increased in intensity as a result.

As is the case throughout the country, the rural areas of Massachusetts have been the last ones to acquire the infrastructure needed to provide internet access at sufficient speeds to be useful for today's needs. Most of those rural areas are within our service area. Because of the lack of population density, it is expensive to connect the relatively small number of residences, businesses, and community facilities to the existing network – dubbed the "Last Mile" problem. When broadband and cable companies decide such projects are not cost effective, it is left to the public sector to build out this resource. A recent statewide Last Mile initiative has resulted in providing some level of high-speed internet service to most of the rural towns in Massachusetts previously unserved. As of August 2026, there were still five towns whose Last Mile projects were still in progress: Royalston in the North Quabbin region, Hawley and Monroe in western Franklin County, and Florida and Savoy in Berkshire County.[147]

Figure 90: Last Mile broadband projects in Massachusetts

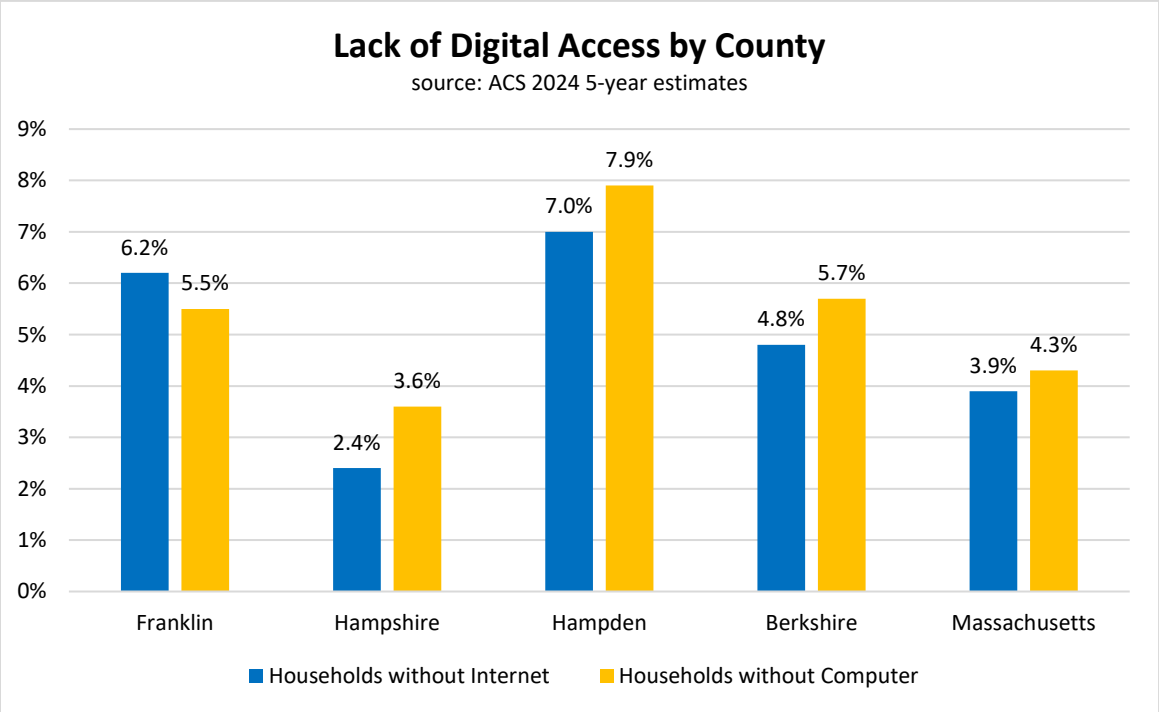


[147] Massachusetts Broadband Institute; https://broadband.masstech.org/map-gallery

Computer equipment, software, and internet access itself are expensive and beyond the reach of many people with lower incomes. For many of those we serve, their only access to the digital universe is through their cell phones. Sometimes they run out of data minutes, and so their access is intermittent. There are many things that are difficult or impossible to do on a cell phone, like applying for a job or completing and sending documents. People with low incomes and certain types of disabilities who need software or hardware different from the usual are at a deep disadvantage. And of course, if you have no home and no computer, and no reliable place to charge a phone, it is almost impossible to have digital access. According to a recent study by the Pew Research Center, significantly fewer people in households with lower incomes have broadband service (54%) compared to their higher income counterparts (75-94%), and a higher proportion rely on smartphones for their internet access (34% vs under 20% for all other income categories).[148]

In our region, lack of digital access is highest in Hampden County and lowest in Hampshire County. Hampshire is the only Western Massachusetts county with higher rates of digital access than the statewide average. The lower rates in the other three counties likely reflect a combination of lower incomes (especially in Hampden County), an older demographic, and a large rural area with spottier service (Franklin and Berkshire counties). Compared to three years ago, access to the internet has gone up by about 4-6% in each county, while computer ownership has gone up 2-3%.[149]

Figure 91: Lack of Digital Access by County, 2024



[148] Pew Research Center, "What we know about internet use, smartphone ownership and digital divides in the U.S.", January 8, 2026; https://www.pewresearch.org/?p=283708
[149] U.S. Census Bureau, ACS 2024 5-year estimates, Tables B28003 and B28011.

VI. KEY FINDINGS OF COMMUNITY ASSESSMENT AND RESOURCES TO ADDRESS PRIORITY NEEDS

A. CAPV Priority Community Needs Statements

As noted in the introduction/methodology, the Strategic Planning Steering Committee reviewed and considered the data presented above, reviewing trends in the data from CAPV community surveys and secondary sources at their monthly meetings from September through May. The agency held a Strategic Planning Retreat in June 2026 that included a broader group of Leadership Team members and Board members as well as Strategic Planning Committee members to review the data, discuss the needs that had surfaced in this process, and propose and prioritize goals (based on the analysis of comparative needs and trends). This material was used to draft goals and objectives that were then reviewed by the Executive Director and the Leadership Team, after which working groups were developed to further refine the objectives and the actions that should be taken in the FY27 – 29 plan period. The Community Action Pioneer Valley Board of Directors then met on September 17, 2026 and voted to accept the Community Assessment and Strategic Plan. The community needs statements and a summary of the justification for choosing each of them are as follows:

1) **EMPLOYMENT:** *Youth/young adults, adults, and families with low income need assistance to obtain employment, including education/training and barrier-reduction services*

Unemployment rates had initially returned to pre-COVID rates after the significant economic disruption caused by COVID; however, signs of a slowdown in the Massachusetts job market are evident at the same time the labor force (those working or looking for work) increased, pushing the state unemployment rate from 3.7% in January 2024 to 4.1% by the end of the year. Unemployment rates remain significantly higher (and workforce participation rates significantly lower) for Black and Latino/a/x workers and younger workers. One of the most significant barriers to work is the cost and availability of childcare. Childcare costs in Massachusetts are among the most expensive in the country, and in our region a family at 200% FPL needs to pay a quarter of their income for market rate childcare. Childcare subsidies are scarce, with only about a third of eligible families receiving this assistance. Respondents to the Participant Survey ranked *Better paid jobs* as the fourth highest priority need and *Affordable infant and toddler care* was seventh, with *Affordable pre-school care* ranked eleventh.

2) **BASIC NEEDS AND HOUSING:** *Families and individuals with low income need support for basic needs and housing to achieve and maintain stability.*

In CAPV's service area, the cost of living is quite high relative to local wages and to the extremely low level of income provided by disability, Social Security, and transitional assistance benefits. Most households need income of at least 300% of the federal poverty level to meet basic needs without assistance. Our Participant Survey indicated that almost half of respondents (48%) felt financially worse off than three years ago, with 42% indicating they are about the same. 60% of Participant Survey respondents did not have $500 set aside for an emergency, and 37% are only 'sometimes' or 'rarely' able to pay bills on time each month. Moreover, given the efforts at federal level to cut funds from and limit access to various basic needs programs, respondents that depend on these benefits are fearful of losing them; for example, 90% of SNAP recipients 86% of Medicaid recipients, and 92% of Fuel Assistance recipients surveyed were worried about cuts to their benefits. As has been the case for many years, 50% or more renters are cost-burdened (pay more than 30% of their income in rent) and 25% of homeowners are cost-burdened.

Housing is consistently the highest priority need identified in our Participant and Community surveys. *Heating/utility help* was also a high priority identified on both surveys. *Health Insurance* was the third highest priority, and *Access to Food* was the fifth highest priority in the Participant Survey results.

3) **HEALTH/SOCIAL-BEHAVIORAL DEVELOPMENT:** *Children, youth/young adults, and families with low income need quality support and mental health/wellness services to ensure they are able to thrive.*

A third or more adults in our region report feeling social isolated or lonely, similar to the state as a whole and the nation. A U.S. Surgeon General report has referred to loneliness as a national 'epidemic' that has serious consequences for mental and physical health. Social isolation and other mental health challenges also make it difficult for parents and families to function and children to thrive. Young people in our communities continue to report high rates of depression and suicidal thoughts. Suicide is the second highest causes of death in the younger population ages 15 – 24 in Massachusetts. Substance use also remains a concern in our region, with the drug overdose death rate continuing to rise over the past decade. *Mental Health Services* was one of the highest priority needs on both the Participant and Community Partner surveys (6th and 3rd respectively). In addition 'Mental health issues' was cited by 37% of respondents as a barrier keeping them being more financially stable, with 'Poor health' cited by 30%. About 20% of respondents to the Participant Survey reported difficulties accessing mental health care for themselves and/or a child.

B. CAPV Programs by Geography

CAPV has numerous programs that address many of the community needs identified in this assessment, and also works within a broad network of social service agencies, state and local government entities, health and mental health providers, schools, and coalitions working toward common goals. It is helpful to describe this landscape in order to understand how CAPV contributes to and can collaborate to address the priority needs identified above. Currently, Community Action has the following programs in the following geographies:

Franklin County

- Center for Self-Reliance Food Pantries (Greenfield and Shelburne)
- Communities That Care Coalition
- Community Resources & Advocacy
- Energy Conservation and Healthy Homes
- Fuel Assistance
- Family Center (incl. Parent-Child+ home visiting program,)
- Family Resource Center
- Franklin County Resource Network
- Head Start/Early Head Start and childcare
- Healthy Families
- VITA free tax assistance
- RSVP of the Pioneer Valley
- Three-County Continuum of Care
- Women, Infants, and Children (WIC)
- Youth & Workforce Development Programs

Worcester County – 4 North Quabbin towns

- Community Resources & Advocacy
- Healthy Homes
- Healthy Families
- VITA free tax assistance
- Women, Infants, and Children (WIC)
- Youth & Workforce Development Programs

Hampshire County

- Community Resources & Advocacy
- Energy Conservation and Healthy Homes
- Fuel Assistance
- Head Start/Early Head Start and childcare
- Healthy Families
- VITA free tax assistance
- RSVP of the Pioneer Valley
- Three County Continuum of Care
- Women, Infants, and Children (WIC) (all cities and towns except Ware)
- Youth & Workforce Development Programs

Hampden County

- Energy Conservation
- Head Start/Early Head Start –western Hampden
- Healthy Families –Ludlow and Chester
- RSVP of the Pioneer Valley
- WIC – Chester only

Berkshire County

- Energy Conservation
- Three County Continuum of Care

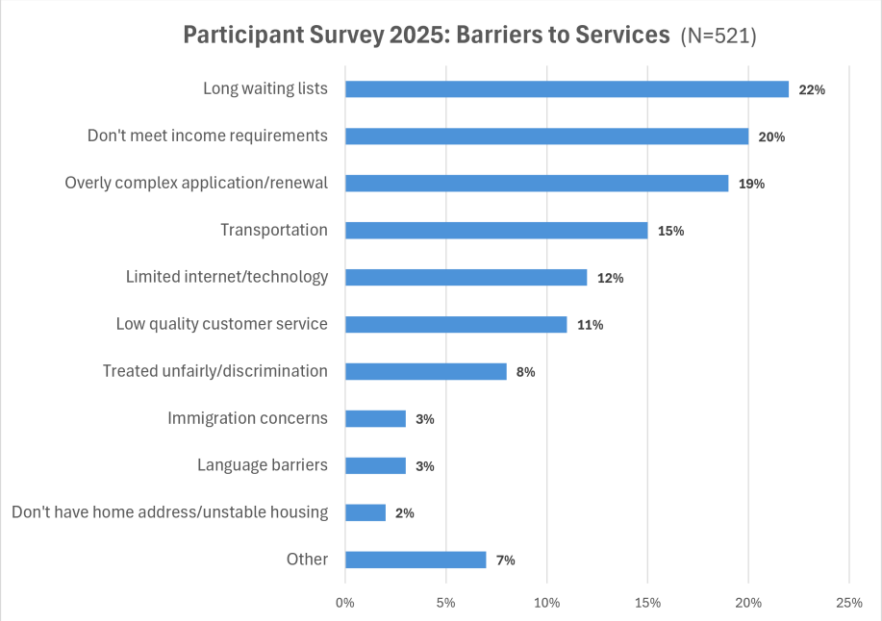
C. Community Strengths & Barriers

CAPV programs collaborate with hundreds of other organizations in order to assure the best possible support and outcomes for program participants. The service delivery system in our service area is well developed, despite the fact that it is persistently underfunded. One of the area's greatest assets is the robust collaboration among the many social service and mental health agencies, and their growing connections with the medical sector. As a matter of history and culture, CAPV positions itself as a leader in collaborative efforts, in recognition that this generates better support and outcomes for our constituents while reducing duplication and costs. The agency was instrumental in starting the Franklin Community Co-operative, LifePath, and the Community Health Center of Franklin County, all of which are now free-standing, successful organizations. We sponsor the Franklin County Resource Network; co-sponsor the Communities That Care Coalition in Franklin/North Quabbin; serve as the lead agency for the Three County Continuum of Care (homelessness services in Franklin, Hampshire, Berkshire); and operate RSVP of the Pioneer Valley (Franklin, Hampshire, Hampden), supporting hundreds of non-profits through volunteerism. We also promote collaborative applications for funding; for example, for the past two years we served as the lead applicant for winter shelter services funded by EOHLC and implemented by the Opioid Task Force in collaboration with the City of Greenfield and the City of Athol.

Further, CAPV participates in numerous local, statewide, and national advocacy, planning, and coordinating groups that make our collaborative relationships smoother and more effective and that address community conditions and systems change. These include several **statewide groups** with our sister Community Action Agencies (CAAs). There are nearly a dozen MassCAP (Massachusetts Association for Community Action) communities of practice for planners, fiscal directors, and human resources directors as well as the MassCAP Executive Committee, which is comprised of the Executive Directors of all 23 CAAs. CAPV is also part of Massachusetts Energy Directors Association (MEDA) and the Low-Income Energy Affordability Network (LEAN), which include all CAAs and coordinates services across the state. Some of the specific ways we coordinate services with our sister CAAs in cases where the service areas for some programs overlap are described in the last section, Agency and Community Resources for Addressing Priority Needs.

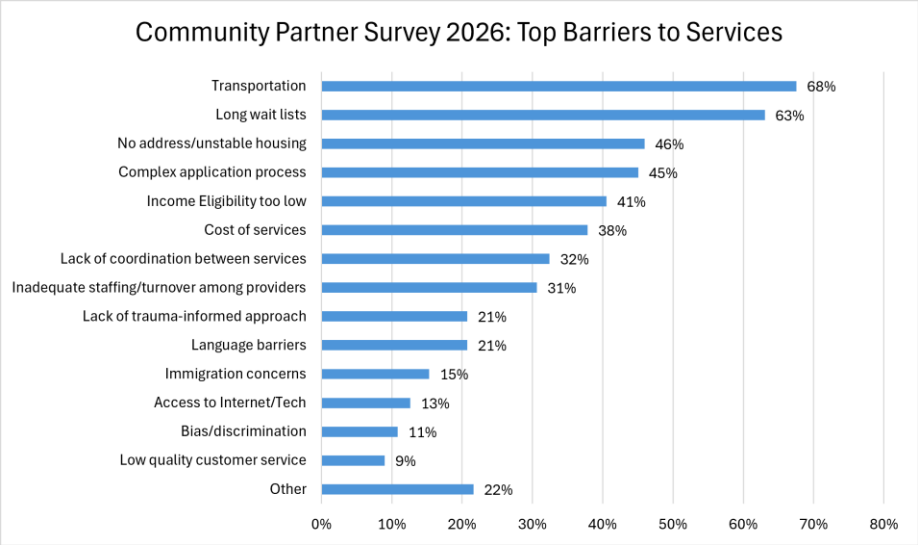
Our Participant Survey and Community Partner Survey conducted as part of the Community Assessment provide us with some insight into how well our area service delivery system is working. We asked Participant Survey respondents about the difficulties they had directly experienced when accessing services they needed, and 'overly complex application/renewal processes' figured significantly in the responses, with 'long waiting lists' being the most common barrier. Transportation was the fourth most common barrier cited.

Figure 92. Participant Survey 2025, Barriers in accessing services



Community Partners responded to the question: "What do you think are the 5 most significant barriers in accessing services?" (Please note that half of the respondents chose to focus on Franklin County for this question, so conditions in this area may have an outsized influence on the overall results.) Transportation was the most common barrier identified, followed by 'long waiting lists.' 'Inadequate staffing/high turnover,' and 'Lack of service coordination' were important barriers to about a third of respondents.

Figure 93. Community Partner views on barriers to accessing services, 2026



While many barriers require policy changes on much broader level, such as long waiting lists, restrictive income eligibility criteria, and transportation, others can be improved with local efforts. Some comments from our Community Partners on what is needed include such suggestions:

- *Systems are overwhelmed, workers are tired, but we have to keep some heart in the work. People trying to access services deserve to feel like a priority, that their concerns aren't being minimized, and that the people in services care.*
- *Stronger communication between providers, having an understanding of how a person's mental health can impact their presentation to the community, increased leniency for those without an address or personal documents.*
- *Barriers happen in more ways than described here. The trauma and stigma of being poor cannot be overstated. People need to be treated with dignity and respect.*
- *Better coordination between services. Turnover is a challenge, but if we are going to get through the next few years, we will all need to collaborate more. This means knowing each other programs so we are not referring people to services that they are not eligible for, which increases participant apathy and confusion.*
- *More trauma-informed training for staff; streamline application processes, accommodations for people's experiences and situations (e.g. domestic violence), assistance with access (e.g. transportation support, connection to stabilizing resources).*
- *Policies and practices should simplify access by reducing unnecessary documentation, minimizing repeat intakes, and ensuring clear, plain-language communication with interpretation as a norm. Services should be trauma-informed and culturally responsive, prioritizing dignity, choice, and flexibility rather than punitive or one-size-fits-all requirements. Stronger coordination across providers and consistent practices across sites would help ensure people receive equitable support regardless of where or how they enter the system.*
- *I think that more options for how to access services depending on need and capacity is also helpful - e.g. more online access options for people who prefer that and more ways to access care and communicate with providers without being online for people who don't have access or are not comfortable with tech (including many older adults).*
- *Greater protection for immigrants, especially those facing domestic violence. The climate of fear in that community is off the charts..... We need more bilingual staff everywhere.*
- *I would love to see information in multiple languages in an accessible format.*
- *More human outreach is needed. More people to "hand-hold" through navigating available services.*
- *Most people we talk to don't know what's available to help them and/or they assume they won't qualify. Many more people would access assistance if they knew where to go and how to get help.*
- *Franklin County social service agencies are too 'Greenfield-centric'. It is imperative that service organizations get out of Greenfield into the surrounding towns, partnering where they can, to ensure equal access to resources.*

CAPV has been working to improve service coordination internally (more information on this is in the Agency Capacity: Internal Assessment section), and through increasing collaborative relationships with other agencies. Please see the section on Outcomes, Strategies and Actions for more information on how these relationships help us achieve the goals we have set out in CAPV's Strategic Plan.

VII. AGENCY CAPACITY: KEY FINDINGS OF THE INTERNAL ASSESSMENT

A. Agency Capacity and Internal Data Review

1. Match of Mission with Population Served

Community Action Agencies are charged with working with families and individuals with low incomes. It is important to demonstrate that we are serving the people we are supposed to serve, and to know how many residents may be eligible for our services and do not receive them. CAPV does fulfill its mission of serving people with low incomes from throughout our service area. As we established in the Community Needs Assessment, in our area, people with income below about 300% of the Federal Poverty Level (FPL) have income below the living wage level and are financially vulnerable, although most people CAPV serves have income below 200% FPL, the threshold for many public benefits and government funding sources, including CSBG. In 2025, we served approximately 25,000 people (21,600 of whom we have detailed demographic data for). 42% had income below 100% FPL, and 38% had income between 100% and 199% FPL, for a total of 81% below 200% FPL.

We serve more people from Franklin County (53.4%) than Hampshire County (42.2%), while Hampshire County has over twice as many residents overall (and almost twice as many with income below 200% FPL); in other words, in the more diverse of the two counties, we serve a lower percentage of people who might benefit from our services. In Hampden County, we serve very few people (0.4%) since Head Start/Early Head Start is our main program there (Western Hampden), and only 3% of those we serve are in Worcester County (part of the North Quabbin region). For simplicity, the statistics we are using from the American Community Survey (ACS) for comparison purposes here refer to CAPV's CSBG service area, Franklin and Hampshire counties.

