

# **BUILDING BLOCKS FOR THE FUTURE**

## **EAST VALLEY NEEDS ASSESSMENT**

**2003**

Prepared by:

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## **ACKNOWLEDGEMENTS**

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# **BUILDING BLOCKS FOR THE FUTURE**

## **East Valley Needs Assessment**

### **INTRODUCTION**

*Building Blocks for the Future* developed from conversations among representatives from participating communities about how declining resources for health and human services impact their communities. These conversations evolved into a shared collaborative vision to serve the East Valley's citizens in more effective and efficient ways.

The Purpose & Goals of this project were:

- To facilitate a community dialogue and deliberation process to assess and address human and social needs in a time of declining federal, state, and local resources.
- To provide a base of information for community leaders to improve and stabilize human services while addressing growing populations and emerging needs.

### **GEOGRAPHIC AND DEMOGRAPHIC SCOPE**

The East Valley communities of Chandler, Gilbert, Mesa, Scottsdale, and Tempe came together for the purposes of this project. Collaborative partners included representatives of these five communities, Maricopa Association of Governments, Mesa United Way, Tempe Community Council, The Leadership Centre and Valley of the Sun United Way.

### **THE PROCESS**

The project began as collaboration between the City of Mesa and Mesa United Way. The intent was to conduct a formal assessment of human service needs, as well as assets in order to best serve the community with the limited funds available. As word of the project filtered out, Chandler, Gilbert, Scottsdale and Tempe all became engaged. Each municipality is unique in nature and so were the representatives who came to the table. Tempe Community Council

represented the interests of the City of Tempe; The Leadership Centre acted on behalf of the Town of Gilbert; and Valley of the Sun United Way led the efforts of the City of Chandler.

Each partner was responsible for bringing resources to the project. Most importantly each came with a willingness to collaborate as a key ingredient to make this process work.

The team wished to develop a cost-effective assessment that provided a base of understanding about human services in their area. The collaboration resulted in significant sharing of information and best practices and a nucleus for future joint efforts in the region. The team hired consultants Sandra Simmons and Timothy Schmaltz to facilitate the planning process, provide facilitator training, and analyze and report the findings.

The basic approach of the East Valley Needs Assessment was to obtain as much community input as possible through structured facilitated focus groups. Each community identified and involved individuals, groups and organizations to participate in the process. Each community made public appeals for participation in the study through several articles in the *Arizona Republic*, *East Valley Tribune* and other publications. Input from the participants was the critical component of the project outcomes.

The Team developed seven core questions for all the participating communities. The questions were designed to generate creative and open discussions without directing participants to pre-determined categories of needs and services. All the participating communities agreed to use the following questions in all their community meetings.

- 1) Who is in greatest social and economic need?
- 2) What are their needs?
- 3) Where are the people in need located within our community?
- 4) What are we doing well? What types of help are they getting?
- 5) What is missing? What do we need to do better?
- 6) What are the priorities that should be addressed?

7) What one thing would you change about the current human services delivery system in your community if you could?

Participating communities gathered citizen input in 48 community meetings with over 500 participants. Residents shared ideas and opinions about social and economic needs and how best to address them. While those participating in the study would not be considered a random sample of the population, a wide variety of community groups participated in the meetings. They included human service providers, educators, healthcare providers, representatives of faith communities, neighborhood groups, business and governmental leaders, Latino groups, youth organizations, seniors and disabled individuals, safety and gang prevention groups. Trained facilitators from the communities captured all the data in an organized and systematic manner based on a structured focus group process.

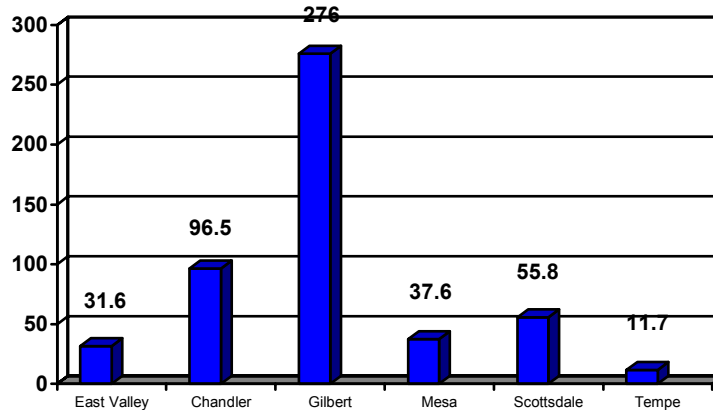
Following group discussions about each of these questions, participants were given three votes to prioritize populations, needs or concerns. A tally of “votes” revealed the significant concerns for each community.

Two communities, Mesa and Tempe, hosted a web-based survey to allow online participation in the project. The online survey allowed over 300 respondents to select their priorities from a pre-determined list of social service categories and to provide additional comments to each question. In addition, Mesa conducted 15 key informant interviews with community leaders.

The consultants conducted a systematic review and analysis of the most recent demographic data and trends, service programs and other current information for a complete report to the community. U.S. Census data relating to population, age, race and ethnicity, disability, households, housing, education and poverty was included for the region and each community.

The information is intended to provide a context for understanding identified needs and issues. The results are not presented as quantitative, statistical conclusions, but do provide a qualitative basis for prioritizing social service needs in each community.

## Percentage of Population Growth (1990-2000) by City/Town in East Valley



### **THE WORLD HAS CHANGED - COUNTY, STATE AND FEDERAL CONTEXT**

Several trends converged to form the context and background for the *Building Blocks for the Future* project. These trends include significant reductions in federal funding for social services; the state budget crisis and limited state funding; the rapidly growing population in the East Valley with demographic changes; the growing diversity of the state population; the national and state economic downturn and a growing demand for social and health services. Each of these trends will be addressed below.

#### **Federal Domestic Funding Cuts**

Several domestic federal programs seriously impacted local programs. Cuts in Federal Social Services Block Grant (SSBG) of Title XX Funding, the Low Income Heating and Energy Assistance Program (LIHEAP) and Emergency Services funds limited the ability to respond to an increased demand for services. These examples of flat or declining federal funding had a direct impact on the East Valley.

The federal government diverted monies from domestic programs to fund increased homeland security and the war on terrorism following Sept. 11, 2001. Like all states, Arizona has lost social services revenue.

Since 1993, Arizona has seen an annual loss of \$3.5 million in Title XX Federal Social Services Block Grant funding. This is a 27 percent reduction while inflation rose almost 30 percent in the same time period. This loss is despite significant population growth. Title XX is a critical federal funding source for many services including basic needs services, elder care, domestic violence, services to people with disabilities, homeless services and many others.

Additionally, the State and County have seen significant reductions in LIHEAP, the Low Income Heating and Energy Assistance Program. Reductions in funding for the County have approached almost 50 percent in recent years. Reductions severely limit the ability of East Valley community based agencies to assist low-income families and eligible elders to maintain electricity and other utility payments in financial emergencies. Many low-income families strive to maintain their housing and avoid homelessness with less support and assistance. As a result, there are long waiting lines at most East Valley emergency service agencies. People line up for assistance at the beginning of the month, as the very limited funds are distributed on a “first come – first serve” basis to eligible families.

State emergency assistance has been cut and limited in recent years. Nearly \$1 million has been removed from the State emergency fund, thus limiting resources to families who are eligible for state welfare programs. This prohibits community agencies from serving the working poor who are trying to avoid welfare. The cuts also impact homelessness and other populations like the elderly who are not eligible for the Federal Block Grant program - State Temporary Assistance for Needy Families Program.

### **State Budget Crisis**

Arizona, like many other states, is suffering from a serious budget crisis. This has severely limited health and human services funding while populations and demand have grown during the recent economic downturn. Only some health programs like Kids Care, a State program for



children from low-income families, have seen increases in funding. During the 2003 legislative session, this program was changed to require some families to share in the cost of services by making co-payments for services and medications.

State childcare funding was reduced by \$10.1 million during the 2003 legislative session. The State childcare program now has a waiting list of almost 5,000 eligible children from low-income working families.

Additionally, most other programs have not kept up with inflation despite increased demand. Home and community elder care programs have waiting lists of eligible persons. Currently many state safety net and mental health programs are facing serious deficits based on increasing program demands and limited state funding.

### **Other Funding Trends**

While the state and federal government limited or curtailed funding for social services, there has also been a significant and steady decrease in private charitable giving. Many corporations have reduced budgets for charitable gifts; individual contributions decreased due to job loss, stock market decline, and social uncertainty; the faith communities have limited funds available for social causes because of the same concerns.

### **UNITED WAY COMMITMENT TO COMMUNITY SERVICES**

The East Valley is served by two United Way organizations, Mesa United Way and Valley of the Sun United Way. In addition to governmental support, many nonprofit agencies depend on United Way and other charitable organizations for financial support.

## **Mesa United Way**

As a community-driven organization, Mesa United Way is dedicated to preserving the core services that shape the fabric of community life. Mesa United Way does this by providing funding for services that every healthy community needs: Growing Strong Children; Disabilities and Special Needs; Caring for the Elderly; and Providing for Unforeseen Hardships.

In addition to funding 35 health and human service agencies who provide critical services, Mesa United Way also develops, implements and funds initiatives that target specific needs in our community. Two such examples are:

***Educating the community about infant brain development: Ready to Learn, a Success by Six initiative***©— Mesa United Way established Ready to Learn, a Success by Six initiative© to educate the community about the critical importance of healthy brain development for children from pre-birth to age six. Data gleaned from new technology more strongly than ever suggests the brain is tremendously affected by outside influences during this time period. Pleasant interactions will help “wire” babies’ brain correctly; other kinds (either negative or neglectful) will “wire” it incorrectly. The wiring created and reinforced lays the groundwork for future learning and will dramatically affect a child later in life – for better or worse.

***Buidling safer, healthier, and more self-sufficient neighborhoods: P.R.I.D.E.*** — Mesa United Way’s P.R.I.D.E. program encourages and supports Mesa residents in efforts to make their neighborhoods a better place to live. P.R.I.D.E. provides small grants to residents for projects that address a community concern. Recent grants have been used to build a playground in a low-income neighborhood; paint visible street numbers on homes in a crime-ridden area; and remove trash and blight and build a desert walk in a retirement community.

To learn more about Mesa United Way, log on to [www.mesaunitedway.org](http://www.mesaunitedway.org).

