

## **MassHire Hampden County Workforce Board (MHHCWB) Springfield-Holyoke Recompete Plan Narrative**

### ***1. Understanding of Regional Conditions and Needs***

Persistent social and economic disparities, cultural divides, and a historical landscape shaped by inequity and structural racism stand between the gateway cities of Springfield and Holyoke and a regional future of thriving, inclusive communities. The COVID-19 pandemic has exacerbated these challenges, as reflected in labor market participation, employment, housing, education, and healthcare. As critical population and economic hubs, these two communities are vital to the health of western Massachusetts. This proposal aims to catalyze partners to bring assets from across these two cities into alignment to connect historically marginalized prime-age adults from key census tracts to learning and practice opportunities that lead to high-paying and satisfying careers in workplaces grounded in anti-racist cultures.

The majority of Springfield residents identify as Hispanic (46%) and Black (21%). Over half of residents identify as female. Overall, 31.5% of children live in poverty, and 59% of households with children under age 5 are living in poverty. Neighborhoods with over 80% Black and Latino residents are among the city's most impoverished. Springfield is home to 20% of the 67 census tracts in Massachusetts where people of color are the majority, and the poverty rate is over 40%. The median income in key census tracts is roughly \$18,000-\$28,000 compared to Springfield's median income of \$41,571. 25-59% of Springfield residents living in these census tracts are language isolated. Springfield also has the second-largest population statewide of recently released prison inmates who are often invisible. Springfield Public Schools has a history of very poor graduation rates; while it increased from 52.1% in 2011 to 84% in 2021, prime-age adults today are from a time when the public schools were underperforming.

Holyoke similarly faces significant educational, income, and employment challenges. Nearly 27% of residents live in poverty, and 42.3% of children live below the poverty level, nearly four times the statewide level. Poverty rates rise dramatically among individuals who did not graduate high school (nearly 47%) compared to those with a high school diploma (20%). Holyoke's dropout rate of 22% is more than double the statewide average of 9% with poor outcomes and administrative challenges leading to state receivership. 53% of Holyoke residents identify as Hispanic, with the city's Puerto Rican population standing as the largest per capita concentration outside the island. Five census tracts are considered racially and ethnically concentrated areas of poverty, with majority-minority demographics and poverty rates exceeding 40%, and 27-64% of Holyoke residents living in these census tracts are language isolated.

On a macro level, disparities are driven by a history of structural racism and inequities that have resulted from historic patterns of disinvestment and bias related to neighborhood, race, ethnicity, gender, and socio-economic status. Family status is also a significant factor: 48% of women who are looking for work have at least two children, and according to the MIT Living Wage Calculator, Hampden County has one of the nation's highest childcare costs at \$15,000/year per child. Transportation costs an average of \$8,000/year per household and housing costs at least \$13,500/year per family. All of this means that families making minimum wage incur costs that exceed their income just by working. The cliff effect of losing necessary public assistance as

household income increases is another significant barrier to work. Generational poverty means that children who are now prime-age have not seen their parents work and have not been taught how to navigate obtaining and retaining employment. Springfield is ranked first in the nation for Hispanic-White segregation and 22nd for Black-White segregation. This forces people of color into neighborhoods that lack economic and political power, creating conditions that have driven interconnected cycles of decline in education, housing, health care, and employment.

Employer conditions leading to low employment participation by prime-age residents are known and must be addressed. For example, many employers continue to require 4-year degrees instead of skill based, credential, or certification-based hiring. Not feeling included in the workplace is alienating and forces members of underrepresented groups to leave their employers and the area. Our local workforce development system is fragmented with a history of operating in silos; social service partners offer critical services like housing, childcare, transportation assistance, food security, and other needed services, but these are not fully integrated for the prime-age unemployed, nor with employment systems that look to hire and retain these populations. Similarly, employers have not fully engaged workforce development partners in training design, implementation, and hiring. The prime-age unemployed people we are trying to reach have not been engaged in developing training and employment programs. A significant barrier that comes up again and again is that there are not enough coaches and mentors that act as a “sherpa,” or coach to guide people to the services and training they need, through the interview and hiring process, and be with them every step of the way towards growing their career and moving to living wage jobs.