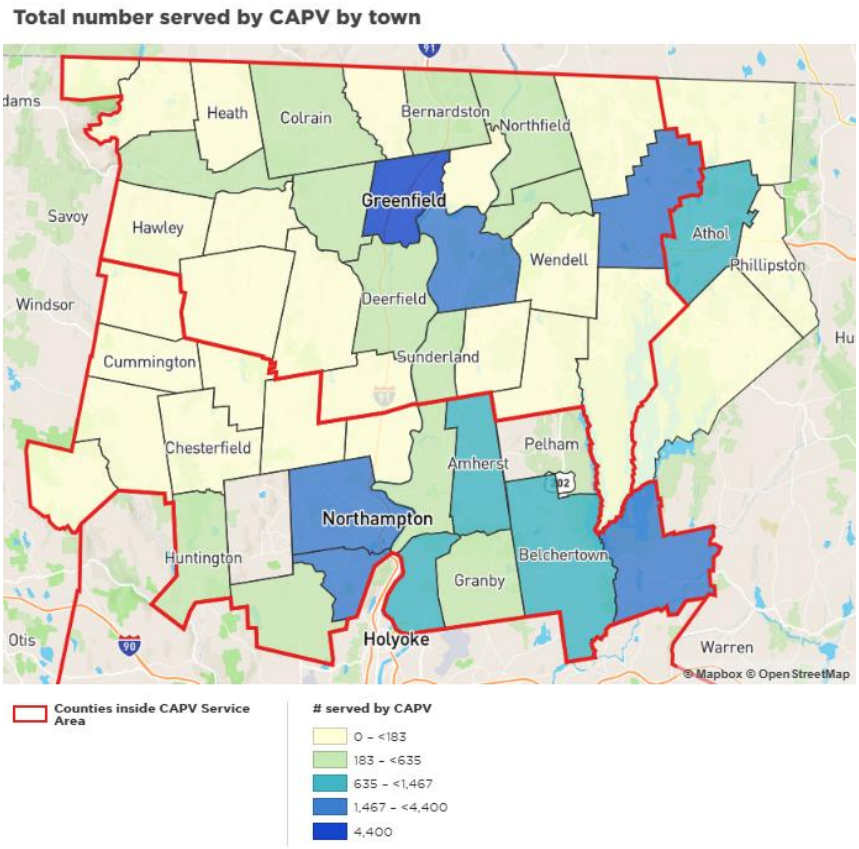
It is important but imprecise (due to data limitations) to compare the race and ethnicity of people we served with their presence in the population with low income. While the majority (81%) of people CAPV serves have income up to 200% FPL, the Census Bureau data cross-tabulates data for race and poverty only up to 100% FPL. The chart below provides a very rough idea of how well the agency does in serving people of various groups by race/ethnicity. CAPV serves fewer people identifying as White than their representation in the population as a whole, but a higher percentage than their representation in the population of those with income below 100% FPL.

Table 20. Racial breakdown of population, population in poverty (Franklin and Hampshire Co.), and ALL people served by CAPV

	% of total population (ACS 2024 5-yr. estimates Table B03002)	% of total pop. with income below 100% FPL (ACS 2021 5-yr. estimates Table B1701A - I)	% of total served by CAPV 2025
American Indian/Alaska Native	0.2%	0.4%	0.7%
Asian	4.3%	4.0%	1.9%
Black/African American	2.2%	4.8%	5.2%
Two or more races	7.2%	11.6%	5%
Native Hawaiian/ Other Pacific Islander	0.0%	0.0%	0.2%
White of any ethnicity	84.1%	74.8%	82.6%
Other	2%	4.5%	4.5%
Hispanic Latino/a/x of any race	6.8%	13.8%	14.2%

Figure 94[150] below shows the distribution of those we served in FY25 by town in Franklin and Hampshire counties and the North Quabbin region (excluding Western Hampden because we serve so few people there). This unsurprisingly shows that we served more people in the more populous towns, and in towns with higher numbers of people in poverty. We served the highest number of people in Greenfield (4,400), followed by Orange (2,117), Northampton (1,572), Ware (1,557), Montague (1,510), and Easthampton (1,467).

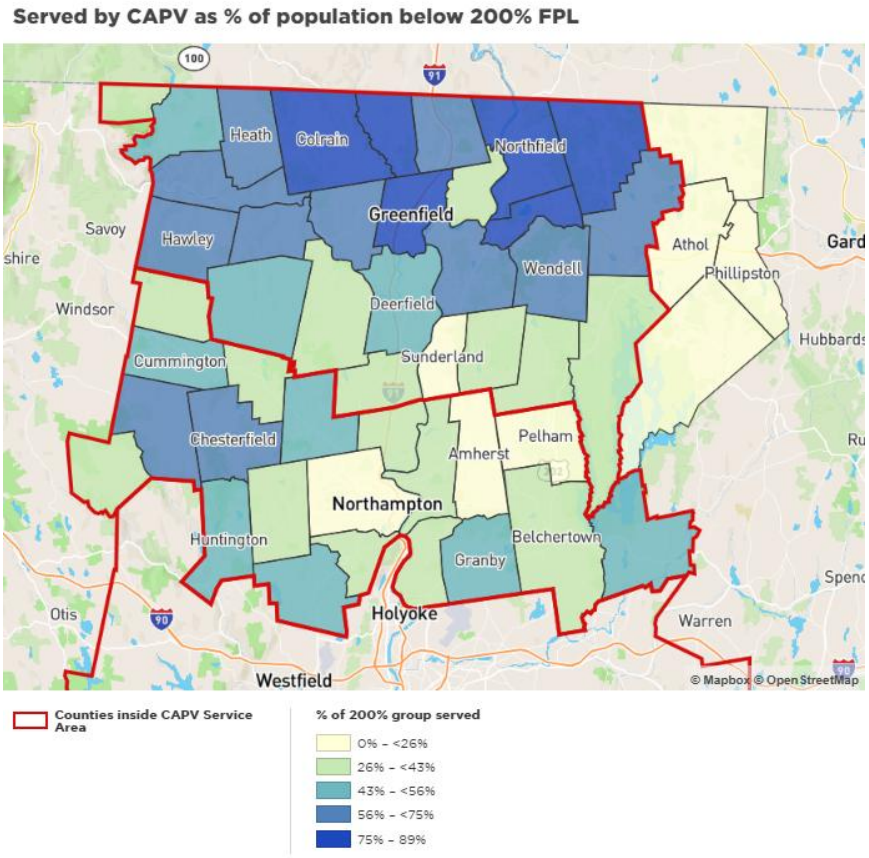
Figure 94. Number of people served by CAPV in FY25, by town



However, the story shifts when we consider these numbers in the context of the number of people living with low income in each of those towns. This data can tell us how well we are "penetrating the market" and serving as many people with low income as we can; while a somewhat rough estimate, it is still informative. With FY25 service data and ACS estimates of the number of people with income below 200% FPL, we developed the following map (Figure 95) depicting the estimated portion of eligible individuals we serve in each town.[151] It is clear that we serve a far lower percentage of 'potentially eligible" Hampshire County residents than Franklin County, which is to be expected since we operate fewer programs there. There are also some towns that stand out as having lower rates of program utilization, and this bears further investigation. The estimated percentage of the eligible population served for some of the larger towns mentioned above ranges from 75% in Greenfield, 65% in Orange, 61% in Montague, and 50% in Ware to only 38% in Easthampton and 21% in Northampton.

[150] mySidewalk.com; https://reports.mysidewalk.com/0849aa8e66#c-1695115; based on CAPV's internal data for FY25.
[151] mySidewalk.com; https://reports.mysidewalk.com/0849aa8e66#c-1695033; based on CAPV's internal data for FY25.

Figure 95. Number served by CAPV (FY25) as a % of population below 200% FPL by town



Some of the explanations for these findings include the outsized influence of CAPV's Fuel Assistance program in the data, which serves a higher number of people than any other program. This program does not serve the Worcester County towns in North Quabbin (Athol, Petersham, Phillipston, and Royalston), leading to a smaller proportion of the low-income population served. Other explanations have to do with populations that do not typically seek CAPV's services; for example, many college and graduate students live in Sunderland and Amherst, and CAPV typically reaches fewer people in the student population. Therefore, only 15% of Sunderland's low-income population and 10% of Amherst's participates in CAPV programs. The explanation is less clear in a town like Northampton, though, where there are a large number of families and individuals with low incomes, yet only 21% are served by CAPV.

2. Agency Reputation and Visibility

In our surveys of community partners, each year we ask the same or similar questions about our reputation in the community. This year's 108 responses represented staff from a variety of sectors, most commonly Family Support and Homelessness services (Note: respondents can classify in multiple sectors). About three-quarters had a presence in Franklin County and over half had a presence in Hampshire County (again, respondents indicated multiple counties/regions their organization served).

Figure 96.Community Partner Survey--Sectors represented

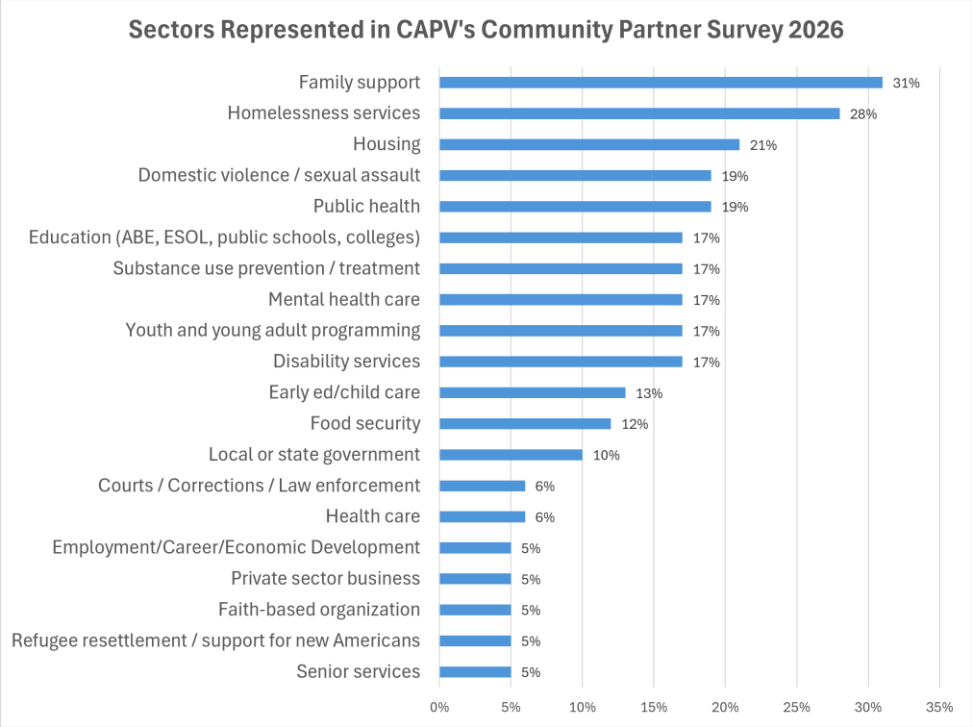
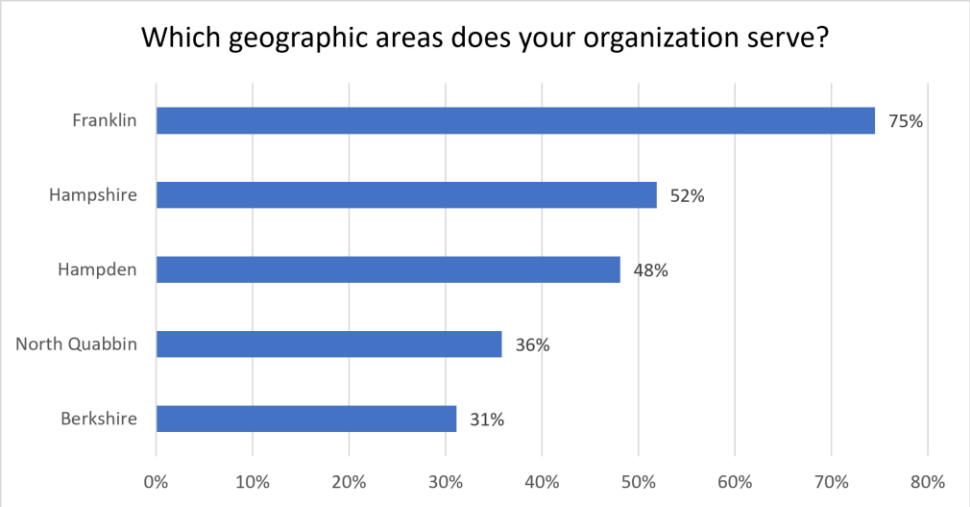


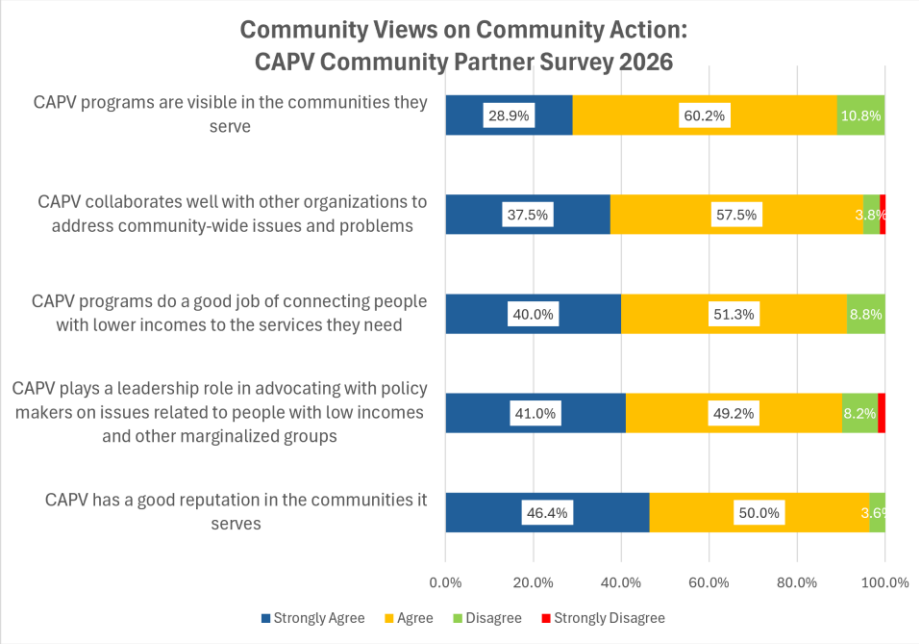
Figure 97. Community Partner Survey--respondent geography



We typically find that we have a solid reputation among our colleagues, and this is a major asset in our work as our staff, Board, and volunteer ambassadors engage in work in the community, from shared case management to collaborative practice-oriented groups to community organizing and planning. Over 96% *agreed or strongly agreed* that we had a good reputation, the highest rating of any of the questions. We are also seen as leaders in advocacy efforts on behalf of people with low incomes in our communities. (*90% agreed or strongly agreed*), and community partners generally think we do a good job of connecting people to services (91% agreed or strongly agreed). 95% agreed or strongly agreed that CAPV collaborates well with other organizations. Regarding visibility, the agency has heard feedback for years

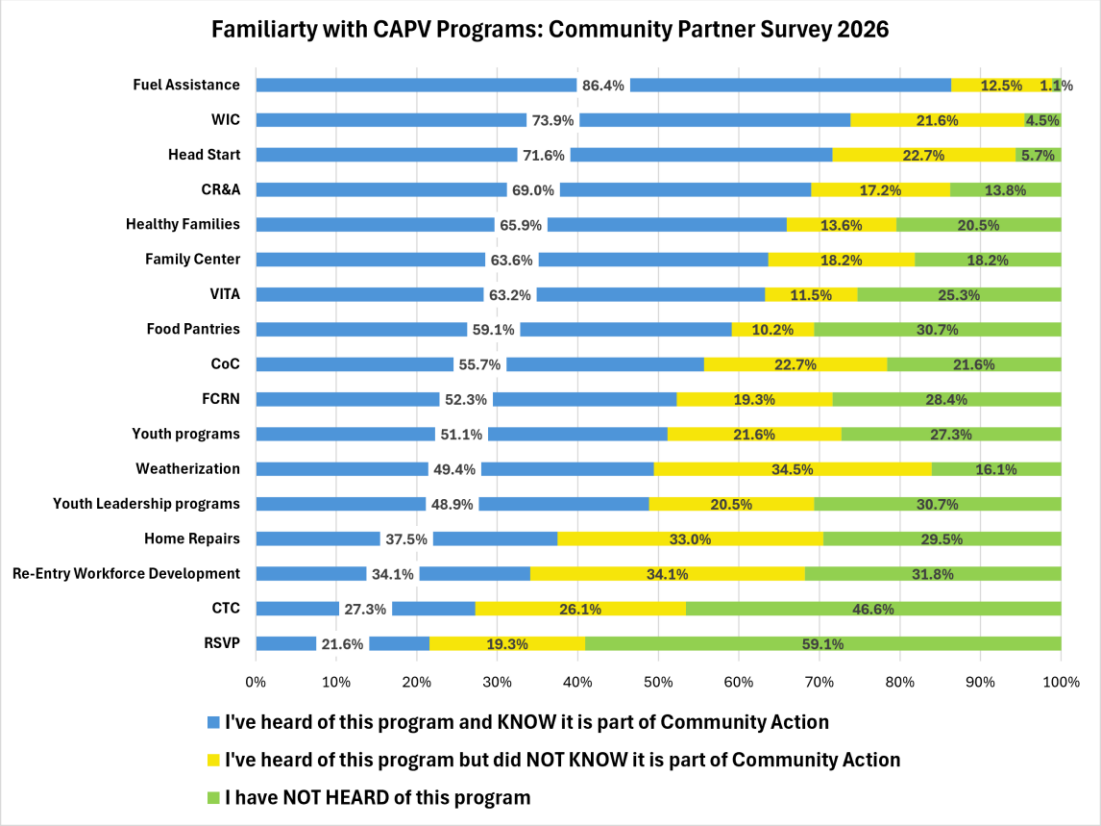
that we have plenty of room for improving this, particularly in the more rural communities in the service area where we do not have physical offices, and in Hampshire County, where we have fewer programs and serve a smaller proportion of those potentially eligible for our services. Our Community Partners continued to rate us slightly less favorably in this arena, with only 29% *strongly* agreeing that CAPV is visible in the communities we serve though only 11% disagreed with this statement. Generally, Franklin County respondents tended to rate CAPV slightly more favorably than Hampshire County.

Figure 98. Community Partner views on CAPV visibility, reputation, etc., 2026



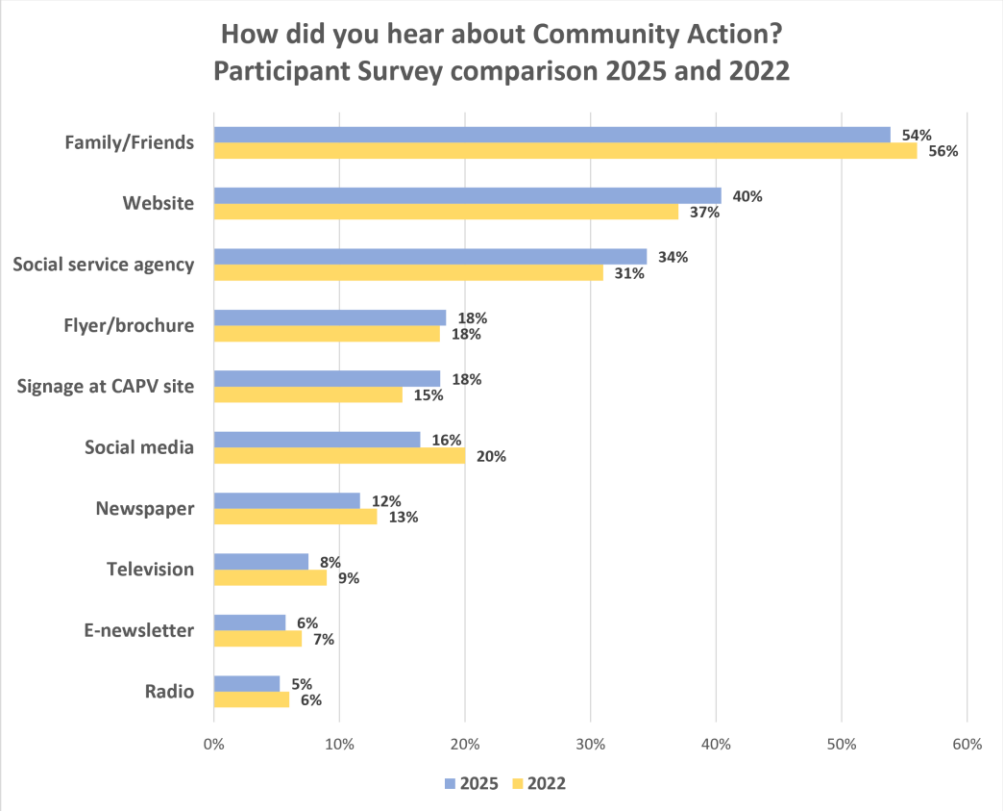
In addition, it has been very clear that many staff in various agencies and organizations in our community are familiar with our programs but frequently do not know they are part of CAPV. It is important for purposes of making accurate referrals that our partners know exactly where to find our programs, so it remains a concern if they don't. The chart below summarizes responses from our Community Partner Survey. Fuel Assistance consistently appears as our most well-known program, with only 13% who do not know it is part of CAPV. 95% of community partners know about WIC, but about 22% do *not* know it is part of our agency. Weatherization is well-known, but less than half know this is a CAPV program. The Retired Senior Volunteer Program (RSVP), which became a CAPV program in 2018, is less well-known than others, with only 40% of respondents aware of the program; awareness is significantly higher in Hampshire County than Franklin County. Only half of those who know the program know it is part of CAPV.

Figure 99. Community Partner knowledge of CAPV basic needs programs, 2026



While our community partners are critical referral sources and collaborators around addressing the needs of those we serve, it is of even greater importance to hear directly from people in need of our services how they typically find us. Our Participant Survey respondents consistently identify family and/or friends as the most common way they learned about CAPV (54% in the 2025 survey reported this). Other social services agencies remained an important source of referrals, with 34% stating they heard of CAPV in this way. CAPV's website has been an increasingly important source of information for potential participants; in 2019, only 18% cited the website as the means for learning about CAPV; then in 2022 it shot to 37% and then 40% in 2025. CAPV did a major re-vamp of its website around the time of the last survey to make it more user-friendly for people in need of our services, so this seems to have succeeded. CAPV is reviewing our website to ensure it is even more accessible, particularly for those with challenges such as disabilities; we are required to be in compliance with new regulations by the Department of Justice for Title II of the Americans with Disabilities Act legislation by April of 2027 and have engaged a consultant to provide us with an analysis.

Figure 100. How Participant Survey respondents heard about CAPV services, 2025 and 2022



3. Measuring Customer Satisfaction

There are two CSBG organizational standards that pertain to measuring customer satisfaction.
STANDARD 1.3: THE ORGANIZATION HAS A SYSTEMATIC APPROACH FOR COLLECTING, ANALYZING, AND REPORTING CUSTOMER SATISFACTION DATA TO THE GOVERNING BOARD.
STANDARD 6.4: CUSTOMER SATISFACTION DATA AND CUSTOMER INPUT, COLLECTED AS PART OF THE COMMUNITY ASSESSMENT, ARE INCLUDED IN THE STRATEGIC PLANNING PROCESS.