## **Valley of the Sun United Way**

Valley of the Sun United Way has been serving the human care needs of Maricopa County for nearly 80 years. As a convener, collaborator, educator, fundraiser and leader in health and human services, Valley of the Sun United Way addresses what matters most... improving lives and delivering meaningful results.

Valley of the Sun United Way gives hope to kids, families, seniors, people with disabilities and individuals fighting disease through nearly 500 local human care programs. In addition to raising \$47 million for vital health and human service programs across the Valley, Valley of the Sun United Way helps change community conditions through strategic partnerships and innovative initiatives including:

***Increasing access to quality information: Community Service Link and 2-1-1***— In partnership with the Office of the Governor, Valley of the Sun United Way is leading the development of a statewide information network which will enhance people's ability to easily access health and human services and information throughout the state of Arizona. The vision for the state-of-art system is to enhance each community's ability to monitor needs and identify emerging issues, disseminate critical information during times of crisis and to provide case management for individuals and families seeking assistance.

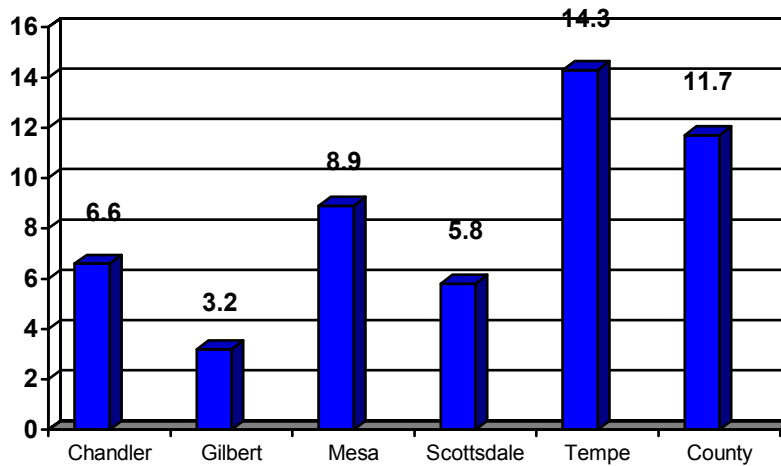
***Investing in our youngest children: Success by Six***— Valley of the Sun United Way has convened a collaborative of foundation, agency, government, advocacy and business representatives to address the issues surrounding early childhood education in the Valley. The collaborative has evolved into a statewide partnership committed to developing a large-scale public awareness and marketing campaign to move public will around the critical importance of investing in quality early childhood education, as well as communicating its short- and long-term economic impact. The vision of the overall Success by Six Initiative is to ensure all children have the resources they need for healthy physical growth, social and emotional development, and quality learning experiences.

Valley of the Sun United Way is committed to improving the quality of life in the East Valley and throughout Maricopa County. For more information, visit [www.vsuw.org](http://www.vsuw.org).

## POPULATION AND COMMUNITY TRENDS

The East Valley is experiencing huge population growth, the largest in the state and some of the largest in the whole nation.

Percentage of Population below Poverty Level  
by City/Town in East Valley



Some trends impacting the East Valley include:

- Homelessness in Maricopa County has doubled in the last ten years.
- Poverty in Maricopa County continues to grow.
- According to a study commissioned by the Mental Health Association, mental health needs continue to be under funded in Maricopa County by \$250 million dollars as the population grows.
- Welfare caseloads that fell during most of the 1990s are now growing by 15 percent annually.

- Demand for emergency services is up. Food banks in Arizona report an almost 20 percent increase in demand. East Valley agencies report increases of 20 to 30 percent in requests for basic services. With the downturn in economy, the loss of jobs, reduction in hours and low wage jobs, more individuals are struggling to meet basic needs of food, clothing, and shelter.
- Affordable housing is scarce as documented by the Arizona Housing Survey. Some communities in the East Valley have notable gaps in available and affordable housing.
- Aid to victims of domestic violence has historically been limited. Almost 17,400 requests for domestic violence shelter and services were unmet in Maricopa County last year.
- The elder care population in the county is growing with some East Valley communities like Scottsdale and Mesa experiencing significant increases in senior populations. There is a growing population of persons with disabilities as our medical system technology extends life.

## **EAST VALLEY REGION**

### **Community Context**

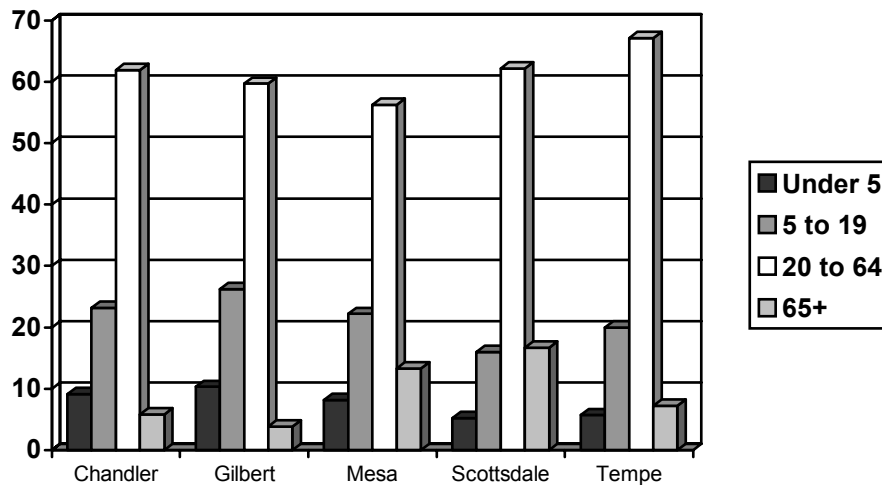
The East Valley communities of Chandler, Gilbert, Mesa, Scottsdale and Tempe continue to experience significant growth as people seek relocation to a warm climate with employment and recreational opportunities. Overall growth was almost 45 percent from 1990 to 2000. The 2000 U.S. Census puts the East Valley population at 1,043,983 or 34 percent of Maricopa County residents. The current East Valley population is estimated to be 1,186,716. In addition, there are 54,562 people living in county islands or unincorporated areas within these communities.

The population of the East Valley generally reflects the demographics of the County; however, the East Valley communities of Gilbert, Mesa and Scottsdale have a higher percentage of White residents and Chandler, Gilbert and Tempe have a higher percent of Asian residents.

The East Valley youth population, aged 0 to 19, (28.8 %) is slightly less than the representation of youth in Maricopa County. Although most East Valley communities have very young populations, Mesa and Scottsdale have older populations that impact the overall proportions. The adult population, aged 20-64, (60.4 %) is slightly higher than in the County.

East Valley seniors, age 65 and over, (10.8%) are represented at a slightly lower rate than seniors in the County (11.7%). Some communities like Scottsdale vary significantly from the county demographics with almost 17 percent of residents who are seniors.

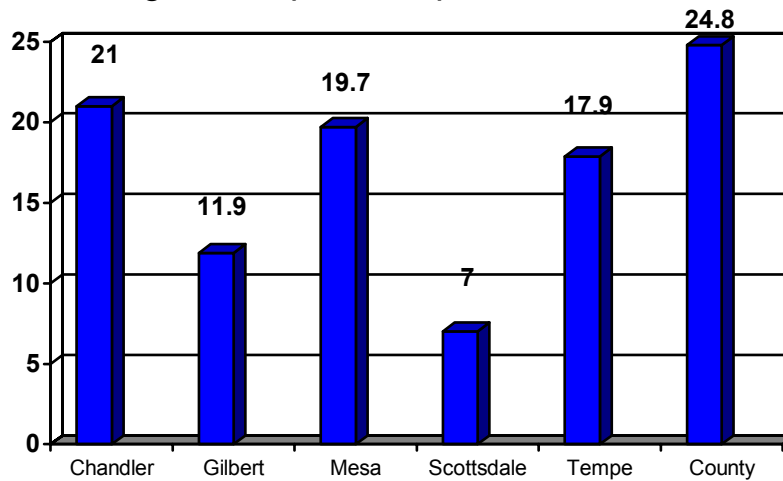
Percentage of Age Distribution by City/Town Category



The proportion of the population with disabilities in the East Valley (14 %) is lower than the County (18%) with a larger working adult population.

A majority (82.7 %) of East Valley residents are White. Latinos represent 16.4 percent with Spanish spoken at home for 11.2 percent of East Valley residents. Asians represent 2.8 percent, 2.6 percent are African American, 1.3 percent are American Indian/Alaska Native, 0.2 percent are Native Hawaiian/Pacific Islander, 7.7 percent are other race and 2.7 percent are mixed race populations.

## Percentage of Hispanic Population in East Valley



The East Valley has 398,696 households representing 35.2 percent of the households in the County. East Valley households are proportionately similar to other households in the County. A family is defined as a group of two or more people who reside together and who are related by birth, marriage, or adoption. There are slightly fewer families (32.3 %) and single householders with children less than age 18 (9.2 %). There was a 45 percent increase in the number of single parent families in Maricopa County since 1990. Single parent families pose significant challenges to all the communities as noted by many focus groups.

The East Valley has proportionally more non-family households or those residing with people who are not related (34.2 %) with 24.6 percent living alone. Slightly fewer seniors are living alone (7 %). The average household size is 2.65 persons and the average family size is 3.1. Grandparents responsible for grandchildren number 6,085. Grandparents raising grandchildren is a new phenomenon and trend which has emerged in significant new numbers in the last decade.

There are 451,342 housing units with a median room size of 5.4 rooms. Median home value is \$153,980 and median rent is \$763. East Valley homes are generally larger and more expensive than homes in Maricopa County. Fewer households in the East Valley (5.4 %) are without a vehicle than in the County (7 %). Nevertheless, transportation was cited as a critical need among

low-income populations striving to get to and from work, school, medical care and other necessities of life.

The poverty rate in the East Valley is lower than Maricopa County with 83,746 persons (8 %) below poverty level versus 11.7 percent. However, a larger portion of those under the age of five in the East Valley (7,736 or 9.7 %) is below poverty. Fewer of those 65 and older (7,116 or 6.3 %) are below poverty. There are 20,762 people 16 years and older who are unemployed and 253,748 who are not in the labor force. Those not in the labor force are mainly students, homemakers, retired workers, seasonal workers interviewed in an off season who were not looking for work, institutionalized people, and people doing only incidental unpaid family work (less than 15 hours during the reference week). Although the poverty rate is low in the East Valley, it persists and has spread to working families as layoffs and economic downturn continues.