## ***2. Strength of Strategy and Quality of Potential Investments***

Our Recompete Plan will be informed by our Recompete Strategy efforts. We will form a Workforce Training System to establish a structure in which schools, training institutions, and employers mutually equip, commit to, and credential one another and create an ecosystem in which partners are using the same approaches, systems, and practices that most effectively recruit, promote, and retain historically excluded prime-age adults. We will also bring together needed social service providers, community groups, and foundations on equal footing to develop community goals, investments, and metrics of success to collapse the normally siloed experiences of training, career counseling, college, workforce development, employment, and wrap-around services. Building on this foundation, we will implement empirically validated models such as network improvement communities and create a social structure to catalyze the type of partnership that can solve complex problems and address Social Determinants of Health (SDOH). This approach will take into consideration multiple variables that influence an individual’s ability and barriers to engaging in paid work, including physical and mental health, transportation, family care, and supportive social networks. These areas are also intertwined with systemic racism, as workers of color encounter more barriers to employment than white workers.

Our Recompete Plan will create cross-sector collaboration that focuses efforts on key census tracts of Springfield and Holyoke to increase employment and retention of prime-aged individuals and put them on career pathways with living wages. Our partnership includes key stakeholder groups and functions needed to plan and work together to better align strategies, activities, and resources for sustainable change. Multiple labor forecasts show that Massachusetts

will have enormous gaps in the workforce by 2030. This reality presents a unique opportunity for nontraditional candidates from Holyoke in Springfield to access career-pathway jobs. To that end, we will utilize the work of our partner members to share demographic and labor market/hiring needs data to determine areas of overlap and collaboration and ensure that support is in place for community members.

Our proposed Workforce Training System will be an integrated and well-connected part of a workforce training system that matches healthcare and other career pathways. It will include shared services and will assess people and follow them from training through employment and career regardless of where they go or who their employer is. Case managers or “sherpas” will provide a fixed point of accountability to ensure that participants get social determinants of health (SDOH) and social determinants of work (SDOW) needs met and will provide a fixed point of responsibility across administrative and organizational boundaries.

Our project will feature a sector-specific healthcare initiative including three health systems, two federally qualified health centers, and selected long term care programs. Baystate Health is already working on this with Trinity Health New England Mercy Medical Center, Caring Health Center, and Holyoke Hospital to create workforce solutions in the healthcare sector. Baystate Health has committed to hiring 750 people in the next five years (Surgical Technicians (30), Radiological Techs (33), Respiratory Therapists (27), Behavioral Resource Technicians (83), Medical Assistants (96), Patient Care Technicians (299), Pharmacy Technicians (23), EVS Workers (125), and Food Services Workers (33)), which will set the stage for others to do the same.

Our **Workforce Training System** will include three interrelated components that will provide a single point of entry that harnesses our efforts and provides a fixed point of responsibility across administrative and organizational boundaries. Each component integrates with and across each other to ensure that people’s needs will be met and they get the training and support they need toward good employment and growing into career jobs, moving away from a transactional approach to a transitional and transformational solution:

- **Shared Services HUB** will provide needed services for all marginalized prime-age adults with the focus to get them employed. Service partners, community action agencies, WFD partners, CBOs, and community groups will provide a range of services including:
  - Outreach, intake, and recruitment
  - Wrap around supports (child/eldercare, housing, transportation, food security)
  - Career counseling and life planning
  - Case management and coaching/mentoring/sherpa support
  - Cliff effect mitigation action plan and supports that mitigate the loss of benefits that results from employment or marginally higher wages.
- **Anchor Collaborative Inclusive Hiring Activities** will expand employer commitments around hiring and pathway development and integration with WFD partners, grow career opportunities, and worker-friendly policies:
  - **Clinical initiative** (health care positions) including Baystate Health, Caring Health Center, Trinity Health/Mercy, and others that come on board such as Holyoke Hospital and long-term care systems.
  - **Non-clinical initiative** (food service, hospitality, environmental services,

administrative clerks, IT support) including Baystate Health, Trinity Health/Mercy, Big Y, UMass Amherst, Holyoke Community College (HCC), Bay Path University, Springfield College, Cities of Springfield and Holyoke, and other private sector partners.