The agency has customer service guidelines and a policy about measuring customer satisfaction and reporting the results and any changes made at the program level to the Board of Directors. Each program is responsible for measuring participants' satisfaction with services at least once a year with a method of their choosing and for using the data to improve the program. The policy also includes measuring customer satisfaction among program participants and our community partners in the social service, mental health, medical, and faith-based sectors during the triennial community needs assessment. The policy on measuring customer satisfaction allows for flexibility in wording and methodology for each program, and this is a strength of the policy. Yet many of CAPV's funders mandate specific surveys of their own design, which does make it difficult to consistently monitor feedback and progress. In addition, some programs have yet to determine a standard way to gather customer input, so information gathered is much more ad hoc and cannot be easily analyzed. The Participant Survey provides us with the chance to get some basic customer satisfaction information across all programs, and the results are shown below. Generally, customer satisfaction ratings by participants have been consistently high over the years. We are proud that almost everyone who seeks our assistance says they feel respected by us, no matter their

gender, race, ethnicity, sexual orientation, or age. Information and comments from the Participant Survey and program-level survey data are provided below.

Figure 101. Participant Survey 2025: Satisfaction with Basic Needs Programs

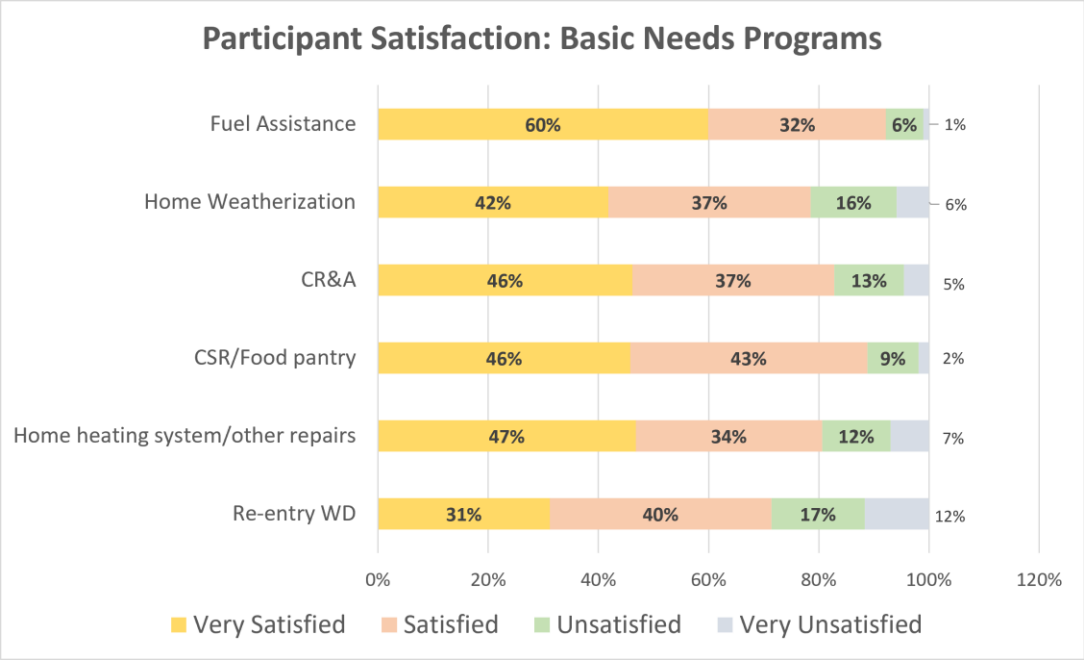
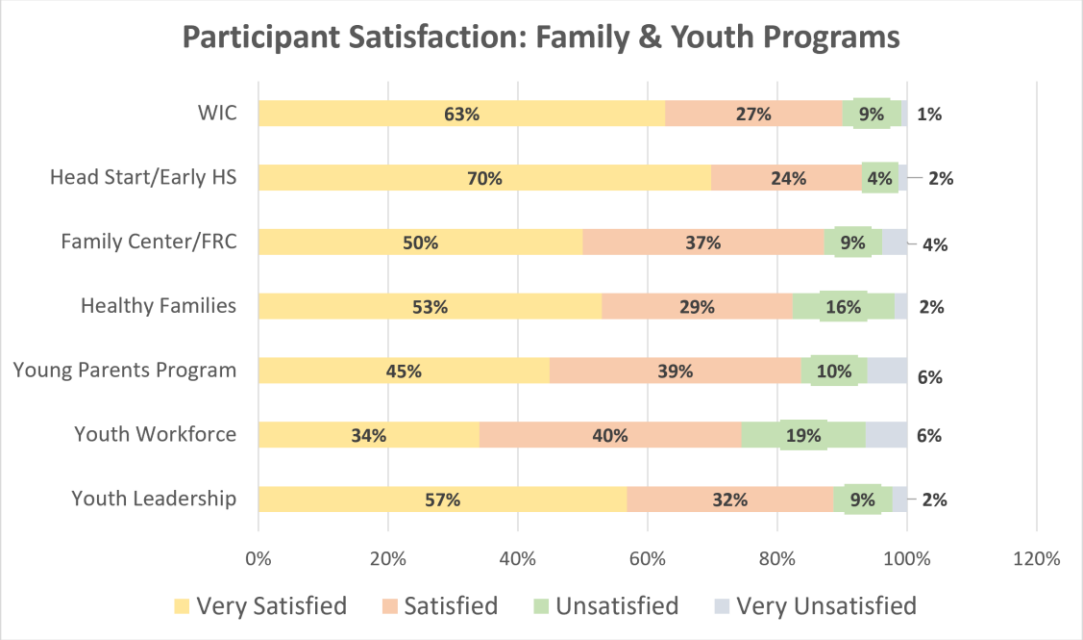


Figure 102. Participant Survey 2025. Satisfaction with Family and Youth Programs



WIC Program:

- *92% of our program participants (from a 2025 customer satisfaction survey) said they were satisfied or very satisfied with the WIC program*
- *91% say that WIC staff are 'always' friendly and respectful*
- *94% say WIC staff 'always' listen to their concerns and try to help.*
- "It has been a blessing to have SNAP, WIC, and Head Start; they have been a huge help to my family. Of course, I do worry a bit about the future—that benefits might be cut or remain frozen."
- "WIC is the best program. It helps provide many food for my baby."

Volunteer Income Tax Assistance Program (VITA)

- *99% of respondents were confident in the accuracy of their returns and 99% would recommend the VITA program to a friend*
- "Community Action has been a lifesaver in many ways; at one point I was paying close to $500 just to have my taxes done and then I found out about the Community Action tax program that comes around every tax season and it has been so helpful and every volunteer that I have run into at one of those tax appointments that I go to have been so helpful and friendly and non-judgmental it has made me feel less uncomfortable with getting this type of help."
- "The financial literacy program and the tax help have been imperative to support me. I can't say enough about the quality and personal service of those working there and these programs."
- "More appointment slots are needed as appointments are filled quickly."

Head Start & Early Learning Program (HS&ELP)

- *92% of currently enrolled survey respondents (to the program's Spring 2026 survey) say they are very or extremely satisfied with Head Start.*
- "My girls' teachers are wonderful at G St and Central St, as is everyone else— the family advocate, site directors, chef, and even the janitor at G St. Any issue I've ever had has been resolved with care and attentiveness. I feel extremely lucky and supported having these two Headstart locations available to my family."
- "I enjoy the relationship I've built with my Head Start at home teacher, she's become part of the family. The classroom teachers have been amazing role models and supports for my children in the classroom. I've had opportunities to be involved in my community through Headstart."
- "When my children were small we used some of these programs. I am grateful it was there when I needed. All of my three children were graduates from Head Start and teachers were very helpful and also parents got involved - I am a proud parent of Head Start. Thank you."
- "I utilize the Headstart program as it's difficult for me to work without childcare for my 4 year old and other childcare facilities have been extremely out of reach financially. I feel my children is safe and I'm able to work more hours putting me in a better financial situation I was in before starting the program."
- "I wish the bus would come back."
- "I wish we had a bigger site with the capability to have full day classrooms and to be able to serve more children in our community."
- "Consistency in hours and not sudden cancellations in care and closing early. If I didn't have a support system I would've gotten fired a long time ago!"
- "Eligibility requirements, as a family who is extremely low income with 1 child already enrolled, due to 1 thing we don't qualify for outside of Head Start we cannot enroll our second child due soon. And this causes a lot of worry around childcare."

Fuel Assistance:

- "Amazing program and the staff is always so helpful and friendly!"
- "I have been receiving fuel assistance for many years now. I depend on Community Action 100% for my heating and they have ALWAYS taken great care of me. They do an awesome professional job and there's not one bad thing to say. I appreciate you guys for all the hard work and for always being there for me."
- "Everyone has always been kind, courteous, and very helpful. If I have called, my questions were always answered and all suggestions I received were helpful when dealing with Fuel Assistance and National Grid."
- "It's difficult to speak to a human for myself and elder mother regarding applying for fuel and EBT as she doesn't not have a computer and I am not IT savvy. Always afraid of missing out on benefits for her especially."
- "Applied for and got Fuel Assistance. Very long wait for application to be reviewed. First year we were eligible missed out on being able to use the money because so late for Community Action to make a decision."
- "Fuel assistant program asks way too much questions and is inconvenient to fill out the form online. Very difficult."

Weatherization/home repair:

- "Some people in the Energy Assessment dept. have gone far above any expectations with fixing my home's heating problem which could have caused life-threatening health issues. Can't praise them enough."
- "I have had assistance with safety features installed in my home. Safety grab bars, hand rails, tub fixed for ease to step in. Also insulation added in my house. So much help! Recently was approved for a heat pump installation. Thank you for making my home safe and warm!"

Food pantries:

- "My experience with Community Action has been very supportive. I've used several programs, including the food assistance program and the community resource center."
- "Coordinating deliveries from Center for Self-Reliance when there was a high volume of need & I was experiencing housing instability was a challenge."

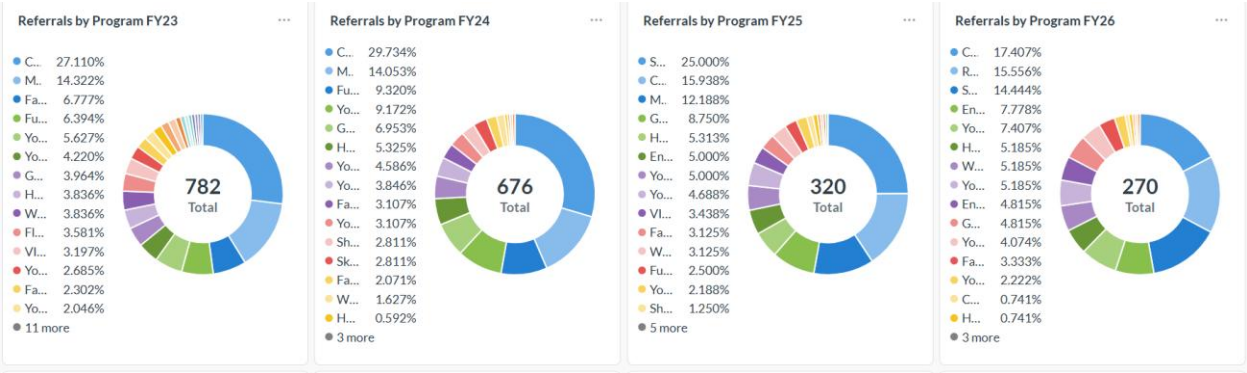
4. Service Integration and Participant Engagement

Social, medical, and mental health services have a history of operating in silos, and folks often fall through the cracks in between those silos. Integrating our services so they operate more seamlessly has been a strategic goal in the past and is included in our current strategic plan. After laying much groundwork during the FY18-20 plan, CAPV continued this as a priority for our two subsequent plans. During the past three years CAPV continued to make progress in achieving greater service integration amongst programs and Departments. A Service Integration Committee initially met regularly to drive the process, though Committee work was paused during FY24 due to staff capacity constraints. Before pausing, the Committee successfully updated the original pre-assessment tool into the new CAPV Engagement Tool, trained staff on the new tool and built out an internal SharePoint page with resources and training materials. We continue to track where referrals are coming from and which programs are receiving them, the length of time it takes programs to respond to referrals and, to the extent feasible, the outcome of the referral. Another big success from the FY24-FY26 plan has been importing data from other databases (Fuel Assistance, Head Start, WIC, Family Resource Center) into our agency-wide database, CHMP. This has accomplished two major CAPV goals: 1) creating a "data warehouse" to be able to more easily complete CSBG reporting and see more holistic views of participants and all of the CAPV services that they access, and; 2) rolling out the use of the CAPV Engagement pre-assessment tool to more Departments because

client data is imported automatically and therefore there is less data entry for staff when making referrals to other programs.

Despite these efforts, staff members continue to report on the Staff Survey that they are only 'somewhat' (42.8%) or 'not familiar at all' (41%) with CAPV's service integration efforts. Those percentages have increased since 2023. In addition, most staff (78%) are unsure whether service integration is making a difference for the people we serve. We have also seen the number of referrals made using the CAPV Engagement Tool and CHMP database decrease over the last two years.

Figure 103. CAPV Internal Referral Data, FY23 - FY26



There are a variety of reasons for this: 1) we have had significant staff turnover from the initial "champions" that were at the agency when we first launched the Service Integration project and we have lacked staff capacity to keep up with the Service Integration Committee, which was the driving force behind getting staff together regularly to discuss the project; 2) we have fewer staff than we did when first launched in 2020. During the COVID-19 pandemic, CAPV had funds to expand staffing, which resulted in staff interacting with more participants and doing more assessments with the Engagement Tool; 3) we have struggled with staff capacity to continue to monitor and invigorate this project. The project is assigned to the Associate Director of Programs and her responsibilities have included covering for various staff vacancies at the program director level, which has meant it has been challenging for her to dedicate adequate time to staff the Service Integration Committee.

Participant Engagement is a focus for the FY27-FY29 Strategic Plan. CAPV is committed to the Service Integration model and it is not uncommon for Service Integration projects to have ups and downs in implementation. Leadership at CAPV believes in the value of this integration, and it continues to be part of agency-wide conversations. MassCAP is starting a new Community of Practice for CAP agencies interested in implementing or who have implemented Service Integration, and the Associate Director of Programs will participate.

CAPV plans to relaunch the Service Integration Committee as part of our FY27-FY29 Strategic Plan, along with several other participant engagement initiatives with the goal of strengthening participants' access to, experience with, and benefit from CAPV programs and services. One focus will be exploring how some of CAPV's highest volume programs can accept referrals in the database system. Currently, Fuel Assistance, VITA and our food pantry program lack the staff capacity to successfully respond to referrals in the database. We heard in our 2026 Staff Survey that staff find this frustrating and we plan to focus on exploring solutions to this problem in our upcoming three-year plan. Other priority objectives will include collecting and analyzing data on how the community interacts with CAPV programs and what strengths

and challenges are present, how we interact with callers and walk-ins across the agency and how we can bring consistency to those interactions, and an agency-wide customer satisfaction survey tool.

5. Staff Job Satisfaction/ Staff Retention

The staff of Community Action Pioneer Valley are the most valuable resources we have in fulfilling our mission. Their resilience, dedication, and skill in building relationships has been put to the test in the past year, and they have demonstrated that they have what it takes. Especially since the agency may not be able to pay wages commensurate with the for-profit sector, we work very hard to maintain high levels of job satisfaction and to retain staff. We conduct a Staff Survey every three years, which asks many questions to help determine the areas staff feel require the greatest attention. In early 2026, 182 staff completed the survey, over half of our full- and part-time regular employees.

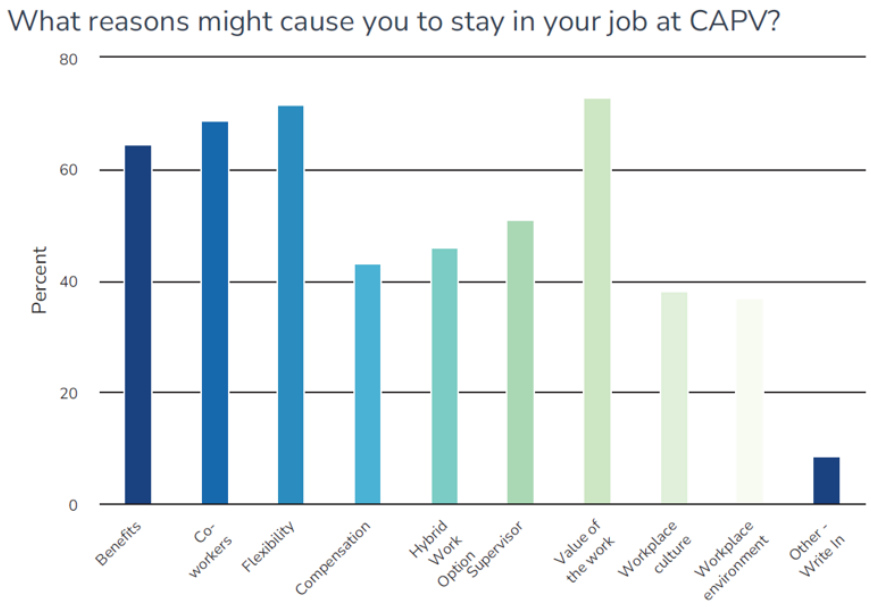
Staff consistently report that they like their job; in 2026, 96% of respondents affirmed this, and 94% said the work they do is rewarding. An overwhelming number of staff, 60%, Strongly Agree that they understand the connection between their work and the agency's mission, with another 38% saying they Agree. Fewer staff agreed that their workspace is a good place for getting their job done in the 2026 survey (72% versus 79% in the 2023 survey). While 82% of staff feel they receive the training to do their job well, only 66% say they have adequate time to complete their job responsibilities effectively (a slight improvement over the 62% in 2023 and a major improvement from 47% in 2019.

Table 21. CAPV Staff Survey 2026: Job Satisfaction

Job satisfaction metric	2026	2023	2019
Like their job	95.8%	93.7%	95%
Workspace supports getting the job done	72.3%	79.2%	68%
Paid fair/adequate compensation	49.6%	33.5%	38%

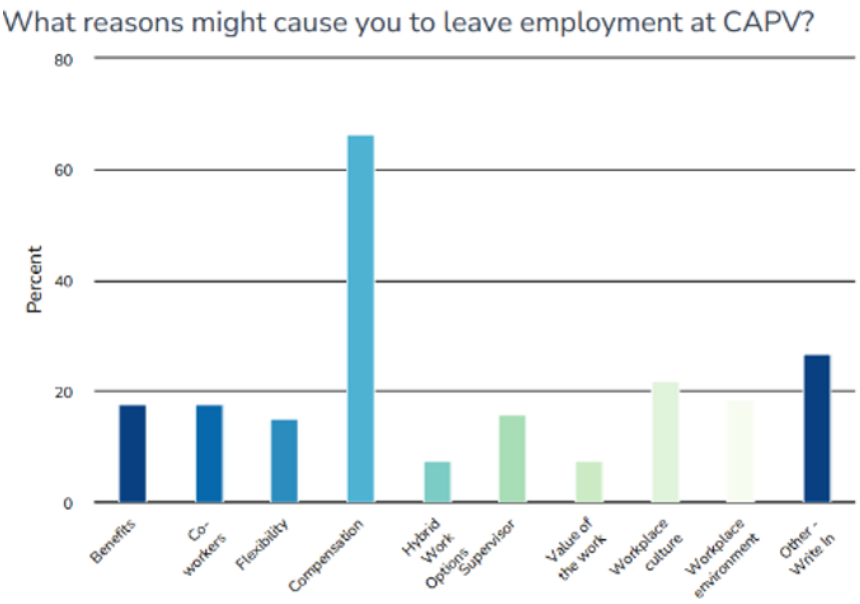
The Staff Survey directly asks about the factors that convince employees to stay in their job at CAPV, and the responses provide evidence that we have committed employees that appreciate the support they receive from the agency and their colleagues. Over two-thirds of respondents identified the value of the work, their co-workers, and the flexibility we offer as reasons to stay at CAPV, closely followed by the benefits package (65%); 51% also noted the significance of their relationship with their supervisor.

Figure 104. Staff views on reasons for staying at CAPV, Staff Survey 2026



Employee compensation continues to be the main reason that may cause employees to leave their jobs at CAPV, cited by two-thirds of survey responses, as shown below, with workplace culture and workplace environment following at a distance. However, another survey question registers an improvement in staff views on their compensation. When asked whether they agree that they are paid fair and adequate compensation, 50% agree/strongly agree with the statement, significantly up from 33.5% in 2022; 26% disagree or strongly disagree. One factor contributing to this may be the 'Change of Scope' that CAPV's Head Start & Early Learning Programs department implemented in FY24, which included significant pay increases as a strategy to retain employees. The agency has also implemented a variety of pay scale adjustments and continues to offer Cost of Living increases, as feasible. However, satisfaction with compensation is rated much lower than many other areas affecting job satisfaction. As much as possible, given funding constraints, the agency will continue to work to improve compensation.

Figure 105. Staff views on reasons for leaving CAPV, Staff Survey 2026



In their review of the Staff Survey results, the Personnel Committee recognized the generally positive responses about communication with staff. A large majority of staff felt they were kept informed about changes in program policies and initiatives (87%) and that their program's policies and procedures are clear (78%), and that they are kept informed of the overall outcomes achieved by the agency (77%), though only 69% felt they were kept informed about internal job opportunities. Staff have appreciated the 'Fast Five' weekly communications that provide a variety of timely updates and program highlights. Some communication challenges mentioned included Sharepoint navigation, particularly the presence of outdated documents that are meant for staff reference. Some staff feel communication can feel 'top-down' and ask for greater transparency. Recommendations of the Committee are that we clean up Sharepoint to ensure it can serve as as 'a single source of truth,' that the agency keeps emails brief and include links, and that staff meetings and Teams be used for follow-ups and reminders and two-way communication.

In the area of supervision and professional development, 86% of staff reported high levels of satisfaction in terms of general direction and support from their supervisor; 78% felt their supervisor helped them improve their job performance; and 77% said their supervisor helps them define and support their professional development goals. Yet only 50% agreed that performance evaluations help support their professional development. Responses from supervisors indicate some concerns, with only 68% who agree that agency systems and procedures support them as a supervisor (23% chose 'neither agree nor disagree' and 9% disagreed), and only 39% agreed that the progressive discipline process is effective. The Personnel Committee determined that performance evaluations and their role in professional development are the greatest weaknesses. The Strategic Plan includes a goal to build infrastructure and culture to support supervisors in their role and be more effective in supporting employees, particularly through a new comprehensive orientation/onboarding process, a new performance management tool, and additional supervisory training and capacity building.