Educational attainment for those 25 years and older is generally high in East Valley communities with higher percentages who graduated from high school (84.7 % to 94.3 %) than in Maricopa County (82.5 %) or earned a bachelor's degree or higher (21.6 % to 44.1 %) compared to 25.9 percent for the County.

### **Community Assets and Strengths**

During the course of this study, participants identified many assets and strengths shared by all the communities.

- **Quality of Life.** The East Valley has a reputation for offering a very high quality of life. Indicators of this include: excellent parks and recreation; libraries with Internet access; superior schools and a strong emerging neighborhood movement. Participants' comments included: "A community of caring people realizing there is a need for help." Others included: "the willingness to participate in the community planning process" and a "sense of community."



- **Human Service Network.** People respect and value the human service programs available in East Valley communities. There is a good “safety net” of diverse, quality, and cooperative services. Human services staff are compassionate, capable, competent, committed, available and accessible. Agencies are seen as cooperating with each other to do good work, helping many people, and addressing serious social problems with limited resources.
  
- **Effective Collaboration.** Collaboration between public and private agencies is effective in reducing duplication of effort. Examples of collaborative efforts include:
  - Partner organizations share information about funding and services offered. Collaboration resulted in providers based in other communities bringing services to the area.
  
  - East Valley Homeless Coalition (formerly East Valley Providers Problem Solving Network) addresses issues of homeless or near homeless people.
  
  - The East Valley Men’s Center was built and supported with combined funding from the Cities of Chandler, Gilbert, Mesa, Scottsdale and Tempe.
  
  - East Valley Resources for Youth and Families meets monthly to network and share information.
  
  - East Valley Family Support Consortium includes eight agencies working together with the Department of Economic Security, Division of Children, Youth and Families for prevention and outreach to children aged 0-5 years in underserved areas of East Mesa.
  
  - East Valley Resource Coalition meets monthly for education and capacity building to enhance the abilities, tools and strengths of participating organizations.

- **Good Leadership.** East Valley cities have leaders with vision who are not afraid to confront difficult issues. Community leaders are proactive, assessing needs and issues, planning and advocating for programs and identifying resources to address community problems. There is a focus on improvement.
- **Community Involvement.** There is a high degree of community awareness and volunteerism.

### **Common Themes in the East Valley - Populations and Needs**

Participants in the needs assessment focus groups identified many populations and human service needs. The populations described below represent the themes from the community focus groups. Given the cutbacks in funding, the economic downturn, and increased demands for services, these themes reflect the current 2003 social and economic environment in these communities.

- **Low Income and Homeless.** Though the poverty rate in the East Valley is lower than the County, there was strong emphasis in almost all groups for meeting basic needs of low-income people, homeless people, and single and working parents. Basic needs include: food, clothing, shelter, healthcare, childcare, transportation and employment. This emphasis on basic needs is also reflected in a review of Community Information and Referral calls from East Valley communities requesting food, shelter and clothing. In program year 2001-2002, approximately 21,360 East Valley callers or 63 percent requested information and assistance with basic needs.
- **Children, Youth and Families:** East Valley households are proportionately similar to other households in the County with slightly less representation of youth and families. Participants expressed special concern for the needs of children, youth and families. Specific services and programs identified included early intervention and prevention, youth recreation, parenting programs, counseling and other support services.

- **Immigrants/Foreign Born**: The issues of newly arrived immigrants, their legal status and their participation in the economic well being of the communities provide challenges and opportunities in the East Valley and throughout Arizona. Many forum participants identified the needs of this group as a priority. Although legal issues are beyond the jurisdiction of East Valley communities, the identification of this common theme presents a significant opportunity for the communities to work together.

While East Valley communities have a smaller percentage of people who are Latino or other cultures, focus groups expressed great concern for the needs of immigrants. Immigrants were identified as needing basic services, as well as language classes, translation services and specialized programs including education, training and employment programs.

Participants in 26 percent of East Valley focus groups mentioned a day laborer center or guest worker program as potential solutions for the challenges facing this population. Day laborer centers have been implemented in some communities to assist laborers and employers by providing a location for temporary employment solicitation. A guest worker program has been proposed by some members of the United States Congress to address the large number of undocumented immigrants and includes many provisions related to resident status, work permits and other matters.

- **Elderly and the Disabled**: A priority was given to the needs of seniors and people with disabilities, including employment and basic needs for those in poverty. Also identified was a need for assistance with independent living including transportation, visitation, health care and other support services.
- **Mentally Ill and Substance Abusers**: Behavioral health services for the mentally ill and substance abusers were also identified as an important need. Needed services include housing assistance, shelter services, medical detoxification, treatment services and case management.

## **Common Themes - What can we do better?**

The East Valley is a region of many unique communities with a variety of structures for providing human services. While there is a strong network of services, participants pointed to the need for additional improvement in the human services delivery system. Common themes included the challenge of population growth, issues of diversity and immigration.

- **Limited Resources:** This is an overarching challenge. Yet even for agencies that have sufficient funds, information about and access to existing resources present problems.
- **Accessibility:** Many felt services were not accessible due to geographical location and lack of client transportation; hours of service (8 am-5 pm) that do not accommodate working people; eligibility requirements and application processes that take too long; cultural and language barriers; and the stigma people feel when seeking help.

Flexible eligibility requirements are advocated to eliminate boundaries and offer services throughout the region. With growth and diversity, there was recognition of the need to become more inclusive and sensitive to different people and cultures. Accessibility is also typically an issue when limited resources confront increased demand. Communities are faced with increased requests while dealing with the cutbacks noted earlier in this report.

- **Information:** Participants expressed frustration at not being able to find help when needed. Information and referral, community education and outreach, service coordination and centralization, increased volunteerism, and case management were all identified as needing improvement. Better methods are needed to increase awareness and visibility for available human services. With rapidly growing populations, it is difficult for communities to keep citizens informed of available services. Since most people do not access services until they are needed, providing and distributing updated information is critical.
- **Resources:** Most respondents identified more support for human services as a key change to improve human services delivery. Given the cutbacks in federal and state funding, there is a

strong need to address funding issues in order to expand capacity and keep up with demand. This is particularly true during an economic downturn when service demands grow. Suggestions included multi-year funding and more flexibility in the allocation process. There is also a concern that compensation for human services professionals may not be adequate as both the demand and complexity of social problems expand.

- **Collaboration**: Opportunities for collaborative efforts gained wide support. The benefits of less competition, increased advocacy, more communication and coordination and less duplication were seen as valuable. Providing service in a continuum, tracking recipients and preventing abuse of the system was also suggested.

### **Lessons Learned - Potential for Continued Collaboration**

In completing the assessment, many lessons were learned.

- There is great consistency in the needs and issues identified across the participating communities.
- There is a real sense of strength and an awareness that a foundation exists for addressing needs.
- While many services and opportunities are available, there is a need for greater awareness and access to them. The Community Service Link and 2-1-1 systems that are currently being developed statewide will provide more comprehensive, accessible information. This web link/telephone line will provide a single point of access to a clearinghouse of information about health and human services.
- Improvements are needed in service coordination and intensive case management to allow the appropriate agency to determine client needs and give a clear and comprehensive response.

- There is a framework and set of working relationships for continuing to look at issues and needs.
- There are many possibilities for future collaboration.

## CITY OF CHANDLER

### Chandler At-A-Glance:

Mayor: Hon. Boyd. W. Dunn

Year Incorporated: February 17, 1920

Population: 215,557 (as of 6/30/03)

Land Size in Square Miles: 61.420 (2003)

Median Household Income: \$58,416

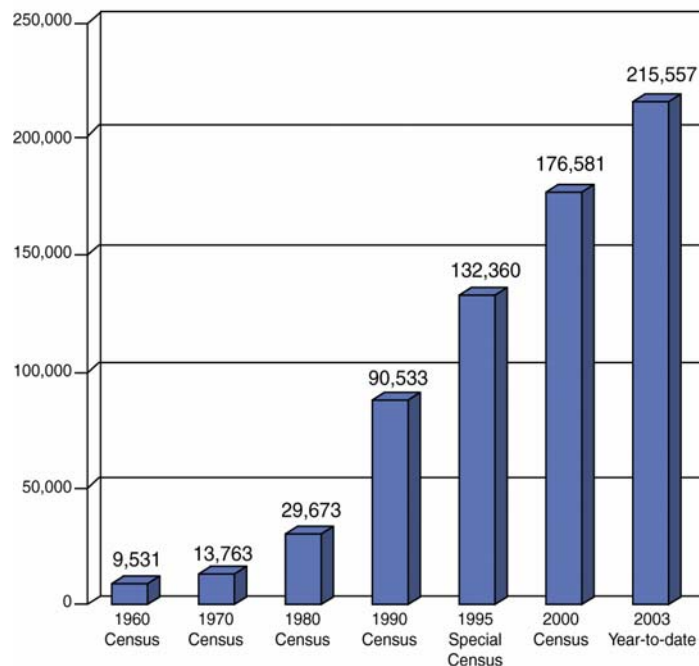
Median Home Value: \$229,260 (new home); \$160,000 (resale home)

Source: City of Chandler

### Community Context

Chandler, like most East Valley communities, continues to experience tremendous growth. The 2000 U.S. Census puts the population of Chandler at 176,581 residents or 5.7 percent of Maricopa County residents. This represents an increase of 96.5 percent increase from 1990. Moreover, Chandler's current population is estimated to be 215,557 persons.

**Population Statistics  
Chandler Arizona**



Chandler is a young community with a small population of elders. The adult population (61.9 %) is slightly higher than other cities in the East Valley and in the County. Chandler's youth population exceeds the County proportionately with 32.3 to the 29 percent representation of youth in Maricopa County. Chandler has a lower percent of seniors (5.8 %) than most East Valley communities and compared to the County at 11.7 percent. Chandler's population of persons with disabilities (13.3 %) is lower than most East Valley communities.