- **Worker-friendly workplace initiative** to access and change policies, remove barriers to employment, and create worker-friendly workplaces.
- **Workforce Development and Training** will seamlessly integrate all workforce training for community members, so they get the shared services needed to assimilate with Anchor Collaborative hiring structures. Partners such as HCC, Springfield Technical Community College, Tech Foundry, MassHire, and others will expand existing trainings, create new ones, and integrate OJT and apprenticeships to maximize experiential, place-based learning with employers and community members, including:
  - Basic skills and HiSET/GED
  - Clinical pathways and training
  - Non-clinical pathways and training
- **Data tracking and management system** that shares information among partners including shared metrics, indicators, outputs, and outcomes and assimilates with state/federal data and local systems.

The success of our Workforce Training System begins with a wholesale reexamination of existing strategies and program administration sponsored by state and local government. Both Springfield and Holyoke municipalities are well positioned to serve as a catalyst for this effort by convening the right parties, aligning goals and incentives, and helping to scale promising efforts through the strategic alignment of services and resources to support the needs of our target community (e.g., transportation, housing, policy, and infrastructure). Local foundations and corporate philanthropy will be part of this reexamination, helping to scale promising efforts through the strategic distribution of funds. The Pioneer Valley Planning Commission (PVPC) in partnership with these municipalities will utilize its convening power to further cross-sector collaboration critical to combine workforce and economic development with commerce, thus implementing more effective workforce development programs and structural changes to their agencies.

### ***3. Equity, Inclusivity, Accessibility, and Diversity***

Structural and community issues inhibit prime-age employment, particularly a history of structural racism and bias, and solutions can only happen through inclusivity. Our planning effort will be grounded in the community and our partners. Our Recompete plan will benefit from the Recompete strategy process in terms of engaging underserved communities in planning and ensuring that benefits are shared equitably across all affected populations. Our granular, fact-based approach to workforce planning will be centered by the participation of prime-age unemployed community members. Their role in planning, design, and decision making specifically assures that their challenges and needs are part of the workforce and shared services model that helps people to be employed and grow in their careers.

The Shared Services HUB is an integrated, systemwide view of agencies involved in workforce development that will establish concrete goals for outreach/enrollment, project management,

resource identification, alignment/referrals, communication, coordination, data collection, and evaluation, assuring that our partners reach the most at-risk residents and assist them every step of the way. Examples of pilot projects and current engagement that will inform our work include:

- Eight community-based organizations in a Learning Community of Practice implemented a trauma-informed and responsive lens to foster healing environments and avoid re-traumatization. An independent evaluation showed 55% of participants said they had been referred to a new resource, and of those, 60% said they had accessed a new resource to address a barrier to employment. 100% reported a positive experience.
- Our local community action agencies, Springfield Partners for Community Action and Valley Opportunity Council (Holyoke), key partners in our coalition, are investing in multi-generation solutions to address gaps and reduce barriers that make it difficult for the most marginalized populations to find meaningful work and stay employed.
- Community action agencies and Holyoke and Springfield government partners will connect us to neighborhood groups, community organizations, and faith-based organizations in those communities so we can better involve targeted groups in our census tracts and give them a full seat at the table. They are critical to the process.
- Community groups our partners have successfully collaborated with, but on a limited scale, will be engaged in this work, including Parent Villages, New North Citizens Council, The Care Center in Holyoke, Caring Health Center (a federally qualified health center) and its new workplace-based training center, Neighborhood Councils, and social service organizations with strong community ties in Holyoke and Springfield such as Wayfinders, ROCA, Viability, Food Bank of Western MA, Square One, Martin Luther King, Jr. Family Services, and many others that provide services, have strong community programs and credibility, and are working within workforce systems.

Many of our key partners have prioritized diversity, equity, inclusion, and belonging (DEIB) strategies. Baystate Health has developed a DEI Framework and Strategic Plan with a vision of integrating the core tenets of DEIB into every aspect of care and human interaction to create a culture of inclusivity and belonging, equitable care delivery, and economic prosperity for all patients, families, employees, clinicians, and members of our community, including 10% new hires from disadvantaged communities, providing opportunities for prospective hires who face barriers, and much more. The Economic Development Council (EDC) is working to implement commitments to the anchor mission amongst its members with the goals of increasing local diverse purchasing and local, inclusive hiring and promotions, addressing incumbent low to moderate income worker challenges (First Community), developing place-based investment plans that target the poorest neighborhoods to build economic equity, and advocating for legislative change. The Community Foundation of Western MA has a new equity plan and is currently hiring for the new position of Senior Officer of Education and Economic Mobility, and the PVPC is currently finalizing an equitable economic development plan that raises up minority businesses and workers. Many other partners too voluminous to list here have made commitments to equity, inclusivity, accessibility, and diversity.