6. Organizational Systems and Structure

As a Community Action Agency receiving Community Services Block Grant (CSBG) funding, CAPV must adhere to national Organizational Standards that address data, finances, human resources, strategic planning, community assessment, community engagement, consumer input, leadership, and Board governance. We must use the ROMA performance management system of assessment, planning, implementing, and evaluating at the agency and program levels to ensure that we undergo continuous quality improvement. In Massachusetts, the state oversees compliance with the Organizational Standards and the ROMA cycle through a comprehensive automated system, regular monitoring visits, several communities of practice, and ongoing training. The Organizational Standards require that we measure customer satisfaction as well as client outcomes and that we document CSBG expenditures associated with these outcomes. The state monitors compliance with a variety of fiscal standards that represent best practices, including an annual financial audit, regular financial reports to the Board, and sound fiscal policies. The Board must adhere to the CSBG Act stipulations in terms of maintaining a tripartite structure (representatives of people with low income, elected government officials, and the private sector), and has numerous oversight responsibilities to review and approve organizational policies. Our Board is an active one that meets its quorum for nearly all meetings, and these volunteers devote considerable time and commitment to assure the agency's success. Adherence with all 58 Organizational Standards is monitored by the state annually; CAPV consistently attains compliance with 97% or more of them. Our funders also conduct programmatic evaluations, including reviewing data on client outcomes, and many conduct their own audits of the use of their funds, as well. All of these controls underwrite the agency's financial health, efficiency, and effectiveness. Our organizational systems are strong.

In FY23, CAPV embarked on a significant reorganization of its senior leadership. Prior to the reorganization, the Executive Director had 17 direct reports, which was unsustainable and inefficient. The ED and the HR Director worked with consultants to re-envision a structure that would better reflect the needs of a large and growing agency, and this plan was approved by the Board. The immediate decision was to hire for two new positions: an Associate Director of Programs that would lead the agency's program work and supervise all program department directors, and an Associate Director of Community Engagement that would lead the agency's fundraising, communications, and external collaboration work.

In 2024, the Associate Director of Operations position was created to oversee the Directors of Finance, IT, and Facilities.

Also during FY23, CAPV engaged in conversations about our Department structure and discussed if any changes should be made to Department and Programs to increase efficiencies and service integration. We decided to go from six Departments to five Department and move WIC from an independent department to a program within the Community Services Department. We also moved our Fuel Assistance program from the Energy Department to the Community Services Department.

Beginning in FY25, we also began conversations between the Family Support and Youth and Workforce Development Programs to consider program structure, service integration and fiscal responsibility. In FY26, CAPV decided to merge the two departments under one Department Director. This newly formed Department (effective 7/1/26) is yet to be named.

In January 2025, CAPV's long-time Executive Director, Clare Higgins, announced her intention to retire on July 31, 2025. The CAPV Board of Directors, along with support from the Director of Human Resources and the Associate Director of Programs, hired the executive search consulting firm Third Sector New England to lead a robust search for CAPV's next ED. The Associate Director of Programs served as Interim Executive Director from July 31, 2025 to October 27, 2025, when the new ED, Lev BenEzra, started. Lev had previously been the Executive Director at the Amherst Survival Center for 7 years and before that, spent

more than 10 years at CAPV as the Program Manager and then Director of Youth and Workforce Development Programs.

After a lot of transition, CAPV has four program departments that report to the Associate Director of Programs: Head Start & Early Learning Programs, Family Support and Youth & Workforce Development Programs, Energy Programs and Community Services. The Director of Planning and Development, while an Administrative Department, is also supervised by the Associate Director of Programs This position has a unique role in a Community Action Agency given its responsibility for facilitating the agency-wide Strategic Planning process and CSBG compliance, in addition to ensuring continued program funding through grantwriting.

CAPV has three administrative departments that report to the Associate Director of Operations: Fiscal, Information Technology and Facilities.

The Executive Director supervises the Associate Director of Programs, the Associate Director of Community Engagement, the Associate Director of Operations, and the Director of Human Resources. These five positions make up the CAPV Executive Team.

7. Funding and Financial Health

CAPV relies on a plethora of funding sources to meet the program and administrative needs of a large organization serving 25,000+ people and operating 30+ programs. Our budget has grown substantially in recent years, from about $30 million in 2019 to over $46 million in 2025. About 70% of CAPV's funding comes from state and federal government sources. About 37% of our total expenditures are pass-through funding to clients such those receiving fuel assistance or home weatherization and repair.

Community Services Block Grant (CSBG) funding is one of the keys to the agency's ability to fulfill its mission. It is flexible and significant enough in size to fill gaps left by state and federal contracts that do not pay for the full cost of programs or that prohibit use of funds in ways that are critical to program success. For instance, we have used a significant portion of our CSBG funding to support programming in the Community Services department that is core to our mission but difficult to fund in other ways, i.e. the VITA Free Tax Assistance Program, our food pantry programs in Greenfield and Shelburne Falls, and Community Resources & Advocacy. CSBG can also pay for administrative costs that are critical to supporting service delivery while allowing us to charge lower administrative costs to programs, since funders of many of our programs don't cover the full cost of administering them. Our donor fundraising efforts are also an important strategy for filling gaps and addressing specific needs, such as for emergency housing and heating assistance; in FY25, we raised over $520,000 from private donors. Some of this was in connection with our Executive Director's retirement; we established the Clare Higgins Fund for Community Resilience specifically to help sustain vital services.

Some financial challenges are chronic, affecting not only CAPV, but any nonprofits receiving government funding. It would be ideal for an organization of our size to have an operating reserve. We are inherently limited by the fact that the vast majority of our contracts are on a cost reimbursement basis; we are reimbursed for actual expenditures up to a contractual limit, which often does not fully fund what it actually takes to provide a service, and we must use our CSBG funds or other fundraising to cover the full cost of services. CAPV has a substantial line of credit with our local bank to cover shortfalls that occasionally occur because of delayed reimbursement payments. While we expect most of our funding to remain as cost reimbursement contracts, we have successfully obtained some performance-based contracts, such Energy Program's work with the utility companies for Weatherization, which we retain a fee for performing. We will continue to seek out grants and contracts that help us fulfill our mission and advocate for funding levels that help us cover the true cost of our services.

8. Information Technology and Artificial Intelligence

The world of technology is changing rapidly, particularly with the increasing availability and use of tools using Artificial Intelligence. The agency only recently introduced a policy providing guidance to staff on the use of AI, and agency leadership have learned that staff find it confusing and prohibitive.
In the 2026 Staff Survey, employees cited an urgent need for increased administrative efficiencies, noting heavy public-facing workloads, limited administrative time, and difficulty using earned leave, contributing to stress and burnout. At the same time, staff noted that training related to technology, including AI tools, would be helpful, and comments express a fair degree of frustration with equipment or software malfunctions. There is a need to improve staff capacity to use AI appropriately and for the agency to continue to update systems and roll them out in a user-friendly fashion. CAPV intends in the next Strategic Plan to have a more focused effort on technology, including AI, to support staff learning and efficiencies.

B. Prioritized Agency Capacity-Building Needs

CAPV's Strategic Planning Steering Committee reviewed and discussed much of the information presented above at its April and May 2026 meetings. We then held a Strategic Planning Retreat in June 2026 with agency Leadership Team members, members of the Board, and staff involved in the Strategic Planning Committee to further develop ideas about the needs for agency capacity building and systems. The Leadership Team reviewed proposed goals at its July 2026 meeting. Working groups were convened to refine objectives and actions that will go into the new Strategic Plan for FY27 – 29. Here is the summary of needs identified through the Internal Needs Assessment:

1) PARICIPANT ENGAGEMENT: *The agency needs a more consistent approach across programs in how they interact with, track data on, and inform participants about CAPV programs and services.*

The agency has invested much in the past two planning periods to better integrate services through a new agency-wide database that can integrate data from all CAPV programs, along with development of an Engagement Tool and internal referral process to ensure programs are seeking to identify and address the multiple needs of those who come to us for assistance. Despite this, the Staff
Survey indicated that most CAPV staff are unaware of the agency's Service Integration project, and an analysis of our referral data shows that cross-departmental referrals have declined. In addition, the agency worked to develop new Customer Service standards, but we do not have consistent processes for participant feedback to enable us to understand how well we are doing in implementing these.

2) WORKPLACE ENVIRONMENT/STAFF RETENTION: *The agency needs to support staff retention through fair compensation and improved supervisor support and training*

The Staff Survey continues to identify compensation as the most common reason staff would consider leaving their jobs, though we have seen increases in the number of staff who feel they are paid fair and adequate compensation (50% of staff agree or strongly agree, up from 33.5% in 2022). The survey also showed that only 50% of staff agree that performance evaluations help support their professional development. Moreover, only 68% of supervisors felt that the agency systems and procedures support them as a supervisor. The agency had begun various projects to improve staff onboarding processes and began work on a new performance evaluation tool in the previous Strategic Plan period.

3) FISCAL SUSTAINABILITY: *The agency needs to strengthen its fiscal resilience and long-term sustainability.*

Adequate funding to sustain and improve operations in the face of rising costs is always a major challenge for nonprofits. Reductions in federal and state funding sources, some of which have taken place and others which are threatened, can drastically undermine the agency's ability to continue to operate effectively and meet the needs of the community. Increased focus on raising additional funds to improve CAPV's ability to weather an uncertain funding climate is needed.

4) **INFORMATION TECHNOLOGY AND AI**: *The agency needs clear policy and staff capacity regarding the rapidly changing world of technology and IT, both to ensure data security, confidentiality, and accuracy; and to increase efficiencies and capacity across functions.*

The world of technology is changing rapidly, particularly with the increasing availability and use of tools using Artificial Intelligence. The agency only recently introduced a policy providing guidance to staff on the use of AI, and agency leadership have learned that staff find it confusing and prohibitive. Respondents to the Staff Survey also call for more training in the use of technology, and comments express a fair degree of frustration with equipment or software malfunctions. There is a need to improve staff capacity to use AI appropriately and for the agency to continue to update systems and roll them out in a user-friendly fashion.

VIII.OUTCOMES, STRATEGIES, ACTIONS

A. FY27 – 29 Strategic Goals and Objectives

The following tables state each of the Strategic Goals CAPV developed in response to the needs identified above, associated Objectives, and Actions that will be taken in each of the three years of the planning period FY27 -29. This plan includes those responsible for completing each of the planned actions. Reference is also made to the funding that exists or is needed in order to achieve the goals, including goal areas where funding is expected to be coordinated with CSBG funding; CAPV's annual budget specifies where CSBG funding is used in conjunction with other funds in order to deliver programs and services and may be allocated differently year to year depending on the agency's needs. While CAPV delivers various services across Western Massachusetts and four North Quabbin towns in Worcester County, CSBG funding will be used according to existing legislative guidelines in CAPV's federally designated service area of Franklin and Hampshire counties. CAPV separately maintains a detailed policy on how we ensure the appropriate use of CSBG funding in our designated service area. In addition, this policy ensures that those benefiting from CSBG funding meet the income guidelines of that funding source, in accordance with applicable federal legislation. Services outside of this area are managed and closely monitored according to the guidelines of various public and private funding agencies.

Goals identified in response to the needs include Family/Individual goals in three areas: Employment, Basic Needs/Housing, and Health/Social-Behavioral Development. The agency also identified goals in four areas at the Agency Level/Capacity Building: Participant Engagement, Fiscal Sustainability, Technology & AI, and Staff Retention/Workplace Environment.

1) Family/Individual Level Goals

- **EMPLOYMENT:** Improve economic security through employment opportunities and supports
- **BASIC NEEDS/HOUSING:** Improve economic security through access to housing and basic needs resources
- **HEALTH/SOCIAL-BEHAVIORAL DEVELOPMENT: Children, Youth/Young Adults, & Families:** Improve long-term economic security by supporting healthy development for children, youth/young adults, & families

2) Agency-Level/Capacity-building Goals

- **PARTICIPANT ENGAGEMENT:** Improve economic security through streamlined access to programs and enhanced customer service and engagement
- **STAFF RETENTION/WORKPLACE ENVIRONMENT**: Improve staff retention by continuing to increase wages and benefits as funding allows and developing systems for supervisors to improve support for employees
- **FISCAL SUSTAINABILITY**: Strengthen CAPV's financial resilience and long-term sustainability through strategic reserves, disciplined budgeting practices, and diversified revenue.
- **INFORMATION TECHNOLOGY AND AI:** Strengthen CAPV's use of technology and AI, guided by clear policy and staff capacity, to increase organizational efficiency, capacity, and mission impact.

EMPLOYMENT

Need: *(describe the need that must be addressed)*

Youth/young adults and adults/families with low income need help to obtain employment, including education/training and barrier-reduction services

Goal *(broadly, what do you expect we will achieve in response to the need?)*

Improve economic security through employment opportunities and supports

Strategies: *(broadly, what programs, services, activities, and/or partnerships will be undertaken to achieve the goal)*

Successfully implement key workforce development programs; Engage in partnerships and/or develop funding to improve educational outcomes; Cross-departmental staff capacity-building re: successful models/methods; facilitate access to childcare

Objectives *(more specifically, what measurable achievements are expected in what timeframe?*

*What **actions** will be taken in each year of the plan to achieve the objectives?)*

		Year 1 Actions	Year 2 Actions	Year 3 Actions	Leadership (who is responsible?)
Objective 1	***Support improved employment outcomes through CAPV workforce development services and supports***	**Action 1.** Develop cross-program staff expertise in job readiness and case management approaches supporting people to obtain employment through in-service training series	Continue to develop cross-program staff expertise through in-service training series. Survey staff on Year 1 training series.	Review survey data and staff participation to determine effectiveness of training series and formalize plan to refine and repeat.	**Janna Tetreault, Assoc Dir. for Programs**; Lisa L., Director Y&WDP/FSP; Marianne B., HS&ELP
		Action.2. Meet goals for enrollment and outcomes in key workforce development programs, including: MassCEC Wx tech program, CEIS, Re-entry program; Re-apply for ReEntry funding	Re-apply for ReEntry funding; meet goals for enrollment and outcomes in key workforce development programs, including: MassCEC Wx tech and ReEntry programs. Exceed enrollment and outcome goals in CIES program	Re-apply for ReEntry and MassCEC funding; meet goals for enrollment and outcomes in key workforce development programs, including: MassCEC Wx tech program, Re-entry program; Increase contract size and meet enrollment and outcome goals in CIES program	**Lisa Lapierre, Director Y&WDP/FSP**
		Action 3. Maintain support for youth and young adults to engage in workforce	Maintain support for youth and young adults to engage in workforce experiences	Maintain support for youth and young adults to engage in workforce experiences and	**Lisa Lapierre, Director Y&WDP/FSP**

		experiences and employment in key programs, including: Young Parents' Program (YPP); Meet goals for enrollment and outcomes in YPP	and employment in key programs, including YPP; Meet goals for enrollment and outcomes in YPP	employment in key programs, including YPP; Meet goals for enrollment and outcomes in YPP	
Objective 2	***Increase employability through supporting educational attainment***	**Action 4.** Cross-departmental discussions to develop resources /partnerships to improve tutoring services toward achieving Hi-Set, GED, high school diploma	Provide access to and staff training in online HISET/GED prep resources. Track use of system and success in credential attainment.	Expand access to and staff training in online HISET/GED prep resources. Track use of system and success in credential attainment.	**Janna Tetreault, Assoc. Dir. for Programs;** Lisa Lapierre, Director Y&WDP/FSP; Marianne Bouthilette, HS&ELP
		Action 5. Cross-departmental discussions to improve processes to facilitate access to higher education, e.g. community college enrollment	Work with HCC/GCC to create point of access (dedicated relationship) for participants. Develop way to track referrals.	Evaluate and continue to expand higher education access for participants	**Janna Tetreault, Assoc. Dir. for Programs;** Lisa Lapierre, Director Y&WDP/FSP; Marianne Bouthilette, HS&ELP
Objective 3	***Improve ability to attain and retain employment through facilitating access to childcare***	**Action 6.** Improve processes across the agency to track family's access to childcare for purposes of attending work or school/training by reviewing with each Department how this data is tracked (if at all)	Work with Departments to develop common metrics to track data on childcare access.	Begin tracking data to the greatest extent feasible across programs.	**Janna Tetreault, Assoc. Dir. for Programs. Database and Reporting Manager**
		Action 7. Explore opportunities for offering more full-day slots at HS&ELP sites	Monitor funding opportunities on the state and federal level and assess community and employment needs for full-day hours.	Monitor funding opportunities on the state and federal level and assess community and employment needs for full-day hours. Use year two data to drive which communities would benefit from increased service hours.	**Marianne Bouthilette, HS&ELP**

Funding sources/needs: *what funding and other investments are needed?*
Investment of time by designated staff in multiple departments: Y&WDP/FSP, HS&ELP, WIC, CR&A (In-Service series); possible costs for access to training platforms; possible costs for data system changes and data manger time; Need to maintain and increase, where feasible, funding for workforce development programming, and **CSBG funding** is used as well
Evaluation of outcomes: *Decide how you will determine that the achievements during this planning period are effective and/or making progress towards achieving the goal*
Objective 1: Improved skills/expertise among staff to support participant employment outcomes; ability to track employment outcomes in multiple departments; Report on how well we are meeting program targets for youth employment experiences and adult enrollment and placement into employment Objective 2: Assessments of new and current processes/needs completed; any new resources or partnerships (incl volunteers) obtained or enhanced; numbers assisted in obtaining credentials Objective 3: Number of people supported to enroll in childcare as a result of CAPV assistance; Assessment of options for full-day childcare expansion produced and plans developed, as feasible

Basic Needs/Housing

Need: *(describe the need that must be addressed)*

Families and individuals with low income need support for basic needs and housing to achieve and maintain stability

Goal *(broadly, what do you expect we will achieve in response to the need?)*

Improve economic security through access to housing and basic needs resources

Strategies: *(broadly, what programs, services, activities, and/or partnerships will be undertaken to achieve the goal)*

Staff training and capacity building; outreach plan; improved partnership w RAFT; CoC system capacity-building re: case conferencing and coordinated entry; continue investments in healthy homes programming

Objectives *(more specifically, what measurable achievements are expected in what timeframe? What **actions** will be taken in each year of the plan to achieve the objectives?)*

		Year 1 Actions	Year 2 Actions	Year 3 Actions	Leadership (who is responsible?)
Objective 1	***Assist households with low income to obtain and maintain access to basic needs programs***	**Action 1**: Develop capacity to provide effective assistance (internal and external resources) to help households obtain & maintain resources to meet basic needs, esp. with changes to SNAP & health coverage requirements through in-service training series.	Continue to develop cross-program staff expertise through in-service training series. Survey staff on Year 1 training series.	Review survey data and staff participation to determine effectiveness of training series and formalize plan to refine and repeat.	**Janna Tetreault, Assoc. Director of Programs**; program dept. directors
		Action 2: Develop and implement outreach plan to promote CAPV's basic needs programs *including Fuel Assistance, WIC, food pantries* Review data by program for participant demographics and geography; identify service gaps	Implement outreach plan according to data collected and input from People with Lived Experience; prioritize populations and mode of outreach	Continue assessing if service gaps have decreased	**Frances Hall, Dir. of Community Services**

Objective 2	***Assist households to become and/or remain stably housed through maintaining and strengthening staff capacity and partnerships***	**Action 3:** Develop capacity to provide effective assistance (internal and external resources) to promote housing access and stability through in-service training serries	Continue to develop cross-program staff expertise through in-service training series. Survey staff on Year 1 training series.	Review survey data and staff participation to determine effectiveness of training series and formalize plan to refine and repeat.	**Janna Tetreault, Assoc. Director of Programs;** program dept. directors
		Action 4: Strengthen partnership with RAFT providers to better support households to access housing assistance. Explore agreement for payment for RAFT app completions and/or MOUs. Schedule cross-agency meeting with RAFT providers	Increased completion of RAFT apps by CAPV staff; create cross-agency tracking tools. Assess partnership effectiveness and continue to develop relationship w/ RAFT providers. Survey staff to measure change/ease of application process	Continue to monitor and review data regarding RAFT apps and staff survey	**Janna Tetreault, Assoc. Dir. of Programs**, Frances Hall, Dir. of Community Services
		Action 5: Strengthen capacity withing the homelessness services system through evidence-based training & expanded involvement in coordinated entry & case conferencing processes. Implement recommendations from the Coordinated Entry Evaluation done by TAC and begin in-service training for CAPV staff	Continue to develop cross-program staff expertise through in-service training series. Survey staff on Year 1 training series. Share training for CAPV staff with outside partners. Continue to implement recommendations from CE Evaluation with guidance from the CoC Community Success Committee	Review survey data and staff participation to determine effectiveness of training series and formalize plan to refine and repeat. Continue to use CE Evaluation as a roadmap for strengthening the system	**Shaundell Diaz, CoC Manager;** Janna Tetreault, Assoc. Dir. of Programs
Objective 3	***Improve housing safety & stability through housing rehab/ repair programs***	**Action 6**: Maintain existing home repair resources and seek additional funding for Healthy Homes interventions: implement new Older Adult Home Modification Program grant (if awarded); renew CDBG	Renew partnerships with HUD for OAHMP funding (if available), and the City of Northampton for CDBG repair funds. Respond to anticipated NOFO from HUD	Implement anticipated HUD Healthy Homes grant	**Peter Wingate, Director of Energy Programs**

		grant from the City of Northampton for home repair funds.	for Healthy Homes Initiative grants		
		Action 7: Explore ways to facilitate access to home air conditioning and/or refrigeration, basic needs that are often not covered by energy efficiency programs: begin assessment of cooling needs and discussions with EOHLC	Work with EOHLC to identify state or federal funds for a cooling program (this may be run through the HEAP network as opposed to energy efficiency/utility programs).	Continue to work with EOHLC to implement any found funding for cooling relief programs	**Peter Wingate, Director of Energy Programs;** Janna Tetreault, Assoc. Dir. of Programs
		Action 8: Train more WX staff to be proficient in Healthy Homes concepts/ achieve certification: Enroll Energy staff in Healthy Homes training and certification at Green Jobs Academy in Westboro.	Enroll Energy staff in Healthy Homes training and certification at Green Jobs Academy in Westboro.	Implement and incorporate healthy homes grant funds with all existing efficiency and home repair assessments.	**Peter Wingate, Director of Energy Programs**

Funding sources/needs: *what funding and other investments are needed?*

Leadership and program staff time, possible training costs (e.g. In-Service series, use of training platforms); data manager time; existing and possible additional funding needed for basic needs and housing services--**CSBG funding** is used in many relevant programs here (e.g. CR&A, CSR, WIC); existing Energy Programs funding and possible additional resources to be raised for healthy homes work and cooling program.