Like many East Valley cities and the County, a majority of Chandler's population is white (77.2%) consistent with the County (77.4%). Latinos represent 21 percent and African Americans are 3.5 percent of Chandler's population. Small percentages are American Indian, Alaska Native, Asian, Native Hawaiian, Pacific Islander, other race and mixed race populations. Spanish is spoken at home for 15.6 percent of Chandler residents and 7.2 percent of them speak English less than very well as indicated by the U.S. Census.

Chandler's households are proportionately younger than other households in the County with 32.3 percent of the population under 19. Those 65 and older living alone represent 6.5 percent of the population. The average household size is 2.82 persons and the average family size is 3.26. There are 1,164 grandparents responsible for grandchildren, representing 40.5 percent of homes with grandparents and children less than 18 years.

Single parents with children under age 18 are 10.9 percent of Chandler households. The number of single parent households has grown 141 percent in the last ten years, contributing to concerns about their needs.

Chandler has a relatively affordable housing market. The 2000 Census puts median home value at \$137,600 and median rent at \$795. The homeowner vacancy rate is 1.5 percent and the rental vacancy rate is 10.2 percent. The City of Chandler Section 8 subsidized housing program currently serves 480 families and there are 717 families on the closed housing waiting list. Information about the upcoming annual Section 8 budget request was not available. Approximately 4 percent of Chandler households do not have a vehicle compared to approximately 5 percent of East Valley households and 11 percent of households in the County.



Nevertheless, transportation to and from work, school and other locations was noted as a very important area of need within Chandler.

Chandler's poverty rate is lower than Maricopa County with 6.6 percent below poverty level. Many in focus groups nevertheless noted the need for basic services such as food, shelter and clothing.

Educational attainment for those 25 years and older is generally high in East Valley communities. Chandler has higher portion than Maricopa County of people who graduated from high school or higher (87 %). Chandler residents, with a bachelor's degree or higher, represent 32.5 percent of the population.

### **Chandler Current Commitment to Community Services**

The City of Chandler provides resources towards the Youth Enhancement Program (YEP) and Social Service Funding (SSF). YEP funding supports the development and operation of programs for Chandler youth up to age 18. SSF supports the development and operation of programs for Chandler residents that address diverse and various social needs such as food, housing, employment and counseling. City funds are allocated through a community-lead process. Chandler volunteers review all the requests submitted by non-profit agencies. In FY 2003-04, YEP funds totaling \$637,146 were allocated to 39 programs and SSF funds totaling \$176,810 were allocated to 17 programs.

Acts of Kindness Funds (A-OK) are made available by voluntary citizen donations to utility payments, and supplement the SSF by supporting a wide range of human services, including crisis needs and programs that strengthen families. Like YEP and SSF, A-OK funds are allocated through a community-lead process. In FY 2003-04 a total of \$51,690 was allocated to 6 programs.

The City of Chandler manages Community Development Block Grant (CDBG) program funds. These federal funds are received from the U.S. Department of Housing and Urban Development

and are used to benefit low and moderate-income persons in the city. Examples of programs funded include the operation of many Chandler-based non-profit agencies, the Housing Rehabilitation Loan Program, Downtown Facade Restoration Program and the Emergency Home Repair Program. Funds are allocated through the Chandler Housing and Redevelopment Committee (HARC), which is a Mayor appointed volunteer group. In FY 2003-04 a total of \$1,705,000 was allocated.

Eight focus groups were conducted in Chandler. The following information is a summation of the opinions and perceptions of these focus group participants. It was neither the scope nor format of the assessment to test the information as being statistically valid or reliable.

### **Community Assets and Strengths– What Are We Doing Well?**

As Chandler confronts its rapid population growth with potential social and economic human services needs, it has many assets to build upon. These include:

- Good youth programs, mentoring programs, youth enhancement programs and many quality agencies.
- Quality parks and recreation, libraries with computer services, high quality schools.
- Quality social services programs, committed agency staff, with good collaboration and cooperation among different agencies and programs while working with limited resources. Some participants suggested “advocacy and mentoring as ways to help low income families to self sufficiency.”
- Quality government officials who are accessible and program focused with City of Chandler programs like YEP, SSF, and Blocks grants well used and managed.
- Good leaders who are not afraid to confront difficult issues. Citizens also affirm quality city planning for the future.

- Meals on Wheels programs.
- A local domestic violence shelter.

All these assets are important strengths that will help Chandler confront the needs of poor and vulnerable citizens.

### **Populations and Needs**

From the focus groups, poor and low-income families were most often cited as in greatest need. These families included the under employed, working poor, those uninsured and underinsured, and the hungry. Concern was also expressed for moderate-income people losing jobs, people without transportation, young families seeking work, low and moderate-income families just above eligibility for programs, and people without health care.

Programs suggested included:

- **Affordable Child Care**, swing shift programs and programs for young parents, weekend and off hours child care.
- **Affordable Housing**
- **Basic Needs** services including food, clothing, shelter, nutrition.
- **Health Care**, such as free or low cost clinics, more specializations in Chandler.
- **Jobs** and support services such as vocational education, employment services, continuing education, livable wage, mentoring services for youth, skill training.

- **Mental Health Services** including counseling, family counseling, emotional support, life skills training, shelters for victims of domestic violence.

Other needs cited included people without access to computers, the unemployed and underemployed, the unskilled, those needing job training and families who cannot access the system because of their poverty. Single parents were a special category of low-income families noted for their special needs. Other families with special needs included victims of domestic violence and children in domestic violence families, those who need substance abuse treatment, and homeless persons and families.

Additional populations in need were noted including immigrants, non-English speaking persons, undocumented persons and migrant families. Needed services include education options for all ages, support groups, English as a Second Language (ESL) classes with other job services, vocational services, education and cultural activities.

Elderly were also noted as having great needs, particularly seniors without any family support, elderly that need companionship, low-income elderly, people on fixed incomes, grandparents raising grandchildren. Caregivers of the elderly were cited as having unmet needs because of the workforce's shortage and inability to find reliable stable help. Recommended elder care services included, respite care, adult day health care, opportunities for socialization, part time employment, recreation and physical activities for seniors.

Children were noted as a particularly vulnerable population as those least capable of taking care of themselves, which includes child abuse victims, unsupervised children, children in public housing, children with illiterate parents, children in poverty, children in families with history of poverty, latch key children, and children who do not do well in traditional educational systems.

Although youth services are one of Chandler's great strengths, many focus group participants cited teenagers and youth as a special population in need, including teen parents, high school dropouts, homeless youth, teenagers during their free time, and teenagers without anything to do.

Other groups noted people with mental, emotional and physical disabilities, those needing mental health services, those with HIV and Hepatitis C, and families with children with disabilities.

### **Changing and Improving the System – What Can We Do Better?**

Chandler is a rapidly growing, dynamic community. Rapid growth presents many challenges for residents and community programs. The participants in the focus groups recommended the following improvements and suggestions to address these needs.

- Improve and expand public transportation
- Develop more affordable housing
- Develop more affordable childcare. This is consistent with a youthful community seeking to provide quality jobs and quality of life.
- Increase and improve public awareness of available social and health services programs with increased efforts to get the information out, better community information and referral, improved working cooperation among the agencies and better coordination of services with a call for an improved clearinghouse for information. Many suggested “one stop shop” approach with accessible services. A “211” approach was recommended. Many hoped for “more private sector involvement in providing needed services.”
- Increase priority and funding for social services. Make a bigger investment in health and social services to provide for all in need. Offer a cohesive network of coordinated, comprehensive support services. Increase accessibility through outreach and advocacy. A strong emphasis was placed on improving self-sufficiency among all receiving services.
- Develop access to affordable health care. Many groups cited access to medical care as a very important need.

- Maintain youth leadership and development, youth services. The Chandler school system and libraries programs were strongly affirmed. But many hope for mentoring programs and increased “coordination, collaboration, communication” among youth programs.
- Develop educational services for all ages. Many expressed a need for more adult education, job skills and self-sufficiency skills for low-income populations.
- Create regional collaboration and sharing of resources. Improved communication among all providers of services. Many participants advocated for basic needs of all people to be met through more coordination and collaboration.
- Create non-traditional hours of services, weekends and evenings. Although current programs have many strengths, participants suggested non-traditional services hours and outreach to help improve access to services.

## TOWN OF GILBERT



### **Gilbert At-A-Glance:**

**Mayor:** Hon. Steve Berman

**Year Incorporated:** 1920

**Population:** 150,000

**Land Size in Square Miles:** 76

**Median Household Income:** \$68,032

**Average Home Sales Price:** \$188,400 (2002)

*Source: Town of Gilbert*

### **Community Context**

Gilbert is one of the fastest growing communities in Arizona. Over the last decade its population has increased by 276 percent from 29,000 to over 109,000 or 5 percent of Maricopa County residents. Since the 2000 census Gilbert has added another 40,000 residents to its population. The current estimates put the Gilbert population at approximately 150,000.

Gilbert is a young community with youth population (36.5 %) representing a higher proportion of residents than most communities in Maricopa County. The adult population (59.7 %) is slightly higher than other cities in the East Valley and in the County at 58.5 percent. Gilbert has a much lower percent of seniors (3.8 %) than most East Valley communities and the County in general at 11.7 percent. Gilbert's population of persons with disabilities (10.8 %) is the lowest of the East Valley communities.

A majority of Gilbert's population (85.7 %) is White. Latinos represent 11.9 percent of Gilbert's population and 2.4 percent are African American. Small percentages are American Indian, Alaska Native, and Asian, Native Hawaiian, Pacific Islander, other race and mixed race populations. Spanish is spoken at home for 7.1 percent of Gilbert residents and 2.2 percent speak English less than very well as indicated by the U.S. Census.

Gilbert has 35,405 households and 81.7 percent are families. Families with their own children under 18 years are 50.8 percent of all households. Single parents with their own children under 18 years are 8.7 percent. Although the proportion of single parent households is less in Gilbert than the East Valley (9.2 %) or the County (10.8 %), the number of single parent households in Gilbert has grown by 296 percent in the last ten years. Those 65 and older living alone represent a small part of the Gilbert population (1.8 %). The average household size is 3.1 persons and the average family size is 3.42. There are an estimated 434 grandparents responsible for grandchildren.