#### ***4. Regional Assets***

Our Recompete Strategy process will engage existing regional assets that we know and will systematically identify other assets that can be leveraged. Existing community and regional

assets critical to reducing prime-age unemployment in our communities include:

- **The business and private sector community**, notably the **Western MA Anchor Collaborative (WMAC)**, is a partnership between the Economic Development Council of Western MA (EDC) and **Baystate Health**, which brings together eight of the region's largest employers, employing over 20,000 people in the region including 4,000 from targeted census tracts in Springfield and Holyoke. WMAC's goal is to improve economic equity through multi-year targets on hiring and career advancement from these neighborhoods, addressing challenges of low-income workers, and increasing purchasing from local, diverse vendors.
- **The Economic Development Council of Western MA (EDC)**, convener of municipalities and CEOs from the region's largest employers and industries.
- **Workforce Development partners** including two local community colleges and other training partners, MassHire (the regional workforce board) and two local one-stop shop career centers it oversees, as well as Springfield WORKS, a project of the EDC that was created by city, community, education, and employer leaders to develop and drive innovative strategies to transform the workforce ecosystem of Hampden County, with funding from the Boston Federal Reserve Bank's Working Cities Challenge grant.
- **Community-based organizations in Springfield and Holyoke**, including the two community action agencies that operate in both communities, as well as neighborhood associations, community health centers, small community non-profits, and many others to be identified during the planning phase.
- **Social Service providers** that offer existing programs and supports around housing, childcare, transportation, food security, healthcare, mental healthcare, case management, coaching, and mentoring including the Hampden County Sheriff's Department's award-winning employment rehabilitation model for justice challenged who are not adequately engaged by employers and the existing WFD eco-system.
- **Government partners** including the Cities of Springfield and Holyoke, Pioneer Valley Planning Commission (planning and facilitation), and MassDevelopment's TDI Initiative targeting key neighborhoods in both communities. These partners bring federal and state funds and activities around childcare, workforce development, employment training, and other essential priorities.
- **Local foundations, corporate philanthropy, and local banking** are all involved in grant making (including the Community Foundation of Western MA and banks through their Community Reinvestment activities) but these efforts are not strategically integrated into broader efforts that could maximize impact in these neighborhoods. Some are working on scholarships, others trauma services, and others education, but not in a comprehensive and reinforcing manner with other partners, which will happen through this process.

**Other Assets to be Leveraged:**

- Springfield WORKS spearheaded efforts that led to legislation and a Pilot Program to Address the Impacts of the Cliff Effect, making available \$1,000,000 to address structural barriers disproportionately impacting Black and brown workers.
- Both cities are utilizing HUD CDBG funds in the census tracts we are targeting for activities addressing housing, jobs and WFD, and other supports.
- 413Cares, an online resource platform, has proven to have a positive impact on residents' ability to connect to the services they need. Plans are proposed to use the platform to connect our employer and community-based partners to support worker and family well-being.
- A large digital equity grant from the MA Broadband Institute will provide digital access and

literacy to many of the neighborhoods we are targeting, which will help chronically unemployed people to seek jobs and build their digital skills.

- Baystate Health has pioneered pay-to-train, on-the-job training, apprenticeship, ESL classes and other innovative practices to get disadvantaged populations employed and has partnered with dozens of community partners to do so.
- Leveraging Anchor and EDC government relations departments to advocate for changes that address social, economic, and racial disparities, improve worker productivity, and grow local, diverse businesses such as Cliff Effect Legislation and worker-focused HR policies.
- Our local community colleges offer case management and wrap around services for their students that our coalition can build on, including food pantries and childcare.
- Springfield is home to several colleges and universities in key census tracts that also provide clinical degrees, as well as other career pathways.
- Social services and community-based organizations offer key wraparound services/supports and case management that prime-age unemployed individuals need.
- The healthcare sector is an asset that needs workers—for example, Baystate Health needs 2,000 frontline workers in the next few years, and other healthcare facilities are also experiencing labor shortages.
- Trinity Health, the parent system of Mercy Medical Center, has prioritized Springfield for significant investments in workforce and housing solutions in line with its anchor mission. Similarly, its Transforming Communities Initiatives (TCI) is already providing some assets.