Evaluation of outcomes: *Decide how you will determine that the achievements during this planning period are effective and/or making progress towards achieving the goal*

Objective 1: number of staff trained re: basic needs; tracking of SNAP, health insurance assistance; # of participants (esp. new participants) in basic needs programs and analysis of underserved areas reached
Objective 2: number of staff trained re: housing resources/support; increased ability to assist with and track RAFT applications; # of homelessness providers receiving training in evidence-based approaches (e.g. 'Housing First', 'Trauma-informed'); additional providers involved in CoC case conferencing; # of CAPV staff trained as assessors for Coordinated Entry system
Objective 3: Number of people receiving home repair/rehab services; $ resources raised and available for home repair; tracking system set up and providing data re: unmet refrigeration and air conditioning needs, possible additional resources raised/allocated; # of staff trained in and achieving Healthy Homes certification

Health/Social Behavioral Development: Children, Youth/Young Adults, & Families

Need: *(describe the need that must be addressed)*

Children, youth/young adults, and families with low income need quality support and mental health/wellness services to help them to thrive.

Goal *(broadly, what do you expect we will achieve in response to the need?)*

Improve long-term economic security by supporting healthy development for children, youth/young adults, & families

Strategies: *(broadly, what programs, services, activities, and/or partnerships will be undertaken to achieve the goal)*

Evidence-based parent education and family support; enhanced access to mental wellness support within programs and community as a whole; staff capacity-building activities

Objectives *(more specifically, what measurable achievements are expected in what timeframe? What **actions** will be taken in each year of the plan to achieve the objectives?)*

		Year 1 Actions	Year 2 Actions	Year 3 Actions	Leadership (who is responsible?)
Objective 1	***Ensure consistent high-quality parent/family education and support services across agency programs***	**Action 1**. Offer intentional evidence-based parent education about their child's development (e.g. Touchpoints parent groups at **HS&ELP**, parent education series within **FSP**)	Assess types of parent group series offered within HS&ELP and FSP. Identify effective participation strategies to engage parents.	Increase parent participation in the parent group series by developing creative strategies that support attendance and by tracking participation over time.	**Marianne B., HS&ELP Dir.; Lisa L., Dir. of Y&WDP/FSP** (assisted by Kia Burton-King, Dir. of Family Programs)
		Action 2. Evaluate family support practices across agency programs (HS&ELP, Y&WDP/FSP, WIC) for possible collaborative approaches through in-service training series.	Based on Year 1 activities, bring staff together to continue to explore collaborative approaches and discuss training needed for more intensive learning.	Based on Years 1 and 2 activities, bring staff together to continue to explore collaborative approaches and discuss training needed for more intensive learning.	**Janna Tetreault, Assoc. Dir of Programs**; program directors

Objective 2	***Improve access to mental health & wellness support within child, youth, and young adult serving programs***	**Action 3.** Facilitate increased access to clinical support within **HS&ELP** program settings through strengthening partnerships with community providers; pursue partnerships based on assessment of needs for this support across HS&ELP sites	Based on year 1 assessment: continue to implement and strengthen partnerships with community providers to increase consistent access to clinical support across HS&ELP program settings, with a focus on sustaining services for sites that previously had no clinical support.	Based on year 1 and 2 assessment: continue to implement and strengthen partnerships with community providers to increase consistent access to clinical support across HS&ELP program settings, with a focus on sustaining services for sites that previously had no clinical support.	**Marianne B./ HS&ELP Dir.**
		Action 4. Promote mental wellness and social support opportunities through group and individual programming and community resources for Y/YA (Y&WDP/FSP); develop process of evaluating impact of services	Based on year 1 assessment, continue to implement and strengthen existing group and individual programming; adding 3 new service or intervention approaches focusing on mental health and wellness supports	Based on years 1 and 2 assessment; evaluate effectiveness of new service/ intervention approaches; work to expand new service/intervention approaches across YYA programs.	**Lisa L., Director of Y&WDP/FSP**
		Action 5. Explore ways to support staff capacity to understand and respond to mental health needs of participants (e.g. effective practices & supported referrals, trauma-informed approach in *all* programs) through in-service training series.	Continue to develop cross-program staff expertise through in-service training series. Survey staff on Year 1 training series.	Review survey data and staff participation to determine effectiveness of training series and formalize plan to refine and repeat.	**Janna Tetreault, Assoc. Dir of Programs**

Funding sources/needs: *what funding and other investments are needed?*
Existing program funding (incl renewals); leadership and program staff time (In-Service series, coordination, evaluation)
Evaluation of outcomes: *Decide how you will determine that the achievements during this planning period are effective and/or making progress towards achieving the goal*

Objective 1: Number of participants in parenting education; process to evaluate practices developed and implemented Objective 2: Re HS&ELP clinical support: number of new partnerships/MOUs developed; # of sites/program settings w/ on-site services; # of children receiving services through partnerships. Re: Y&WDP/FSP evaluation practices developed --# of youth/YA reporting improved mental health --# of youth/YA getting connected to community resources to support wellness, evaluation of cross-departmental mental health practices

AGENCY CAPACITY-BUILDING – SERVICE INTEGRATION AND PARTICIPANT ENGAGEMENT

Need: *(describe the need you prioritized in this area)*	
	CAPV needs a more consistent approach across programs in how they interact with, track data on, and inform participants about CAPV programs.
Goal *(broadly, what do you expect will have been achieved by the end of the 3-year planning period?)*	
	Improve economic security through streamlined access to programs and enhanced customer service and engagement
Strategies: *(broadly, what programs, services, activities, and/or partnerships will be undertaken to achieve the goal)*	
	Analyze data about how low-income community members interact with programs and services; use data to strengthen cross-department communication, information and referral processes, and create efficiencies. Measure success with these strategies by improving our agency-wide customer satisfaction survey distribution and collection.
Objectives *(more specifically, what measurable achievements are expected in what timeframe?*	
	*What **actions** will be taken in each year of the plan to achieve the objectives?*

		YEAR 1	**YEAR 2**	**YEAR 3**	**Leadership**
Objective 1	***Improve CAPV Participant Experience***	Assess and analyze how low-income community members interact with and experience CAPV services by looking at existing data and determining a scope of additional data to explore	Conduct focus groups of staff, participants and community members; use data to inform how to strengthen programming and internal communications	Develop an agency-wide customer service satisfaction survey tool	**Janna Tetreault, Associate Director of Programs**
Objective 2	***Improve Cross Department Communications, Information, Referrals and Access***	Relaunch the Service Integration Committee: • New Committee membership and meeting schedule • Shared goals and focus of project • Participate in MassCAP COP if available Relationship building between front line staff of various programs	With Service Integration Committee • identify approaches to using the CET in high volume programs • explore how staff interact with walk-ins and phone calls – explore ways to track interactions agency-wide • develop agency-wide procedures for interactions	Develop approach to integrating programs (including internal and external programs) at the River Street site	**Janna Tetreault, Associate Director of Programs**

Funding sources/needs: *what funding and other investments are needed?*	
	• Staff time and capacity • Incentives for focus groups • Possible outside evaluator or volunteers • Buy-in from agency leadership
Evaluation of outcomes:	
	• Number of focus groups held • Changes made to programs to strengthen programming and communications • Increase in the number of programs doing annual customer satisfaction surveys • Metrics created to measure improvements in programs • New staff added to Service Integration Committee; meetings held • New approaches piloted and evaluated • New approaches to collecting walk-in and call data piloted and evaluated • At next Staff Survey – do staff feel more confident about other programs and more informed? • Plan for River Street staffing created

AGENCY CAPACITY-BUILDING – WORKPLACE ENVIRONMENT/STAFF RETENTION

Need: *(describe the need you prioritized in this area)*	
	The agency needs to support staff retention through fair compensation and improved supervisor support and training
Goal *(broadly, what do you expect will have been achieved by the end of the 3-year planning period?)*	
	Improve staff retention by continuing to increase wages and benefits as funding allows and developing systems for supervisors to improve support of employees.
Strategies: *(broadly, what programs, services, activities, and/or partnerships will be undertaken to achieve the goal)*	
	Evaluate compensation and benefits on an ongoing basis; implement new systems to support supervisors
	Develop supervision tools and offer training
Objectives *(more specifically, what measurable achievements are expected in what timeframe?*	
	*What **actions** will be taken in each year of the plan to achieve the objectives?*

		YEAR 1	**YEAR 2**	**YEAR 3**	**Leadership**
Objective 1	***Implement revisions to the salary structure to ensure our compensation remains competitive***	Update salary structure based on new assessment tool. Implementation as budget allows. Revise compensation scale to continue to achieve livable wages. Implement 2 – 3% COLA Implement proposed 403(b) match changes up to 5% from the current 4% match, depending on what the budget allows; a smaller increase to 4.5% match may be considered and if allowable under plan administration.	Revise compensation scale to continue to achieve livable wages. Implement 2 – 3% COLA Implement proposed 403(b) match changes up to 5%, depending on what the budget allows;	Revise compensation scale to continue to achieve livable wages. Implement 2 – 3% COLA Implement proposed 403(b) match changes up to 6%, depending on what the budget allows; a smaller increase to 5.5% match may be considered and if allowable under plan administration.	**Bernadette Bean, HR Director**; Leadership Team, Compensation Work Group, HR

Objective 2	***Build infrastructure and culture to support supervisors in their role and be more effective in supporting employees.***	Implement new comprehensive orientation/onboarding program that is used by all departments; incorporate service integration principles	Provide training and tools to support effective and consistent supervision across the agency. <u>Proposed training:</u> • What is supervision • Using agency standard supervision template • Recruiting & Hiring • PFML Do's and Don'ts • Fiscal Overview	Develop a new performance management tool and automate the process through the HRIS, Paylocity. Create a culture with the expectation of providing supervision that includes: • Performance Management • Provide training on Conducting Performance Evaluations; including how to talk to employees about professional development and career paths at CAPV.	**Bernadette Bean, HR Director** Leadership Team, Supervisor Work Group, HR
Funding sources/needs: *what funding and other investments are needed?*					
	Increased funding for COLA and increase in 403(b) match, incl. admin funds, **CSBG**, program funds re: compensation, staff training; staff and Leadership Team time				
Evaluation of outcomes:					
	Guided Leadership discussions; Compensation and Personnel Committee discussions; improvements in staff experience on triennial staff survey				

FISCAL SUSTAINABILITY

Need: *(describe the need that must be addressed)*

The agency needs to strengthen its fiscal resilience and long-term sustainability.

Goal *(broadly, what do you expect we will achieve in response to the need?)*

Strengthen CAPV's financial resilience and long-term sustainability through strategic reserves, disciplined budgeting practices, and diversified revenue.

Strategies: *(broadly, what programs, services, activities, and/or partnerships will be undertaken to achieve the goal)*

Policy development, research, training, advocacy.

Objectives *(more specifically, what measurable achievements are expected in what timeframe? What **actions** will be taken in each year of the plan to achieve the objectives?)*

		Year 1 Actions	Year 2 Actions	Year 3 Actions	Leadership (who is responsible?)
Objective 1	***Establish and build a reserve fund to protect agency and mission, buffering cash flow, enabling strategic risk decisions, and ultimately allowing for strategic investments and protection from unexpected shortfalls***	Develop reserve fund policy (target-setting approach, criteria for use). Assess proposed policy compared to other CAP agencies and non-profits.	Add reserve fund policy language to Fiscal Policy Manual. Use policy in FY29 budget process.	Assess policy success by measuring annual reserve growth.	**Laura LaBounty, Associate Director of Operations**
		Assess current funding sources to identify opportunities for surplus — distinguishing cost-reimbursement contracts from revenue-generating sources; consider options for alternate revenue generation sources (e.g., unit rate, billing, back-office solutions, private-pay child care)	For FY28 budget, identify and incorporate new funding opportunities with alternatives to cost-reimbursement contracts.	Look for opportunities to expand non-cost-reimbursement programming utilizing the new River St. location	**Mark Waskiewicz, Director of Finance**
		Set an annual reserve growth goal	Establish how the annual growth rate will be incorporated and implemented in the FY29 budget, i.e. .01% of annual revenue as basis.	Review goal and method as needed	**Laura LaBounty Associate Director of Operations,** with Executive Director & Director of Finance

Objective 2	***Complete fundraising for the River Street integrated program site in Greenfield***	Finalize project budget — including capital campaign costs — and evaluate current revenue and pledges to establish a fundraising goal			**Director of Community Engagement**
		Conduct capital campaign feasibility study and create a capital campaign plan	Hire additional staff or consultant support to lead project. Conduct quiet campaign portion to secure major gifts from key stakeholders	Take capital campaign public to raise balance of revenue needed	**Director of Community Engagement**
		Create a revenue plan, incorporating major grants and earmark funding as part of the overall campaign total	Continue looking for grants and other revenue sources	Project complete	**Director of Community Engagement**
Objective 3	***Utilize true-cost budgeting practices to support decision-making and advocacy***	Implement true-cost budgeting methodology	Continue to identify cost cutting and actual costs for annual budget process	Review as part of annual budget process	**Mark Waskiewicz, Director of Finance** with Dept. Directors
		Use true-cost data in funder negotiations and rate-setting conversations	Update true costs annually and have continued conversations with funders	Review as part of annual budget process	**Lev BenEzra, Executive Director** and Dept. Directors as appropriate
		Work with legislators to advocate for funding that reflects full costs	Identify true costs and provide annually updated data as part of agency legislative outreach	Continued outreach to legislators	**Lev BenEzra, Executive Director**
		Explore costs from a regional perspective, advocating for regional equity in funding formulas	Identify specific inequities and provide data-driven communications to share	Update data and review on an annual basis	**Lev BenEzra, Executive Director**
Objective 4	***Explore options for revenue diversification and generation***	Explore emerging opportunities — such as shared back-office/fiscal services for other nonprofits, private-pay program slots, and other earned-revenue	Analyze cost-benefits of adding staff and other resources to increase capacity in the pursuit of	Implement identified new opportunities	**Laura LaBounty, Assoc. Director of Operations**

		models — to reduce near total reliance on cost-reimbursement funding	non-cost-reimbursement opportunities		
		Increase individual and business giving through expanded fundraising efforts	Increase resources and support for Fundraising function – added to FY28 budget	Analyze benefits of added resources for decision-making, i.e. increase further, remain static, decrease	**Director of Community Engagement**

Funding sources/needs: *what funding and other investments are needed?*
Staff time, consultant support, campaign expenses
Evaluation of outcomes: *Decide how you will determine that the achievements during this planning period are effective and/or making progress towards achieving the goal*
Objective 1: Reserve fund policy adopted by the Board; documented options for surplus/revenue sources; reserve fund established and growing year over year against annual goal Objective 2: Fundraising goal established; project funding on track according to campaign goal Objective 3: True-cost budgeting model in place and used in negotiations Objective 4: Assessment completed on at least 2 potential revenue streams; fundraising increased by 30%

TECHNOLOGY AND AI

Need: *(describe the need that must be addressed)*

The agency needs clear policy and staff capacity regarding the rapidly changing world of technology and AI, both to ensure data security, confidentiality, and accuracy; and to increase efficiencies and capacity across functions.

Goal *(broadly, what do you expect we will achieve in response to the need?)*

Strengthen CAPV's use of technology and AI, guided by clear policy and staff capacity, to increase organizational efficiency, capacity, and mission impact.

Strategies: *(broadly, what programs, services, activities, and/or partnerships will be undertaken to achieve the goal)*

Policy development, research, training, technology tool availability.

Objectives *(more specifically, what measurable achievements are expected in what timeframe? What **actions** will be taken in each year of the plan to achieve the objectives?)*

		Year 1 Actions	Year 2 Actions	Year 3 Actions	Leadership (who is responsible?)
Objective 1	***Revise current AI policy to responsibly encourage AI use while protecting data security, confidentiality, and accuracy.***	Examine and revise AI policy and procedures – addressing risk, compliance guidelines, and copyright issues along with direction for effective, appropriate use.	Establish a process to review and update policy and procedures as tools, risks, and opportunities evolve.	Annual review - examine and revise AI policy and procedures	**Brian Brault, Director of IT**
Objective 2	***Build staff knowledge and capacity to use AI effectively, closing gaps between basic literacy and role-specific application***	Assess current staff AI use and comfort level across departments	Identify department-level points of contact/champions to support ongoing adoption	Expand staff skill set through advanced training & skill sharing activities	**Brian Brault, Director of IT**
		Provide foundational AI training for staff new to these tools	Develop role/use-case-specific training (e.g., for fiscal, IT, program staff) based on assessment findings		**Brian Brault, Director of IT**
Objective 3	***Identify and implement ways to use technology and AI to increase organizational***	Explore internal/back-office use cases for AI and other technology tools (e.g., fiscal and IT automation; budgeting software)	Explore participant-facing applications — such as AI-supported call center capacity or tools that help	Rollout selected tools/use cases across agency	**Brian Brault, Director of IT**

	capacity, efficiency, and improve customer service and mission impact		people access and navigate services		
			Pilot selected tools/use cases and evaluate results before broader rollout		**Brian Brault, Director of IT**

Funding sources/needs: *what funding and other investments are needed?*
Indirect and **CSBG funding** is used to support IT services; Staff time, consultant costs, costs of training and software applications (may be funded with program funding)
Evaluation of outcomes: *Decide how you will determine that the achievements during this planning period are effective and/or making progress towards achieving the goal*
Objective 1: AI policy and procedures revised and process for periodic review is in place Objective 2: Staff assessment completed; percentage of staff trained; staff report increased comfort and confidence using AI tools Objective 3: Number of use cases explored and/or piloted (internal and participant-facing); measurable efficiency or capacity gains; participant/staff feedback on any client-facing tools

B. Agency and Community Resources (Linkages) for addressing priority Individual/Family level needs

In this section, we discuss the programs and services CAPV provides that will contribute to meeting our prioritized goals and objectives for families and individuals with low income. We also discuss how we coordinate with community partners (Linkages) in order to ensure effective service delivery as we work toward these goals.

1. Employment.

CAPV's Youth and Workforce Development Programs (Y&WDP) offers workforce development programs to youth and adults with significant barriers to employment in Franklin and Hampshire counties and the North Quabbin region, typically serving 150 – 200 participants per year. High quality, individualized services, trauma-informed case management, innovative training, and our positive youth development framework work together to give our participants the best chance of overcoming these barriers. We have been a major player in this arena for over 25 years.

To support employment of youth and young adults, Y&WDP is contracted with the Department of Transitional Assistance (DTA) to implement the Young Parents Program (YPP) to help TAFDC recipients in Franklin and Hampshire counties develop life skills and achieve educational and employment goals. We also provide individualized employment support to other participants in our youth/young adult serving programs, helping them develop the confidence needed to enter the workforce.

For a number of years, Y&WDP has offered the Re-entry Workforce Development Program in Franklin and Hampshire counties, working with adults re-entering the community after incarceration. The program collaborates with the Franklin County and Hampshire County Houses of Corrections, Greenfield Community College (GCC), MassHire, and a roster of area employers willing to provide supported employment opportunities for our participants as a pathway into permanent employment. The agency has worked to increase our workforce development offerings for adults, recently launching a Weatherization Workforce Training program in collaboration with GCC, funded by the Massachusetts Clean Energy Center. It provides hands-on training and job placement and retention services to adults with barriers to entering the workforce, helping them secure positions in the clean energy sector. CAPV also secured a contract with DTA for the Comprehensive Integrated Employment Services (CIES) program in 2026, which will support adult TAFDC recipients to attain their employment goals.

CAPV has strong relationships with dozens of local employers and excellent collaborative relationships with youth-serving agencies, schools, and other stakeholders throughout the region that help create a strong network of support for our participants. We work closely with the MassHire Franklin Hampshire Workforce Board (MHFHWB), a critical workforce development resource for the region. It coordinates and oversees the region's publicly funded workforce training and placement programs, including the MassHire Franklin Hampshire Career Center, School-to-Career/Connecting Activities, and the Manufacturing Skills Initiative, a partnership with Greenfield Community College (GCC) and the Franklin County Technical School. Despite these resources, many people in need of services have difficulty accessing them, particularly in Hampshire County. There is only one community college in Franklin and Hampshire counties (GCC, with sites in Greenfield and Northampton), and one Career Center location (Greenfield), which creates significant challenges to those seeking training and placement opportunities in Hampshire County. Many of CAPV's workforce programs have transportation funding included to help participants get to GCC for training programs held there.

Head Start and Early Head Start programs nationwide have an express purpose of aiding the sustainability of the entire family, and 'Two-Gen' and 'Whole Family' approaches have been developed and gained momentum as tools to work intentionally with caregivers to support this goal. Drawing from these models, CAPV's HS&ELP have been piloting an approach to help families set and attain financial and employment goals along with other

family goals for themselves and their children. CAPV will continue to analyze and refine the approach and hope to incorporate it more fully into the agency's family support practices.

2. Basic Needs & Housing

Helping participants to attain and maintain financial stability is at the core of CAPV's portfolio of services, from Fuel Assistance, to enrollment in public benefits (Community Resources & Advocacy/CR&A), to free tax assistance (VITA), to WIC and food pantry services. We direct a large portion of our Community Services Block Grant (CSBG) towards maintaining these core services.

Many other agencies also provide services that contribute to financial stability, e.g. enrollment in public health insurance at the Community Health Center of Franklin County, Baystate Franklin Hospital, and Cooley Dickinson Hospital; the promotion of SNAP enrollment through the Western Mass. Food Bank; and legal help with public benefits and housing at Community Legal Aid, to name a few. The Franklin County Resource Network, staffed by CAPV, along with other groups we participate in, including the Council of Social Agencies of Hampshire County, the North Quabbin Community Coalition, the Quaboag Hills Community Coalition, and the opioid task forces in Franklin and Hampshire counties, among others, are important venues for facilitating and coordinating area resources, as well as mobilizing to address basic needs. Our Area Agencies on Aging, LifePath in Franklin County and Highland Valley Elder Services in Hampshire County, are particularly helpful for assisting older adults in our region to meet their needs.