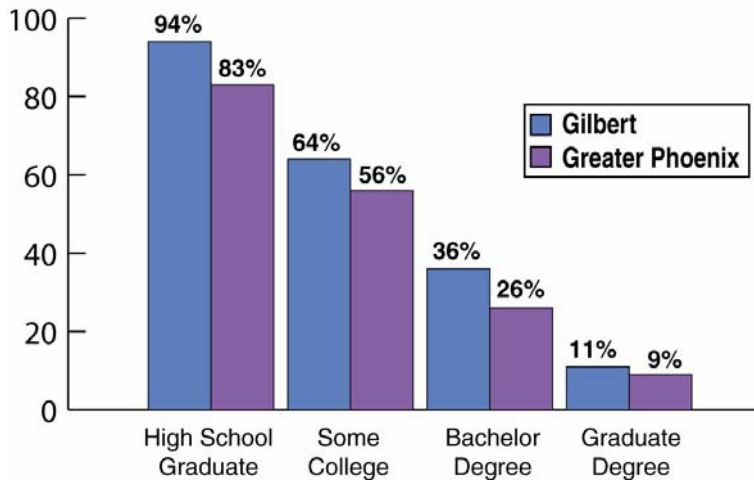
Gilbert has a relatively high cost housing market. The 2000 Census puts median home value at \$157,300 and median rent at \$792, compared to current average sales at \$188,400. The homeowner vacancy rate is 2.1 percent and the rental vacancy rate is 5.2 percent. The Housing Authority of Maricopa County administers the Section 8 subsidized housing program for Gilbert. Current budgeted funds have been expended. The waiting list is closed and new applications are not being accepted. No information is available on the number of Gilbert residents requesting or receiving assistance. More Gilbert households have a vehicle compared to other East Valley communities and the County. Only 2% of Gilbert households do not have a vehicle compared to approximately 5 percent of East Valley households and 11 percent of households in the County.

Gilbert's poverty rate is significantly lower than Maricopa County with 3.2 percent below poverty level compared with 11.7 percent for the County overall.

Educational attainment for those 25 years and older is generally high in East Valley communities. Gilbert has a higher portion of citizens who have graduated from high school or obtained education beyond high school (94.3 %) than Maricopa County. Gilbert residents, with a bachelor's degree or higher level of education, represent 36.1 percent of the population compared with 25 percent in the County overall.



## Educational Attainment



### **Gilbert Current Commitment to Community Services**

The Town of Gilbert supports social service programs and activities with allocation of general funds and Community Development Block Grant (CDBG) funds to a variety of programs meeting the needs of low-income families, children, youth, seniors and others. In FY 2002-2003, over \$700,000 was allocated to 15 human service programs. The Town Council allocates from the general fund in response to requests from community programs.

Funding priorities for CDBG funds are discussed in public hearings by the Redevelopment Commission, a citizen advisory board appointed by the Town Council. The Council sets priorities and solicits applications. Proposals are reviewed by staff and presented to the Redevelopment Commission for recommendations. The Town Council determines the final funding allocations after consideration of the Commission's recommendations.

### **Community Assets and Strengths– What Are We Doing Well?**

Gilbert has many community assets in its health and social services network to address the needs of rapidly expanding population and its poor and vulnerable citizens. These assets include:

- Youth programs including leadership development programs, character education, and specialized programs for children with disabilities.
- Parks and recreation programs, children’s activities, a regional library, a town hall square, clean well kept neighborhoods, multicultural clubs, and neighborhood programs.
- Food and basic needs distribution programs.
- Caring people, civic pride with strong heritage of community involvement.
- A Human Rights Commission.

### **Populations and Needs**

Gilbert is a prospering and rapidly growing community, but it also has its human and social service needs. Participants in Gilbert focus groups noted the following groups as greatest in need.

- **Low-income families** including working poor, the unemployed including adults and white collar unemployed, dysfunctional families, low-income with medical needs, non-traditional families i.e. single parents. Also mentioned were families with specialized needs who are victims of domestic violence, families who are victims of crime or homeless families. Families in need may also have animals that need care.
- **Youth**, particularly Hispanic youth with parents who do not speak English, junior high and high school students who are bored, “at risk” youth, youth with handicaps, youth who can not find jobs, teens, preteens and English as a Second Language (ESL) students. Many also mentioned the need for good mentors.
- **Children**, including pre school children, elementary school children, children Pre-K to sixth grade from low-income families, latch key children, and abused children.

- **Immigrant families** including Hispanic families, families with limited English skills, moderate to low-income families, and minorities. There was an expressed need for opportunities for inclusion, respect and employment.
- **Single parent families** were mentioned several times including the need for parenting, childcare, and educational opportunities.
- **Elderly** need to be shown more respect, understanding, and a chance to share their knowledge and needs for social support.
- **People with disabilities** including people who are mentally and physically challenged. People with long term illness, people with developmental disabilities, people with Attention Deficit Disorder (ADD).
- **Sonora Town**, a county island near Gilbert, was noted as a special location for needs of low-income and vulnerable families.

The following programs and services were mentioned as significant priority needs to be addressed.

- **Basic Needs** including food, clothing, shelter, utilities, school supplies, subsidized youth sports programs, backpacks for children, housing, meals on wheels, medical care, dental health care, repair of housing, and safe neighborhoods.
- **Increased awareness and accessibility** for all programs.
- **Learning English**, including improved adult English classes with childcare available, community building and cultural activities, opportunities with decision makers to spotlight diversity with accessible resource information for immigrant and non- English speaking persons, appreciation and acceptance of cultures and traditions of those new to Gilbert and those already living there, ways to overcome discrimination, and affordable legal services.

- **Work**, including jobs, job training and vocational education, mentoring programs, job search skills and programs, and debt counseling for the unemployed.
- **Affordable childcare** including day care for adult education classes, and programs for latch key children.
- **Counseling and support** for families of all kinds, mental and emotional help, psychological services, support groups, character development activities, self esteem programs, and counseling for abused children and domestic violence services.
- **Transportation** to and from activities, work, school, medical care, senior programs, for people with disabilities.
- **Caregiver support**, respite care, adult day health care, social needs, health care.

### **Changing and Improving the System: What Can We Do Better?**

The changes for Gilbert are very clear from the focus groups. The following areas of human services programs need to be changed and improved.

- **Increased awareness and accessibility**. Consolidate and coordinate programs for better efficiency and effectiveness, centralized community information and referral, one cohesive avenue for service access, increased and improved communication among providers, additional resources such as legal services, a community social services center, resource centers, caring service providers, greater accountability and follow through, a resource booklet, information available in a variety of forms and languages, help citizens network, market sources of help, and reduce barriers. Develop a central resource center for social services help.

- **Increase funding.** Do more of what is currently being done, provide more community outreach and advocate for additional funding.
- **Improve and expand senior center.** Senior program expansion separate from youth, facility renovation, traffic and access improvements, more senior activities.
- **More programs for children and youth.** Affordable childcare, subsidized sports and recreation opportunities, summer programs, prevention services and leadership development programs.

## CITY OF MESA

### Mesa At-A-Glance:

Mayor: Hon. Keno Hawker

Year Incorporated: 1883

Population: 442,694 (*current estimate*)

Land Size in Square Miles: 128.81

Median Household Income: \$42,817

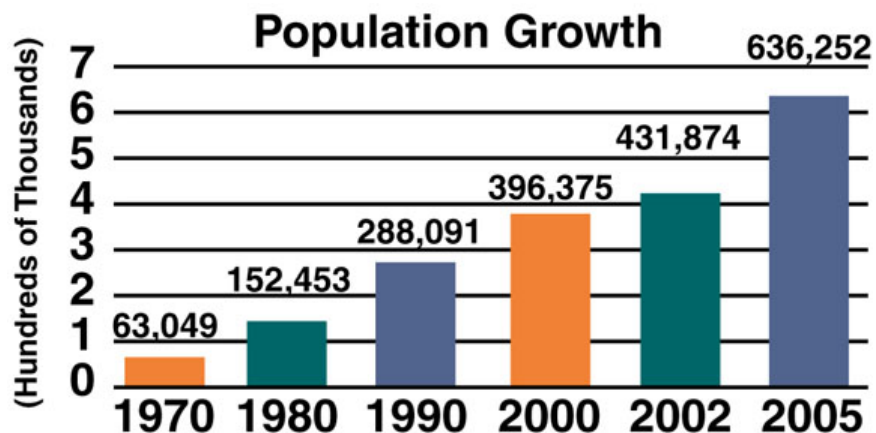
Median Home Value: \$165,000 (*new home*);

\$132,000 (*resale home*)

Source: City of Mesa

### Community Context

Since 1990, Mesa has experienced a 37.6% growth in population. This growth is fueled by availability of new jobs, economic opportunity, and attractive retirement options. The 2000 U.S. Census puts the population of Mesa at 396,375 or 12.9 percent of Maricopa County residents. According to the City of Mesa, the current population is estimated to be 442,694. This represents an increase of 53.7 percent from 1990. Mesa's youth population (30.4 percent) is proportionate to the representation of youth in Maricopa County. The adult population (56.3 %) is slightly lower than other cities in the East Valley and in the County. Mesa has a higher percent of seniors (13.3 %) than most East Valley communities and the County (11.7 %).



Mesa's population of people with disabilities (17.9 %) is the highest of East Valley communities. This includes people with sensory, physical, mental and self-care disabilities and may require accommodation with transportation or other support services.

Like most valley communities, a majority (81.7 %) of Mesa's population is White. African Americans are 2.5 percent. American Indian, Alaska Native, Asian, Native Hawaiian, Pacific Islander, other race and mixed race populations are represented in small percentages. Latinos represent 19.7 percent of Mesa's population. Spanish is spoken at home by 14.8 percent of Mesa residents and 7.5 percent of those who speak Spanish indicate they speak English less than very well. The ability to communicate in English impacts approximately 4,400 Mesa residents who may require instruction, translation or other language assistance.

Mesa's households are proportionately similar to other households in the County in terms of household type and size. The exception is that Mesa has a higher percentage of seniors living alone. Seniors living alone will present challenges as these seniors require more family and community support.

Mesa has 146,643 households and 68.1 percent are families, defined as people related by birth, marriage, or adoption. Families with their own children under 18 years are 33.4 percent. Single parents with their own children under 18 years represent 10.6 percent of Mesa families. The number of single parent households increased 98 percent since 1990. There are 46,787 non-family households or households that do not include people living with relatives (31.9 %). Of those not living with relatives, 24.2 percent are living alone. Those 65 and older living alone number 13,318 (9.1 %). The average household size is 2.68 persons and the average family size is 3.2. There are 2,875 grandparents responsible for grandchildren, representing 40 percent of homes where grandparents live with children under 18 years.