### ***5. Targeted Geographic Approach***

The stark reality of prime-age unemployment is demonstrated in our most challenged Holyoke and Springfield neighborhoods, the census tracts we have chosen for special focus. Minority representation in these Holyoke and Springfield tracts ranges from about 61% to several tracts with 95-97% minority residents. The median household annual income for more than half of the tracts in both cities is less than \$20,000. This disparity is why we are focusing on particular tracts in both cities, while serving the entire eligible area of Holyoke and Springfield. Long-term effects of persistent injustice and inequality, especially connected to disparities in educational attainment and economic opportunity, remain significant challenges of opportunity and growth. Of course, the census tracts of focus could shift based on the results of our planning process through the Recompete Strategy as more stakeholders join.

Our region is experiencing a marked healthcare labor shortage. Baystate Health has created career pathways into clinical positions through apprentice programs with MassHire, pay-to-train approaches that pay entry-level recruits to train for these clinical positions and provide a job for them upon successful completion of the program. EVS and food service workers are entry-level jobs that can serve as the pipeline into the field with opportunities to move up into higher level or clinical roles. This is accomplished through the Training and Workforce Options Program in partnership with Holyoke Community College and Springfield Technical Community College.

Similarly, employer members of the Western MA Anchor Collaborative have started to create career pathways and commitments to assist disadvantaged populations from the target communities to increase hires into entry-level jobs in food service, hospitality, environmental services, administrative clerks, and IT support. Recompete funds would help them build out and

scale pathways that are aligned with programming offered by HCC, STCC, and Tech Foundry, creating viable living wage jobs. Our plan is to transform local workforce systems to be more human-centered and equity-focused utilizing commitments from Baystate Health and other Anchor Collaborative members to hire an increasing percentage of candidates from the targeted census tracts in Springfield and Holyoke.

## ***6. Partnerships and Potential Commitments***

**Employer Commitments:** (1) The Western MA Anchor Collaborative has already committed to hiring 150 workers from the targeted census tracts, (2) Anchor employers will negotiate with local vendors/diverse vendors to bring on impact hires (Baystate Health is already doing this), (3) Anchor Collaborative members commit to developing career pathways building out from entry level positions and will use skill-based competencies in the recruitment and hiring of underrepresented populations, (4) Anchor Collaborative members and other employers will help conduct mock interviews with HUB participants and assess/adjust benefits to better meet needs of frontline employees/prime-age employees, (5) Employers will move from 4-year degree requirements to workplace-based skills/apprentice focus and pay to train model, (6) Employers will help design and align curricula with hiring needs and changing positions, mock interview and site visits, integrate OJT and apprenticeships to maximize experiential, place-based learning.

**Foundations/Philanthropy Commitments:** Foundations and corporate philanthropy will align grant making to support goals of the Recompete effort.

**Social Services & Government Commitments:** (1) Social services and community action agencies will provide wraparound supports (childcare, transportation, housing, food security) that underrepresented recruits, trainees, and hires need through a shared services model, (2) Cities of Holyoke and Springfield will align housing supports, transportation, and other efforts in support of the Recompete efforts.

**Leveraging Resources:** Our region is proud of a wide range of long-term, ongoing efforts to address workforce and other social needs of our communities with support from federal, state, local public funding as well as private philanthropic giving. A small sampling includes:

- Cities of Springfield and Holyoke HUD CDBG funds used for affordable housing and community/neighborhood development can be leveraged by our Recompete program which complements housing efforts by helping residents get and keep good jobs.
- Coordinating with social services and Community Action agencies to utilize federal funds that finance their housing, wraparound supports, case management and other programs.
- Leveraging Holyoke and Springfield Technical Community Colleges' federal and state funds by utilizing programs in our coalition work.
- The federally funded digital equity program from MA Broadband Institute will be leveraged and constitute best practices from which our coalition can learn.

Our community goal is to catalyze partners to bring assets from across these two cities into alignment through the creation of a regional hub which would provide shared counseling and coaching services and ongoing, results-oriented case management which bridges the gap between employers, social service organizations, and community members, to address prime-age unemployed challenges and get residents employed and promoted into living wage jobs.