CAPV Services that address Basic Needs & Housing include:

a. *Food pantries/meal programs:* CAPV operates two food pantries that serve Franklin County, one in Greenfield and one in Shelburne, which are member pantries of The Food Bank and serve around 3,000 people per year. For many years, we provided a small amount of CSBG funding as well as data management tools to the Franklin County Community Meals Program, which serves both Franklin and Worcester County towns in the North Quabbin region; however, their capacity has been extremely limited recently and we no longer do so. There are numerous meal programs and smaller food pantries throughout our region at churches, senior centers, and community-based organizations, many of which participate in common networks with CAPV such as FCRN or COSA. Various CAPV programs provide meals: HS&ELP provides healthy breakfasts, lunches, and snacks to children in our classrooms and Family Center and Y&WDP often include healthy snacks and/or meals during group programming.

b. *Fuel Assistance:* CAPV also addresses financial stability through administering the Fuel Assistance program in Hampshire and Franklin Counties. This helps around 14,000 people per year stay warm in their homes through contributing to utility and heating bills. Important collaborations and referral relationships include the Councils on Aging in towns throughout the region; we train many staff and volunteers at CoAs to help people apply for Fuel Assistance directly. Our Fuel Assistance program also provides emergency heating/utility assistance to prevent utility shut-offs and running out of heating fuel.

c. *Women, Infants, and Children (WIC) Supplemental Nutrition Program:* CAPV operates WIC in Franklin and Hampshire counties and the North Quabbin region, facilitating monthly food benefits to 2,500 pregnant and birthing parents and their children up to age 5, as well as nutrition counseling and health monitoring, especially for high-risk participants (i.e. low birthweight babies, pregnant and birthing parents with low blood iron, gestational diabetes, etc.). The program also offers breastfeeding education and support. WIC collaborates with many area medical providers; notably, we are part of the Baystate Franklin Moms Do Care EMPOWER initiative to support birthing parents' recovery from opioid addiction.

d. *Volunteer Income Tax Assistance (VITA):* CAPV is the only free VITA program in Franklin and Hampshire counties available to all income-eligible households (some AARP Foundation tax prep programs are available specifically for older adults).

e. *Community Resources & Advocacy Program (CR&A):* CAPV has administered funds to prevent homelessness since 1997, providing rental arrears payments, security deposits and first month's rent, and emergency utility assistance to help stabilize households facing a housing crisis through our CR&A program; We

work closely with agencies administering the RAFT emergency rental assistance program, (Wayfinders in Hampshire County and the Franklin County Regional Housing and Redevelopment Authority in Franklin County), and other organizations like the Salvation Army that also offer small amounts of financial assistance. While CAPV raises some flexible funding that can be used for eviction prevention, continuing to effectively intervene in this space may require us to identify new funding streams.

f. *Three County Continuum of Care (CoC):* CAPV manages the Three County Continuum of Care (CoC), the system designated by the U.S. Department of Housing and Urban Development that awards contracts and coordinates services for individuals and families experiencing homelessness in Franklin, Hampshire, and Berkshire counties. Shelters, transitional housing, permanent supportive housing, and street outreach services work together with state agencies and homelessness prevention services to make homelessness rare, brief, and non-recurring; 15 projects received CoC funding for FY25.

In 2019, the CoC was awarded a Youth Homelessness Demonstration Project (YHDP) grant of almost $2 million over three years to address youth/young adult homelessness in Franklin County, creating 36 new rapid rehousing, transitional housing, and permanent supportive housing units dedicated to youth. The YHDP funding has now been rolled into our overall HUD grant to the CoC to support ongoing activities. We convened a Youth Action Board (YAB) made up of youth and young adults under 25 with lived experience of homelessness to support this work, a joint venture of the CoC and our Youth & Workforce Development Programs department. A representative of the YAB is an *ex officio* member of the CoC Board and the YAB consults on all aspects of YHDP program development.

The Western Massachusetts Network to End Homelessness is an important source of information and advocacy on issues of homelessness in the region, and the CoC is actively involved in this network, as are sister Community Action Agencies BCAC, VOC, and Springfield Partners for Community Action. Other agencies that address homelessness in our region include Clinical & Support Options (CSO), which recently acquired an emergency shelter in Greenfield (Franklin County) formerly operated by ServiceNet. CSO recently increased shelter and permanent supportive housing capacity significantly through construction of a new three-story building that includes 42 shelter beds, 36 studio apartments and also offer a range of on-site services, opened in July 2026. Making Opportunity Count (MOC), a neighboring Community Action Agency, currently operates a supportive housing project in Franklin County (funded by the CoC).

g. *Energy conservation and home repair:* CAPV provides energy conservation services in all four counties of Western Massachusetts (to varying degrees), and Healthy Homes/Older Adult Home Repair services in Franklin and Hampshire counties and the North Quabbin. CAPV is also the lead for electric efficiency work with lower income households, sub-contracting with Springfield Partners, VOC, and BCAC to complete Eversource-funded projects in their service areas. Our services help to stabilize households by reducing their energy costs, keeping them warm in winter, and improving the quality of their housing. Older adults and families with young children are prioritized for energy conservation upgrades. Since 2021, the agency has implemented the HUD Older Adult Home Modification program, which is designed to help older adults with low/moderate incomes to remain in their homes through repairs and modifications (grab bars, flooring, etc.) that increase their health and safety. It is available in Franklin and Hampshire counties and the North Quabbin region, and the Area Agencies on Aging in our area, LifePath and Highland Valley Elder Services, refer older adults they work with to this program. We also secured some smaller grants from local municipalities to support this 'Healthy Homes' area of work.

3. Health/Social-Behavioral Development.

CAPV supports the social-behavioral development and mental health/wellbeing of people in our region through programming and collaboration in a number ways:

a. *Family Support Programs,* which include playgroups, parenting education, and home visiting services. We operate a Family Center in Greenfield, serving Franklin County, and a Healthy Families home visiting program in Franklin County/North Quabbin and Hampshire County for young parents up to age 24. Family Support

Programs also operates a *Family Resource Center* (at the Family Center) for families with children up to age 18 who are referred by the Department of Children and Families as 'a child requiring assistance' due to truancy or other concerns with their education and well-being.

HS&ELP has extensive collaborations to support children and families, far too many to mention here, including many formal Memoranda of Understanding with school districts and Early Intervention providers throughout our service area to ensure the children in our care receive all services they need and so that transitions to Kindergarten are well-supported. We also have agreements with neighboring Head Start programs on how we proceed if a family from a town bordering our Head Start service area in Hampden County or Franklin County wants to be part of our program--we contact Holyoke-Chicopee-Springfield Head Start in Hampden County or MOC in Franklin/North Quabbin, along with the Head Start regional office, for permission to serve the family. HS&ELP actively participates in the statewide Massachusetts Head Start Association and the Massachusetts Association of Early Education and Care to advocate for our common interests. CAPV's Family Center in Greenfield has an explicit mission to bring together various sectors of the community to collaborate on issues of importance for families with young children, and convenes a Community Advisory Council to advise programming and develop common approaches to supporting families.

b. *Youth Mental Health:* Y&WDP developed a partnership with medical/mental health providers (CHCFC and CHD) and youth-serving organizations in Franklin County to promote trauma-informed referrals and care for youth/young adults in our region, particularly LGBTQIA+ youth. After CAPV's funding from Baystate's Better Together program ended, CHCFC was awarded funding for a collaborative project on youth mental health, with CAPV as a subcontractor. Mini-grants have been awarded to a number of organizations to promote youth wellness, and an annual Youth Mental Health Summit is taking place for providers to build more community linkages and support for youth. This project is set to conclude in FY27, but we hope the benefits of greater connection and supported referrals will last beyond this project.

c. *Mental health and wellbeing of parents of young children and pregnant persons:* CAPV's programs for families with young children have a particular focus on child abuse prevention through providing parenting education and encouraging protective factors (developing a strong parent-child bond, ability to meet basic needs, development of strong social networks, supported referrals to address any concerns). WIC, Head Start/Early Head Start, Healthy Families, and the Family Center will continue to provide this support within the limits of funding. HS&ELP participates actively in the Western Mass. Early Childhood Mental Health Roundtable, and promotes an infant mental health certification process for staff of local providers. HS&ELP employs a team of four Early Childhood Mental Health consultants to assess and support enrolled children. The Family Resource Center has a part-time mental health clinician on site to assess and facilitate access to mental health services for program participants. We are aware there are gaps in access to mental health care, which is why we work diligently to connect our participants to care and also advocate for increased services, especially for children. Mental health resources in our region include state-funded Community Behavioral Health Centers, which now provide after-hours and weekend access to mental health care, and explicitly have a coordinated mobile crisis response team. CSO and CHD are funded as CBHCs in our service area.

d. *Positive youth/young adult development and substance use prevention:* CAPV employs a Positive Youth Development framework in all Y&WDP programming, seeking to enhance protective factors that encourage youth to develop the skills and confidence to successfully navigate the transition to adulthood. Y&WDP has a strong focus on substance use and violence prevention (including prevention of suicide, intimate partner violence, and bullying), supported through funding such as the BSAS Community Innovation grant and a DPH Youth Violence Prevention through Healing, Equity, and Leadership grant (HEAL). The HEAL grant is geared toward supporting a new Safe Spaces for LGBTQIA Youth initiative, which offers drop-in hours in both Greenfield and Northampton as well as case management services; funding also pays for clinical support for Y&WDP staff. Another important statewide partner and funder of this work is the Boston Alliance of Gay, Lesbian, Bisexual, and Transgender Youth (BAGLY).

Key local collaborative partnerships related to substance use prevention and harm reduction include the Communities That Care Coalition in Franklin County, which Y&WDP co-chairs, the SPIFFY (Strategic Planning Initiative for Families and Youth) Coalition in Hampshire County, and the Opioid Task Forces in Franklin and Hampshire Counties. Due to the success of major lawsuits against opioid manufacturers/distributors nationally, local governments throughout the state are now benefitting from a new source of funding to fight the epidemic, administered by the state Office of the Attorney General. Annual 'abatement' payments started in July 2022 and will continue through 2032.

e. *Collaboration with Community Health Improvement Plans:* Each non-profit hospital and health insurer in the Pioneer Valley completes a Community Health Needs Assessment (CHNA) every three years, as required by the Attorney General and the Department of Public Health. As members of the Coalition of Western Massachusetts Hospitals, they collaborated in a joint assessment process, which was overseen by a shared Regional Advisory Council composed of people from each hospital's catchment area (including a member of Community Action's Strategic Planning Committee and Leadership Team). The most recent CHNAs were completed in 2025. A wealth of health-related data and data on the social determinants of health can be found in the CHNAs at the following links.

> **Baystate Health**: **https://www.baystatehealth.org/about-us/our-commitment/community-health-needs-assessments**
> **Mass General Brigham/Cooley Dickinson Hospital:**
> **https://www.massgeneralbrigham.org/en/about/cooley-dickinson-hospital/community**

Each county in our region has a cross-sector Community Health Improvement Plan (CHIP) that uses the results of the Community Health Needs Assessment completed by their area hospitals to set local priorities and mobilize community resources toward shared goals. The state Department of Public Health has provided funding for staff to conduct research, organize groups, and promote engagement among a wide group of stakeholders. In Franklin County/North Quabbin, CAPV is represented on the CHIP Steering Committees and various working groups associated with the CHIP.

C. Strategic Plan Monitoring and Reporting

CAPV has specified the expected outcomes regarding each of the objectives in its Strategic Plan in the format above. The last column indicates the person responsible for leading the achievement of each action related to these objectives. Strategic Plan goals will be regularly discussed in supervision and at the Leadership Team level. In addition, each responsible person will report any progress toward assigned objectives/actions at 6-month intervals, which are then aggregated into a consolidated report by the Director of Planning and Resource Development and summarized into a dashboard format to more readily communicate our progress to the Board. The Board will be provided with both documents and have the opportunity for questions and comments at a Board meeting at 6-month intervals. At any point during the 3-year Strategic Plan period, the Leadership Team may review and suggest revisions to the Strategic Plan based on opportunities and challenges that may emerge. In such cases, the Board will be provided with recommendations for any substantive changes, have the opportunity to provide feedback, and be asked to vote to ratify these revisions.

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Appendix A: Strategic Planning Steering Committee

Steering Committee Members		
Member Name/Position	**Representing**	**Assessment Activities Involved In**
Lev Ben-Ezra	Staff—Executive Director	Steering Committee/Retreat/Workgroup
Becky Himlin	Staff—Dir. of Planning and Resource Dev't	Lead entire process
Jonathan Dembling	Staff—Planning and Resource Dev't	Staff entire process
Janna Tetreault	Staff—Assoc. Dir. of Programs	Steering Committee/Retreat/Workgroup
Laura LaBounty	Staff—Assoc. Dir. of Operations	Steering Committee/Retreat/Workgroup
Jess Thompson	Staff—Assoc. Dir. of Community	Steering Committee/Retreat
Brian Brault	Staff—Dir. of Information Technology	Retreat
Bernadette Bean	Staff—Dir. of Human Resources	Steering Committee/Retreat/Workgroup
Shaundell Diaz	Staff—3-County CoC	Steering Committee/Retreat/Workgroup
Emma Coles	Staff—3 County CoC	Steering Committee/Retreat
Ricia Elwell-Socci	Staff—Youth & Workforce Dev't	Steering Committee/Retreat/Workgroup
Lisa Lapierre	Staff—Dir. Youth & Workforce Dev't	Retreat/Workgroup
Frances Hall	Staff—Dir. of Community Services	Steering Committee/Retreat/Workgroup
Serenity Perkins	Staff—Family Support Programs	Steering Committee/Retreat
Kia Burton-King	Staff—Family Support Programs	Steering Committee/Retreat/Workgroup
Meka Dearborn	Staff—Energy Programs	Steering Committee/Retreat
Amanda Page	Staff—Energy Programs	Steering Committee/Workgroup
Peter Wingate	Staff—Dir. of Energy Programs	Workgroup
Marianne Bouthilette	Staff—Dir. of HS&ELP	Retreat/Workgroup
Emmalie Dropkin	Staff—HS&ELP	Steering Committee/Retreat/Workgroup
Gillian Murphy	Staff—HS&ELP	Steering Committee/Retreat
Jodi McGahan	Staff—HS&ELP	Workgroup
Sarah Harper	Staff—HS&ELP	Workgroup
Maria Reyes	Staff--CR&A	Workgroup
Cy Hunte	Staff—Y&WDP	Workgroup
Lindsay Bennett-Jacobs	Staff—RSVP staff	Steering Committee/Retreat
Charity Day	Board President	Steering Committee/Retreat
John Hird	Board member	Steering Committee/Retreat
Barbara Black	Board member	Steering Committee/Retreat
Deana Currie	HS Policy Council Rep	Steering Committee/Retreat
Robin Sudlow	Board member and HS Policy Council	Steering Committee/Retreat
Luke Ryan	Board member	Retreat
Maria Moreno	Board member	Retreat

Strategic Planning Steering Committee Meetings	
Date	**Topics**
09/05/2025	Strategic Planning Kick-off Retreat
09/25/2025	Committee meeting: Planning for Participant, Community, and Staff Surveys
11/06/2025	Committee meeting: check in on Participant Survey distribution; Agency capacity/crisis management
12/03/2025	Committee meeting: update on Participant and Community Partner surveys; review data on food insecurity
01/30/2026	Committee meeting: Preliminary Participant Survey results; Community Partner Survey distribution; presentation on early education and care
03/05/2026	Subcommittee meeting: focus on secondary data gathered
04/07/2026	Committee meeting: focus on Internal Assessment topics: customer service, service delivery system, organizational visibility, Community Partner survey results
05/13/2026	Committee meeting: review of staff survey, other data relevant to an internal assessment of agency operations
06/05/2026	Strategic Planning Retreat: Prioritization of Community and Agency Capacity needs
July – August 2026	Workgroups to flesh out Strategic Plan sections

Appendix B:
Community Partner Survey 2026

Respondent Characteristics

Note: these are duplicated counts; total # of surveys = 108

Please tell us what sectors you work in

Family support	33	31%
Homelessness services	30	28%
Housing	23	21%
Public health	21	19%
Domestic violence / sexual assault	21	19%
Disability services	18	17%
Youth and young adult programming	18	17%
Mental health care	18	17%
Substance use prevention / treatment	18	17%
Education (ABE, ESOL, public schools, colleges)	18	17%
Early ed/child care	14	13%
Food security	13	12%
Local or state government	11	10%
Health care	7	6%
Courts / Corrections / Law enforcement	7	6%
Senior services	5	5%
Refugee resettlement / support for new Americans	5	5%
Faith-based organization	5	5%
Private sector business	5	5%
Employment/Career/Economic Development	5	5%

Which geographic areas does your organization serve?

Franklin	79	75%
Hampshire	55	52%
Hampden	51	48%
North Quabbin	38	36%
Berkshire	33	31%

What type of working relationship does your organization have with Community Action?

We refer people to CAPV programs	80	74%
We get referrals from CAPV programs	40	37%
We belong to the same coalition or collaborative	39	36%
We coordinate care for individuals/populations involved in our program and CAPV	26	24%
We run a collaborative project or projects with CAPV	14	13%
We get funding through CAPV	9	8%
We have a Memorandum of Understanding/ Agreement (MOU/A) with CAPV	6	6%
We do not have a working relationship with CAPV	6	6%
CAPV gets funding through us	3	3%
Other	3	3%

APPENDIX C:

Supplement to section V.C.4.: ***Education & Cognitive Development***

Special Population Enrollment by School District, 2025-26

School District Enrollment of Special Populations 2022-23 in the HS & ELP Service Area							
		Low Income		Students with Disabilities		Dual Language Learners	
District Name	County	#	%	#	%	#	%
Conway	Franklin	25	17.1%	30	20.5%	0	0.0%
Deerfield	Franklin	71	24.2%	68	23.2%	2	0.7%
Erving	Franklin	37	34.9%	27	25.2%	4	3.8%
Four Rivers Charter Public	Franklin	660	46.8%	160	11.3%	118	8.4%
Franklin County Regional Vocational Technical	Franklin	253	39.1%	143	22.1%	0	0.0%
Frontier	Franklin	133	22.4%	124	20.5%	4	0.7%
Gill-Montague	Franklin	446	53.2%	246	28.9%	54	6.4%
Greenfield	Franklin	753	58.6%	311	23.7%	67	5.2%
Hawlemont	Franklin	40	54.8%	28	37.8%	0	0.0%
Leverett	Franklin	30	22.2%	26	19.3%	0	0.0%
Mohawk Trail	Franklin	316	41.7%	194	25.1%	4	0.5%
New Salem-Wendell	Franklin	46	32.9%	30	21.4%	0	0.0%
Orange	Franklin	310	62.5%	121	24.1%	18	3.6%
Pioneer Valley	Franklin	175	31.3%	140	24.8%	1	0.2%
Ralph C Mahar	Franklin	309	56.4%	165	29.0%	18	3.3%
Rowe	Franklin	24	47.1%	11	21.6%	0	0.0%
Shutesbury	Franklin	27	22.3%	24	19.8%	1	0.8%
Sunderland	Franklin	58	33.5%	44	25.1%	17	9.8%
Whately	Franklin	32	22.7%	31	22.0%	2	1.4%
Amherst	Hampshire	374	37.0%	242	23.9%	109	10.8%
Amherst-Pelham	Hampshire	353	29.8%	321	26.8%	73	6.2%
Belchertown	Hampshire	441	22.4%	424	21.4%	61	3.1%
Chesterfield-Goshen	Hampshire	42	32.8%	22	17.1%	0	0.0%
Easthampton	Hampshire	503	37.5%	381	28.0%	45	3.4%
Gateway	Hampshire	310	43.0%	187	25.8%	18	2.5%
Granby	Hampshire	196	30.9%	157	24.3%	26	4.1%
Hadley	Hampshire	143	28.0%	119	23.3%	14	2.7%
Hampshire	Hampshire	126	17.8%	165	22.7%	5	0.7%
Hatfield	Hampshire	71	23.5%	60	19.5%	3	1.0%
Hilltown Cooperative Charter Public	Hampshire	41	18.8%	48	22.0%	0	0.0%
Northampton	Hampshire	718	30.1%	596	24.8%	98	4.1%
Northampton-Smith Vocational Agricultural	Hampshire	196	33.3%	198	33.6%	15	2.5%
Pelham	Hampshire	38	29.9%	28	22.0%	1	0.8%

Pioneer Valley Chinese Immersion Charter	Hampshire	109	18.4%	82	13.9%	20	3.4%
Pioneer Valley Performing Arts Charter Public (District)	Hampshire	139	35.2%	73	18.5%	1	0.3%
South Hadley	Hampshire	522	33.4%	415	26.1%	68	4.4%
Southampton	Hampshire	72	15.3%	102	21.5%	11	2.3%
Ware	Hampshire	661	62.0%	221	20.5%	34	3.2%
Westhampton	Hampshire	20	21.7%	27	29.3%	0	0.0%
Williamsburg	Hampshire	34	30.9%	23	20.9%	0	0.0%
Awagam	Hampden	1,424	41.7%	631	18.3%	267	7.8%
Southwick-Tolland-Granville Regional School District	Hampden	381	30.5%	241	19.1%	32	2.6%
West Springfield	Hampden	2,109	55.0%	776	20.0%	512	13.3%
Westfield	Hampden	2,217	46.9%	1,249	26.0%	405	8.6%

Appendix D: List of towns served by CAPV by subregion

SUB-REGIONS IN COMMUNITY ACTION'S SERVICE AREA

WEST COUNTY – 11 towns

- Franklin County
  - Ashfield
  - Buckland
  - Charlemont
  - Colrain
  - Conway
  - Hawley
  - Heath
  - Monroe
  - Rowe
  - Shelburne
- Hampshire County
  - Plainfield

CENTRAL FRANKLIN CTY. –
11 cities and towns

- Bernardston
- Deerfield
- Gill
- Greenfield
- Leverett
- Leyden
- Montague
- Northfield
- Shutesbury
- Sunderland
- Whately

NORTH QUABBIN – 9 towns

- Franklin County
  - Erving
  - New Salem
  - Orange
  - Warwick
  - Wendell
- Worcester County
  - Athol
  - Petersham
  - Phillipston
  - Royalston

HILLTOWNS – 22 towns

- Berkshire County
  - Becket
  - Dalton
  - Hinsdale
  - Otis
  - Peru
  - Savoy
  - Washington
  - Windsor
- Franklin County
  - Ashfield
- Hampden County
  - Blandford
  - Chester
  - Montgomery
  - Russell
- Hampshire County
  - Chesterfield
  - Cummington
  - Goshen
  - Huntington
  - Middlefield
  - Plainfield
  - Westhampton
  - Williamsburg
  - Worthington

CENTRAL HAMPSHIRE CTY-
9 cities and towns

- Amherst
- Easthampton
- Granby
- Hadley
- Hatfield
- Northampton
- Pelham
- South Hadley
- Southampton

QUABOAG HILLS – 15 towns

- Hampshire County
  Belchertown
  Ware
- Hampden County
  Brimfield
  Holland
  Monson
  Palmer
  Wales
- Worcester County
  Brookfield
  East Brookfield
  Hardwick
  New Braintree
  North Brookfield
  Spencer
  Warren
  West Brookfield

WESTERN HAMPDEN CTY. – 10 cities and towns

Agawam
Blandford
Chester
Granville
Montgomery
Russell
Southwick
Tolland
Westfield
West Springfield

Appendix E: Survey Instruments

(Participant, Community Partner, and Staff)

2025 Community Needs Assessment Survey

Community Action Pioneer Valley assists people who have low incomes to achieve economic stability and security. We work to build communities in which all people have the opportunity to thrive. Every three years, we do a survey of people who have low to moderate incomes so we can hear directly from you about ways to improve our services.