Although Mesa has one of the most economical housing markets in the valley, the need for affordable housing for low and moderate-income families exceeds the number of available units. There are 175,717 housing units with a median room size of 4.8 rooms. The 2000 Census puts median home value at \$122,100 and median rent at \$669. The homeowner vacancy rate is 2.4

percent and the rental vacancy rate is 10.7 percent. Mesa's Section 8 subsidized housing program issues 1,522 vouchers with a closed waiting list of 692 people. Approximately 6.5 percent of Mesa households do not have a vehicle compared to approximately 5 percent of East Valley households and 7 percent of households in the County.

Mesa's poverty rate is lower than Maricopa County with 6,249 families (6.2 %) below poverty. This represents 35,031 persons below poverty. There are 3,978 people under the age of five below poverty and 3,593 persons who are 65 and older. There are 8,136 people who are 16 years and older who are unemployed and 105,601 people who are not in the labor force. Factors influencing poverty include changes in the economy and a shift from high wage manufacturing jobs to lower wage retail and service jobs. Some have left the job market to seek education and training. Some are prevented from participating effectively in the job market due to lack of transportation, language or other skills.

Educational attainment for those 25 years and older is generally high in East Valley communities. Mesa has a higher portion of citizens who graduated from high school or higher (84.7 percent) than Maricopa County. Mesa residents with a bachelor's degree or higher represent 21.6 percent of the population. Educational attainment is a factor in the employability and sustainability of the population.

### **Mesa Current Commitment to Community Services**

The Mesa Office of Human Services is responsible for the development and coordination of a comprehensive human services delivery system for Mesa. The staff represents the City on a variety of human service issues such as homelessness, day labor, and elder care. Staff works with human service providers and other communities to identify what services are needed.

The Office of Human Services, as the Community Action Agency, administers federal, state and local funds to non-profit agencies and programs serving individuals and families in conditions of poverty while helping to move them toward self-sufficiency. The City does not operate the service delivery system through its internal structure; rather, it contracts with local providers. In meeting the most critical needs, City resources are just one source in a system that includes other



levels of government, business, private foundations, the faith community, friends, family and the resources and efforts of people in need.

In fiscal year 2003-2004, the City of Mesa, Office of Human Services, allocated funds to 19 human service agencies throughout Mesa. These non-profit organizations assist people in the community to maintain independence and self-sufficiency.

For the same period, the Office of Human Services awarded \$222,279 to a variety of Human Service Agencies through the Mesa ABC: A Better Community program. This voluntary program allows Mesa residents to pay a minimum of one dollar per month on their utility bill to support human services programs that serve needy families, children and seniors. Customer donations are collected each month and the money is allocated to qualified, non-profit agencies that serve Mesa residents.

### **Community Assets and Strengths– What Are We Doing Well?**

The East Valley Needs Assessment revealed that people respect and value the human service programs available in the community. Participants listed many specific agencies and types of services when asked to identify positive factors in the human services system. They described providers as compassionate and cooperating with each other to do good work, helping many people and addressing serious social problems with limited resources.

There is recognition that Mesa has developed good partnerships and support programs in cooperation with private, corporate and faith based organizations. Mesa has a reputation for community awareness and involvement including neighborhood service and volunteer programs. Participants pointed to the strong emerging neighborhood movement and city efforts to reach people and get citizen involvement. Mesa was credited with “realizing there is a need for help” and “thoughtful planning.”

Mesa’s education system was also identified as an important community asset.

Mesa has a “sound education system” with “great educational opportunities at higher levels” as well as “good vocational education programs.” Counseling programs, summer school and early learning programs were identified as examples of quality education.

Participants listed numerous healthcare programs providing necessary services. Examples include immunization services, free clinics for women, emergency room services and school based clinics. Participants expressed appreciation for “dedicated professionals” in many quality institutions.

### **Populations and Needs**

Participants identified a variety of human service populations and needs in Mesa.

- **Low Income and Homeless:** Participants gave strong emphasis to meeting basic needs including food, clothing, shelter, healthcare, childcare, transportation and employment. There was a desire to do more than provide a “hand out” but to give people a “hand up” to self sufficiency.
- **Children, Youth and Families:** The needs of children, youth and families were given special attention. Many specific services and programs were identified, including early intervention and prevention, youth recreation, parenting programs, counseling and other support services.
- **Foreign Born/Immigrants:** Immigrants were identified as needing many basic services in addition to language classes, translation services and specialized programs including education, training and employment programs. Participants in six of eleven focus groups mentioned a day laborer center or guest worker program as potential solutions for this population.
- **Elderly and Disabled:** A priority was given to the needs of seniors and people with disabilities, including employment and basic needs such as food, clothing and shelter for those in poverty. Also identified was a need for assistance with independent living:

transportation, visitation, healthcare and other support services to combat loneliness, depression, and malnutrition and to assist with self-care.

### **Changing and Improving the System - What Can We Do Better?**

Participants recognized Mesa's many strengths including strong providers of health, education and social services, but pointed out several areas for improvement.

- **Resources**: While Mesa was seen as a giving community, there is a strong need to address funding issues. Some expressed frustration with dependency on government funding. Some identified a need for accountability including tracking issues, monitoring expenditures and measuring outcomes. A majority were concerned about lack of dollars, regardless of the source, resulting in important community services not being available. Some called for greater vision, leadership and support for human services from all levels of policy makers, both public and private. It was noted that overall funding for social services has remained level for several years and has not kept pace with inflation or population growth. This is creating a huge gap between needs and available services. To quote participants:

“Change funding priorities to make human services first.”

“Educate legislators that healthcare is a human service rather than a budgetary issue.”

- **Information and Access**: Although individual agencies are often highly respected and praised, the system can be confusing. Administration of social services varies from city to city, city to county and county to state. Each agency has its own intake form and eligibility requirements. There is great frustration at being able to get the help that is needed.

Participants expressed a need for more awareness and visibility for available human services. Some suggested a single point of contact for community resources while others recommended better communication of available services and more positive media exposure. Improvements were recommended in information and referral, community education and outreach, service coordination and case management. For example, intensive case

management would allow the appropriate agency to determine client needs and give a clear and comprehensive response.

Factors affecting accessibility of services were noted: geographical location and lack of transportation; hours of service (8 am-5 pm) that do not accommodate working people; eligibility requirements; application processes that take too long; and the stigma people feel in seeking help. As most of those in poverty work, simply changing service hours could create a significant change in accessibility.

English classes and mentoring programs were mentioned as necessary to help immigrants achieve success by providing them with language skills and support in their efforts to acclimate to a new culture.

- **Collaboration**: Opportunities for collaborative efforts gained wide support with benefits of less competition, increased advocacy, more communication and coordination and less duplication. Providing service in a continuum and tracking recipients were also suggested. When services are provided in continuum, they address family needs from prevention to intense levels of intervention more comprehensively and holistically.
- **Prevention**: Underlying causes and long term solutions were dominant themes. Social services programs are often so busy responding to immediately critical situations that the long term, life-changing processes do not get addressed. Families struggling to make ends meet must make difficult choices when faced with a crisis. Emergency assistance may keep them in their homes, but lack of basic skills, lack of experience, less education, lack of childcare, and /or a work-limiting health condition can keep them from attaining self-sufficiency.
- **Location and Transportation**: With Mesa's large service area and substantial growth, location of service often determines whether an individual will receive help. In addition to service location, there were many ideas for providing affordable, accessible and adequate transportation services including mass transit, light rail, a voucher system, shaded bus stops,

bike lanes and assisted transportation services. These alternatives may be necessary to help people participate in the life of the community, meet basic needs, obtain education and training and sustain employment.

## CITY OF SCOTTSDALE

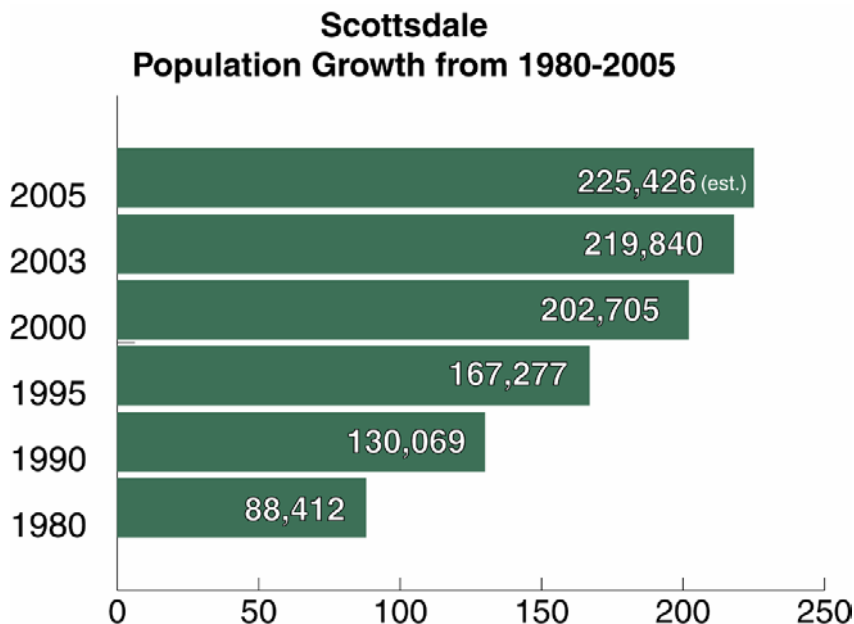
### Scottsdale At-A-Glance:

**Mayor:** Hon. Mary Manross  
**Year Incorporated:** 1951  
**Population:** 219,840 (*estimate*)  
**Land Size in Square Miles:** 184.2  
**Median Household Income:** \$57,484  
**Median Home Value:** \$220,800

*Source: City of Scottsdale*

### Community Context

Scottsdale experienced a population growth of 55.8 percent from 1990 to 2000. The 2000 U.S. Census puts the population of Scottsdale at 202,705 or 6.6 percent of Maricopa County residents. The current population estimate is 219,840. Scottsdale's youth population (21.2 %) is less than the representation of youth in Maricopa County (29.9 %). The adult population (62.2%) is slightly lower proportionately than other cities in the East Valley and in the County. Scottsdale has a higher percent of seniors (16.7) than other East Valley communities and the County. Scottsdale's population of disabled persons (14.7 %) reflects the average proportion of disabled people in the East Valley.



Although Scottsdale's population has become more diverse in the last decade, a majority of residents are White (92.2 %) with Hispanics making up the largest minority population at 7 percent. African Americans are 1.2 percent. Small percentages are American Indian, Alaska Native, and Asian, Native Hawaiian, Pacific Islander, other race and mixed race populations. Spanish is spoken at home by 5.8 percent of Scottsdale residents and 2.4 percent identify themselves as speaking English less than very well.

Scottsdale's households are proportionately similar to other households in the county with the exception that Scottsdale has a higher percent of seniors living alone. Scottsdale has 90,669 households and 60 percent are families. Families with their own children under 18 years are 22.6 percent. Single parents with their own children under 18 years are 6.2 percent. Although Scottsdale has a lower proportion of single parent households than other East Valley communities, the number of single parent households increased 95 percent since 1990, contributing to concern for their special needs.

There are 36,211 non-family households (39.9 %) with 30.8 percent living alone. Those 65 and older living alone represent 9.7 percent of the households. The average household size is 2.22 persons and the average family size is 2.79, less than the County average of 3.21. There are 739 grandparents responsible for grandchildren, representing 38.8 percent of homes with grandparents and children less than 18 years.

Scottsdale has one of the highest priced housing markets in the valley. There are 104,974 housing units with a median room size of 5.5 rooms. Median home value is \$220,800 and median rent is \$884. The homeowner vacancy rate is 2.3 percent and the rental vacancy rate is 10.6 percent. There are 672 housing vouchers and a closed waiting list of 550 people in Scottsdale's Section 8 subsidized housing program. Approximately 5 percent of Scottsdale households do not have a vehicle, reflecting the average for East Valley households, compared to 11 percent of households in the County.

Scottsdale's poverty rate is lower than Maricopa County (11.7%) with 11,650 persons (5.7%) below the poverty level. Most are adults, 9045 persons, but almost 17 percent of those below the poverty level in Scottsdale are over 65 years of age or 1,972 persons.

Educational attainment for those 25 years and older is generally high in East Valley communities. Scottsdale has a very educated community with over 93.5 percent completing high school and over 44 percent have a bachelors degree or higher.

### **Scottsdale Current Commitment to Community Services**

The Scottsdale Human Services Commission is a seven member citizen advisory committee appointed by the City Council, that provides advisory recommendations to the staff and City Council on human services priorities and programs, and funding allocations for Scottsdale Cares, HOME, Community Development Block Grants, Human Services Emergency, and General Funds.

Scottsdale Cares is the City of Scottsdale's voluntary utility bill donation program. Initiated in May 1995, Scottsdale Cares has received over one million dollars from Scottsdale residents - donated one dollar at a time. These dollars are then granted to non-profit agencies that 1) promote the positive development of youth, adults and seniors, 2) strengthen the capability of families and the self-sufficiency of adults and 3) assist Scottsdale citizens of all ages in addressing crisis needs.

The HOME Program is a HUD-funded housing activity. The intent of the HOME Program is to provide decent affordable housing to lower-income households, to expand the capacity of non-profit housing providers, to strengthen the ability of state and local governments to provide housing, and to leverage private sector participation. Funded agencies may offer subsidies for first-time home buyers or reduced rental rates for qualified tenants.

Approximately \$360,500 in Community Development Block Grant funds are granted yearly by the City to non-profit agencies that provide supportive social (public) services and affordable housing to Scottsdale residents with low to moderate incomes. The Community Assistance



Office works with the Human Services Commission to allocate funds and with HUD to ensure that all CDBG-funded activities are in compliance with federal regulations. Public services are provided directly to Scottsdale citizens by the agencies as well as in City of Scottsdale Human Services facilities.

### **Community Assets and Strengths– What Are We Doing Well?**

Scottsdale has many community assets embodied in the numbers described above. The East Valley Needs Assessment focus groups in Scottsdale also revealed much strength, with building blocks for the future.

Participants clearly affirmed the quality services and programs of all kinds currently being provided by City of Scottsdale centers. Many specific services were named by participants in the section “what are we doing well.” Clearly many good programs of cooperation are in place.

Participants also identified the City of Scottsdale Human Services Department’s serious focus on always improving and doing better and always attempting to fulfill its mission.

Many identify providing quality services with limited resources, including at the Pauite Center, Vista del Camino, and city Senior Centers. Specific services of quality included basic needs services, outreach to the community, and “brokerage services”. Other programs identified as excellent include crisis services with capable, competent, committed staff. Outreach to specialized support groups like low vision groups and excellent crime victim services were also noted.

Connections between community services and school services, school nursing services, the flow of referrals, outreach, Neighborhood Outreach Action for Health (NOAH), bilingual support in schools, and children’s community specialists in schools were all noted for quality and innovations.

The City was also acknowledged for its efforts, through Links Community Collaborative, to call nonprofits together for serious ongoing work. Also noted were many different charity and

community events. Some specific services noted were the Cab Connection, which is part of the City's transportation department and the City's Adapted Recreation program for people with developmental disabilities.

All these strengths represent assets, which the City of Scottsdale can use to address the issues, concerns, and needs of its vulnerable citizens.

### **Populations and Needs**

The needs assessment identified many populations with serious ongoing needs.

- **Children** of all ages, but particularly young children topped the list of persons in need. Many times both children and their families were cited in particular contexts, such as undocumented children, children without health insurance, children of dysfunctional parents, middle school children, high school children on their own, and juveniles and children with problems. Children's needs were given a very high priority no matter what their age or income level.
- **Comprehensive youth services:** drug rehabilitation, family counseling, recreation and socialization, opportunities for youth to give back to their community
- **Counseling:** addiction counseling, family counseling, mental health services, substance abuse services.
- **Affordable childcare.** Single parent families, single women with children, and single parents without health insurance were identified as populations in serious need. This represents about 7.5 percent of Scottsdale households but is perceived as families with significant needs. The many services noted below were also cited particularly for this population in need.

- **Services for new immigrants:** Immigrants, non-English speaking persons and undocumented Hispanic families were also identified as people in need. Concerns included lack of cultural, educational and language programs and programs to provide basic information about the community for newly arrived immigrants. Needed services include English as a Second Language (ESL) classes, adult education, job training, legalization information, driver's licenses, work for undocumented teens, low interest college loan programs, access to citizenship, GED classes, parenting classes, bilingual vocational education programs, and affordable legal assistance.
- **Low-income families:** socially isolated families, families dealing with domestic violence, working poor families, and families in economic crisis were all cited as families in need. Many also cited the working poor and long-term unemployed, those living in poverty, people losing long-term employment, and persons with few resources. There was a continuing concern mentioned in all groups for the poor and others lacking jobs and resources.

Specific types of families included: Hispanic families, families unable to afford services, such as families with few resources, and parents of special needs children like children with developmental disabilities. Services recommended for these families included:

- **Basic Needs:** Food, shelter, utilities, clothing, shelter, financial needs and support. This was a very high priority of most groups.
- **Healthcare:** Affordable and accessible medical, dental and healthcare, affordable insurance, medical access, low cost medical and nutritional programs, non-emergency medical clinics, prescriptions that are affordable, drug rehabilitation programs for adults and children. The lack of affordable healthcare contributes to this significant high priority ranking by focus groups.
- **Transportation** was cited as a critical need for many including transportation to and from work, medical care, and access to services. It should be personally safe and dependable.

- **Employment**: Many groups noted the need for good paying jobs and employment assistance such as job banks, vocational training, job training and development and fair employment.
- **Affordable Housing** is a major need in most East Valley communities. This is also documented in the Arizona Affordable Housing Profile done by the Arizona Housing Commission. Accessible housing was also noted as a need for people with disabilities.
- **Elderly**, including low income elderly, caregivers to the elderly, elderly with neurological problems, elderly with fixed incomes, and elders with disabilities were all identified as person in high needs. Better pay for eldercare workers was also noted to deal with serious workforce shortage. Elderly represent about 16.7 percent of the City of Scottsdale population. As elderly age in place, the demand for community support services grows.
- Many cited domestic violence victims, both the abused mothers and their children, as a population with special needs.
- People with disabilities including those with developmental disabilities, adults with disabilities, isolated and challenged individuals. Participants were concerned about persons of all ages, people with mental illness and those with substance abuse problems. Many were concerned for people with disabilities that mentally or physically prevent them from working.
- Although homeless people are not visible in many parts of Scottsdale, this population is also noted for its needs. Special mention was made of populations in need like the Yaqui community and persons released from prison

### **Changing and Improving the System - What Can We Do Better?**

While participants clearly affirmed the quality services and programs of all kinds currently being provided by City of Scottsdale, they also recommend changes and improvements that could be made.

- Most participant groups noted that improved visibility, marketing, and accessibility of social and health services programs are important priorities. Recommendations include less “red tape” and more flexible eligibility requirements. Some suggested no age limits to services. Others wanted improved accessibility for persons with disabilities. Improving knowledge about what is available and making it widely known is a clear and consistent theme. This includes shorter “lag” times for receiving services. Some said a comprehensive social marketing plan is needed with the acknowledgement that Scottsdale residents do have social issues and problems that need to be addressed.
- More funding and resources are needed. This also means predictable sustainable funding. The system may be doing well with what it has but it needs more resources in many areas. Along with this, participants recommend strong accountability for any and all resources. Funding for human services must have a higher priority to deal with all the needs and unmet needs. This is directly tied in participants’ views for social marketing of the system.
- More bilingual services are needed. There is a shortage of bilingual workers in Maricopa County. This is an issue for most service providers.
- A comprehensive information and referral “booklet” of all Scottsdale programs is needed.
- There is a call for better communication, coordination and collaboration among all providers of human services with more networking and collaboration. This includes more follow-throughs of the case management system and improving volunteerism.
- More work needs to be done to overcome the so-called “silo” issues among human services providers working separately and in isolation. This includes better communication and dialog among social services, faith community, business and all groups.
- Improved health care and transportation are clearly programs that need attention.

- More adult education, computer classes, and affordable childcare are needed.
- There is a call for extended and non-traditional hours of service.