COMMUNITY ACTION PIONEER VALLEY
Access • Opportunity • Community

Please complete the survey if:

☑ **You live in Franklin County, Hampshire County, the North Quabbin Region, or western Hampden County* AND**

☑ **You are 16 or over**

****Western Hampden County = Agawam, Blandford, Chester, Granville, Montgomery, Russell, Southwick, Tolland, Westfield, West Springfield***

WAYS TO TAKE THE SURVEY (one survey per person, please):

Participe en nuestra encuesta: *La versión en línea de la encuesta tiene disponible una traducción en español*

1) ***SCAN the QR Code HERE*** **to take the survey on your phone (*ESCANEE el Código QR AQUÍ* para realizar la encuesta en su teléfono)**

2) ***USE THIS LINK if you are receiving this electronically:*** ***https://survey.alchemer.com/s3/8499584/Community-Needs-Assessment-Survey-2025-draft*** **(*USE ESTE ENLACE si recibe esto de manera electrónica)***

3) **COMPLETE THIS PAPER SURVEY and return it to a Community Action staff member or mail it to: Community Action Survey, 393 Main Street, Greenfield, MA 01301**

PLEASE COMPLETE THE SURVEY BY *NOVEMBER 26*

All survey respondents can ENTER TO WIN one of ten $50 gift cards.

If you want to enter the drawing, please give us your name and contact information at the end of the survey.

Please note that we will not share your information with anyone else and won't use your name when reporting any of the data from this survey.

Questions? Call Becky Himlin at 413-376-1173

2025 Community Needs Assessment Survey

Section 1: Meeting Basic Needs

1) **Compared to 3 years ago (2022), are you and your family now financially *better off, worse off, or about the same*? (Check ONE ANSWER)**
   - ☐ Financially better off
   - ☐ Financially worse off
   - ☐ About the same

2) **In the past 12 months, were you able to pay your bills on time each month? (Check ONE ANSWER)**
   - ☐ Yes, all the time
   - ☐ Usually
   - ☐ Sometimes
   - ☐ Rarely
   - ☐ Unsure or Not Applicable: I'm not responsible for paying any bills.

3) **Do you usually have at least $500 set aside for emergencies? (Check ONE ANSWER)**
   - ☐ Yes
   - ☐ No
   - ☐ Unsure

4) IF YOU RECEIVE any of the following benefits, are you WORRIED ABOUT losing them or having the amount of benefits cut? *(Check NOT APPLICABLE for each option below that doesn't apply to you)*	**I am WORRIED about losing this benefit or cuts to my benefit**	**I am NOT WORRIED about losing this benefit or cuts to my benefit**	**NOT APPLICABLE (Did not use program)**
SNAP and/or WIC food assistance	☐	☐	☐
Medicaid/MassHealth	☐	☐	☐
Medicare	☐	☐	☐
Social Security	☐	☐	☐
Disability benefits	☐	☐	☐
Fuel Assistance	☐	☐	☐
Head Start or Early Head Start	☐	☐	☐
Housing subsidies/Section 8	☐	☐	☐
Other (please specify): _____	☐	☐	☐

5) **Have you had a hard time finding care OR experienced long wait times when you needed any of the following: (Check ALL THAT APPLY)**

- ☐ Primary Health Care for adults
- ☐ Dental Health Care for adults
- ☐ Mental Health Care for adults
- ☐ Other health care (please specify):

_____

- ☐ Primary Health Care for children
- ☐ Dental Health Care for children
- ☐ Mental Health Care for children

☐ **NONE OF THE ABOVE**

6) What prevents you or your family from being more financially stable? (Check ALL THAT APPLY)

INCOME/BENEFITS

- ☐ My household has limited income, mostly from public benefits (such as Social Security, SSI, SSDI, DTA/welfare)
- ☐ I or someone in my household lost eligibility for benefits or benefits were reduced (for example, SNAP, MassHealth, DTA/welfare, Social Security)

EMPLOYMENT

- ☐ I or another adult in my household lost a job within the past year
- ☐ I or another adult in my household can only find part-time work
- ☐ I or another adult in my household can't find a job
- ☐ I or someone in my household needs more education or training to get work or better work
- ☐ I or someone in my household doesn't have reliable transportation for work
- ☐ I can't find the childcare I need

HOUSING AND LIVING EXPENSES

- ☐ I don't have or can't find housing that I can afford
- ☐ I am living in a shelter, couch surfing, or on the streets, or my housing is unstable
- ☐ My heating and utility expenses are too high
- ☐ My food expenses are too high
- ☐ Childcare is too expensive
- ☐ My car needs expensive repairs
- ☐ I have a lot of medical expenses that aren't covered by insurance
- ☐ I'm having trouble paying off student loans and/or college tuition
- ☐ I have too much credit card debt

HEALTH/ MENTAL HEALTH

- ☐ I or someone in my household is struggling with mental health issues
- ☐ I or someone in my household is struggling with addiction
- ☐ I or someone in my household is struggling with poor health
- ☐ **OTHER (please specify): _____** ☐ **NONE OF THE ABOVE**

7) Is there anything else you want to share about your CHALLENGES right now?

8) If you have CHILDCARE needs, what are you looking for? (Check ALL THAT APPLY)

- ☐ Full-time care
- ☐ Early or late care
- ☐ Part-day care
- ☐ Program provides transportation
- ☐ Free or low-cost childcare
- ☐ High quality curriculum/programming
- ☐ Located near my home or work
- ☐ Program provides supports for my family
- ☐ Staff speak my language (other than English)

  Please specify _____
- ☐ **NONE OF THE ABOVE or DOES NOT APPLY**

9) Do any of these reasons make it hard for you to get any of the services or benefits you need? (CHECK ALL THAT APPLY)

- ☐ Transportation, e.g. lack of public transit
- ☐ Limited access to high-speed internet/technology
- ☐ Overly complex application and renewal processes
- ☐ Don't meet income requirements
- ☐ Don't have a home/address and/or have unstable housing
- ☐ Language barriers
- ☐ Feel treated unfairly due to discrimination
- ☐ Low quality of customer service
- ☐ Immigration concerns, including public charge
- ☐ Long waiting lists
- ☐ Other: please specify:

_____

- ☐ **NONE OF THE ABOVE or DOES NOT APPLY**

Section 2: Community Needs

10) What do you think are the top needs for people in your community? (Choose ONE answer for EACH item listed)	**High priority**	**Medium priority**	**Low priority**	**Don't Know**
Access to food	☐	☐	☐	☐
Access to affordable internet/technology	☐	☐	☐	☐
Affordable, high quality infant and toddler care	☐	☐	☐	☐
Affordable, high quality preschool care	☐	☐	☐	☐
Affordable housing	☐	☐	☐	☐
After school / summer programs for children and youth	☐	☐	☐	☐
Better paid jobs	☐	☐	☐	☐
Better public transportation	☐	☐	☐	☐
Drug and alcohol services (prevention, recovery)	☐	☐	☐	☐
Domestic violence services	☐	☐	☐	☐
Elder services	☐	☐	☐	☐
Energy-efficient, safe housing	☐	☐	☐	☐
English classes	☐	☐	☐	☐
Financial assistance to prevent eviction	☐	☐	☐	☐
Financial education/ help with budgeting	☐	☐	☐	☐
Help to pay heating or utility bills	☐	☐	☐	☐
Health insurance--free or low-cost	☐	☐	☐	☐
Legal assistance—free or low-cost	☐	☐	☐	☐
Immigration services	☐	☐	☐	☐
Mental health services	☐	☐	☐	☐
Protection of civil rights	☐	☐	☐	☐
Safer neighborhood	☐	☐	☐	☐
Training or education to get a job or better job	☐	☐	☐	☐

11) Please tell us more about what you believe your community needs:

Section 3: Questions about Community Action

12) How have you heard about services offered by Community Action Pioneer Valley? (Check ALL THAT APPLY.)

- ☐ Website
- ☐ Family/friends
- ☐ Social service agency
- ☐ E-newsletter
- ☐ Flyer/brochure
- ☐ Social media
- ☐ Newspaper
- ☐ Television
- ☐ Radio
- ☐ Signage at Community Action location
- ☐ Other – Please specify:

  _____
- ☐ **NONE OF THE ABOVE/ I have not heard about Community Action**

13) *How satisfied* were you with these BASIC NEEDS programs/services you used at Community Action Pioneer Valley. *Please check NOT APPLICABLE if you did not use that program.*	**Very Satisfied**	**Satisfied**	**Not satisfied**	**Very unsatis-fied**	**NOT APPLICABLE (Did not use program)**
Fuel Assistance: financial assistance to help cover home heating costs	☐	☐	☐	☐	☐
Food Pantries: Center for Self-Reliance (Greenfield) or West County (Shelburne Falls)	☐	☐	☐	☐	☐
Help with emergency housing and utility payments or applications for benefits like SNAP: Community Resources & Advocacy program	☐	☐	☐	☐	☐
Home Weatherization: home energy audits, insulation, energy efficiency improvements	☐	☐	☐	☐	☐
Home heating system or other repairs: fixing or replacing home heating equipment; home repairs for health and safety; Older Adult Home Modification	☐	☐	☐	☐	☐
Re-entry Workforce Training/job placement	☐	☐	☐	☐	☐
Other (please specify): _____	☐	☐	☐	☐	☐

14) *How satisfied* were you with these programs for FAMILIES, CHILDREN, and YOUTH you used at Community Action Pioneer Valley. *Please check NOT APPLICABLE if you did not use that program.*	**Very Satisfied**	**Satisfied**	**Not satisfied**	**Very unsatis-fied**	**NOT APPLICABLE (Did not use program)**
WIC: food for families with children under 5, nutrition education, breastfeeding support	☐	☐	☐	☐	☐
Head Start/Early Head Start: early education/childcare	☐	☐	☐	☐	☐
Family Center/Family Resource Center: playgroups, parenting support and education (Greenfield)	☐	☐	☐	☐	☐
Healthy Families: home visiting with first-time parents under age 24	☐	☐	☐	☐	☐
Youth Leadership Programs: Gen-Q, Youth Council, Youth Action Board, low-barrier case management	☐	☐	☐	☐	☐
Young Parents Program—helping families who receive DTA assistance to meet their education and employment goals	☐	☐	☐	☐	☐
Youth Workforce Training and Job/Career Support	☐	☐	☐	☐	☐
Other (please specify): _____	☐	☐	☐	☐	☐

15) Please share anything else you would like us to know about your experience with Community Action. (If you have used multiple programs, be sure to tell us which program you are talking about.)

Section 5: Demographics

Now we are going to ask some questions about you. We need this information so that we know if we've done a good job getting this survey out to all the different kinds of people in our community.

16) What TOWN do you live in?

_____

17) What is your ZIP CODE?

_____

18) What is your housing situation?

- ☐ I / my household own(s) my home
- ☐ I / my household rent(s) my home
- ☐ I am living in a shelter or on the streets
- ☐ I am couch-surfing or doubled up with another household
- ☐ I have a different living situation, (please describe) _____

19) How old are you?

- ☐ Under 18
- ☐ 18 – 24
- ☐ 25 – 34
- ☐ 35 – 44
- ☐ 45 – 64
- ☐ 65 and older

20) What is your gender, as you identify yourself? (Check all that apply)

- ☐ Woman
- ☐ Man
- ☐ Non-binary
- ☐ Transgender
- ☐ Culturally Specific Identity (e.g. Two-Spirit)
- ☐ Questioning
- ☐ Something else– please specify _____
- ☐ I'd rather not say

21) Do you identify as part of the LGBTQIA+ community? ☐ YES ☐ NO ☐ I'd rather not say

22) Please indicate your RACE: (Check all that apply)

- ☐ American Indian/Alaska Native
- ☐ Asian/ Asian American
- ☐ Black/African American
- ☐ Native Hawaiian/Pacific Islander
- ☐ White
- ☐ Multi-racial
- ☐ Something else—please specify _____
- ☐ I'd rather not say

23) Are you Hispanic/Latine? ☐ YES ☐ NO ☐ I'd rather not say

24) How many Adults are in your household (including you)? _____

PLEASE NOTE: a household is either one person or a group of people/family who live together and SHARE EXPENSES.

25) How many Children/Youth (up to age 24) are in your household? _____

26) If applicable, what ages are the children? (Check all that apply)

- ☐ 0 through 2 years old
- ☐ 3 years through 5 years old
- ☐ 6 – 8 years old
- ☐ 9 – 13 years old
- ☐ 14 – 18 years old
- ☐ 19 – 24 years old

27) Do you or someone in your household have a disability? ☐ YES ☐ NO ☐ I'd rather not say

28) My household type is: (Check ONE of the following)

☐ Single person
☐ Two adults, NO children
☐ Single Parent/Guardian with Children
☐ Two Parent/Guardian household with Children
☐ Non-related Adults with Children
☐ Multi-generational household
☐ Other (please specify)
_____

29) What language(s) do you speak at home? (Check all that apply)

☐ English
☐ Spanish
☐ Arabic
☐ Chinese/Mandarin
☐ Haitian Creole
☐ Dari/Farsi
☐ French
☐ Moldovan/Romanian
☐ Native American /Alaskan Native language
☐ Nepali
☐ Portuguese
☐ Russian
☐ Ukrainian
☐ Other (please specify)
_____
☐ Other (please specify)
_____

30) What is your total yearly household income, before taxes?

☐ $0 - $15,000
☐ $15,001 - $30,000
☐ $30,001 - $45,000
☐ $45,001 – $60,000
☐ $60,001 - $75,000
☐ $75,001 - $90,000
☐ Above $90,000
☐ I don't know or prefer not to say

Thank you very much for taking the time to answer our questions! Your responses will help us to improve our services. We'll publish our report on our website in late summer/early fall 2026

Please go to the next page for information about how to enter the drawing for one of ten $50 gift cards.

Please note that we will not share your information with anyone else and won't use your name when reporting any of the data from this survey.

HOW TO ENTER THE DRAWING FOR A GIFT CARD

If you have answered all the questions and would like to be entered in a drawing for a *CHANCE TO WIN* one of ten $50 gift cards, please give us your contact information below.

First Name: _____

Last Name: _____

We can mail the gift card to you, or we can leave it at one of our offices for you to pick up.

☐ Please mail the card to me at the following address.

Street address: _____

City/Town: _____

Zip: _____

☐ I would prefer to pick up the card at a Community Action office. Please email me or call me to make arrangements.

Email Address: _____

Phone: _____

Please mail the completed survey and your contact information to:

Community Action Survey
393 Main Street
Greenfield, MA 01301

DO YOU NEED HELP WITH A PROBLEM?

If you live in Franklin or Hampshire Counties or the North Quabbin region, you can call our Community Resources & Advocacy program at: 413-475-1570, or go to www.communityaction.us/other-resources/

If you live in western Hampden County (West Springfield-Westfield-Agawam area), please contact Valley Opportunity Council at 413-552-1554.)

If you want to look up information about a VARIETY OF SERVICES in Western Mass., please visit:
413Cares Connecting People to Resources in Western Massachusetts at https://www.413cares.org/

2026 Community Partner Survey

Every three years, all Community Action Agencies in Massachusetts complete a thorough community needs assessment and use it as the basis for their plans for the next 3 – 5 years. **This survey is intended for staff or representatives of organizations working in Western Mass that provide services to and are concerned about people living with low income in our communities**. This is your chance to influence what Community Action Pioneer Valley (CAPV) does in your community!

PLEASE COMPLETE THE SURVEY BY FEBRUARY 20, 2026

This survey should take about 15 minutes to complete. If you can't finish it in one sitting, you can save it and return to it by providing your email address. If you are filling in your responses and want to go back to a previous page, you can do that, too.

We treat your responses confidentially and report on data from this survey as a whole, not individually

Our full needs assessment and strategic plan will be **available to the public in early fall 2026.** Many partner agencies find it very useful for their own needs assessments and grantwriting.

QUESTIONS? If you have any questions related to the survey or our community needs assessment process, please contact Becky Himlin, Director of Planning and Resource Development at 413-376-1173

Section 1: GENERAL INFORMATION

1) Which geographic areas does your organization serve? Please check all that apply.

- **[ ]** Hampshire County
- **[ ]** Franklin County
- **[ ]** North Quabbin
- **[ ]** Hampden County
- **[ ]** Berkshire County
- **[ ]** None of the above: Please exit the survey.

2) What type of working relationship does your organization have with Community Action? Please check all that apply.

[ ] We refer people to Community Action Pioneer Valley (CAPV) programs.

[ ] We get referrals from CAPV programs.

[ ] We belong to the same coalition or collaborative.

[ ] We run a collaborative project or projects with a CAPV program.

[ ] CAPV gets funding through us.

[ ] We get funding through CAPV.

[ ] We coordinate care for individuals/populations involved in our program and CAPV

( ) We have an Memorandum of Understanding/ Agreement (MOU/A) with CAPV or one of its programs

[ ] Other - Please specify: _____

[ ] We do not have a working relationship with CAPV

3) Please tell us what sector(s) you work in/represent. Check all that apply.

[ ] Early education / childcare

[ ] Family support

[ ] Disability services

[ ] Youth and young adult programming

[ ] Health care

[ ] Mental health care

[ ] Public health

[ ] Substance use prevention/treatment

[ ] Domestic violence/sexual assault

[ ] Housing

[ ] Homelessness services

[ ] Education (ABE, ESOL, public schools, colleges)

[ ] Senior services

[ ] Refugee resettlement/support for new Americans

[ ] Courts/ Corrections / law enforcement

[ ] Local or state government

[ ] Faith-based organization

[ ] Private sector business

[ ] Other:_____

4) Which category most closely corresponds with the level you work at within your organization?

[ ] Direct service **[ ]** Supervisor/manager **[ ]** Administrator

[ ] Program/organization leadership **[ ]** Other _____

Section 2: ACCESS TO SERVICES AND COMMUNITY NEEDS IN YOUR GEOGRAPHIC AREA

5) To begin, please CHOOSE ONE geographic area you personally are most familiar with to use as your "community" for answering ALL questions about access and services.
NOTE: You will have the option to answer questions about one additional area later in the survey

( ) Hampshire County

( ) Franklin County

( ) North Quabbin

( ) Hampden County

( ) Berkshire County

6) What do you think are the <u>5 most significant barriers</u> people with low incomes experience in accessing services in the geographic area you checked above?

The 5 most significant barriers are:

☐ Transportation, e.g. lack of public transit, expense of privately owned cars

☐ Limited access to high-speed internet/technology

☐ Overly complex application and re-determination processes

☐ Income eligibility that's too low to serve all the people that need the service

☐ Having no home/address and/or unstable housing

☐ Language barriers

☐ Cost of services (e.g. medical and/or mental health care)

☐ Immigration concerns, including public charge

☐ Long waiting lists

☐ Inadequate staffing capacity/ high staff turnover among providers

☐ Bias/prejudice/discrimination by providers

☐ Lack of trauma-informed approach to services

☐ Low quality of customer service

☐ Lack of coordination between services

☐ Other: please specify: _____

_____

☐ Other: please specify _____

_____

_____

7) What changes to policies and practices would make access and services more fair, sensitive, and appropriate?

8) Are there any other comments on barriers to access that you would like to share?

9) What do you think are the top needs for people in your community? (Choose ONE answer for EACH item listed)	**High priority**	**Medium priority**	**Low priority**	**Don't Know**
Access to food	☐	☐	☐	☐
Access to affordable internet/technology	☐	☐	☐	☐
Affordable, high quality infant and toddler care	☐	☐	☐	☐
Affordable, high quality preschool care	☐	☐	☐	☐
Affordable housing	☐	☐	☐	☐
After school / summer programs for children and youth	☐	☐	☐	☐
Better paid jobs	☐	☐	☐	☐
Better public transportation	☐	☐	☐	☐
Drug and alcohol services (prevention, recovery)	☐	☐	☐	☐
Domestic violence services	☐	☐	☐	☐
Elder services	☐	☐	☐	☐
Energy-efficient, safe housing	☐	☐	☐	☐
English classes	☐	☐	☐	☐
Financial assistance to prevent eviction	☐	☐	☐	☐
Financial education/ help with budgeting	☐	☐	☐	☐
Help to pay heating or utility bills	☐	☐	☐	☐
Health insurance--free or low-cost	☐	☐	☐	☐
Legal assistance—free or low-cost	☐	☐	☐	☐
Immigration services	☐	☐	☐	☐
Mental health services	☐	☐	☐	☐
Protection of civil rights	☐	☐	☐	☐
Safer neighborhood	☐	☐	☐	☐
Training or education to get a job or better job	☐	☐	☐	☐

10) Please tell us more about what you believe your community needs:

DO YOU WISH TO ANSWER THE ABOVE QUESTIONS FOR A DIFFERENT SERVICE AREA? Continue HERE

☐

Section 3: FEEDBACK FOR COMMUNITY ACTION PIONEER VALLEY

Please answer the following questions about Community Action *as a whole*

Please tell us if you agree or disagree with the following statements about Community Action Pioneer Valley (CAPV) as a whole:	**Strongly agree**	**Agree**	**Disagree**	**Strongly disagree**	**Don't know/Not applicable**
11) CAPV has a good reputation in the communities it serves					
12) CAPV programs do a good job of connecting people with lower incomes to the services they need					
13) CAPV collaborates well with other organizations to address community-wide issues and problems					
14) CAPV plays a leadership role in advocating with policy makers on issues related to people with low incomes and other marginalized groups					
15) CAPV programs are visible in the communities they serve					

16) Please share what you feel are STRENGTHS of Community Action Pioneer Valley.

17) Please share any suggestions for IMPROVEMENT you have for Community Action Pioneer Valley.