## CITY OF TEMPE

### Tempe At-A-Glance:

Mayor: Hon. Neil Giuliano

Year Incorporated: 1894

Population: 158,625 (2000 Census)

Land Size in Square Miles: 40.1

Median Household Income: \$42,361 (2000 Census)

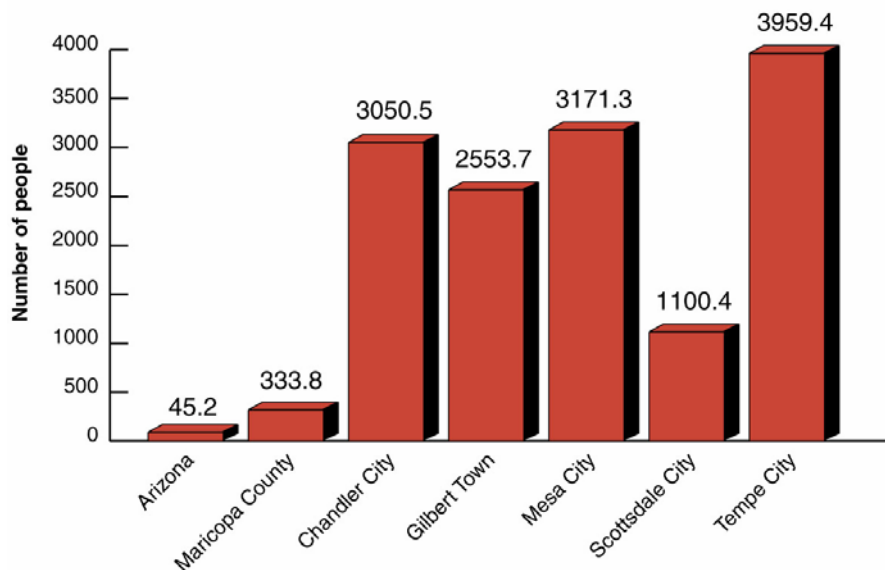
Median Home Value: \$168,000

Source: Tempe Community Council

### Community Context

Tempe experienced modest population growth with an increase of 11.7 percent in the last ten years. Tempe is completely bordered by other municipalities and its future growth is therefore limited. Tempe is the most densely populated community in the East Valley at 3,900 persons per square mile. The 2000 U.S. Census puts Tempe's population at 158,625 representing 5.2 percent of Maricopa County residents. Tempe's youth population (25.7 %) is slightly lower than youth representation in Maricopa County. The adult population (67.1 %) is higher than other cities in the East Valley and in the County. Tempe's percent of seniors age 65 and over (7.2 %) is less than the County at 11.7%.

### Persons Per Square Mile



Tempe's population of people with disabilities (15 %) is higher than the County and most East Valley communities with the exception of Mesa. They include people with sensory, physical, mental and self-care disabilities and may require accommodation with transportation or other support services.

Tempe is one of the most diverse cities in the East Valley and includes the highest proportion of Asians. A majority (77.5 %) is White, 4.7 percent are Asian, 3.7 percent are African American, and 2 percent are American Indian/Alaska Native. There is 0.3 percent who is Native Hawaiian/Pacific Islander, 8.5 percent is other race and 3.3 percent are mixed race populations. Latinos represent 17.9 percent of Tempe's population. Spanish is spoken at home by 13.2 percent of Tempe residents and 6.1 percent of them self-identify as speaking English less than very well. The ability to communicate impacts approximately 1300 Tempe residents who may require instruction, translation or other language assistance.

As a university town, Tempe has more non-family households and more people living alone than most communities in the East Valley and the County. Tempe has 63,602 households and 52.9 percent are families. Families with their own children under 18 years are 24.4 percent. Single parents with their own children under 18 years are 8.7 percent. The number of single parent households increased 42 percent since 1990. There are 29,948 nonfamily households (47.1 %) with 28.5 percent living alone. Those 65 and older living alone represent 2,923 (4.6 %). The average household size is 2 persons and the average family size is 3.05. There are 873 grandparents responsible for grandchildren, representing 41 percent of homes with grandparents and children less than 18 years.

Because Tempe has less room for expansion, housing is somewhat less available and affordable than many other areas of the East Valley and the County. Tempe has 67,068 housing units with a median room size of 4.8 rooms. The 2000 Census puts median home value at \$132,000 and median rent is \$715, compared to current estimates of median home value of \$168,100. The homeowner vacancy rate is 1 percent and the rental vacancy rate is 6.1 percent. Tempe's Section 8 subsidized housing program issues 1,024 vouchers and has 1,600 people on a closed waiting



list. As a university town, Tempe has the highest proportion of households (7.3 percent) without a vehicle compared to approximately 5 percent of East Valley households and 11 percent of households in the County.

Tempe has the highest poverty rate in the East Valley (13.8 %) and it is higher than Maricopa County (11.7 %). In Tempe, 2,555 families (7.5 %) lived below poverty, representing 21,904 persons. There are 1,547 under the age of five below poverty and 558 who are 65 and older. There are 4,070 who are 16 years and older who are unemployed and 35,491 who are not in the labor force.

Educational attainment for those 25 years and older is generally high in East Valley communities. Tempe has a higher portion graduated from high school or higher (90.1 %) than most East Valley communities and Maricopa County. Tempe residents also have proportionately more people than most with a bachelor's degree or higher, representing 39.6 percent of the population. Tempe's population is well positioned for employability and self sufficiency.

### **Tempe Current Commitment to Community Services**

The City of Tempe works in partnership with Tempe Community Council (TCC) to identify and plan needed social service programs. A 45-member agency review volunteer panel reviews applications for over one million dollars of City of Tempe human services funding. Funding programs include Community Development Block Grants (CDBG), Help to Others (H2O) Voluntary Utility Bill Donation Program and Seized Asset Community Action Funds. The Mayor and City Council act on the TCC volunteer panel funding recommendations and TCC monitors over 40 funded agencies.

TCC is working with the City on a long-range People Improvement Plan through a series of citizen studies of special needs of target groups. Completed as of this writing are studies on homelessness and aging. A Task Force on Disabilities is being organized for 2003-2004. As part of the People Improvement Plan, an inventory of funding and current services was completed. All those reports are available on the Tempe Community Council website. The

Communities in Schools Children's Report was completed as part of a grant from the Arizona Community Foundation.

The City of Tempe provides social services directly through the Social Services Division including personal and professional assistance to residents and families. Programs include:

- Diversion Services providing counseling, substance abuse treatment, educational workshops and community service work. Diversion programs include Youth and Adult Diversion, Adult Probation Services and Substance Abuse Screening Services.
- Counseling Services provide individual, family and couple counseling, mediation, substance abuse assessment, depression screening and order of protection assistance.
- Care 7 Program is the crisis response team providing mobile emergency assistance in cooperation with Police and Fire Departments.
- Prevention and Youth Resources include youth employment, Juveniles Achieving Greatness Program (mentoring, social activities and case management), Partners in Prevention Program, School Based Life Skills and Leadership Groups, Mayor's Youth Advisory Commission, YouthFest Courage Awards and Top Teens Recognition.
- Kid Zone provides before and after school programs and summer programs offering enrichment classes at no additional fee.
- Escalante Community Center and Westside Community Center offer indoor gyms, adult fitness area, library resource center and youth center. Escalante has a senior center and outdoor pool. Westside has a retiree activity center, teen center, Head Start and YMCA programs and classrooms for public use.

## **Community Assets and Strengths– What Are We Doing Well?**

Tempe residents participating in the East Valley Needs Assessment described a community with a strong “safety net” of diverse, quality, coordinated services, especially programs that provide for basic needs and support children and youth.

Tempe leadership is seen as proactive in assessing needs and issues, planning and advocating for programs and identifying resources to address community problems. Participants recognize the commitment to maintaining and stretching limited social service funding in times of economic downturn.

Collaboration between public and private agencies is seen as effective “to provide the best possible services to meet those needs without duplicating the services.”

There is a sense of community and a wide variety of volunteers are available. People take pride in Tempe and its efforts to care for its citizens.

## **Populations and Needs**

Many populations and needs were identified as requiring attention in Tempe.

- **Low Income and Homeless**: unemployed, working poor, youth and families, uninsured and underinsured. Meeting the needs of low income and homeless people was given a high priority. Basic needs include food, clothing, affordable housing, healthcare, childcare, transportation, job training, education and employment.
- **Children, Youth and Families**: Children, youth and families were also identified as important populations in need of service with an emphasis on prevention. Particular attention was giving to single and working parents. Needed services were identified as parenting education, sex education, life management skills, child protection, childcare, domestic violence shelter and services.

- **Elderly and Disabled**: There is a high concern for services for the elderly and disabled. Needed services include health care, case management and counseling, in-home services, adult day care, caregiver support services including respite care, affordable housing, transportation, and job training and financial management assistance.
- **Immigrants**: undocumented persons, limited English speakers especially undocumented persons, were identified as needing special assistance including legal aid, bilingual education, translation services and access to services. Suggested programs included amnesty, guest worker programs and day labor centers.
- **Mentally Ill and Substance Abusers**: People with mental health issues and drug and alcohol addictions. Behavioral health services for mentally ill and substance abusers were identified as an important need. Housing assistance, shelter services, medical detoxification, treatment services and case management were noted.

### **Changing and Improving the System - What Can We Do Better?**

While Tempe is given credit for providing leadership in addressing problems and having a strong network of services, participants pointed to the need for additional improvement in the human service delivery system.

- More support for human services is the key change most respondents identified to improve human services delivery. There is a strong identification of the need to address funding issues in order to keep up with demand. Additional support is needed for programs to address basic needs, services for children, youth and families, seniors, disabled people, immigrants, the mentally ill and substance abusers. Some specified a need for a homeless shelter in Tempe and cited the need for available and affordable housing. Participants expressed a desire for more flexibility in the allocation process in order to respond to new or unexpected needs as they arise.

- A key to the improvement of human services is the need for more collaboration and coordination between providers to avoid duplication and promote more synergy. Some advocated more integration and centralization of services and better ways to measure the effectiveness of the services.
- There is also a need for increased visibility and awareness of the availability of human services including better methods for providing information and referral to services.
- Also identified is a need for follow up as well as issues related to access to services including basic services. Barriers to access need to be addressed such as transportation, cultural and language issues, hours and locations.

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**Attachments:**

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