18) Below we have listed CAPV's programs along with brief descriptions. Use the checkboxes to tell us whether or not you had ever heard of the program, and if you have, if you knew it was part of Community Action Pioneer Valley.	**I have heard of this program and KNOW it is part of Community Action**	**I have heard of the program but did NOT KNOW it is part of Community Action**	**I have NOT HEARD of this program**
BASIC NEEDS & ENERGY ASSISTANCE PROGRAMS			
Community Resources & Advocacy (information and referral, financial assistance for eviction prevention and/or heating emergencies, SNAP enrollment)	☐	☐	☐
Center for Self-Reliance food pantry (Greenfield) and West County Emergency Food Pantry (Shelburne Falls)	☐	☐	☐
VITA (Free Tax Assistance Program)	☐	☐	☐
Fuel Assistance (financial help to pay winter heating bills)	☐	☐	☐
Weatherization (insulation and other energy efficiency improvements)	☐	☐	☐
Home Repair (heating system repair & replacement, older adult home modification)	☐	☐	☐
WORKFORCE DEVELOPMENT PROGRAMS			
Youth & Workforce Development Programs - **employment readiness, internships, job search/placement** (e.g. Skill-Up, Young Parents Program)	☐	☐	☐
Re-entry Workforce Development Program – training and job placement for people re-entering the community from Franklin or Hampshire County Houses of Corrections (jails)	☐	☐	☐
CHILDREN/YOUTH/FAMILY PROGRAMS			
WIC (nutrition education, food, breastfeeding support, referrals for pregnant and post-partum parents and children under 5)	☐	☐	☐
Healthy Families (home visiting with parents under 24 and their children)	☐	☐	☐
Family Center/Family Resource Center in Greenfield (including playgroups, parenting education workshops, support groups for parents and teens, the Parent-Child+ Program)	☐	☐	☐
Youth & Workforce Development Programs - **Leadership Development** programs, e.g. Gen-Q, Youth/Young Adult Council, Youth Action Board, low-barrier case management.	☐	☐	☐
Head Start & Early Learning Programs (Head Start, Early Head Start, childcare)	☐	☐	☐
COMMUNITY COLLABORATIONS			
Franklin County Resource Network – network of 60+ organizations to improve communication and collaboration	☐	☐	☐
Communities That Care Coalition (co-chair with Franklin Regional Council of Governments Partnership for Youth)	☐	☐	☐
RSVP of the Pioneer Valley (55+ volunteer center)	☐	☐	☐
Three County Continuum of Care (supports homelessness services system in Franklin, Hampshire, and Berkshire counties)	☐	☐	☐

19) Have you used CAPV's website to learn about our services? www.communityaction.us

_____ YES
_____ NO

If yes, please tell us how useful the website was for you.

( ) Extremely useful **( )** Useful **( )** A little useful **( )** Not useful at all **( )** Don't know/not sure

20) Have you used 413Cares to learn about our services? www.413cares.org

_____ YES
_____ NO

If yes, please tell us how useful information about CAPV on 413Cares was for you.

( ) Extremely useful **( )** Useful **( )** A little useful **( )** Not useful at all **( )** Don't know/not sure

21)

22) Do you follow CAPV or any of its programs on social media?

___ YES ___ NO

If yes, which platforms?

☐ Facebook www.facebook.com/communityaction.us
☐ Instagram communityactionpioneervalley

23) What would be the top 3 most effective ways for CAPV to improve our visibility in your community?

☐ Better signage at CAPV offices
☐ More newspaper stories about our work
☐ Increased social media presence
☐ Better placement on web searches
☐ Improvements to our website
☐ Billboards
☐ Ads/commercials/bus signs
☐ Other: please specify_____
☐ Other: please specify_____

24) Is there anything else you can tell us about how to improve knowledge of Community Action Pioneer Valley's programs and services in the community?

Section 4: INFORMATION ABOUT YOU

Please give us some information about you so that we may better understand who we're reaching with this survey.

25) Town of residence _____

26) Zip Code _____

58) What is your gender, as you identify yourself? (Check all that apply)

- ☐ Woman
- ☐ Man
- ☐ Non-binary
- ☐ Transgender
- ☐ Culturally Specific Identity (e.g. Two-Spirit)
- ☐ Questioning
- ☐ Something else– please specify _____
- ☐ I'd rather not say

27) Please indicate your RACE:

- ☐ American Indian/Alaska Native
- ☐ Asian/ Asian American
- ☐ Black/African American
- ☐ Native Hawaiian/Pacific Islander
- ☐ White
- ☐ Multi-racial
- ☐ Something else--please specify _____
- ☐ I'd rather not say

28) Are you Hispanic/Latine? ☐ YES ☐ NO ☐ I'd rather not say

29) How old are you?

- ☐ Under 18
- ☐ 18 - 24
- ☐ 25 – 34
- ☐ 35 – 44
- ☐ 45 – 64
- ☐ 65 and older

Thank You!

For any questions or additional feedback related to this survey, please call Becky Himlin, Director of Planning and Resource Development at 413-376-1173 or rhimlin@communityaction.us

Like us on Facebook: www.facebook.com/communityaction.us

Follow us on Instagram: communityactionpioneervalley

2025 COMMUNITY ACTION STAFF SURVEY

INTRODUCTION
The agency needs your help!

Every three years, *Community Action* conducts a formal assessment of the needs of our participants and our staff, and then we create a plan for the next three years. We conduct three surveys: all staff, community partners, and people who are eligible for our services.

We want to support you and make improvements to our workplace. The survey helps us identify trends/patterns and information on how to better support you. The staff survey asks about your job satisfaction, ways we can improve customer service, and your perspective on community needs. We really need your input! An example of the agency's response to the staff survey is to establish the goal of improving staff compensation as part of the last strategic plan. Community Action took great steps to achieve this goal, and compensation continues to be a priority.

It should take about 20 minutes to complete. You can start the survey, save, then return to complete it. You will receive a reminder with the link to complete it. Your Department Director and supervisor have agreed to give you time to do this.

The survey is 100% confidential as we are using Survey Gizmo as the platform.

Here is the link to the survey: https://survey.alchemer.com/s3/8561600/2025-Community-Action-Staff-Survey

PLEASE COMPLETE THE SURVEY BY FRIDAY, JANUARY 9, 2025.

The survey is available in a Word document if you prefer to complete it in writing or on a computer. Go to the SharePoint Human Resources Home Page, click HR Resources, and go to the Staff Survey folder. Please return completed paper surveys to Ricia Youngwell-Socci, Youth & WFD Programs, Youth Access Partnership Coordinator, Personnel Committee member, at 154 Federal Street, Greenfield, MA 01301

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1) PLEASE INDICATE THE DEPARTMENT YOU WORK IN BY CHECKING THE APPLICABLE BOX:

- ð Administration/COC
- ð Community Services
- ð Energy Programs
- ð Family Support Programs
- ð HS&ELP
- ð Youth/WFD Programs

2) PLEASE INDICATE HOW MANY YEARS YOU HAVE WORKED AT CAPV BY CHECKING THE APPLICABLE BOX:

- ð Less than 3 years
- ð 3 – 5 years
- ð 5+ years

JOB SATISFACTION QUESTIONS

PLEASE PLACE A CHECK IN THE BOX THAT BEST DESCRIBES YOUR LEVEL OF AGREEMENT WITH THE FOLLOWING STATEMENTS.

3) I like my job.
( ) Strongly agree ( ) Agree ( ) Neither agree nor disagree
( ) Disagree ( ) Strongly disagree

4) I know what is expected of me.
( ) Strongly Agree ( ) Agree ( ) Neither agree nor disagree
( ) Disagree ( ) Strongly Disagree

5) I get the training I need to do my job well.
( ) Strongly Agree ( ) Agree ( ) Neither agree nor disagree
( ) Disagree ( ) Strongly Disagree

6) My workspace(s) is a good place to get my job done.
( ) Strongly Agree ( ) Agree ( ) Neither agree nor disagree
( ) Disagree ( ) Strongly Disagree

7) I have the materials and equipment I need to do my job.
( ) Strongly Agree ( ) Agree ( ) Neither agree nor disagree
( ) Disagree ( ) Strongly Disagree

8) I have the time to complete job responsibilities effectively.
( ) Strongly Agree ( ) Agree ( ) Neither agree nor disagree
( ) Disagree ( ) Strongly Disagree

9) I am fairly compensated for the work I do.
( ) Strongly Agree ( ) Agree ( ) Neither agree nor disagree
( ) Disagree ( ) Strongly Disagree

10) I know how to access the resources and training needed to complete my job.
( ) Strongly Agree ( ) Agree ( ) Neither agree nor disagree
( ) disagree ( ) Strongly Disagree

11) My team works together in a positive way in my work environment.
( ) Strongly Agree ( ) Agree ( ) Neither agree nor disagree
( ) Disagree ( ) Strongly Disagree

12) I get encouragement from my co-workers.
( ) Strongly Agree ( ) Agree ( ) Neither agree nor disagree
( ) Disagree ( ) Strongly Disagree

13) My department provides opportunities for professional development.
( ) Strongly Agree ( ) Agree ( ) Neither agree nor disagree
( ) Disagree ( ) Strongly Disagree

14) There are other job opportunities providing lateral movement for me within the agency if I was interested.

( ) Strongly Agree ( ) Agree ( ) Neither agree nor disagree
( ) Disagree ( ) Strongly Disagree

15) There are other job opportunities providing an advancement for me within the agency if I was interested.
( ) Strongly Agree ( ) Agree ( ) Neither agree nor disagree
( ) Disagree ( ) Strongly Disagree

16) Community Action provides recognition and appreciation for staff on a regular basis.
( ) Strongly Agree ( ) Agree ( ) Neither agree nor disagree
( ) Disagree ( ) Strongly Disagree

17) My input into how my program or administrative department can be more efficient or effective is encouraged and taken into consideration.
( ) Strongly Agree ( ) Agree ( ) Neither agree nor disagree
( ) Disagree ( ) Strongly Disagree

18) If I've had a safety concern, it has been addressed.
( ) Strongly Agree ( ) Agree ( ) Neither agree nor disagree
( ) Disagree ( ) Strongly Disagree ( ) N/A

19) The work I do is rewarding to me.
( ) Strongly Agree ( ) Agree ( ) Neither agree nor disagree
( ) Disagree ( ) Strongly Disagree

20) I understand the connection between the work I do each day and the agency's mission.
( ) Strongly Agree ( ) Agree ( ) Neither agree nor disagree
( ) Disagree ( ) Strongly Disagree

21) If you disagree/strongly disagree to your access to materials, equipment, and resources, what do you need?

22) If you have had safety concerns that were not addressed, what were they?

23) What do you most enjoy about your work?

24) What can the agency do to address any of your concerns or ideas about job satisfaction?

25) What training would be helpful in doing your job better?

26) Do you have other suggestions about ways the agency could improve working conditions?

27) What reasons might cause you to stay in your job at CAPV?

- **Benefits**

- **Co-workers**
- **Flexibility**
- **Compensation**
- **Hybrid Work Option**
- **Supervisor**
- **Value of the work**
- **Workplace Culture**
- **Workplace Environment**

Other: _____

28) What reasons might cause you to leave employment at CAPV?

- **Benefits**
- **Co-workers**
- **Flexibility**
- **Compensation**
- **Hybrid Work Options**
- **Supervisor**
- **Value of the work**
- **Workplace Culture**
- **Workplace Environment**

Other: _____

29) How can we improve to make quality of work life better?

COMMUNICATION

PLEASE PLACE A CHECK IN THE BOX THAT BEST DESCRIBES YOUR LEVEL OF AGREEMENT WITH THE FOLLOWING STATEMENTS.

30) I am kept informed about changes in program policies and new services or initiatives.

( ) Strongly Agree ( ) Agree ( ) Neither agree nor disagree
( ) Disagree ( ) Strongly Disagree

31) My program's/departments protocols and procedures are clear.

( ) Strongly Agree ( ) Agree ( ) Neither agree nor disagree
( ) Disagree ( ) Strongly Disagree

32) I am kept informed about the overall outcomes achieved by the department I work for.

( ) Strongly Agree ( ) Agree ( ) Neither agree nor disagree
( ) Disagree ( ) Strongly Disagree

33) I am kept informed about changes in personnel policies.

( ) Strongly Agree ( ) Agree ( ) Neither agree nor disagree
( ) Disagree ( ) Strongly Disagree

34) I am kept informed about changes in benefits.

( ) Strongly Agree ( ) Agree ( ) Neither agree nor disagree
( ) Disagree ( ) Strongly Disagree

35) I am kept informed about agency staff events.
( ) Strongly Agree ( ) Agree ( ) Neither agree nor disagree
( ) Disagree ( ) Strongly Disagree

36) I am kept informed about agency's goals, including agency strategic plan and goals
( ) Strongly Agree ( ) Agree ( ) Neither agree nor disagree
( ) Disagree ( ) Strongly Disagree

37) I am kept informed about internal job opportunities.
( ) Strongly Agree ( ) Agree ( ) Neither agree nor disagree
( ) Disagree ( ) Strongly Disagree

38) I am kept informed about the overall outcomes achieved by the agency.
( ) Strongly Agree ( ) Agree ( ) Neither agree nor disagree ( ) Disagree ( ) Strongly Disagree

39) What is the preferred way of receiving information and communications? Check all that apply.

[ ] Email
[ ] Paylocity
[ ] Communication with Supervisor
[ ] Regular program staff meetings
[ ] Sharepoint
[ ] Microsoft Teams
[_] Weekly Fast Five
[ ] Other - Write In: _____

40) What can the agency do to communicate more effectively and what other platforms do you suggest on key issues?

BENEFITS

PLEASE CHECK OFF THE BOX THAT BEST DESCRIBES YOUR SATISFACTION WITH THESE AGENCY BENEFITS AND TIME OFF POLICIES:

41) Health insurance
( ) Very Satisfied ( ) Satisfied ( ) Neither agree nor disagree
( ) Dissatisfied ( ) Very Dissatisfied ( ) Not applicable

42) Dental Insurance
( ) Very Satisfied ( ) Satisfied ( ) Neither agree nor disagree
( ) Dissatisfied ( ) Very Dissatisfied ( ) Not applicable

43)Flexible Spending Accounts (FSA)
( ) Very Satisfied ( ) Satisfied ( ) Neither agree nor disagree
( ) Dissatisfied ( ) Very Dissatisfied ( ) Not applicable

44) Health Reimbursement Account (HRA) – Health Equity
( ) Very Satisfied ( ) Satisfied ( ) Neither agree nor disagree
( ) Dissatisfied ( ) Very Dissatisfied ( ) Not applicable

45) Health Equity
( ) Very Satisfied ( ) Satisfied ( ) Neither agree nor disagree
( ) Dissatisfied ( ) Very Dissatisfied ( ) Not applicable

46) Life Insurance
( ) Very Satisfied ( ) Satisfied ( ) Neither agree nor disagree
( ) Dissatisfied ( ) Very Dissatisfied ( ) Not applicable

47)Long-term Disability Insurance
( ) Very Satisfied ( ) Satisfied ( ) Neither agree nor disagree
( ) Dissatisfied ( ) Very Dissatisfied ( ) Not applicable

48) 403(b) Retirement Plan
( ) Very Satisfied ( ) Satisfied ( ) Neither agree nor disagree
( ) Dissatisfied ( ) Very Dissatisfied ( ) Not applicable

49) Please provide feedback you have on benefits.

50) Time Off: Vacation time, Personal Time, Floating Holiday, Float Time, Sick Time, Holidays
( ) Very Satisfied ( ) Satisfied ( ) Neither agree nor disagree
( ) Dissatisfied ( ) Very Dissatisfied

51) Please provide feedback you have on time off policies.

52) Are there benefits or time off policies that we do not have that you think we should offer? What are these?

TRAINING/ORIENTATION

PLEASE PLACE A CHECK IN THE BOX THAT BEST DESCRIBES YOUR LEVEL OF AGREEMENT WITH THE FOLLOWING STATEMENTS:

53) I received the agency- orientation which included a review of agency programs and presentations by Administrative Directors, necessary to do my job well.
( ) Strongly Agree ( ) Agree ( ) Neither agree nor disagree
( ) Disagree ( ) Strongly Disagree

54) I received the training and orientation for my program/department necessary to do my job well.
( ) Strongly Agree ( ) Agree ( ) Neither agree nor disagree
( ) Disagree ( ) Strongly Disagree

55) I receive regular supervision from my supervisor.
( ) Strongly Agree ( ) Agree ( ) Neither agree nor disagree
( ) Disagree ( ) Strongly Disagree

56) My supervisor gives me the direction and support I need.

( ) Strongly Agree ( ) Agree ( ) Neither agree nor disagree
( ) Disagree ( ) Strongly Disagree

57) My supervisor helps to improve my job performance.
( ) Strongly Agree ( ) Agree ( ) Neither agree nor disagree
( ) Disagree ( ) Strongly Disagree

58) My supervisor helps me define and supports my professional development goals.
( ) Strongly Agree ( ) Agree ( ) Neither agree nor disagree
( ) Disagree ( ) Strongly Disagree

59) The performance evaluation process and forms help to promote my professional development.
( ) Strongly Agree ( ) Agree ( ) Neither agree nor disagree
( ) Disagree ( ) Strongly Disagree

60) My supervisor and I work well together.
( ) Strongly Agree ( ) Agree ( ) Neither agree nor disagree
( ) Disagree ( ) Strongly Disagree

61) If you Disagree/Strongly Disagree that your supervisor provides the direction and support you need, what support do you need?

62) Are you a supervisor?
( ) Yes
( ) No

IF YOU ANSWERED, "YES" TO QUESTION #63, CONTINUE WITH # 64. IF YOU ANSWERED "NO" SKIP TO 69

FOR SUPERVISORS

63) I feel confident and effective as a supervisor
( ) Strongly Agree ( ) Agree ( ) Neither agree nor disagree
( ) Disagree ( ) Strongly Disagree

64) As a supervisor, I have enough training and support to do my job well.
( ) Strongly Agree ( ) Agree ( ) Neither agree nor disagree
( ) Disagree ( ) Strongly Disagree

65) The agency systems and procedures support me as a supervisor.
( ) Strongly Agree ( ) Agree ( ) Neither agree nor disagree
( ) Disagree ( ) Strongly Disagree

66) As a supervisor, I feel the progressive discipline process is effective.
( ) Strongly Agree ( ) Agree ( ) Neither agree nor disagree
( ) Disagree ( ) Strongly Disagree ( ) Have not used progressive discipline process

---

67) What can the agency do to strengthen supervision?

DIVERSITY, EQUITY, INCLUSION, AND BELONGING

PLEASE PLACE A CHECK IN THE BOX THAT BEST DESCRIBES YOUR LEVEL OF AGREEMENT WITH THE FOLLOWING STATEMENTS ABOUT CAPV's WORKPLACE CULTURE, DIVERSITY, EQUITY, INCLUSION AND BELONGING.
(i.e. class, sex, age, race, ethnicity, ability, sexual orientation, gender identity, gender expression, body size, religious/spiritual beliefs and practices).

68) I feel accepted and respected by my peers.
( ) Strongly Agree ( ) Agree ( ) Neither agree nor disagree
( ) Disagree ( ) Strongly Disagree

69) I feel accepted and respected by my supervisor.
( ) Strongly Agree ( ) Agree ( ) Neither agree nor disagree
( ) Disagree ( ) Strongly Disagree

70) Our staff reflects the diversity of the communities we serve.
( ) Strongly Agree ( ) Agree ( ) Neither agree nor disagree
( ) Disagree ( ) Strongly Disagree

71) I am comfortable engaging in conversations about differences (*class, sex, age, race, ethnicity, ability, sexual orientation, gender identity, gender expression, body size, religious/spiritual beliefs and practices*)
( ) Strongly Agree ( ) Agree ( ) Neither agree nor disagree
( ) Disagree ( ) Strongly Disagree

72) Do you believe Community Action provides an inclusive workplace environment for employees?

73) I want to learn more about the following diversity issues:

SERVICE INTEGRATION

PLEASE RESPOND TO THE FOLLOWING QUESTIONS REGARDING THE AGENCY'S SERVICE INTEGRATION PROJECT.

74) How familiar are you with the Service Integration project that CAPV has been implementing over the past year and a half?

- Not familiar at all – I have never heard of it
- Somewhat familiar – I have heard of it but I am not directly involved in it
- Very familiar – I am actively participating in this project either by using the CAPV Pre-Assessment and/or by making and receiving referrals in the CMS database or participating in the Service Integration Leadership Team.

75) Does your department make or receive referrals via CMS?

Yes
No
I'm not sure

76). If you are familiar with the Service Integration project, do you think your clients have been able to access more services at CAPV as a result of the project?

- Yes
- No
- I'm not sure

Add Comment Box: Feel free to expand on your answer

77) How confident are you about your knowledge of other Departments and Programs at CAPV?

- Not confident at all – I am not able to explain any Department other than my own
- Somewhat confident - I have limited knowledge of some of the other Departments but struggle to explain them
- Very confident – I am aware of other Departments and their programs and I know how to find out more information if I need to
- Add Comment Box: Feel free to expand on your answer

78) How would you like to learn more about other Departments and Programs? (Please check all that apply)

- CAPV website
- Written materials
- More training
- Presentations at program staff meetings
- Social Media
- Monthly Chat with ED
- Agency Calendar
- Add Comment Box: Other/Please explain:

CAPV ADMINISTRATIVE FUNCTIONS

PLEASE PLACE A CHECK IN THE BOX THAT BEST DESCRIBES YOUR LEVEL OF SATISFACTION WITH THE FOLLOWING SERVICES PROVIDED IN ADMINISTRATION.

79) Information Technology (Microsoft 365, SharePoint, IT Ticketing System, computers, phones)

( ) Very Satisfied ( ) Satisfied ( ) Neither agree nor disagree
( ) Dissatisfied ( ) Very Dissatisfied

80) Database support (GoEngage, Hyphen, Other Program Databases)

( ) Very Satisfied ( ) Satisfied ( ) Neither agree nor disagree
( ) Dissatisfied ( ) Very Dissatisfied

81) Development and Resource Planning

( ) Very Satisfied ( ) Satisfied ( ) Neither agree nor disagree
( ) Dissatisfied ( ) Very Dissatisfied ( ) N/A

82) Human Resources

( ) Very Satisfied ( ) Satisfied ( ) Neither agree nor disagree
( ) Dissatisfied ( ) Very Dissatisfied

83) Community Engagement – Marketing, Visibility, and Communications

( ) Very Satisfied ( ) Satisfied ( ) Neither agree nor disagree
( ) Dissatisfied ( ) Very Dissatisfied

84) Fiscal (Payroll, Accounts Payable, Billing & A/R)

( ) Very Satisfied ( ) Satisfied ( ) Neither agree nor disagree
( ) Dissatisfied ( ) Very Dissatisfied

85) Facilities/Maintenance/Custodial
( ) Very Satisfied ( ) Satisfied ( ) Neither agree nor disagree
( ) Dissatisfied ( ) Very Dissatisfied

86) External Website: www.communityaction.us
( ) Very Satisfied ( ) Satisfied ( ) Neither agree nor disagree
( ) Dissatisfied ( ) Very Dissatisfied

87) Please add any other comments you have about the agency's administrative operations.

THANK YOU FOR PARTICIPATING IN THE 2025 STAFF SURVEY!
We appreciate your time and input!